

Agenda

Health and wellbeing board

Date: **Monday 28 March 2022**

Time: **2.30 pm**

Place: **Herefordshire Council Offices, Plough Lane, Hereford,
HR4 0LE**

Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

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Agenda for the meeting of the Health and wellbeing board

Membership

Chairperson Councillor Pauline Crockett
Vice-chairperson Dr Ian Tait

Anna Davidson
Darryl Freeman
Hayley Allison / Julie Grant
Dr Mike Hearne
Councillor David Hitchiner
Rebecca Howell-Jones
Jane Ives
Ivan Powell
Christine Price
Paul Smith
Neil Taylor
Councillor Diana Toynbee
Simon Trickett
Councillor Ange Tyler
Superintendent Edd Williams
Mark Yates

Anna Davidson

Assistant Director (Prevention), Hereford & Worcester Fire and Rescue Service
Corporate Director for Children and Families

Darryl Freeman

Assistant Director of Strategic Transformation / Head of Delivery and Improvement at NHS Improvement, NHS England

Hayley Allison / Julie Grant

Dr Mike Hearne
Rebecca Howell-Jones

Managing Director, Taurus Healthcare
Acting Director of Public Health, Herefordshire Council

Jane Ives
Ivan Powell

Managing Director, Wye Valley NHS Trust
Chair of the Herefordshire Safeguarding Adults Board

Christine Price
Paul Smith

Chief Officer, Healthwatch Herefordshire
Acting Director for Adults and Communities, Herefordshire Council

Neil Taylor

Interim Director for Economy and Place, Herefordshire Council

Simon Trickett

Chief Executive/STP ICS Lead, NHS Herefordshire and Worcestershire CCG

Superintendent Edd Williams

Superintendent for Herefordshire, West Mercia Police

Mark Yates

Chair of Herefordshire and Worcestershire Health and Care NHS Trust

Agenda

		Pages
1.	<p>APOLOGIES FOR ABSENCE</p> <p>To receive apologies for absence.</p>	
2.	<p>NAMED SUBSTITUTES (IF ANY)</p> <p>To receive details of any member nominated to attend the meeting in place of a member of the board.</p>	
3.	<p>DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interests of interest in respect of schedule 1, schedule 2 or other interests from members of the board in respect of items on the agenda.</p>	
4.	<p>MINUTES</p> <p>To approve and sign the minutes of the meeting held on 06th December 2021</p>	5 - 12
5.	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>To receive any written questions from members of the public.</p> <p>For details of how to ask a question at a public meeting, please see: www.herefordshire.gov.uk/getinvolved</p> <p>The deadline for the receipt of a question from a member of the public is 22nd March 2022 at 5.00 pm.</p> <p>To submit a question, please email councillorservices@herefordshire.gov.uk</p>	
6.	<p>QUESTIONS FROM COUNCILLORS</p> <p>To receive any written questions from councillors.</p> <p>The deadline for the receipt of a question from a councillor is 22nd March 2022 at 5.00 pm, unless the question relates to an urgent matter.</p> <p>To submit a question, please email councillorservices@herefordshire.gov.uk</p>	
7.	<p>A REPORT BY NHS ENGLAND AND NHS IMPROVEMENT ON DENTAL PROVISION IN HEREFORDSHIRE AS OF MARCH 2022.</p> <p>For the Board to consider the report at appendix 1 by NHS England, NHS Improvement Commissioning Team Managers and Consultants in Public Dental Health.</p>	13 - 36
8.	<p>HEREFORDSHIRE'S PHYSICAL ACTIVITY STRATEGY</p> <p>To gain approval and support for Herefordshire's Physical Activity strategy.</p>	37 - 110
9.	<p>ESTABLISHING THE INTEGRATED CARE PARTNERSHIP</p> <p>To update the board on development of the Integrated Care System, with a particular emphasis on the development of the Integrated Care Partnership.</p>	111 - 116
10.	<p>HEALTH AND WELLBEING BOARD WORK PLAN 2022/23</p>	117 - 124

To approve the work plan of the Health and Wellbeing Board (HWBB) for 2022/23 following the outcome of the private Health and Wellbeing workshop held on 7 February.

11. DATE OF NEXT MEETING

The next scheduled meeting is [06/06/22]

Minutes of the meeting of Health and wellbeing board held in The Conference Room, Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Monday 6 December 2021 at 2.30 pm

Board members present in person, voting:

Councillor David Hitchiner	Leader of the Council, Herefordshire Council
Chief Inspector Ross Jones	West Mercia Police
Paul Smith	Acting Director for Adults and Communities, Herefordshire Council
Dr Ian Tait (Vice-chairperson, in the chair)	Chair of NHS Herefordshire and Worcestershire Clinical Commissioning Group
Councillor Diana Toynbee	Cabinet Member for Children and families, Herefordshire Council
Councillor Ange Tyler	Herefordshire Community Safety Partnership / Cabinet member housing, regulatory services, and community safety

Board members in attendance remotely, non-voting:

Hazel Braund	Director of Partnerships and Change, NHS Herefordshire and Worcestershire Clinical Commissioning Group
Darryl Freeman	Corporate Director for Children and Young People
Rebecca Howell-Jones	Acting Director of Public Health, Herefordshire Council
Jane Ives	Managing Director, Wye Valley NHS Trust
Richard Kelly	Healthwatch Herefordshire

Note: Board members attending the meeting remotely, e.g. through video conference facilities, may not vote on any decisions taken.

Others present in person:

Ben Baugh	Democratic Services Officer	Herefordshire Council
Simon Cann	Democratic Services Officer	Herefordshire Council
Jenny Preece	Democratic Services Technical Support Officer	Herefordshire Council

Others in attendance remotely:

Rosemary Adebola	Deputy Director of Strategy and Partnerships	Herefordshire and Worcestershire Health and Care NHS Trust
Ewen Archibald	Interim Assistant Director, All Ages Commissioning	Herefordshire Council
John Burgess	Senior Commissioning Officer	Herefordshire Council
Kate Coughtrie	Head of Law and Business Partner (Adults)	Herefordshire Council
Marie Gallagher	Senior Commissioning Officer	Herefordshire Council
Adrian Griffiths	Business Partner	Herefordshire Council
Jack Lyons-Wainwright	Delivery Programme Manager	NHS Herefordshire and Worcestershire Clinical Commissioning Group
Heather Manning	Deputy Designated Safeguarding Nurse	NHS Herefordshire and Worcestershire Clinical Commissioning Group
Pete Norton		Herefordshire Food Alliance
Amy Pitt	Service Director - Communities	Herefordshire Council
Kristan Pritchard	Health Improvement Practitioner	Herefordshire Council
Charlotte Worthy	Intelligence Unit Team Leader	Herefordshire Council

12. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Board Members: Cllr Pauline Crockett (Herefordshire Council), Christine Price (Healthwatch Herefordshire), Chief Fire Officer Johnathon Pryce (Hereford and Worcester Fire and Rescue Service), Dr Mike Hearne (Taurus Healthcare), Neil Taylor (Herefordshire Council), Superintendent Edd Williams (West Mercia Police), Mark Yates (Herefordshire and Worcestershire Health and Care NHS Trust), and Julie Grant (NHS England and NHS Improvement). Apologies had also been received from Paul Walker (Herefordshire Council).

At the meeting, apologies were relayed on behalf of Sarah Duggan and Susan Harris (Herefordshire and Worcestershire Health and Care NHS Trust).

13. NAMED SUBSTITUTES (IF ANY)

The following named substitutes were present: Chief Inspector Ross Jones for Superintendent Edd Williams.

The following named substitutes were in attendance virtually and therefore were able to participate, but not cast a vote: Hazel Braund for Simon Trickett (Herefordshire and Worcestershire Clinical Commissioning Group); and Richard Kelly for Christine Price (Healthwatch Herefordshire).

14. DECLARATIONS OF INTEREST

Dr Ian Tait reminded the board that he was a member of Worcestershire's Health and Wellbeing Board.

15. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on Monday 26 July 2021 be approved and be signed by the chairperson.

16. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

17. QUESTIONS FROM COUNCILLORS

No questions had been received from the Councillors.

18. HEREFORDSHIRE SAFEGUARDING CHILDREN PARTNERSHIP REPORT TO HWBB RE CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND SUICIDE DURING 2020

The board received the report Herefordshire Safeguarding Partnership Report to HWBB RE Children and Young People's Mental Health and Suicide during 2020. Heather Manning (Deputy Designated Safeguarding Nurse, NHS Herefordshire and Worcestershire CCG) and Darryl Freeman (Corporate Director for Children & Young People, Herefordshire Council) introduced the report. Mr Freeman provided clarification on the report recommendation: the board was being asked by the Herefordshire Safeguarding Children Partnership to seek assurance that effective processes were in place to prevent further deaths by suicide and self-harm and that the Health and Wellbeing Board seek assurance regarding the resilience of and access to mental health services locally.

It was noted that this was a board responsibility and not one for safeguarding partners.

The board raised the following points and questions:

- Clarity was sought regarding children and young people numbers being referred to the school nursing services during Covid-19.

Heather Manning explained the decrease in referrals may have occurred when schools were not open for children and so therefore they were not being seen by the school nursing in situ.

- The board requested further clarity on the recommendation.

A board discussion took place in which it was noted that the Children and Young People's Partnership had been stood down for part of the year, but had recently re-emerged and would potentially be a board where an action could be tasked. Dr Tait asked the board if it felt there were any people not in the room/attending virtually who needed to be involved in the debate. No names were put forward. The board subsequently developed a number of additions and amendments in place of the original recommendation including requests for assurances on: effective processes being put in place to prevent further incidents, greater involvement and commitment from system partners, third sector and other groups, and the provision of an interim report to the board before the detailed report in June 2022.

The board agreed a change to the recommendation (a) in the report. The change reflected the collective input from the vice-chair, members and attendees during the debate.

The recommendations were proposed and seconded and approved unanimously.

RESOLVED: That

- a) **The Health and Wellbeing Board requests that the Children and Young People's Partnership Board examines the following topics in order to obtain assurance on:**
 - **effective processes being in place to prevent further deaths by suicide and self-harm**
 - **there being resilience in terms of health and wellbeing services locally, including access to mental health services**
- b) **System partners commit to a partnership approach to responding to any recommendations arising from the report in terms of prevention and outcomes.**
- c) **Opportunities to maximise the input of voluntary, third sector and other groups be explored, e.g. through the 'working better together' initiative.**
- d) **An update on progress be provided in the form of an interim report to the Board at its next scheduled meeting in March 2022, with a detailed report in June 2022.**

19. COUNTYWIDE APPROACH TO BECOME A SUSTAINABLE FOOD PLACE

The board received a report by the Health Improvement Practitioner on the county-wide approach to become a Sustainable Food Place. Kristan Pritchard (Health Improvement Practitioner, Herefordshire Council) and Pete Norton (Herefordshire Food Alliance) introduced the report and outlined: the focus on making healthy and sustainable food a defining characteristic of living in Herefordshire, the formation of Herefordshire Food Alliance (HFA), and the key elements of becoming a Sustainable Food Place (SFP).

During the course of the debate the board raised the following points and questions:

- It was suggested that the term food poverty could be incompatible with how the council works with farmers and local food producers, because it can imply food is too expensive.
- It was queried whether there had been any engagement with producers regarding processing food within the county.

Pete Norton explained that discussions had occurred around the term food poverty and that perhaps 'household food insecurity' was a better way of describing it. It was acknowledged that various factors contributed to household food insecurity and that it was not the aim of the HFA to see everyone producing cheaper food.

Regarding farmers and producers, it was explained that the HFA worked with the NFU, Farm Herefordshire and Visit Herefordshire in engaging with local producers about celebrating local food. It was also explained that there were broadly three different kinds of producer: big producers, micro producers and a middle ground of processor; the intention would be to try and better understand and support the needs of this middle group.

- A query was raised regarding risk management from community and partner organisations not working together and potential funding issues.

It was explained that the HFA was not a formally constituted group, but would rely on other people within the network to pick up the mantle where necessary. It was stated that the HFA was funded for the next 18 months and that in that time it would strive to build momentum to secure further resources.

- It was noted that sustainability and the importance of locally sourced nutrition was not just a local government issue and was recognised by the NHS and the wider public sector.

The recommendations in the report were proposed and seconded and agreed unanimously.

RESOLVED: That

- a) The work on Sustainable Food Places in Herefordshire, including the local vision, aims and actions set out in the plan, be supported; and**
- b) Member organisations promote and engage in activity across the sustainable food places framework, including the food charter.**

20. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) 2021

The board received a report concerning the Joint Strategic Needs Assessment (JSNA) 2021. Becky Howell-Jones (Acting Director of Public Health, Herefordshire Council) and Charlotte Worthy (Intelligence Unit Team Leader, Herefordshire Council) introduced the

report and outlined: the new sections summaries, the importance of risk factors and vulnerabilities and the impact that the right early help and intervention can have on individuals and resources across the whole system. Low productivity concerns, the impact of Covid-19 and the need to link disparate evidence around vulnerabilities, safeguarding and community work were highlighted.

During the course of the debate the board raised the following points and questions:

- A query was raised about the lower economic value of food and whether there comes a point where productivity becomes meaningless.

Charlotte Worthy explained that there is a need for specialist research to gain a better understanding of what productivity really means. If everything was pinned on the single figure of GVA (Gross Value Added), this could hide potential complexities.

- It was noted that one of the Himalayan countries uses gross national happiness as their measure of wealth. It was also noted that one of the original designers of the GDP tool had expressed frustration at how the tool was being used for purposes other than for what it was designed for.
- Concern was expressed regarding the decrease in male life expectancy for men in Herefordshire over the last five years.

Charlotte Worthy explained that confidence measures were very wide and so these figures were not an absolute measure of a five year reduction. Previously, Herefordshire had been significantly better than the rest of England, but for males there is no longer that significant difference, so male life and healthy life expectancy had fallen off and was now close to the national average.

- It was proposed that there was a need for a specific piece of work to examine whether this fall was an anomaly or reflected something more meaningful.

The board discussed and proposed an addition (Section d, subsection v) to the recommendations to accommodate this suggestion.

The amended recommendations in the report were proposed and seconded and agreed unanimously.

RESOLVED: That

- a) The Key Findings of the 2021 Joint Strategic Needs Assessment (at appendix 1 to the report) be approved;**
- b) The findings of the JSNA be considered in the development of the board's priorities and future health and well-being strategies;**
- c) Member organisations facilitate the dissemination and use of the JSNA within their organisations and other system networks; and**
- d) The priorities for theme-based analysis for 2022/23 be agreed as**
 - i. continued assessment of the longer-term impacts of the Covid-19 pandemic on the health and well-being of Herefordshire's people and place**

- ii. **system-wide understanding of need and demand for mental health services in the county**
- iii. **research into the drivers of Herefordshire's low economic productivity**
- iv. **continued strengthening of the evidence base by considering how to:**
 - **bring together partners' insights about vulnerabilities, safeguarding and community safety**
 - **measure the impact of environmental changes on people's well-being locally.**
 - **gain a more complete understanding of what poverty and financial insecurity look like in Herefordshire**
- v. **to explore the apparent deterioration in enhanced male life expectancy and to seek evidence based opportunities for intervention to reverse that trend.**

21. HEREFORDSHIRE AND WORCESTERSHIRE MENTAL HEALTH AND WELLBEING STRATEGY

The board received a report concerning the draft Herefordshire and Worcestershire Mental Health Strategy. Ewen Archibald (Interim Assistant Director All Ages Commissioning) and Jack Lyons-Wainwright (NHS Herefordshire and Worcestershire CCG) introduced the report and outlined: the all-ages scope of the strategy, the extensive engagement that had taken place, the interconnectivity of the strategy with other services, the ongoing transformation of community mental health services for working age adults and the significance of wider developments such as Talk Community and work upstream.

Jack Lyons-Wainwright highlighted slides within the report containing the pillars of mental health and the pyramid of need, and how the strategy aims to pull resource down to informal care, self-care and primary care level where possible.

Board members were invited to comment, the principal points included:

- It was queried how GPs refer people to mental health services for help, how support services would link together and if there were enough resources to cope, given existing waiting lists to see mental health counsellors.

It was explained that there was a transitional phase in progress when Covid-19 arrived, which presented difficulties during this time. A GPs triage process was now in place for all community mental health referrals to: IAPT (Improving Access to Psychological Therapies), Healthy Minds, secondary mental health services or voluntary sector partners. The intention was to develop that further, so the GPs will be able to directly refer to, for example, voluntary sector partners rather than going through mental health practitioners through the trust.

It was explained that waiting lists had been an issue, especially regarding Healthy Minds. There is an ongoing cycle of national investment around increasing the number of people going through IAPT services, which had presented a challenge from a workforce and workplace perspective. A recovery plan had been put in place focusing on quality of service, recovery outcomes and waiting times. IAPT had been a very fixed and rigid model and the aim is to broaden that model and

have more services available for people to access, which would reduce pressure on IAPT.

- It was noted that in relation to children and young people (CYP) there would be a push at the frontline. Questions would need to be asked as to whether CAMHS (Child and Adolescent Mental Health Services), CLD Trust mental health teams and schools had the resources they need, and that the Integrated Care System (ICS) actually works for Herefordshire.
- A correction was requested relating to the equality impact assessments in Appendix 2. The sex of respondents had been recorded, but male and female were shown as identities, which they were not. It was requested that male and female are recorded as sex, as under the Equality Act, so that the data was accurate.
- A point of clarification was made in relation to Appendix 3. Mental health issues were described in the appendix as a recognised disability. It was noted that this is not strictly true and that mental health had specific meaning within the Equality Act and it needed to be specified that it is only if those issues and problems have a substantial effect on how a person or people live their lives.

It was confirmed that the requested amendments would be actioned. It was explained that in relation to CYP access issues there was a specific investment level, which was protected.

- The increased awareness of mental health issues through classroom discussion among CYP was highlighted. The importance of working in partnerships was raised, with the need to work together with schools, teachers, the police and everybody else - not just the ICS - being noted.

It was agreed the strategy should not be too ICS focused. The success of the mental health sports and schools project was cited as a good example of health services working across schools and building relationships. The increased discussion about mental health issues in the classroom was commended and it was pointed out that schools potentially know children better than the GP when it comes to identifying referral needs.

The recommendation in the report was proposed and seconded and agreed unanimously.

RESOLVED: That the draft Herefordshire and Worcestershire Mental Health Strategy be endorsed.

22. HEREFORDSHIRE'S BETTER CARE FUND (BCF) AND INTEGRATION PLAN 2021-22

The board received a report concerning the Better Care Fund (BCF) 2021-22. It was introduced by Ewen Archibald (Interim Assistant Director All Ages Commissioning) and Adrian Griffiths (Business Partner) introduced the report. The principal points of the introduction included:

- Unusual timings and timescales shortened the preparation time available to prepare the plan.
- Herefordshire Council had satisfactorily met the key national conditions and metrics and the council continues to work with the CCG in fulfilling those

conditions and metrics - ensuring that shared strategic objectives around integrated services are fulfilled.

- An assurance that the plan was submitted on time for the approval process, but feedback from the submission was not anticipated until just before Christmas.
- The requirement that the health and wellbeing board approve the plan so that it can be jointly agreed.
- The overall plan was just over £23 million (£23,174,000).
- The plan supports core social care and community health care services in Herefordshire, particularly around discharge facilitation and hospital discharge.
- The plan supports significant services including:
 - £6 million towards the community health services provided by Wye Valley Trust.
 - £2 million for the Home First reablement service.
- The plan supports operational social care discharge teams and some of the more complex social care teams and was a funding stream that covered the crucial services where health and social care join up with each other.

Board members were invited to comment, the principal points included:

- The board commended the BCF team on successful plan for the year and noted the programme as a working example of a collaborative partnership between the council and the NHS.
- It was queried whether there were plans to move from a back end of the system integration to more of the front end, in terms of prevention. It was also queried whether there had been an update on previous discussions regarding looking at the front end of the system rather than discharges.

The Business Partner explained that this year's plan introduces admission prevention with a metric that focuses on adding admissions prevention as a focus for BCF. These changes were currently low key, but the direction of travel was for upstream intervention and preventing admissions to acute beds to be more of a part of a BCF rather than just focusing on discharge.

- The strategy was welcomed by the board.

The recommendation in the report was proposed and seconded and agreed unanimously.

RESOLVED: That the Herefordshire Better Care Fund narrative plan and planning template 2021-22 (at appendix 2 to the report) be approved.

23. DATE OF NEXT MEETING

The date of the next meeting was confirmed as Monday 28 March 2022.

The chairperson thanked the attendees for their contributions and the meeting was closed.

The meeting ended at 4.35 pm

Chairperson



Title of report: A report by NHS England and NHS Improvement on Dental Provision in Herefordshire as of March 2022.

Meeting: Health and wellbeing board

Meeting date: Monday 28 March 2022

Report by: Democratic Services Officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

For the Health and Wellbeing Board (HWB) to consider the report at appendix 1 by the NHS England, NHS Improvement Commissioning Team Managers and Consultants in Public Dental Health.

Recommendation(s)

That:

- a) **The Health and Wellbeing Board considers the report at Appendix 1 and provides comments and recommendations on the briefing.**

Alternative options

1. It is a function of the HWB to consider briefings from NHS England.
2. The Board could choose not to consider this briefing, however given the importance of the subject matter it is presented to this meeting.

Key considerations

3. NHS England produced the attached report in March 2022. The report is for the HWB to consider and to take account of.
4. Appendix 1 contains the NHS England report in full for the board to consider.

Community impact

5. In accordance with the adopted code of corporate governance, the council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining the right mix of these is an important strategic choice to make sure outcomes are achieved. The council needs robust decision-making mechanisms to ensure its outcomes can be achieved in a way that provides the best use of resources whilst still enabling efficient and effective operations and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review.

Environmental Impact

6. There are no general implications for the environment arising from this report.

Equality duty

7. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
8. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. This is a factual report to be noted by the HWBB, we do not consider that it has an impact on our Equality duty. Our Health providers will be made aware of their contractual requirements in regards to equality legislation.

Resource implications

9. There are no resource implications associated with this report. The resource implications of any recommendations made by the committee will need to be considered by the responsible NHS body or the executive in response to those recommendations or subsequent decisions.

Legal implications

- 10 Health and wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.
- 11 Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.
12. The functions of the Health and Wellbeing Board are set out in paragraph 3.5.24 of the council's constitution.
13. There are no specific implications arising out of this report.

Risk management

13. There are no risk implications identified emerging from the recommendation in this report.

Consultees

None

Appendices

Appendix 1 – NHS England NHS Improvement Report to Health and wellbeing board: An update on Dental Provision within the county of Herefordshire.

Background papers

None identified.

Report Reviewers Used for appraising this report:

Governance	Matthew Evans	Date 14/03/2022
Finance	Kim Wratten	Date 15/03/2022
Legal	Alice McAlpine	Date 16/03/2022
Communications	Luenne featherstone	Date 15/03/2022
Equality Duty	Carol Trachonits	Date 16/03/2022
Procurement	Mark Cage	Date 16/03/2022
Risk	Kevin Lloyd	Date 18/03/2022

Approved by	Paul Smith	Date 18/03/2022
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Please include a glossary of terms, abbreviations and acronyms used in this report.

HWBB Health and Wellbeing Board

Briefing to Herefordshire HWBB March 2022

NHS England and NHS Improvement (NHSEI) has been approached for an update on the position of dental services. This briefing is written as background reading and introduction to the current situation. At the March meeting a presentation will be given with high level information; the background briefing is intended to aid and promote discussion.

This briefing has been developed between NHS England and NHS Improvement Commissioning Team managers and Consultants in Dental Public Health. NHSE/I has also provided specific information on children's access and the issue of identification of oral cancers. We have also spoken to the local Healthwatch to identify and respond to further issues of concern and to specific local access issues in Herefordshire.

Introduction

It is important to clarify that NHS dental care, including that available on the high street (primary care), through Community Dental Services or through Trusts is delivered by providers who hold contracts with NHS England and NHS Improvement. All other dental services are of a private nature and outside the scope of control of NHSEI. The requirement for NHS contracts in primary and community dental care has been in place since 2006.

Also, there is no system of registration with a dental practice. People with open courses of treatment are practice patients during the duration of their treatment, however once complete; apart from repairs and replacements the practice has no ongoing responsibility. People often associate themselves with dental practices. Many dental practices may refer to having a patient list or taking on new patients, however there is no registration in the same way as for GP practices and patients are theoretically free to attend any dentist who will accept them. Dental statistics are often based on numbers of patients in touch with practices within a 24 month period (for adults) or 12 months for children. Before COVID patients would often make repeat attendances at a "usual or regular dentist". This would be the list of patients who would be recalled regularly for check-ups. During the pandemic contractual responsibilities have changed and in order to benefit from payment protection practices are required to prioritise urgent care; vulnerable patients (including children) and those whose dental health makes it likely they would benefit from an opportunistic check-up. In many practices there will not yet be sufficient capacity to be able to offer routine check ups to those who generally have good oral health.

Herefordshire has 18 general dental practices; which offer a range of routine dental services; two of these contractors have recently given notice to terminate small contracts in Ross on Wye and in Bromyard from April 2022. Two of the general dental practices were previously part of the prototype scheme as part of national dental contract reform but these arrangements will be ending in April 2022. There is in addition 1 specialist Orthodontic practice based in Hereford. Secondary dental care is provided by Wye Valley NHS Foundation Trust (WVT) who also provide Community Dental Service for special care adults and children and in addition provide a number of dental access clinics across Herefordshire as well as a minor oral surgery service. Patients may have to travel to the Dental Hospital in Birmingham for more specialist services such as complex Restorative dentistry, oral medicine or to the Children's Hospital where a child has complex medical issues.

A map of the location of local dental surgeries is given in Appendix 1. In some cases there will be practices in close proximity and the numbers on the map reflect this where the scale does not permit them being displayed individually. The map has shading showing travel times by public transport or car.

Prior to the pandemic Herefordshire already had some of the worst access rates across the region. There have been longstanding issues attracting dentists to work in the area and these have been exacerbated recently by the pandemic. There are historically a number of small largely private dental practices in Herefordshire who have traditionally held small NHS contracts that were originally child only. There are also a few larger corporate practices. All of these practices struggle to attract and retain staff and previously had relied in some cases on staff from the EU. Brexit has had an impact on the numbers of dentists in particular willing to work in the area.

The level of commissioned services is lower than in other areas due to the difficulty attracting new providers and the impact of dentists handing back or reducing their NHS contracts. In Herefordshire we currently commission only 1.13 UDA per head of population compared to a regional average of 1.57 and a figure for Worcestershire (who share some of the same issues) of 1.44 UDA per head.

However, the effect is worse than this locally as the activity that is commissioned has historically been underutilised with practices failing to use all the UDAs allocated despite anecdotally refusing to see or take on new patients. Due to the way the contract is set up nationally it has proved extremely difficult to take action to tackle this and to release money to be reinvested into new provision. We have had anecdotal reports of practices offering to take on children only if the parents will sign up to private dental services.

The gaps are longstanding, particularly in rural areas but also in Hereford itself. For this reason we continue to commission Dental Access Centres from the Community Dental Service at Wye Valley NHS Trust in order to ensure that patients still have access to care when they have a dental problem. Initial plans are to procure immediately for a large practice or practices in Hereford to replace activity lost in recent years. The team are currently working with Healthwatch to develop a patient consultation exercise to inform this work. The commissioners are already aware that many patients are keen to see more local provision but this is going to be harder to secure and may need an innovative and non-standard approach. It is thought that the urgent priority in the interim is to attract new providers into Hereford as a start so as to take pressure off the local Community Dental Service.

Other efforts have been made to attract newly qualified dentists to the area. A scheme during 2021 was offered out in Herefordshire and Worcestershire and Lincolnshire to provide salaried dental placements in local practices with the offer of days training in the wider health system. Unfortunately, not a single dentist was interested in relocating to the area. Further work is planned as securing more staff is key to improving access locally.

A strategic review of access is planned across the Midlands, however Herefordshire is already a high priority area due to the known access issues and significant additional investment has been requested to assist in improving the situation. A market engagement exercise was undertaken during 2020 but only 2 responses were received. Indications are that attempts to find providers to support rural areas either through hub or spoke or mobile services are a major deterrent due to the difficulties for providers already in finding staff willing to work locally. NHSEI anticipates having access shortly to a mapping tool to identify local areas which may assist in a more targeted approach to tackle this in the future.

Before the pandemic, around 50% of the population were routinely in touch with NHS high street dental services; the numbers of people attending private services is not known; but is not 50% of the population.

Many people with chaotic lifestyles or who are vulnerable may not engage with routine care and may instead use out of hours dental services. Individuals are free to approach practices to seek dental care and further information on NHS dental practices is available on the NHS website:

<https://www.nhs.uk/service-search/find-a-Dentist> although information provided by local dentists may not always be fully up to date.

Dental Charges

Dentistry is one of the few NHS services where you have to [pay a contribution towards the cost of your care](#). The current charges are:

- **Emergency dental treatment – £23.80** This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.
- **Band 1 course of treatment – £23.80** This covers an examination, diagnosis (including [X-rays](#)), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of [fluoride](#) varnish or fissure sealant if appropriate.
- **Band 2 course of treatment – £65.20** This covers everything listed in Band 1 above, plus any further treatment such as fillings, [root canal work](#) or removal of teeth but not more complex items covered by Band 3.
- **Band 3 course of treatment – £282.80** This covers everything listed in Bands 1 and 2 above, plus crowns, [dentures](#), bridges and other laboratory work.

Any treatment that your dentist believes is clinically necessary to achieve and maintain good oral health should be available on the NHS.

More information here: <https://www.nhs.uk/using-the-nhs/nhs-services/dentists/understanding-nhs-dental-charges/>

All NHS dental practices have access to posters and leaflets that should be prominently displayed.

[NHS dental charges from 1 April 2017 \(nhsbsa.nhs.uk\)](#)

The proportion of adult patients who are exempt from NHS charges is just under a third but varies between practices.

Impact of the pandemic

The ongoing COVID-19 pandemic has had a considerable impact on dental services and the availability of dental care; the long-term impact on oral health is as yet unknown. Routine dental services in England were required to cease operating when the UK went into lockdown on 23rd March. A network of Urgent Dental Care Centres (UDCCs) was established across the Midlands during early April to allow those requiring urgent treatment to be seen. These UDCs are not currently operational (as practices have now reopened) but remain on standby in case of future issues that may affect delivery of services (such as staff shortages due to sickness – for example as a consequence of a COVID outbreak).

From 8th June 2020, practices were allowed to re-open however they have had to implement additional infection prevention measures and ensure social distancing of patients and staff. A particular constraint has been the introduction of the so-called ‘fallow time’ – a period of time for which the surgery must be left empty following any aerosol-generating procedure (AGP). An AGP is one that involves the use of high-speed drills or instrument and would include fillings or root canal treatment. This has had a marked impact on the throughput of patients and the number of

appointments on offer. For a large part of 2020 many practices were offering only about 20% of the usual number of face to face appointments and relying instead on providing remote triage of assessment, advice and antibiotics (where indicated). The situation improved in early 2021 and since then practices have been required to deliver increasing levels of activity.

In order to qualify for payment protection, practices are required to open throughout their contracted normal surgery hours (some practices are offering extended opening to better utilise their staff and surgery capacity) and to have reasonable staffing levels for NHS services in place. Increases in capacity have been phased in line with changes to protocols for infection prevention such as relaxing of restrictions on social distancing and the introduction of risk assessments for patients who may have respiratory infections. During the latter part of 2021 practices were required to maximise capacity and to reach a minimum of 65% of normal activity for general dentistry and 80% of normal activity for orthodontics.

Infection prevention measures have been reviewed subsequently and new guidance issued recently which will increase the number of slots from January 2022. The revised arrangements for the early part of 2022 are now for reach a minimum of 85% of normal activity for general dentistry and 90% of normal activity for orthodontics with a plan to resume normal levels of activity from April 2022. Practices must also meet a set of conditions that include a commitment to prioritise urgent care for both their regular patients and those referred via NHS111 and to prioritise additional capacity for vulnerable patients.

The graphs below show the average pattern of delivery of activity over the course of the pandemic and how this has increased regionally, together with more local information for the Herefordshire and Worcestershire ICS compared to the average and minimum thresholds.

Fig 1 Herefordshire and Worcestershire Primary Care Dental Activity vs Minimum Thresholds

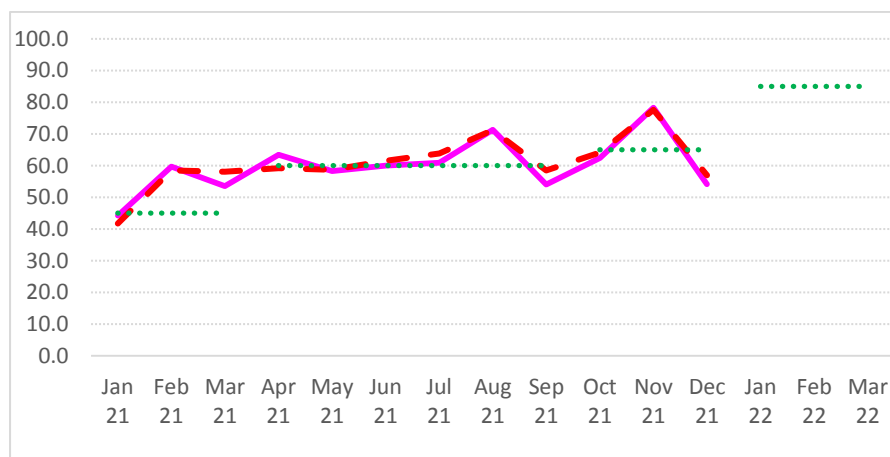
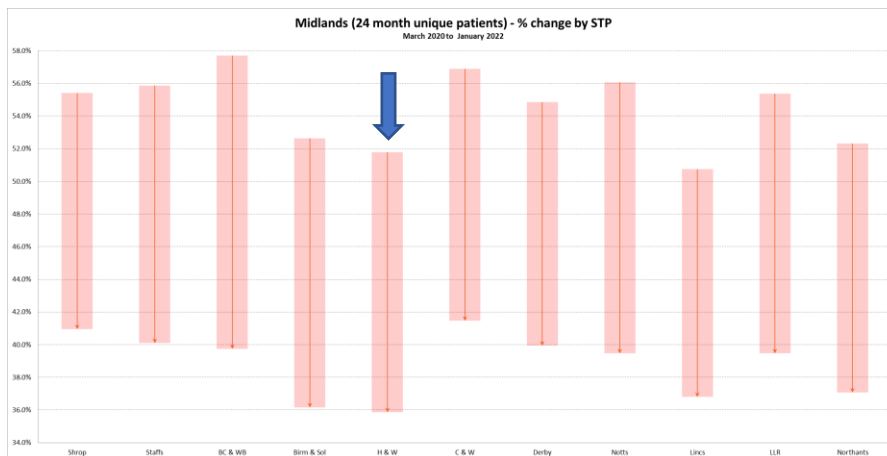
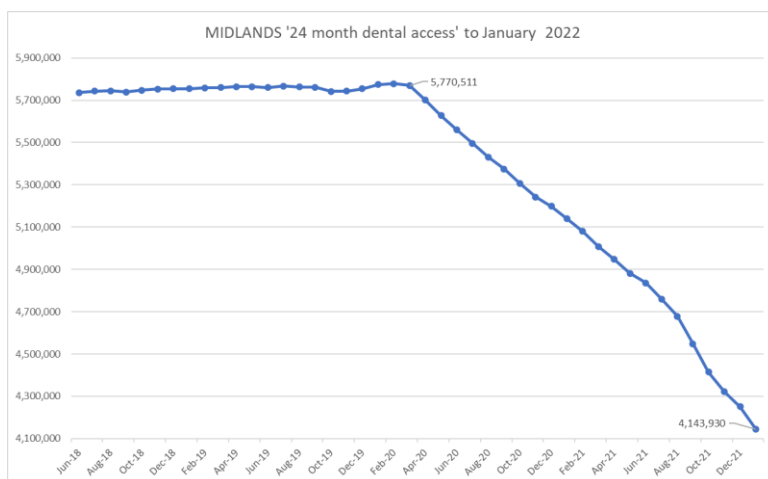


Fig 2 Change in Dental Access (from GP patient survey)



It is estimated that across the region there has been nearly the equivalent of a year's worth of appointments lost in primary care dentistry since the start of the pandemic.

Fig 3 Midlands 24 Month Dental Access Trend



The effects have been similar in community and secondary care due to restricted capacity which can be as a consequence of staff absences or re-deployment of staff to support COVID activities.

Aside from the effects of reduced dental access, it is possible that the pandemic will have other long-term effects on oral and general health due to the impact on nutritional intake – for example, increased consumption of foods with a longer shelf life (often higher in salt or sugar), coupled with possible increased intake of high-calorie snacks, takeaway foods and alcohol. Increases in sugar intake and alcohol intake could have a detrimental effect on an individual's oral health. Again, those impacted to the greatest extent by this are likely to be the vulnerable and most deprived cohorts of the population, thus further exacerbating existing health inequalities.

Finally, it is important to note that some of the most vulnerable in the population, whose oral health may have been affected by the pandemic as described above, are also those individuals who are at greater risk of contracting COVID-19 and of experiencing worse outcomes due to risk factors linked to other long term health conditions.

The Dental Team have surveyed dental practices on a number of issues so as to gain assurance that they have received and implemented the guidance that has been sent out. This includes:

- a statement of preparedness return
- information on air exchanges to support appropriate use of surgeries and downtime between procedures (including financial support to get expert advice)
- information on risk assessment of staff within the practice (including vaccination status).

Restoration of Services

As explained previously, in line with national guidance issued in response to the COVID-19 pandemic, dental practices in the Midlands are currently not providing routine care in the same way as they were prior to the pandemic.

The capacity and number of appointments available will vary depending on the type of practice and the number and configuration of surgeries and waiting rooms.

Specialist Orthodontic practices have continued to prioritise and care for patients already in treatment and have now successfully recovered to almost normal level of service allowing them to see new patients. These patients are being prioritised based on clinical need (to avoid harm) rather than on length of time on a waiting list. This means that there are longer than usual waiting times for patients awaiting routine treatment.

As a result of the pandemic, dental practices have undertaken risk assessments of their premises and have made changes to the way they provide dental care. This is to ensure the safety of both patients and staff. These additional safety precautions mean that practices are able to see fewer patients than before due to required measures to ensure social distancing and prevent any risk of spreading of infection between patients. Surgeries require “fallow time” or downtime between patients to allow for droplets to settle prior to cleaning. This will depend on the level of ventilation to the room.

As a result, not all practices or clinics will necessarily be able to offer the full range of dental treatment in all their surgeries. Practices have been offered a contribution to a survey to get expert advice on the ventilation within their practice and any changes that can be made to improve this.

It is important to note that patients should expect to be contacted and asked to undergo an assessment prior to receiving an appointment and that they are still required to follow advice around social distancing and mask wearing. The latest guidance is that patients will be treated differently depending on whether they have respiratory symptoms and that non urgent care should be delayed until the patient is asymptomatic. Patients need to be honest about their COVID status and whether or not they are experiencing symptoms or have been asked to isolate. They will then be directed to the most appropriate service. This is for their own safety and the safety of staff and other patients.

Dental teams and commissioning teams across the country are working hard to restore services and deal with the inevitable backlog of patients that has built up over the two years. There is significant potential for the reduction in access to services to have disproportionately affected certain population groups and therefore to have further widened existing inequalities. Those with poorer oral health and/or additional vulnerabilities are likely to have suffered more from being unable to access dental care than those with a well-maintained dentition. Furthermore, there is ongoing concern about a reluctance amongst some people to present for care because of the pandemic either because they do not want to be a burden on the health service or because they fear getting coronavirus. Again, this delay in seeking care is likely to have affected some of the more vulnerable population cohorts more than the general population thus further exacerbating the health inequalities.

Reduced access to dental care over the course of the pandemic will have resulted in compromised outcomes for some patients. Due to the duration of the lockdown and the length of time during

which routine face to face activity ceased, a number of patients who ordinarily would have had a clinical intervention, will have instead received antibiotics; possibly repeated courses. Some who were part way through treatment will undoubtedly have suffered and may have lost teeth they would not have done otherwise - temporary fillings placed pre-lockdown, for example, and only intended as temporary measures, may have come out and some of those affected teeth will subsequently have deteriorated further as the required treatment was simply not available.

Orthodontic patients who are routinely seen for regular reviews will have missed appointments, though harm reviews and remote consultations should have helped identify any urgent issues. The ongoing backlog and ever-increasing waiting lists do however mean that there is still a risk of those recall intervals being extended to try and free up capacity to see new patients. Patient compliance with the required oral hygiene measures may wane over time and consequently there is an increased risk of decay developing around the orthodontic appliances if treatment is prolonged in this way.

Recovery Initiatives

A large investment has been made to facilitate initiatives designed to increase access in both primary, community and secondary dental care. Some of the schemes that have been supported are:

- There has been additional funding to practices to facilitate Weekend Access – unfortunately there were no Herefordshire practices willing to participate.
- Overperformance – Practices who are able to deliver normal levels of activity (often those with smaller NHS contracts) are being offered funding to overperform an additional 4% (as capped by dental regulations). Unfortunately there are no Herefordshire practices eligible to participate.
- Additional Orthodontic Case Starts – an offer has been made to practices with capacity for additional activity to tackle waiting lists – the team are currently reviewing applications. There is only one Specialist Orthodontic practice in Herefordshire and they are not in a position to be able to participate.
- CDS Support Practices – the team have recruited a number of practices to work collaboratively to provide additional capacity to assist in routine review and managing patients who are in the care of the CDS. Unfortunately there were no applications from practices in Herefordshire.
- Dedicated In Hours Urgent Care Sessions – additional capacity for NHS 111 to signpost urgent patients without a regular dental practice. There were no applications from Herefordshire practices but a practice in Tenbury has been secured to offer cross border support to the CDS.
- Additional non recurrent investment to support oral health improvement initiatives - £15,000 allocated to the local authority oral health promotion team to expand existing supervised toothbrushing schemes. Funding of £5,937 was also provided to expand the sample for the 5 year old epidemiological survey in order to get more detailed information to inform commissioning locally with toothbrushing packs provided for all children participating. The sample has been expanded from 500 to 750 as there was no capacity within the CDS for the larger sample originally planned.
- Investment locally in Community Dental Care of £28,400 for paediatric sessions at weekends which will continue for 22/23 to improve children’s access

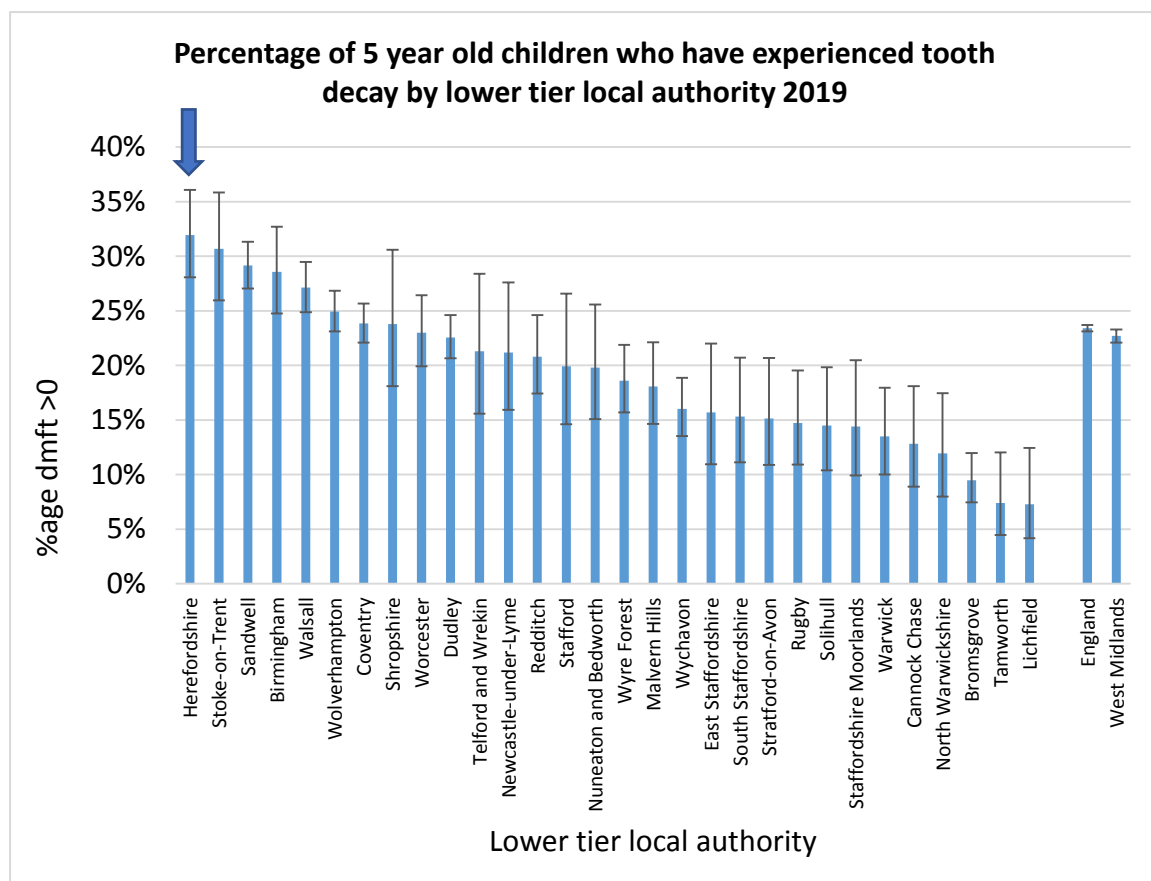
Vulnerable Groups

There are two groups of vulnerable patients – those vulnerable due to COVID and those who are vulnerable with respect to their oral health. For those in the categories who are vulnerable or shielded due to age or underlying health conditions special arrangements will be made to ensure they are able to access care safely. Some patients may be seen by their usual practice but will usually be offered an appointment at the beginning or end of a session.

There are in addition a number of groups of patients who are less likely to engage with routine dental services and likely to experience worse oral health.

Oral health and inequalities

Oral health is an important public health issue, with significant inequalities still evident. Deprived and vulnerable individuals are more at risk, both of and from, oral disease. The findings of the 2017/2018 survey of adults attending general dental practices in England showed that poorer oral health disproportionately affected those at the older end of the age spectrum and those from more deprived areas.¹ Whilst there has been an overall improvement in oral health in recent decades, further work is needed to improve oral health and reduce inequalities. The 2019 national oral health survey of 5 year old children showed wide variation in both the prevalence and severity of dental decay among young children (Figure 1).² The West Midlands benefits from water fluoridation across a large part of the geography; this means that children in those areas are significantly less likely to experience tooth decay compared to their peers elsewhere in the region or country. None of the population in Herefordshire currently benefits from water fluoridation and the impact of this can be clearly seen below. It is worthy of note that dental decay remains the most common reason nationally for hospital admissions in children aged 5-9 years.³



We are aware that some vulnerable groups are finding it harder than usual to access services – particularly as no walk-in options are available. We are continuing to review pathways and treatment arrangements for these patients to ensure that they can continue to access urgent care. Primarily this is through NHS 111. Many practices are operating with reduced capacity and will therefore be restricted in the care that they can offer to new patients. Arrangements have been put in place across areas where there is known pressure and additional dedicated urgent care sessions have been commissioned to help facilitate access for those who may not have a regular dentist. Unfortunately we were unable to secure a local practice but a dental practice in Tenbury is providing cover across the boundary from Worcestershire. In addition the CDS has been ensuring access for vulnerable patients through their network of local clinics.

Some patients who have previously accessed care privately may now be seeking NHS care due to financial problems related to the pandemic or due to the additional PPE charges that are apparently being levied by some private dental practices. This is putting additional pressure on services at a time when capacity is constrained. These patients are eligible for NHS care, however they may find it difficult to find an NHS practice willing to take them on and are likely to be able to access care instead through ringing NHS 111.

It should be noted that many dental practices operate a mixed private/NHS model of care and although NHS contract payments have been maintained by NHSEI the private element of their business may have been adversely affected by the pandemic. The Chief Dental Officer set up a short life working group who undertook an investigation into the resilience of mixed practices. They concluded that whilst there would have been an interruption of income, the risk of a large number of practices facing insolvency over the next 12 to 18 months was low. There have been anecdotal reports of some practices being reluctant to offer NHS appointments (particularly routine) and instead offering the chance to be seen earlier as a private patient. Practices are required under the terms of the payment protection arrangements currently in place to maximise capacity and should not be pressuring patients into private care. The contracting team will investigate any such reports but will need detailed information on the date and time of any instance so that this can be raised with the practice for a response. There has also been national investment recently to secure additional urgent access sessions in general dental practice but no practices locally have expressed an interest.

Children’s Access

It became apparent early in the pandemic that children’s access had been particularly badly affected. This was due both to dental practices focussing less on routine care and on parents being reluctant to bring children to medical/dental appointments – the pattern was consistent across other services too.

Access and satisfaction with dentistry is measured through a regular GP survey. For Adult Access Herefordshire was typically below the regional average for both adult and child access and below the national average for child access. Please see latest available figures below for Jun 2021

Access (% patients accessing care in latest period)	Adult (24 month)	Child (12 month)
Herefordshire County Council	41.4	25.8
Midlands	41.9	32.4
England	41.1	32.8

And the previous year figures for Jun 2020 before COVID had a chance to have an impact.

Access (% patients accessing care in latest period)	Adult (24 month)	Child (12 month)
Herefordshire County Council	44.8	50.1
Midlands	48.4	52.9
England	47.7	52.7

It became apparent early in the pandemic that children’s access had been particularly badly affected and this is clear from the tables above. This was due both to dental practices focussing less on routine care and on parents being reluctant to bring children to medical/dental appointments – the pattern was consistent across other services too.

Midlands overall trend – 12-month children’s access

Dec 2019	March 2020	June 2020	Sept 2020	Dec 2020
58.2%	58.6%	52.8%	43.1%	29.3%

Local ICS wide Data for Dec 2020 % seen 0-17 yr olds (note this is during the pandemic when services were most constrained)

Code	Name	12-month access
18C	Herefordshire and Worcestershire CCG	28.1%

The picture is similar to other areas and regional / national – there was a decline to a low point in March 2021 with degree of recovery by June – the numbers of children being seen remain lower than pre COVID. It is clear that Herefordshire has been badly affected. Hence a local initiative with the CDS to secure extra weekend sessions which has been extended for the coming year.

Prior to the pandemic the local commissioning team had been working on encouraging parents to take children to the dentist early.



The main aim of this Starting Well scheme was to increase access to NHS Dentistry in the NHS West Midlands geography in the very young (0-2 age group). There were four objectives:

1. To identify ‘influencer’ groups and individuals who can play a part in encouraging and facilitating parents / carers of children aged 0-2 to visit an NHS dentist.
2. To equip influencers with resources and information to influence parents / carers of children aged 0-2 to visit an NHS dentist.
3. To equip and encourage dental teams to see more 0-2-year olds
4. To ensure sufficient capacity for practices to take on additional young patients for check ups

Apart from media campaigns, joint local working with health visiting teams and training and resources for practices there was funding made available to ensure capacity to take on additional children for check-ups before the age of 2. There were two practices in Herefordshire were offered

additional funding for 19/20 and 1 managed to deliver additional activity despite the impact of COVID in the early part of 2020.

As capacity is currently restricted and whilst children’s appointments should be prioritised it may not be possible at present for very young children to be seen in the way that was originally being promoted. However the commissioning team have been working on a new scheme to encourage child friendly practices locally to provide support to local Community Dental Services to work in a shared care model to free up capacity for specially trained staff to focus on tackling backlogs of patients requiring complex treatment. We will be seeking two practices locally later in the year and additional training will be provided although it is sometimes difficult to get engagement from local contractors.

Work is also in hand to strengthen local prevention initiatives and the dental team have been working closely with colleagues in the Local Authority to expand the existing HWCT team to provide a more resilient oral health promotion service across the new ICS area. They will work collaboratively with both local authority public health teams and be guided by the local strategy. Apart from the non-recurrent investment described previously there has been a recurrent investment of £175,000 to support this.

OOH Provision

Out of hours services provide urgent dental care only.

Definition of “Urgent Dental Care”

Urgent and emergency oral and dental conditions are those likely to cause deterioration in oral or general health and where timely intervention for relief of oral pain and infection is important to prevent worsening of ill health and reduce complications (SDCEP, 2013). Urgent dental care problems have been defined previously into three categories (SDCEP, 2007). The table below shows current national information about the 3 elements of dental need and best practice timelines for patients to receive self-help or face to face care.

Triage Category	Time Scale
Routine Dental Problems	Provide self-help advice. Provide access to an appropriate service within 7 days if required. Advise patient to call back if their condition deteriorates
Urgent Dental Conditions	Provide self-help advice and treat patient within 24 hours. Advise patient to call back if their condition deteriorates
Dental Emergencies	Contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition

People should check their practice’s answer machine; information should be also be displayed inside the practice and on the windows. Most people contact NHS 111 who will alert the out of hours provider. There is an online option that will often be quicker and easier than phoning – particularly when NHS 111 is dealing with large numbers of COVID related calls. If using the phone, it is important to listen to all the messages and choose the appropriate option for dental pain.

Please be aware that patients with dental pain should not contact their GP or turn up at A&E as this could delay treatment as they will be redirected instead to a dental service.

There is a dedicated Out of Hours dental service based in Hereford. People can attend any service in the Midlands area but for Herefordshire the nearest sites will be either Hereford or Worcester or

Dudley depending on the patient's address. At times of peak demand patients may have to travel further for treatment depending on capacity across the system. The Herefordshire system also currently has extended hours service provision through the Wye Valley NHS Trust Dental Access Centres. This is not available in other ICS areas across the West Midlands.

Domiciliary Care (For patients unable to leave their own home or care home)

Dental care to care home residents or patients unable to travel for dental care to a practice is currently provided by the Community Dental Service. There has been an attempt to commission a dedicated general dental practice to provide additional domiciliary provision for the area for patients who would not normally meet the criteria to be seen by the CDS but we have so far been unable to attract any interest from either local practices or providers willing to travel to cover the area.

Some limited dental care can be provided in the care home setting such as a basic check-up or simple extraction, but patients are often asked to travel into a dental surgery as this is the safest place to provide more complex dental treatment. If a care home resident requires a dental appointment, they or their relative or carer can contact the local domiciliary provider via NHS 111. If they need more specialist dental care they will generally be referred on to the Community Dental Service after this initial contact.

Prior to COVID work was underway to look at new ways of collaborative working with primary care networks to strengthen support to care homes in accessing dental services or improving the oral health of their residents. This remains a priority area and some pilots have already been undertaken in other areas across the Midlands with the aim of extending successful schemes to cover other areas.

Dentures

If a person breaks their denture then they will need to contact their local dental practice. If they do not have a regular dentist they should contact NHS 111. During COVID dental practices are prioritising more urgent care and broken dentures do not classify as urgent care. Broken dentures can sometimes be fixed without a patient needing to see a dentist for an appointment – the dentist will assess the denture and if possible, send to the dental laboratory for the denture to be repaired. Some instances of broken dentures and all lost dentures will require new dentures to be made. This takes on average 5 appointments over a number of weeks with at least a week between appointments. This type of service is likely to be restricted at present due to COVID.

Secondary and Community Care

Infection control measures in place to protect patients and staff also mean that there is reduced capacity in clinics and hospitals for certain procedures particularly those requiring a general anaesthetic or sedation. As a result, the wider NHS system is prioritising theatre capacity and treating the most urgent cases – for instance those with cancer. This means that some specialist services will only be available at a more limited number of centres. There may still also be additional requirements for prospective patients around swabbing or isolating at home prior to treatment. This is to ensure the safety of patients undergoing surgery and those already in the hospital.

There were problems initially in getting access to regular lists for children requiring dental treatment under general anaesthesia (as is the case across the country) but the situation in Herefordshire suffered less than in some other areas as the local CDS managed to retain regular theatre lists and were even able to repatriate local children waiting for surgery in Birmingham. Despite this only those children with the most urgent needs will be prioritised as services have to compete for theatre

space with other patients who may have more urgent needs. There has been a good degree of recovery in Herefordshire over recent months and waiting lists are not as long as in some other areas.

There will be a backlog of care and treatment given that most provision is for urgent care and / or completion of care begun before the first lockdown. The most recent data available on 18 week waits for Oral Surgery is the position in December. WVT were at that time reporting 9 patients waiting over 52 weeks and 74 waiting over 18 weeks. The position had been improving significantly over recent months but in line with other areas has now stalled. WVT is currently only reporting one patient waiting over 104 weeks and the overall proportion of patients for the Herefordshire and Worcestershire ICS that are waiting over a year is currently 11%. These backlogs for patients waiting over a year are not unexpected due to the complete cessation of routine care earlier in the year and the limited capacity subsequently which has meant prioritisation of more recent urgent cases over those less urgent who have been waiting longer (please see Appendix 3). Referrals into secondary care have started to recover (see Appendix 4) but remain at lower than previous levels due to the reduction in routine appointments in primary care. There are concerns that some conditions may be missed due to the smaller number of patients being seen face to face.

In order to address these concerns the Local Dental Network have taken the opportunity to publicise Mouth Cancer Awareness month and to distribute a set of key messages to dental practices to help them raise awareness, identify patients with symptoms, and ensure they are aware of how to refer patients quickly to the appropriate services. This is as a proactive local follow up to a dental bulletin issued by the Chief Dental Officer in May 2021 <https://bit.ly/3vK70Ez>

The dental team have been working with local groups of clinicians through the Managed Clinical Networks to explain to local dentists how patients are being prioritised by services and what can be done to manage them in the interim whilst they are waiting for treatment. The aim is to keep patients safe and ensure they are being regularly monitored and that the practice knows how to escalate if the situation changes and needs become more urgent.

Staff issues

Dental contractors have undertaken COVID risk assessment on their staff. Working arrangements have been altered to keep people safe where necessary and staff who are unable to see patients face to face have been involved with telephone triage or have been redeployed to help in other services such as NHS 111. The team monitor vaccine uptake amongst practice staff and the latest figures from a recent survey show relatively good uptake compared to the region as a whole.

Dental Staff	Responses	Practices	%	eligible	1st	2nd	booster	flu				
Herefordshire and Worcestershire	31	95	32.6%	412	398	96.6%	388	94.2%	296	71.8%	168	40.8%
Grand Total	460	1149	40.0%	5884	5432	92.3%	5381	91.5%	3530	60.0%	2058	35.0%

Collaborative working with local Dentists

There have been regular meetings with the local dental committee and the dental team is grateful for the co-operation received from the profession in mobilising urgent dental care centres and seeking solutions to help manage the current restrictions in services. This has included joint working between the local Community Dental Service and practices. The LDC locally were very proactive during the early part of the pandemic in setting up urgent dental centres.

There is a Local Dental Network in place covering the Herefordshire and Worcestershire ICS although there is currently a vacancy for the Chair. We have advertised previously unsuccessfully but plan to

go out to advert again shortly. Steve Claydon who is an LDN chair from Northamptonshire has been supporting in the interim and there is also support from the Regional Chief Dentist Adam Morby. There are a number of Managed Clinical Networks (groups of local clinicians) who still meet virtually to plan care and agree guidance to help practices to manage their patients. The Urgent Care Network met weekly early on in the pandemic to help to plan and deliver ongoing access to urgent care.

Every year the dental team engages with practices to gain assurance about practice opening over holiday periods so as to ensure services will be in place for patients although Out of Hours services are commissioned to cover these periods.

The Dental Commissioning team have been working with colleagues in the Communications team to draft a series of stakeholder briefings to update key partners and the public on the situation with respect to dental services. These have been distributed to local authorities, Directors of Public Health and CCGs. We are also engaging with local Healthwatch organisations to encourage them to share any intelligence on local concerns or on difficulties people may be having accessing services and we met recently with Herefordshire Healthwatch prior to compiling this report so that we could get local feedback on issues patients have been raising.

Examples of tweets that have been shared on Twitter are given in Appendix 5.

PPE and Fit Testing

NHSEI supported Urgent Dental Centres throughout lockdown to ensure that they had access to all the necessary PPE – particularly early on when supplies were limited. Dental practices now have access to PPE through a portal – this is to ensure ongoing supply should we see further pressures as cases increase.

One of the barriers originally to getting practices back to delivering a full range of services was the need to fit test staff so they could safely use these protective FFP3 masks. NHSEI initially worked with PHE to fit test staff working in the UDCCs and OOH services and have subsequently worked with Health Education England (HEE) to train 91 dental practice staff across the Midlands who can undertake fit testing of masks for local dental practices. Some staff may not be able to use the standard masks either due to difficulties getting an acceptable fit or due to the wearing of beards for cultural reasons, and in these cases staff have the option of using special hoods instead. More and more practices are opting for reusable rather than disposable masks.

COVID 19 and outbreaks in dental settings

There have been only occasional COVID outbreaks in dental practice setting in Herefordshire. Dental practices are well equipped to manage risk relating to COVID as all staff are trained in infection prevention and control as part of their role in delivering dental services. 'Donning and doffing' PPE should be very familiar to them. A dental Standard Operating Procedure for outbreak management has been circulated via all contract holders and also to the Local Dental Committees to support practices manage any positive cases in their practices, whether visitors or staff. However as with all primary care settings, the risk is staff to staff transmission when they are outside their immediate clinical setting such as in shared reception areas or staff rooms or through community contacts outside work (such as with family or friends). NHS EI ran a webinar last year to raise awareness of good practice in IPC and to share learning to prevent outbreaks in dental settings.

NHSEI is working with providers to ensure that they operate safely and within national guidelines and have shared national guidance and Standard Operating Procedures that give guidance on how care can safely be provided.

Nationally all the latest guidance for dental practices can be found here:

<https://www.england.nhs.uk/coronavirus/primary-care/dental-practice/>

Latest IPC guidance for dental practices can be found here: [COVID-19: infection prevention and control dental appendix - GOV.UK \(www.gov.uk\)](#)

Support is being provided to practices who have staff who are symptomatic or have been asked to isolate through Test and Trace. This is to ensure they take the relevant actions through their business continuity plans to continue to operate safely and provide care to their patients. Where a practice is unable to remain open then patients may be redirected to an alternate local practice.

Opportunities for Innovation including Digital

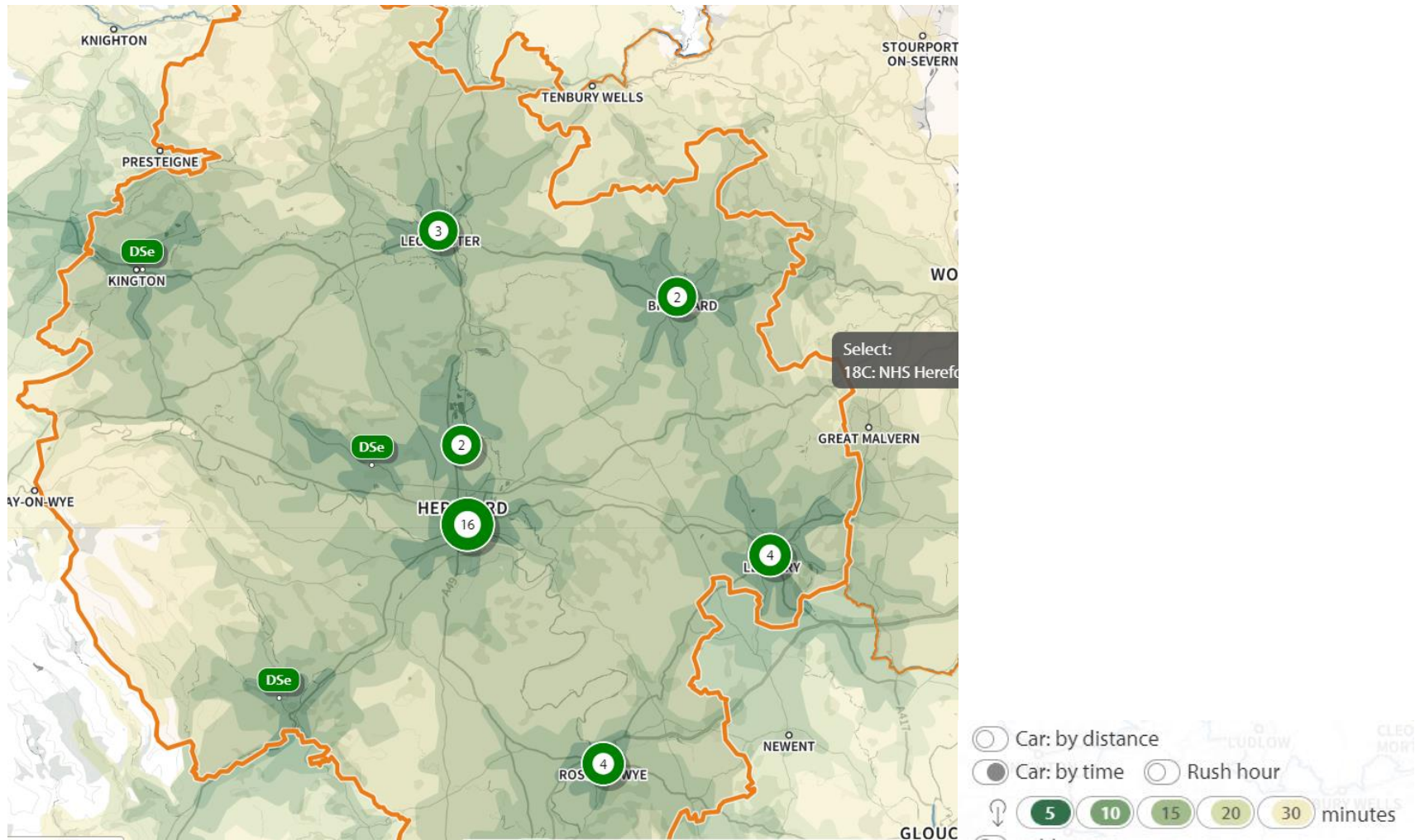
There have been some positive impacts through the pandemic including the way in which local services and clinicians have worked together collaboratively to maintain and recover services.

The other opportunity has been the widespread acceptance of innovative ways of providing care remotely by using digital methodologies such as video consultations. This has been widely used by Secondary and Community services, and also by Orthodontic practices, to provide support and advice to patients already in treatment.

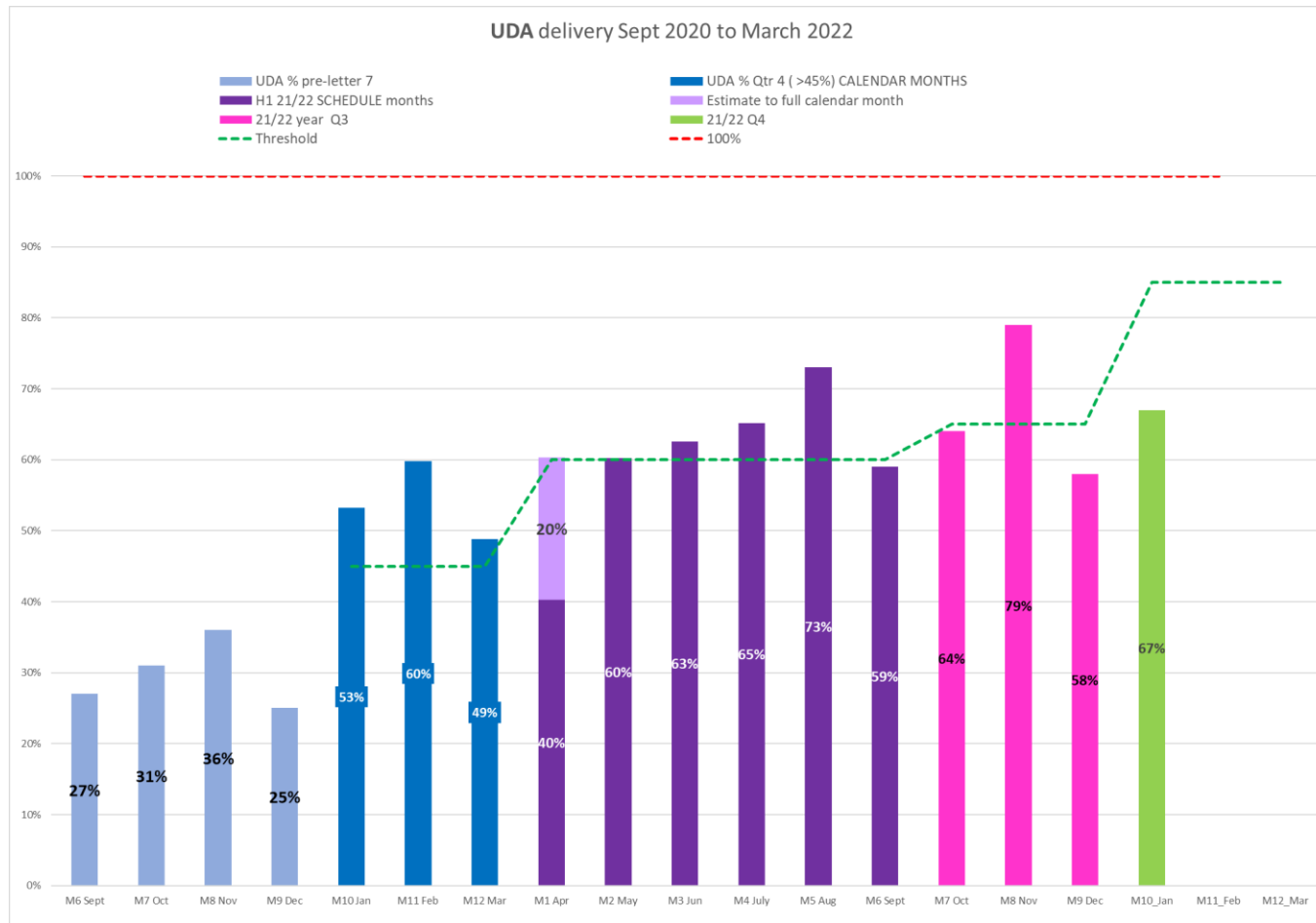
We are exploring options to increase the use of advice and guidance through the electronic Dental Referral Management system (REGO), including the facility to upload photographs with referrals.

Appendix 1

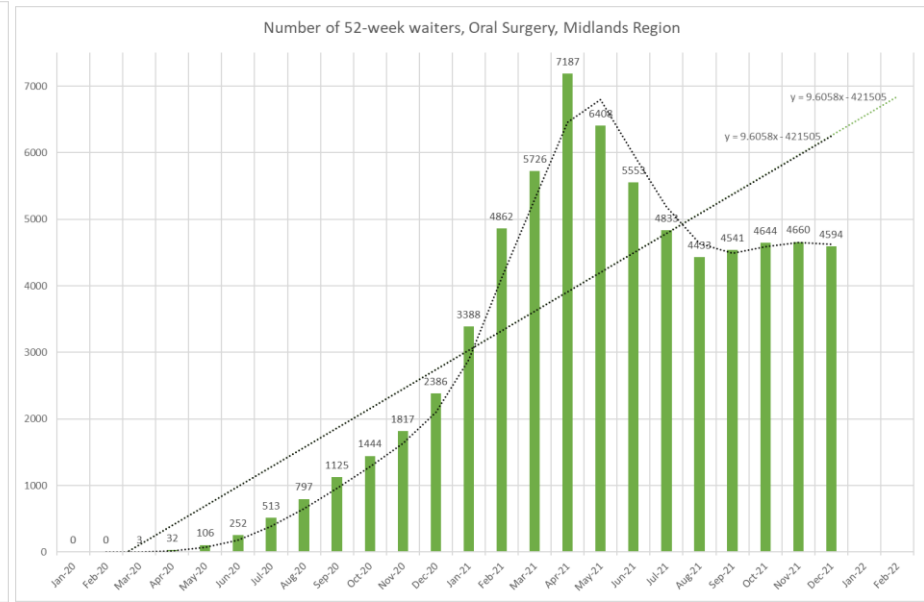
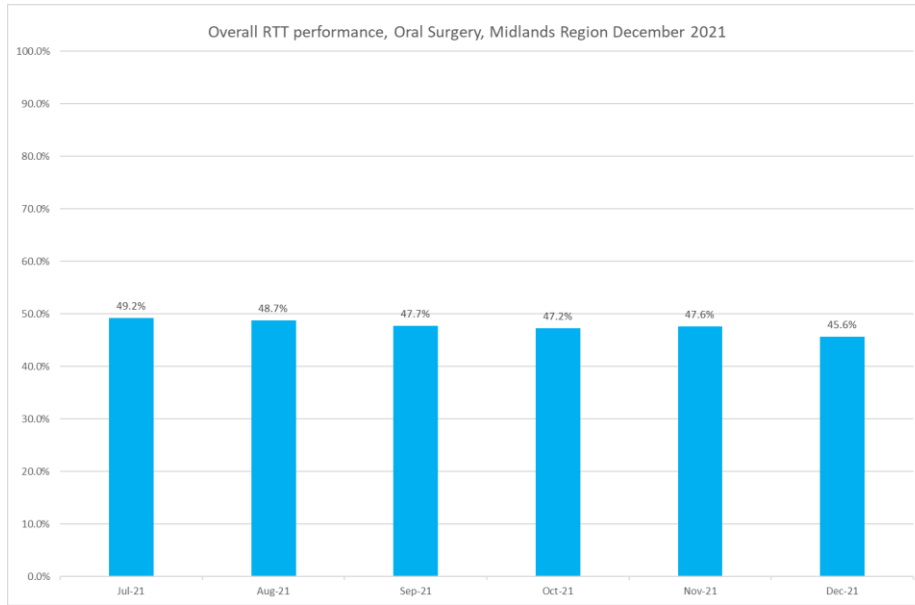
Fig 1 – Location of dental practices or clinics including orthodontic and community sites (travel times by car or public transport).



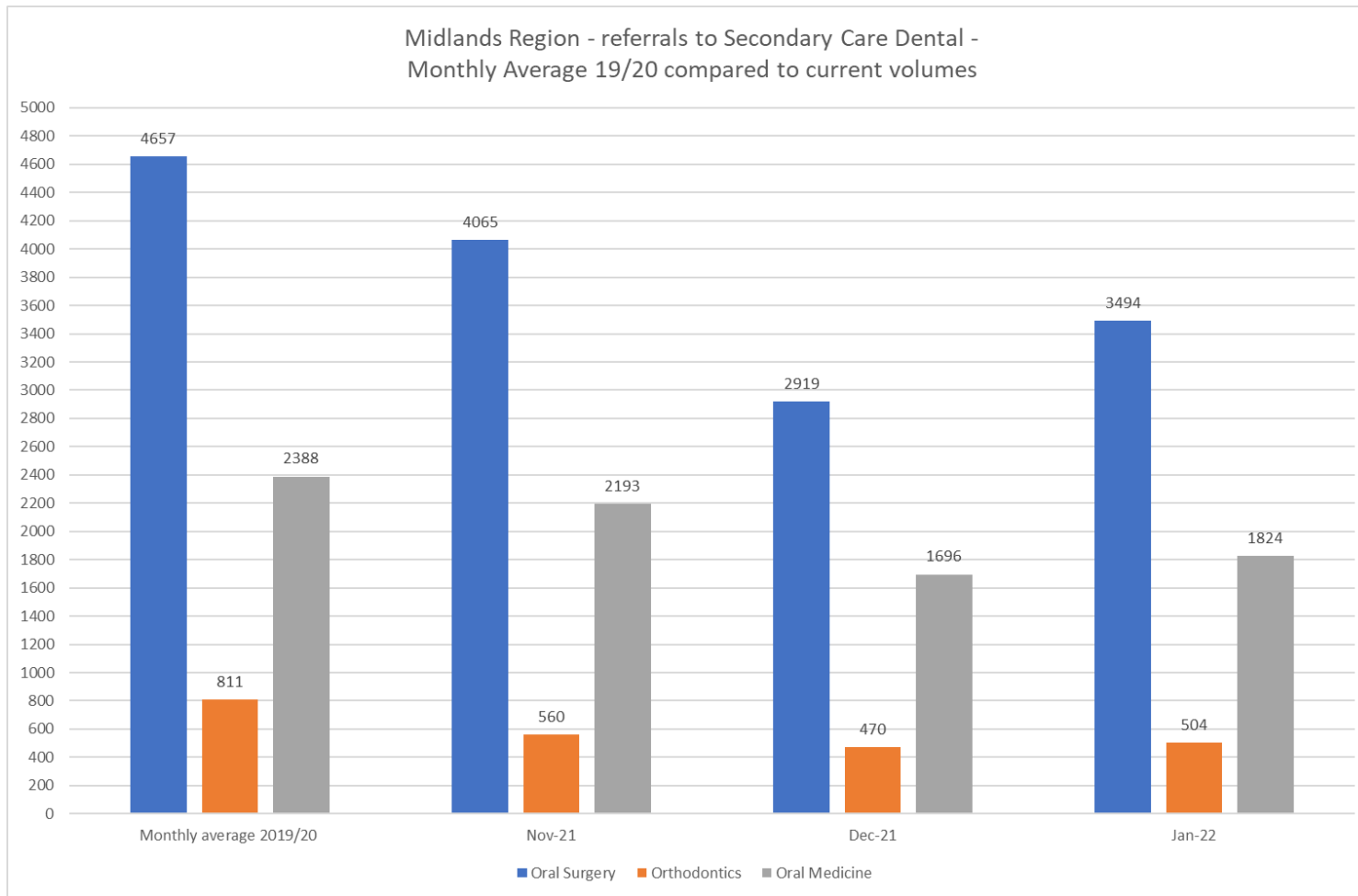
Appendix 2 - Activity Trends in Primary Care



Appendix 3 – Oral Surgery Referral to Treatment (18 Week and 52 Week Waiter) Trends in Secondary Care



Appendix 4 - Dental Referral Trends



Appendix 5 – Examples of tweets shared by the NHS England Communication Team

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Herefordshire's Physical Activity Strategy

Meeting: Health and wellbeing board

Meeting date: Monday 28 March 2022

Report by: Director of Public Health

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

The purpose of this report is to gain approval and support from Health and Wellbeing Board for Herefordshire's Physical Activity strategy.

Partners across Herefordshire will work together to support, expand and deliver physical activity across the county, reducing health inequalities and promoting health and well-being.

The vision '*In Herefordshire every person has the opportunity to: get moving, be active, feel better, keep well and enjoy healthier lives as part of everyday life in their local community.*'

Recommendation(s)

That:

- a) Health and Well-being Board approves Herefordshire's Physical Activity strategy; and
- b) Health and Wellbeing Board member organisations support and engage in activity within the strategy.

Alternative options

1. Health and Wellbeing Board does not approve the strategy or support planned actions. This is not recommended as it would reduce the effectiveness of the county-wide strategy, the ability to tackle health inequalities and key council priorities.

Key considerations

2. Herefordshire's Physical Activity Strategy has been developed with the support of Sport England's Strategic Outcomes Planning Guidance (SPOG) to develop a clear approach to physical activity in the county.
3. Community consultation took place during August-October 2020, two surveys were produced, one for adult residents and a second for school children.
 - 939 people responded to the first survey
 - There were limited responses to the school survey
 - The surveys were online and undertaken during the pandemic
4. The consultation responses identified that Covid-19 has resulted in 36% people doing less exercise.
5. A national survey of 2,000 adults carried out by Sport England revealed that Covid has caused massive disruption in the physical activity behaviours of adults and children. 62% of adults recognise the importance of physical activity in responding to the pandemic and 69% of adults are using exercise to manage their physical and mental health. Older people, people on low incomes and people in urban areas are finding it harder to be active during the outbreak. There is a gender gap in physical activity levels with both men and women decreasing activity, men seeing the largest decrease 9% whilst female activity remaining consistently lower. There is also growth in outdoor activities such as cycling, walking and running. Covid 19 will have a significant impact on physical activity levels and attitudes towards physical activity for residents of Herefordshire both now and in the future.
6. Active Lives for Young People – the January 2021 Sport England survey illustrates that almost 1/3 of children are now classed as inactive due to lockdown restrictions. Boys are more adversely affected because they have been unable to play team sports which is where highest participation levels are traditionally seen in boys aged 7-13.
7. In April 2021, the Schools Active Movement launched a national survey. Head Teachers, PE Coordinators and PE teachers across England were asked what they had noticed about their learners since the easing of the third national lockdown when all children had been able to return to school. Based on responses from 64 primary, secondary and special schools in Herefordshire, the results relevant to physical activity are that:
 - 85% of respondents state their learners are less fit than pre Covid;
 - 67% of respondents state their learners' fundamental movement skills have worsened;
 - 60% state their learners have put on excessive weight during lockdown;
 - 60% state that their learners are less physically active than they were pre Covid; and
 - 66% state their learners' general well-being is worse than pre Covid
8. 'In Herefordshire every person has the opportunity to: 'get moving, be active, feel better, keep well and enjoy healthier lives as part of everyday life in their local community'. The aim of the strategy is 'To improve the health and wellbeing of our communities in Herefordshire by

increasing levels of physical activity, opportunity for and accessibility to activity, and therefore reduce health inequalities’.

9. Partners involved in the development of this strategy include: Stride Active, HVOSS, Active Herefordshire & Worcestershire, NHS Herefordshire – CCG, Herefordshire Walking Festival, First Community Health and Care, Halo Leisure, Marches family network, The National Trust, Herefordshire Wildlife Trust, Ignite CiC, Royal College of general practitioners, NHS Wye Valley Trust, the council and The Courtyard.
10. Herefordshire is a rural county (95% of land classified as ‘rural’) with 192,000 residents. Over half of the population live in rural areas. Herefordshire has a significantly ageing population: 24% (46,700) of the county’s total population is aged 65 years and over (compared to 18% across England). This age group is expected to continue growing at a high rate. By 2031, approximately 30% (estimated at 59,500 people) of the population will be 65 years and over.
11. Overall, Herefordshire is similar to, or compares slightly better than, the England average for many outcomes and indicators of health and wellbeing. Life expectancy and healthy life expectancy are similar to England for males and better for females. There are significant levels of childhood obesity in the county: over 17% Reception aged children and more than 1 in 4 Year 6 children are obese or severely obese.
12. As a county, Herefordshire experiences average levels of overall, multiple deprivation. Nine out of 116 lower super output areas (LSOAs) of Herefordshire are amongst the 20% most deprived in England: these are located in Hereford city and the market towns of Leominster, Ross-on-Wye and Bromyard. At the other end of the scale eight LSOAs are in the least deprived 20% in England, mainly urban areas located north of the river within Hereford and in rural areas surrounding the city, in Ross-on-Wye, and Ledbury. Rural areas pose different types of challenges for the people who live there compared to urban areas and rural deprivation looks very different. In rural areas, the most common types of deprivation relate to housing condition and physical access to services. Furthermore, within even the most affluent areas, there can be pockets of real hardship, ill health and inequality.
13. The importance of physical activity for individual and community health has been highlighted through the impact of Covid 19 pandemic which has also exacerbated health inequalities across the UK. It has become more important than ever to focus on preventative health measures, including physical activity and to invest in those people who need it most.
14. In order to challenge and address inactivity in Herefordshire our shared outcomes are:
 - Active environments – environments that support and facilitate every day physical activity for everyone
 - Active Communities – supported and developed community assets to increase physical activity levels and build community resilience
 - Healthy individuals - decreasing inequalities, increased awareness and capability in our inactive population to change their behaviour and increase physical activity levels long-term
 - Partnerships and Collaborative Working - improved partnership working to increase physical activity opportunities and participation across our population
15. The physical activity steering group will lead the development of the action plan.

Community impact

16. Herefordshire's County Plan 2020 -24 sets out the council's ambition for Herefordshire and outlines the priority areas. We will:
 - Environment: protect and enhance our environment and keep Herefordshire a great place to live
 - Community: strengthen communities to ensure everyone lives well and safely together
 - Economy: support an economy which builds on the county's strengths and resources
17. In addition the strategy supports the Health and Wellbeing board vision '*Herefordshire residents are connected into communities to be resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure*'.
18. Of particular relevance to the strategic vision for physical activity are the commitments to improve and extend active travel options throughout the county; ensure all children are healthy, safe and inspired to achieve; protect and improve the lives of vulnerable people support; and communities to help each other through a network of hubs.

Environmental Impact

19. This decision seeks to deliver the council's environmental policy commitments and aligns to the following success measures in the County Plan 2020-24.
 - Reduce the council's carbon emissions through active travel
 - Work in partnership with others to reduce county carbon emissions
 - Improve the air quality within Herefordshire
 - Improve residents' access to green space in Herefordshire
 - Increase the number of short distance trips being done by sustainable modes of travel – walking, cycling, public transport
20. The council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.

Equality duty

21. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

22. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our partners will be made aware of their contractual requirements in regards to equality legislation. This strategy will support the Equality duty by advancing opportunities for a number of targeted groups and individuals that share a protected characteristic including teenage girls, disabled people and others. This strategy will support the council in discharging its equality duty by focusing on these groups and reducing inequalities.

Resource implications

23. There are no direct resource implications from this report. However, the development of the action plan arising from the implementation of this strategy is likely to generate initiatives that require additional funding. This additional funding will be allocated from member's existing budgets or grant funding will need to be sought, subject to the appropriate governance.

Legal implications

24. There are no legal implications arising from this report as it sets the framework strategy for future project develop. Any projects coming out if the strategy will be subject to their won specific governance decision.

Risk management

25.

<u>Risk / opportunity</u>	<u>Mitigation</u>
Lack of support for physical activity strategy	Wide stakeholder consulatation taken place and support in the development of strategy.
Lack of resource to support strategy actions	A physical activity working group oversees the action delivery and members fund initiatives

Consultees

26. Full consultation has taken place as per paragraph 3 above.
27. Consultees feedback has been considered throughout the development of this strategy, the final strategy document will be shared with all consultees.

Appendices

- Appendix 1 – Herefordshire’s Physical Activity Strategy
- Appendix 2 - Herefordshire’s Physical Activity Strategy summary

Background papers

None identified

Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published

Governance	Sarah Buffrey, Democratic Services Officer	Date 09/03/2022
Finance	Kim Wratten	Date 14/03/2022
Legal	Alice McAlpine	Date 11/03/2022
Communications	Luenne featherstone	Date 08/03/2022
Equality Duty	Carol Trachonitis	Date 10/03/2022
Procurement	Lee Robertson	Date 10/03/2022
Risk	Kevin Lloyd	Date 10/03/2022

Approved by Rebecca Howell-Jones Date 11/03/2022

Please include a glossary of terms, abbreviations and acronyms used in this report.

PA – Physical Activity
SPOG – Sport England’s Strategic Outcomes Planning Guidance



Active and Healthy Herefordshire

Herefordshire's Physical
Activity Strategy

2021 - 2026

Herefordshire's Physical Activity Strategy

Active and Healthy Herefordshire

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The Appendices

Appendix 1 – Stakeholder Consultees

Appendix 2 – Strategic Context

Appendix 3 – Chief Medical Officer (CMO) Infographics – Recommended levels of physical activity for different ages/stages of life

1. Introduction

1.1. The Herefordshire Physical Activity Strategy sets out the priorities for physical activity in Herefordshire over the next five years, underpinned by the vision:

'In Herefordshire every person has the opportunity to: 'get moving, be active, feel better, keep well and enjoy healthier lives as part of everyday life in their local community'.

1.2. This vision is guided by a recognition of national, regional and local policy framework but particularly through local insight identified through the development of the strategy.

1.3. Moving more as part of everyday life is recognised as an essential component of our physical and mental wellbeing. Our population is ageing, people live more sedentary lives and health inequalities have increased.

1.4. In order to challenge and address inactivity in Herefordshire our **Shared Outcomes** are:

45

- **Active Environments** – environments that support and facilitate every day physical activity for everyone
- **Active Communities** – supported and developed community assets to increase physical activity levels and build community resilience
- **Healthy Individuals** – decreasing inequalities, increased awareness and capability in our inactive population to change their behaviour and increase physical activity levels long-term
- **Partnerships and Collaborative Working** - improved partnership working to increase physical activity opportunities and participation across our population

Why do we need a Herefordshire Physical Activity Strategy?

1.5. The importance of physical activity for individual and community health has been highlighted through the impact of Covid 19 pandemic which has also exacerbated health inequalities across the UK. It has become more important than ever to focus on preventative health measures, including physical activity and to invest in those people who need it most. In Herefordshire, 21.3% of the population is inactive ¹ i.e., a survey of children and young people in the County in March 2020 identifies that: during lockdowns the physical fitness of children and young people has decreased by 85% and their levels of physical activity have reduced by 60%. This has resulted in 60% of those surveyed putting on weight and 66% of respondents experiencing a decrease in their overall health and wellbeing.

¹ Active Lives March 21

Herefordshire's Physical Activity Strategy

Active and Healthy Herefordshire

National context

- 1.6. There is now a national focus on physical activity and health and wellbeing, particularly through the Health Promotion Office (announced in March 2021); this focus will need be a national drive to achieve pre Covid 19 physical activity participation rates and to build on this to ensure those who are inactive are provided with opportunities to become active. Chair of ukactive, Baroness Tanni Grey-Thompson said in January 2021: “ the sport and physical activity sector must be able to survive, recover, and develop to play its fullest role in society”.
- 1.7. Developing a strategic framework to support and promote collaboration in terms of physical activity provision will strengthen the Herefordshire offer, and support the targeting of those communities who will most benefit by being more active.
- 1.8. Nationally a more active population is not only healthier, but also impacts positively on the current costs of social care, mental health, dementia and it is estimated reduces General Practice (GP) visits nationally by 30 million a year. The 2019 study by Sheffield Hallam University for Sport England showed that for every £1 invested in sport, £4 of value is returned. Community sport and physical activity is worth £85.5 billion annually; £42 billion of this figure is social value, including improved work productivity, reduced crime, stronger communities, educational attainment, and of course healthier people.
- 49 1.9. Herefordshire recognises the value and importance of physical activity. Herefordshire Council (HC) is a leading partner and has an Active Travel programme, and a well-established and respected independent leisure provider. It also has an active and engaged social enterprise / voluntary sector, a supportive and proactive Active Herefordshire and Worcestershire, private sector provision, high quality outside environments, and a network of sports clubs. A number of case studies have been included throughout this strategy to highlight the outstanding work currently being delivered by the public and third sectors.
- 1.10. There is a growing acknowledgment within government, national organisations and services about the benefits of becoming and staying active and there is a willingness to work collaboratively. There is a real understanding of the need to focus on increasing activity in those least likely to participate and embedding active living (i.e. embedding activity into everyday lives), into communities in an inclusive way.

Physical inactivity is the fourth leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20% to 35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon and breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year. ²

² Source: Public Health England

Recommended sport and physical activity guidelines

- 47
- 1.11. In July 2011 (updated January 2020) the four UK Chief Medical Officers (CMOs) published physical activity guidelines in a joint CMO report 'Start Active, Stay Active' ([UK Chief Medical Officers' Physical Activity Guidelines \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/431202/uk-cmo-report-start-active-stay-active-2011.pdf)) covering early years, children and young people, adults and older adults. These guidelines emphasise that physical activity does not refer in its entirety just to sport; it is wholly inclusive of all forms of activity for example play, gardening, and walking. Early experiences often shape feelings, which can discourage activity, resulting in little or no interest to participate at any stage in life.
- 1.12. This presents a huge challenge to educate and promote the benefits of leading an active lifestyle which can improve our mental and physical wellbeing, confidence, interpersonal skills and sense of achievement. In Herefordshire it is important that we promote and educate individuals and communities about this message, creating awareness of these benefits.
- 1.13. **Public Health England's Everybody Active Every Day (EAED 2014) (and the review of the implementation of this strategy, March 2018 [Everybody active, every day: framework for physical activity - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/681202/Everybody_active_every_day_framework_for_physical_activity_-_GOV.UK.pdf))** sets out the context in which long term health conditions associated with inactivity such as diabetes and cardiovascular disease contribute not only to NHS costs, but cause a greater dependency on homes, residential and nursing care. The framework centres around 3 agendas:
- **Making physical activity the social norm;**
 - **Making environments accessible for all; and**
 - **Making physical activity inclusive for everyone**
- 1.14. It recommends action in 4 areas:
1. **Creating a social movement towards an active society**, this message is that being active should not be a choice, needs to be a linking thread that unites the public sector with the voice of charities, local residents and community leaders. It is a message that should be woven into the policies, commissioning and planning decisions made every day across the country.
 2. **Activating a network of moving professionals**, this is about encouraging and supporting the hundreds of thousands of professionals and volunteers who work directly with the public every day to do what's best to make physical activity the social norm.
 3. **Creating the right spaces in active environments**, shaping the built and natural environment so that being active becomes the preferred choice.
 4. **Scaling up working interventions that make us active**, understanding what works using evidence based approaches and such interventions to achieve large impact.

Benefits of regular physical activity ³



³ Public Health England's Everybody Active Every Day (EAED 2014)

Herefordshire's Physical Activity Strategy

Active and Healthy Herefordshire

1.15. The 2018 review of the Public Health Strategy recognised these specific challenges:

1. **Tacking inequalities**
2. **Creating and active society**
3. **Creating active environment**

Sport England Strategy – ‘Uniting the Movement’

1.16. Sport England’s vision is that everyone in England feels able to take part in sport or physical activity, regardless of age, background or ability; key priorities of the 2021 Sport England Strategy are:

1. **Recover and reinvent**
2. **An active and healthier life**
3. **Fairer access to physical activity**
4. **Strengthen communities**
5. **Active environments**

1.17. The following infographics illustrate the current physical activity participation rates in Herefordshire:

Herefordshire's Physical Activity Profile ⁴

Levels of physical activity in Herefordshire are slightly higher than national averages for adults aged 16+ and are comparable with the national average for children and young people.

However, there are around 33,000 physically inactive adults in Herefordshire and 5,000 less active children and young people in Herefordshire - a total of 38,000 people undertaking significantly less than the recommended level of physical activity, at an estimated cost of £13.3million.

Physical Activity Levels	England	Herefordshire
Children aged 5-16 at least 60 minutes every day	46.8%	46.8%
Children aged 5-16 An average of 30-59 minutes every day	24.2%	23.7%
Children aged 5-16 Less than an average of 30 minutes every day	29%	29.4%
Adults aged 16+ 150+ minutes per week	62.8%	65.8%
Adults aged 16+ 30-149 minutes per week	11.7%	12.9%
Adults aged 16+ less than 30 minutes per week	25.5%	21.3%

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⁴ Active Lives Sport England March 2021

Physical Activity Infrastructure

Herefordshire has a large number of formal sports facilities, but these are concentrated in the urban areas of the county. Over half of the facilities are based in schools and other education settings. There is also the great outdoors, providing many options for activity e.g., walking, cycling, running, riding.

679	Sports Facilities in Herefordshire	31	Activity Halls	1	Indoor Bowls
Access Type:		12	Artificial Grass Pitches	21	Sports Halls
56%	Education	2	Athletics Tracks	12	Squash Courts
22%	Local Authority	2	BMX-Pump Tracks	21	Swimming Pools
10%	Sports Club or Community Association	18	Golf Courses	67	Tennis Courts
10%	Commercial	457	Grass Pitches		
2%	Other	35	Health and Fitness Studios		

Around **63%**
felt it easy to access leisure centre facilities



Around **85%**
felt it easy to access green open spaces



2,100 miles of dedicated **foot and cycle paths**

Around **65%**
felt it easy to access recreational areas



69 play areas
141 parks

Herefordshire Council Leisure Facilities

1.18. Halo Leisure manages and operates all of Herefordshire Council's leisure facilities; it is a registered charity and social enterprise running 22 sport and leisure centres throughout Herefordshire, Bridgend County Borough, Shropshire and Swindon on behalf of the local authorities. Halo is a social enterprise and therefore any money it makes is reinvested into the facilities. Therefore, everyone who uses the centres helps to sustain leisure activities for everyone across the county, Activities range from pre- and post-natal exercise classes, babies in the 'Swim-A-Song' sessions, specialist exercise classes for people with MS, to toddlers at Gym Tots and to 55+ group exercise classes. Halo also works in partnership with a number of organisations and shares expertise with developing operators such as the Point4 at The Royal National College for the Blind in Hereford.

1.19. Herefordshire Council owned facilities which are operated independently by Halo comprise:

- Bridge Street Sports Centre
- Ledbury Swimming Pool
- The Bromyard Centre
- Hereford Leisure Centre
- Leominster Leisure Centre
- Wigmore Leisure Centre
- Hereford Leisure Pool
- Ross Swimming Pool
- Lady Hawkins Community Leisure Centre

§ 1.20. There are also a number of private leisure facilities across Herefordshire which are included in the table above.

Inclusivity and Health

- In Herefordshire, the rates of people with Life Limiting Conditions is higher than the national average at 19%, compared to 18% nationally. There is also a greater incidence than the national average of CHD, hypertension, stroke, cancer, chronic obstructive pulmonary disease (COPD), asthma, and rheumatoid arthritis. 38% of people in Herefordshire have at least one long term health condition.
- 64.5% of the adult population in Herefordshire is overweight or obese and 34.7% of children; poor diet and lack of exercise can lead to obesity which in turn is a risk factor for non-communicable diseases, for example cardiovascular disease and some forms of cancers
- Although life expectancy is 83.6 for women and 80.1 for men, those living in the most deprived areas in the county are 1.3 times more likely to die prematurely than those who live in the least deprived areas; men on average have a 5.2 years lower life expectancy and 3.2 years for women).
- Around 4,300 live in poverty (14% of the population in Herefordshire compared to 20% nationally).
- Approximately 4,900 young people are currently living with a parent with severe mental health issues
- The most common underlying causes of death pre COVID 19 in Herefordshire were cancer and circulatory system diseases.⁵

⁵ Herefordshire.gov.uk Understanding Herefordshire

Herefordshire's Physical Activity Strategy

Active and Healthy Herefordshire

- 1.21. A large proportion of the people highlighted above will be inactive and the challenge is to break down barriers and improve opportunities for participation in physical activity, which will then become a part of everyday life.
- 1.22. 1 in 5 people have a disability and a recent survey by Activity Alliance (published in January 2021) has indicated that people with disabilities have been hardest hit by Covid 19. The survey revealed that twice as many people with disabilities felt that Covid greatly reduced their ability to participate in sport and physical ability compared to non-disabled people. People with disabilities who were surveyed felt more fearful and ignored and often felt lonely and self-isolated. Almost 2/3rds of all deaths from Covid 19 have been amongst people with disabilities. In normal times those with disabilities are twice as likely as non-disabled people to be inactive; the gap has now widened since Covid; 44% of people with disabilities did not feel they have the opportunity to be active, compared to 29% of non-disabled people. Nearly 25% of people with disability felt that they did not have enough information on how to become more active. The issues underlined in the survey findings link to the new SE strategy "Uniting the Movement" which highlights the ambition to tackle inequalities, especially for inactive people.
- 1.23. There are some excellent current examples of working with those who are inactive through ill health or have a disability, for example to name a few, the GP referral scheme at the HALO facilities, the Royal National College for the Blind and the Family Marches Network.

Delivering Physical Activity in Herefordshire – the Key Issues and Opportunities

1.24. The key issues have been developed from consultation with key stakeholders and the community consultation (detailed in the Insight Section 2 of this Strategy).

Demographics and Geography

- Herefordshire is a large rural county with one main urban area and smaller dispersed market towns and villages.
- The county has an ageing demographic, but there are college/university age groups in the City.
- There is an opportunity to make more of the natural resources of the Herefordshire countryside.

Existing Physical Activity Delivery Structure

- Politically Herefordshire is supportive of physical activity and the contribution it makes to community health and well-being
- There is a lack of capacity in Herefordshire Council to develop and deliver physical activity, so there is a need to be creative about how this can be achieved through partnership working.

Partnerships

- The nature and extent of physical activity provision in Herefordshire is significant; existing provision would have even more impact if it was better co-ordinated, led and focused on shared strategic outcomes.

Planning/S106

- The 2014 Indoor Facility Strategy (IFS) and the existing PPS should be updated to provide a robust evidence base for the Local Plan; resources need to be identified to achieve this.
- There is a need and opportunity to develop a more balanced approach to allocation of development contributions between indoor and outdoor facility provision.
- Promotion of sustainable modes of travel – walking, cycling, and public transport is harder in a rural area where people can travel some distance to access services, and where roads safety can be a challenge.

Physical Activity, Health and Wellbeing

- Social value – broader positive effects on the local community as a result of physical activity and particularly in terms of recovery post Covid 19.
- Increasing levels of physical activity will help to address inequalities faced by hard-to-reach groups – mental and physical.
- There is a real opportunity for behaviour change - embedding physical activity in everyday life will make it the social norm, breakdown barriers, and improve mental health and wellbeing in the county.
- Existing leisure facilities contribute to the active environment; there is a need for investment to develop new facilities and improve existing e.g. cycling hub.

- There is an opportunity to develop and deliver a structured exercise referral programme focussed on developing the right exercise available for people – ACTIVE HERE.
- Existing facilities and programmes could be better aligned to the Council's priorities.
- A clear strategic Vision for physical activity will contribute to an evidence base enabling local communities to apply for external funding.

2. Herefordshire's Strategic Context

- 2.1. A more detailed summary of Herefordshire's strategic context is included at Appendix 2. Below is a summary of the most relevant strategic documentation which relates to physical activity.
- 2.2. The Herefordshire County Plan sets the ambition for Herefordshire and outlines the priority areas:



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- 2.3. Herefordshire Council's Delivery Plan ([Herefordshire Council Delivery plan 2020-22](#)) sets out commitments to: improve and extend active travel options throughout the county; ensure all children are healthy, safe and inspired to achieve; protect and improve the lives of vulnerable people support; and communities to help each other through a network of hubs.
- 2.4. Herefordshire **Health and Wellbeing Board** has recently set out its vision and priorities:

Herefordshire residents are connected into communities to be resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.

- 2.5. This is underpinned by five priorities and cross-cutting themes. The priorities which 'help you to help yourself' are:



Herefordshire's Physical Activity Strategy

Active and Healthy Herefordshire

2.6. The cross-cutting themes for the Herefordshire Health and Wellbeing Board are:

Collaborative Partnerships	Collaborative partnership working to maximise our resources across the county	Climate Change Action	Identify climate change action in all aspects of operational delivery
Accessible to all	Ensuring services, support and opportunities are equitable and accessible to all	Supporting and Enhancing	Supporting and enhancing our workforce skills and opportunities
Improving Quality	Improving quality of life through healthy ageing	Building Resilience	Building resilience across communities and all sectors
Community Engagement	Co-producing with communities and stakeholders to help people connect and engage with the board	Improving Social Mobility	Improving social mobility including housing, economic opportunities

Existing Herefordshire Policies of particular relevance to Physical Activity

Local Plan (2011-2031)

<https://www.herefordshire.gov.uk/downloads/file/1788/core-strategy-sections-combined>

The opportunities and benefits from open space, leisure, shopping, sport, art, heritage, learning, health and tourism facilities and assets will be maximised, enabling more active lifestyles and helping to retain existing and attract new young people, supporting older people and an improved quality of life for all.

The key priorities highlighted in the Herefordshire JSNA (2017) are reflected in both the Herefordshire Local Plan and the Delivery Plan 202-2022.

Local Transport 2016-2031

Strategy document:

[Local transport plan 2016 - 2031 strategy \(herefordshire.gov.uk\)](#)

Policy document:

[Local transport plan 2016 - 2031 strategy \(herefordshire.gov.uk\)](#)

Promote healthy lifestyles – by making sure new developments maximise healthier and less polluting forms of transport by delivering and promoting active travel schemes and by reducing short distance single occupant car journeys on our roads.

Make journeys easier and safer – by making bus and rail tickets compatible and easier to buy and use, by providing 'real time' information at well-equipped transport hubs, by improving signage to walking and cycling routes and by helping people feel safe during their journeys.

Delivery Plan (2020 to 2022)

[\(Herefordshire Council Delivery plan 2020-22\)](#)

Herefordshire Council adopted the new County Plan in February 2020, which stated a clear vision for the future of the county:

Respecting our past, shaping our future - we will improve the sustainability, connectivity and wellbeing of our county by strengthening our communities, creating a thriving local economy and protecting and enhancing our environment. The County Plan has three key themes - **connectivity, wellbeing and sustainability**, which sit at the core of our policy making, planning and design for the future.

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Talk Community Programme

([Issue details - Talk Community Strategic Approach - Herefordshire Council](#))

Talk Community is the strategic delivery vehicle for the community ambition of the Herefordshire County Plan 2020-2024 to improve the sustainability, connectivity and wellbeing of our county by strengthening our communities. It is the council's strategic approach to prevention, enabling people to get the assistance they need and managing demand for more specialist services. There is an ambition to establish 50 Talk Community hubs by March 2022.

The key message and vision of Talk Community articulates an ambition and culture which innovates "to make independence and wellbeing inevitable. Talk Community is very broad in scope, encompassing:

- People; as participants in communities, as volunteers and community leaders, including people who are vulnerable and may need some support. There is focus on people staying well and independent and feeling safe and included in their communities.
- Place and space; making use of and sharing community places, creating the buildings and open spaces that local people want and will use, co-location of public and community services including the arts and leisure services, ensuring accessibility and connectivity and considering the impact of and upon new communities created through large scale housing developments.
- Economy; recognising and developing the role of businesses in communities, promoting the county's buoyant social enterprise sector, developing the wellbeing of the workforce and healthy workplaces, whilst recognising the contribution to the local economy of the health and social care sector.

Sustainable Food Places

([Herefordshire's Sustainable Food Strategy | Brightspace](#)
(brightspacefoundation.org.uk)

Herefordshire is part of the Sustainable food places network and is supporting the national development of the county-wide approach. Food can play a key role in the health of the county and Herefordshire is bringing partners together to develop a local strategic approach to food, for example by working together this can encourage more green space and allotment provision in new housing developments.

County carbon plan

([Herefordshire Council Carbon Management Plan 2020/21 to 2025/26](#))

The sustainable food places development is closely aligned to the county carbon reduction plan implementation. Herefordshire Council aims to accelerate a reduction of emissions across the county by aspiring to be carbon neutral by 2030/31. There are key areas of focus including transport and land use both of which can impact physical activity opportunities, for example encouraging cycling, green space, and planning to build in everyday activity.

3. Our Vision and Shared Local Strategic Outcomes

3.1. Reflecting the identified Vision of the Health and Wellbeing Board:

'Herefordshire residents are connected into communities to be resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure'.

3.2. In response to the identified key issues relating to existing provision, our physical activity strategy has been developed to create a more active and healthier Herefordshire.

- **Vision:**

- 'In Herefordshire every person has the opportunity to: **'get moving, be active, feel better, keep well and enjoy healthier lives as part of everyday life in their local community'**.

- **Our Aim is:**

- To improve the health and wellbeing of our communities in Herefordshire by increasing levels of physical activity, opportunity for and accessibility to activity, and therefore reduce health inequalities.

- **Shared Outcomes:**

- **Active Environments** – environments that support and facilitate every day physical activity for everyone.

- **Active Communities** – supported and developed community assets to increase physical activity levels and build community resilience.

- **Healthy Individuals** – decreasing inequalities, increased awareness and capability in our inactive population to change their behaviour and increase physical activity levels long-term.

- **Partnerships and Collaborative Working** - improved partnership working to increase physical activity opportunities and participation across our population.

3.3. **Our Vision** sets out what we want to achieve; **Our Aim** is to use physical activity to do this and so deliver **our Shared Outcomes** and the behaviour changes which will result from our Strategy.

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Our Shared Outcomes

Priority Outcome (Our Vision)	'In Herefordshire every person has the opportunity to: 'get moving, be active, feel better, keep well and enjoy healthier lives as part of everyday life in their local community' .						
Shared (Planned) Outcomes	Active Environments - environments that support and facilitate every day physical activity for everyone	Active Communities – supported and developed community assets to increase physical activity levels and build community resilience		Healthy Individuals - decreasing inequalities, increased awareness and capability in our inactive population to change their behaviour; so that more people achieve the CMO physical activity guidelines: <ul style="list-style-type: none"> • Reduction in the inactive population • Increase in the active population 	Partnerships and Collaborative Working - improved partnership working to increase physical activity opportunities and participation across our population		
More people achieving the CMO guidelines around physical activity	Growing (year on year) participation in physical activity (Improved Active Lives Survey results)	Increased number of people walking and cycling as part of everyday life	Improved infrastructure e.g., walking and cycling routes/access to open space	Reduced levels of adult obesity (PHE)	Reduced levels of childhood obesity (measured through NCMP)	Increased number of information requests/referrals on physical activity through the locality-based social prescribing offer	
	Increased use of parks and play (measured through strategically located clicker counters)	Planned investment in existing assets (Council budgets and partnership approaches)	Increased number of information requests/referrals on physical activity through the 'HLTS'	Reducing health inequalities (measured through the JSNA)	Improved access to, and use of, Herefordshire's natural environment (measured through strategically located clicker counters)		

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Partnerships Behind Our Shared Outcomes

- 3.3. Our shared outcomes have been developed collaboratively with key partners in Herefordshire who are currently involved in the delivery of physical activity and health and wellbeing services. A co-ordinated approach from all partners with a common vision and approach that this is utilised to enable local deliverers and community groups to work better together, including pooling of resources and co-ordinating provision is crucial to the delivery of our Action Plan and Shared Outcomes.

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3.4. The large number of partners involved in the development of the strategy reflect the existing network of providers and activity and illustrate the potential to be achieved by working even more collaboratively and taking forward a more co-ordinated approach to delivery of physical activity.

- **Marches Family Network**
- **Stride Active cic**
- **HVOSS**
- **Active Herefordshire and Worcestershire**
- **NHS Herefordshire – Clinical Commissioning Group**
- **Herefordshire Walking Festival**
- **First Community Health and Care**
- **Halo leisure**
- **The National Trust**
- **Herefordshire Wildlife Trust**
- **Ignite cic**
- **Royal College of general Practitioners**
- **NHS Wye Valley Trust**
- **Herefordshire Council**
- **Courtyard Hereford**

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4. Insight

4.1. To implement our strategy effectively we need to understand Herefordshire and its communities.

Herefordshire Demographic Profile ⁶

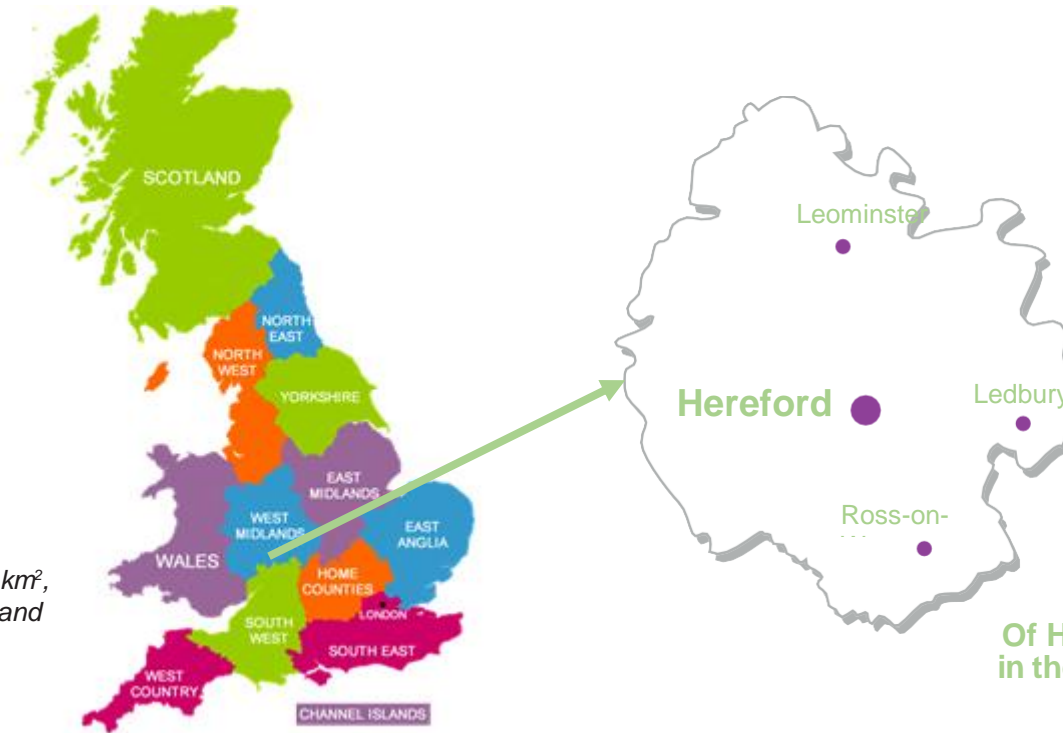
4.2. Herefordshire is a rural county (95% of land classified as 'rural') in the south-west of the West Midlands region. Over half of the population live in rural areas.

Total population
192,800

Area
2,180²
sq. km

Population density
88
People per km²

*Compared to Worcestershire - 335 people³ per km²,
West Midlands - 446 people per km², England and
Wales - 387 people per km²*



Around
42%

Of Herefordshire residents live in the most rural areas, compared with 7.8% across England.

32%

Live in Hereford

15%

Live in other 'urban' areas

11%

Live in 'rural towns and fringe'
England average 9.2%

42%

Live in 'rural village and dispersed'⁴
*England average 7.8%*⁵

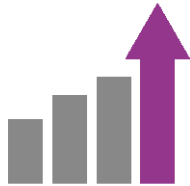
⁶ Herefordshire.gov.uk Understanding Herefordshire

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Herefordshire has a population that is older than the national average overall. The 'rural and dispersed' parts of the county have an older population (27% aged 65+) than the city of Hereford (18% aged 65+, matching the national average).⁷

Projected population increase of **0.35% per year**
England 0.5% per year



51%
 Female



49%
 Male

Herefordshire's population is ageing, with estimates that by **2031** **30% will be aged 65+**, with **5.3% aged over 85**.

31% are under 30
England 37%

45% are aged 30-64
England 37%

24% are aged 65+
England 18%

The population of Herefordshire is predominantly White British.
 The second largest ethnic grouping is 'Other White', predominantly people of Eastern European origin.

White British	Other White	Asian/Asian British	Mixed/Multiple Ethnic Group	Black/Black British	Other Ethnic Group
94%	4%	0.8%	0.7%	0.2%	0.1%

⁷ Herefordshire.gov.uk Understanding Herefordshire

Employment ⁸

Herefordshire has lower unemployment, but also significantly lower wages and a lower proportion of full-time employees, than both the regional and national averages. £460 per week in Herefordshire, compared to £575 nationally.

Herefordshire has around
113,000 16-64 year olds

82% of 16-64 year olds are 'economically active'

(either in employment or available to start work)
 compared to 77% in West Midlands
 and 79% across GB

and 21.4% across GB

2.7% are unemployed
 compared to 4.6% in West Midlands
 and 4.2% across GB

16.4% are self-employed
 compared to 9.6% in West Midlands
 and 10.6% across GB

18% of 16-64 year olds are 'economically inactive'

(not in employment and not available to start work).
 Of these:

27.1% want a job
 compared to 17.8% in West Midlands

Volunteering

Herefordshire	2016-2017	2017-2018	2018-2019
Volunteered at least twice in the last 12 months	15.1% (14.8%)	20.0% (13.9%)	14.8% (13.3%)

NB: All figures in brackets are the national average

The volunteering levels are comparable (slightly better) than the national average although there has been a significant decrease in those volunteering between 2017-2018 and 2018-2019.

⁸ Herefordshire.gov.uk Understanding Herefordshire

Health⁹

Key health indicators across Herefordshire are broadly in line with the national average.
 Life expectancy at birth is in line with the national average



51%
 Female



49%
 Male

Levels of loneliness are equivalent to national rates

26% feel lonely some of the time
8% feel lonely most or all of the time

Levels of loneliness are equivalent to national rates

26% feel lonely some of the time
8% feel lonely most or all of the time

Around **11%** of Herefordshire residents provide unpaid care, with **3.7%** providing 20 or more hours a week of unpaid care

This is higher in The Slip **17%**
 Greater Weobley **16%**
 Greater Mathon **16%**

Deaths of under 75s from all causes is

13% lower than the West Midlands average and **8% lower** than across England

38% of residents have at least one long term health condition

Obesity (adults) **10%**
 Obese and overweight **63%**
 Unchanged since 2016
 England 62%

Obesity (children Yr6) **19%**
 2012 16%

Obese and overweight **35%**
 2012 29% England 34%

⁹ Herefordshire.gov.uk Understanding Herefordshire

Engagement Feedback

- 4.3. Community consultation (August – October 2020) comprised two online consultation surveys because of the difficulties in doing any face-to-face consultations because of COVID 19 restrictions, one for adults and the second aimed at school children. There were 939 responses for the first survey but the school survey had limited success. It is important to highlight that this data differs to that in the latest Active lives Survey (March 2021) i.e. levels of physical activity would appear to be higher. This may be driven specifically by the fact that the surveys were undertaken during the Covid 19 pandemic when people may have been more active as there was limited ability to do anything else.

Typically, how physically active are you during a seven day period? (e.g. brisk walk, cycling, dancing, fitness, swimming, sport)

30 minutes or less	7.78%
Between 30 minutes and 2 hours 20 minutes	30.28%
More than 2 hours 20 minutes	61.94%

What are the top 3 activities that you like doing in Herefordshire?

1. Walking
2. Running
3. Swimming

What are the top 3 activities that you would like to do in Herefordshire but are unavailable/you cannot access?

1. Swimming
2. Safer Cycling
3. More Classes

Are you a member/regular user of any local leisure centre?

Yes = 56.23%
No = 43.77%

Are you registered as disabled?

Yes = 8.84%
No = 91.16%

Where do you do most of your sport/physical activity?

School	1.92%
Home	33.55%
Local Leisure Centre	47.22%
Local Sports Club	9.72%
Astroturf/3G pitch	1.60%
Outdoors e.g. walking/cycling/running	73.82%
Specific outdoor facility e.g. skate park, cycle track	2.67%
Village/community hall	6.41%

How has Coronavirus changed your feelings about physical activity?

Increased awareness of need to exercise/desire to do more than before lockdown	32.09%
Scared or worried to go out/take part in physical activity	8.02%
I have the same motivation to exercise as I did before lockdown	46.52%
Less motivated to take part in physical activity than before lockdown	7.38%
Can't go out/shielding	1.28%

- 4.4. The Active Lives (adults) data concerning Covid 19, and its aftermath is telling us that where inequalities previously existed these have been exacerbated and investment to reduce health inequalities is needed more than ever.

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- 4.5. A national survey of 2,000 adults carried out by Sport England revealed that Covid has caused massive disruption in the physical activity behaviours of adults and children. 62% of adults recognise the importance of physical activity in responding to the pandemic and 69% of adults are using exercise to manage their physical and mental health. Older people, people on low incomes and people in urban areas are finding it harder to be active during the outbreak. There is a gender gap in physical activity levels with 31% reporting being more active than usual and 38% less active. There is also growth in outdoor activities such as cycling, walking and running. Covid 19 will have a significant impact on physical activity levels and attitudes towards physical activity for residents of Herefordshire both now and in the future.

Young people

- 4.6. Active Lives for Young People – the January 2021 Sport England survey illustrates that almost 1/3 of children are now classed as inactive due to lockdown restrictions. Boys are more adversely affected because they have been unable to play team sports which is where highest participation levels are traditionally seen in boys aged 7-13.

Schools Active Movement Survey

- 4.7. In April 2021, the Schools Active Movement launched a national survey. Head Teachers, PE Coordinators and PE teachers across England were asked what they had noticed about their learners since the easing of the third national lockdown when all children had been able to return to school. Based on responses from 64 primary, secondary and special schools in Herefordshire, the results relevant to physical activity are that:
- **85% of respondents state their learners are less fit than pre Covid;**
 - **67% of respondents state their learners' fundamental movement skills have worsened;**
 - **60% state their learners have put on excessive weight during lockdown;**
 - **60% state that their learners are less physically active than they were pre Covid; and**
 - **66% state their learners' general well-being is worse than pre Covid.**

- 4.8. This compares negatively with previous surveys focussing on physical activity levels of children and young people as summarised below.

Children and Young People

- 4.9. The number of young people between Y1-Y11 who are physically inactive has significantly increased by approximately 6% between the years of 2017-2019. The activity levels of young people in Herefordshire were better when compared with the national average in 2017. In 2019, the percentage of active young people and inactive young people is comparable with the national average.

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Herefordshire	2017-2018	2018-2019
Inactive (less than 30 minutes per day)	23.5% (32.9%)	29.4% (29.0%)
Fairly Active (between 30-59 minutes per day)	26.4% (23.9%)	23.7% (24.2%)
Active (at least 60 minutes per day)	50.1% (43.3%)	46.8% (46.8%)

NB: All figures in brackets are the national average

Herefordshire	2017-2018	2018-2019
Active every day both at and outside of school	33% (31.7%)	34.5% (33.8%)
Less active every day both at and outside of school	67% (68.3%)	65.5% (66.2%)

NB: All figures in brackets are the national average

4.10. Young peoples' activity levels both in school and out of school are slightly better than the national average.

∞ Sustrans Active School Hereford Project

4.11. Herefordshire Council employed Sustrans to run an Active Schools Project 2017-2020 has worked in Hereford City schools to get more young people scooting, cycling and walking to school. Sustrans Active Schools Officers delivered a planned programme of activities and promotions designed to change behaviour away from car use on the school run.

4.12. Sustrans worked with school management, parents and teachers to deliver over 150 activities with over 3,500 pupil beneficiaries including learn to ride and cycle skills sessions, practical confidence boosting activities in cycling, scooting and walking, school assemblies and classroom-based activities and developed an award scheme for pupils.

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4.13. The highlighted achievements are:



Key Needs identified from SLL Herefordshire Survey (Aug to Oct 2020)

4.14. As part of the survey, respondents were provided with the opportunity to provide comments and below are some of the key needs which were identified utilising these comments:

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- **New, improved and safe cycle paths (on and off-road);**
- **Activities for all ages, abilities and disabilities;**
- **Better promotion of what is available;**
- **A more local approach to physical activity opportunities;**
- **More outdoor activities;**
- **Better links with GPs/NHS/Doctors surgeries;**
- **Getting facilities Covid19 safe; and**
- **Better public transport to leisure facilities.**

Talk Community - Health and Wellbeing Survey - April 2021

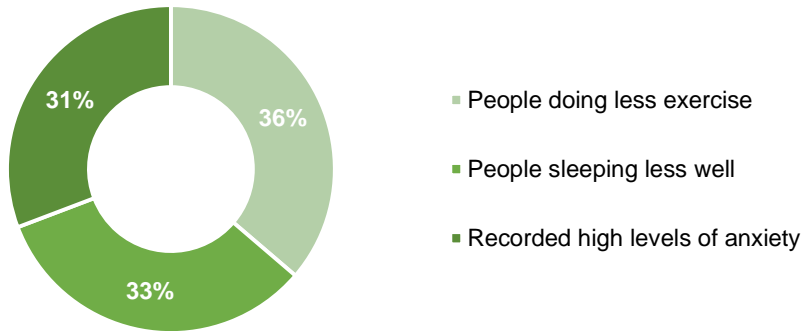
4.15. Talk Community focuses on the people that make up our communities; the place and space which those communities occupy; and the economy in which those communities work. Through Talk Community, the council is working in partnership with Herefordshire residents, businesses, community groups, and others to support communities to enable people and their families to lead healthy and independent lives.

4.16. Towards the end of 2020, Herefordshire Council commissioned DJS Research to deliver two waves of a Community Wellbeing Survey across the county to provide the data and intelligence needed to inform the ongoing delivery of Talk Community. The overall objective was to “improve understanding of the wellbeing and resilience of Herefordshire’s communities, and the residents living in them both prior to and during the emergencies (flooding and Covid-19) in the County during 2020 and 2021”; there was a total of 1,101 survey responses. Those most relevant to physical activity are summarised below.

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4.17. The survey responses identify that Covid-19 has resulted in:



92% of people are satisfied with their local area



8% think parks and open spaces need improvement

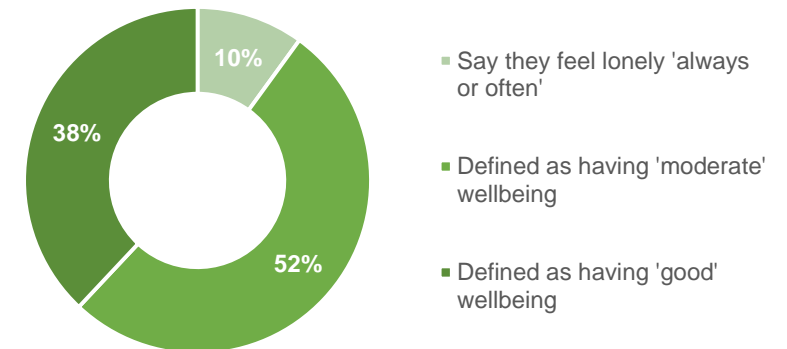
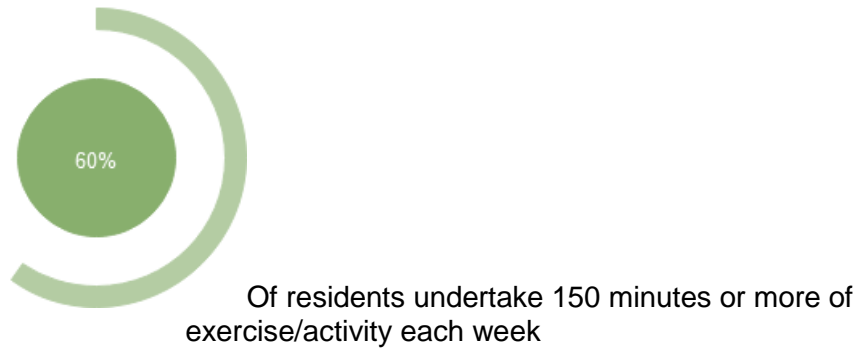
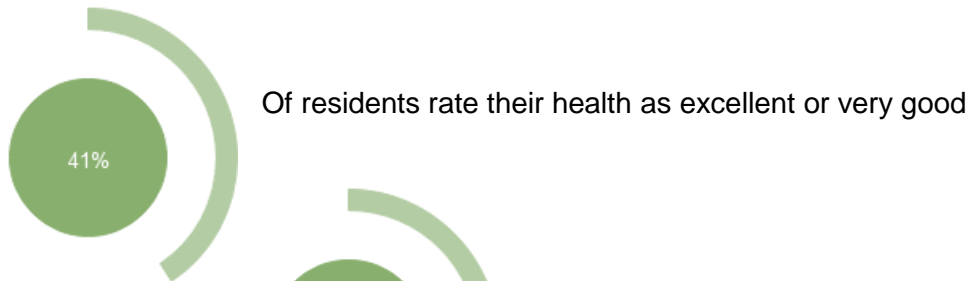


6% think facilities for young people need improvement



2% think sports facilities need improvement

70

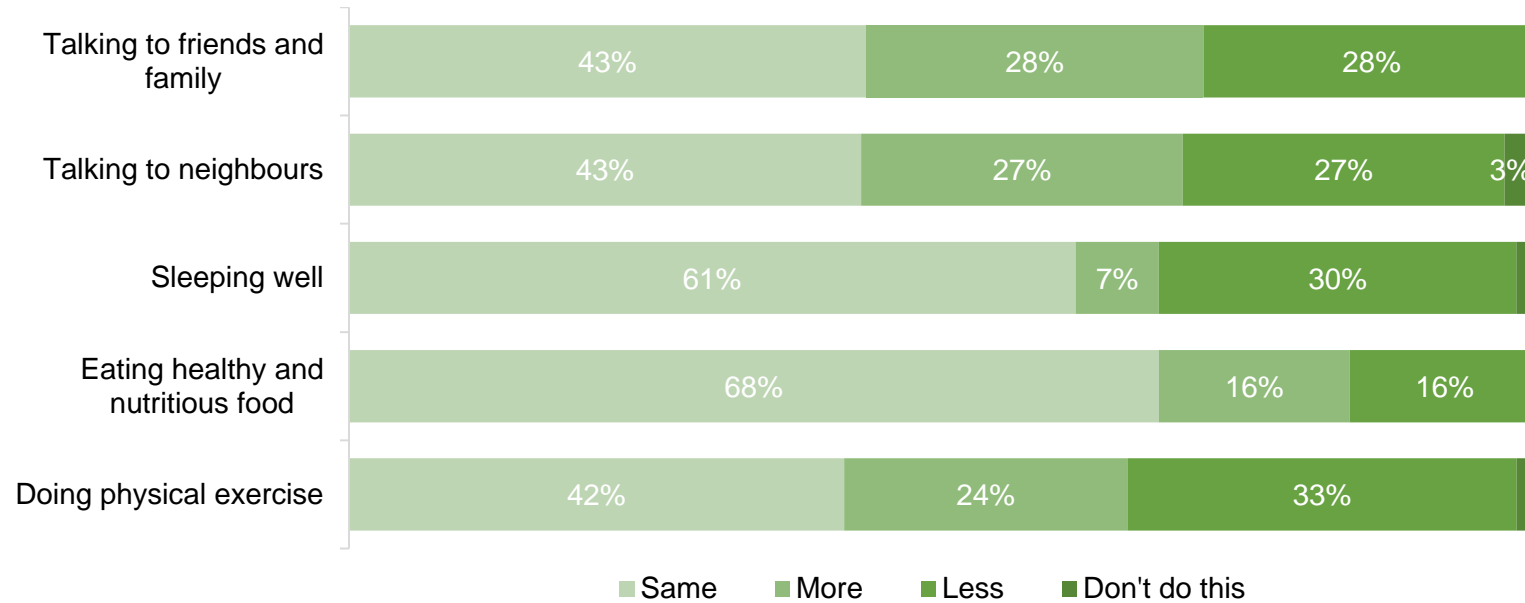


4.18. In total, 32% of respondents have given unpaid help to groups, clubs or organisations in the last 12 months.

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4.19. Respondents were asked whether they are doing the following activities the same, more or less than pre Covid ie since this time last year.



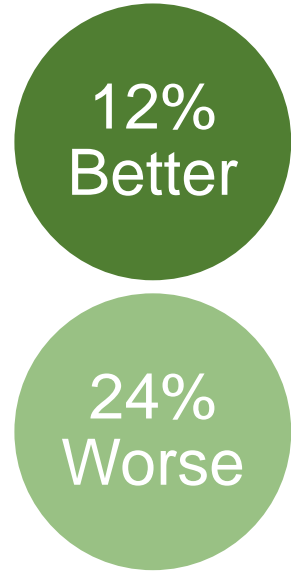
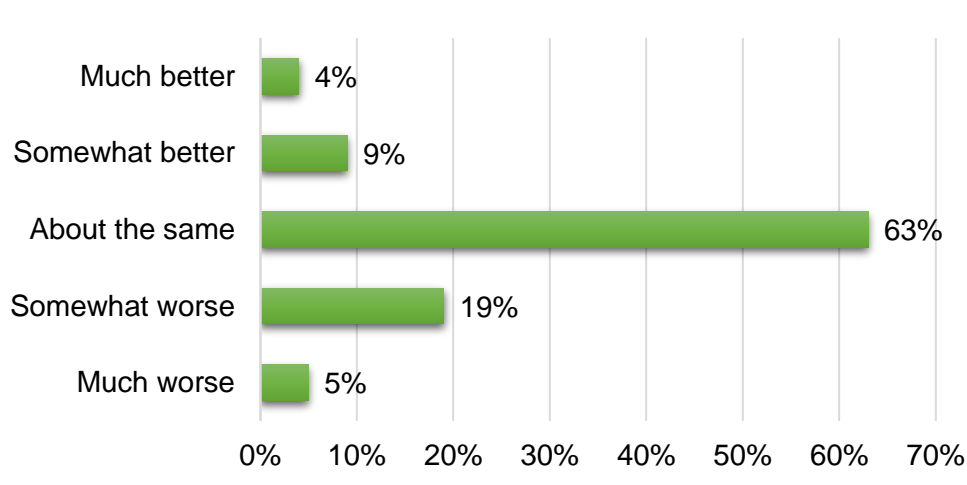
(All respondents. Base: 1,101).

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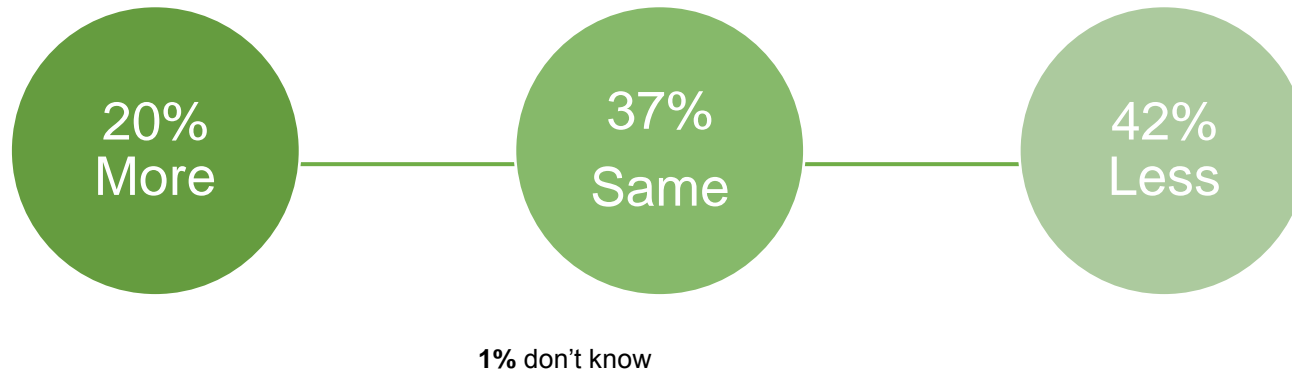
4.20. Respondents were also asked to rate their health in general now, compared to pre-pandemic.

(All respondents. **Base:** 1,101).



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4.21. Respondents were also asked to think about their exercise and physical activity levels during the Covid-19 pandemic over the last 12 months, and whether they have been doing more, less or about the same activity as before the Covid-19 pandemic? (All respondents. Base: 1,101).



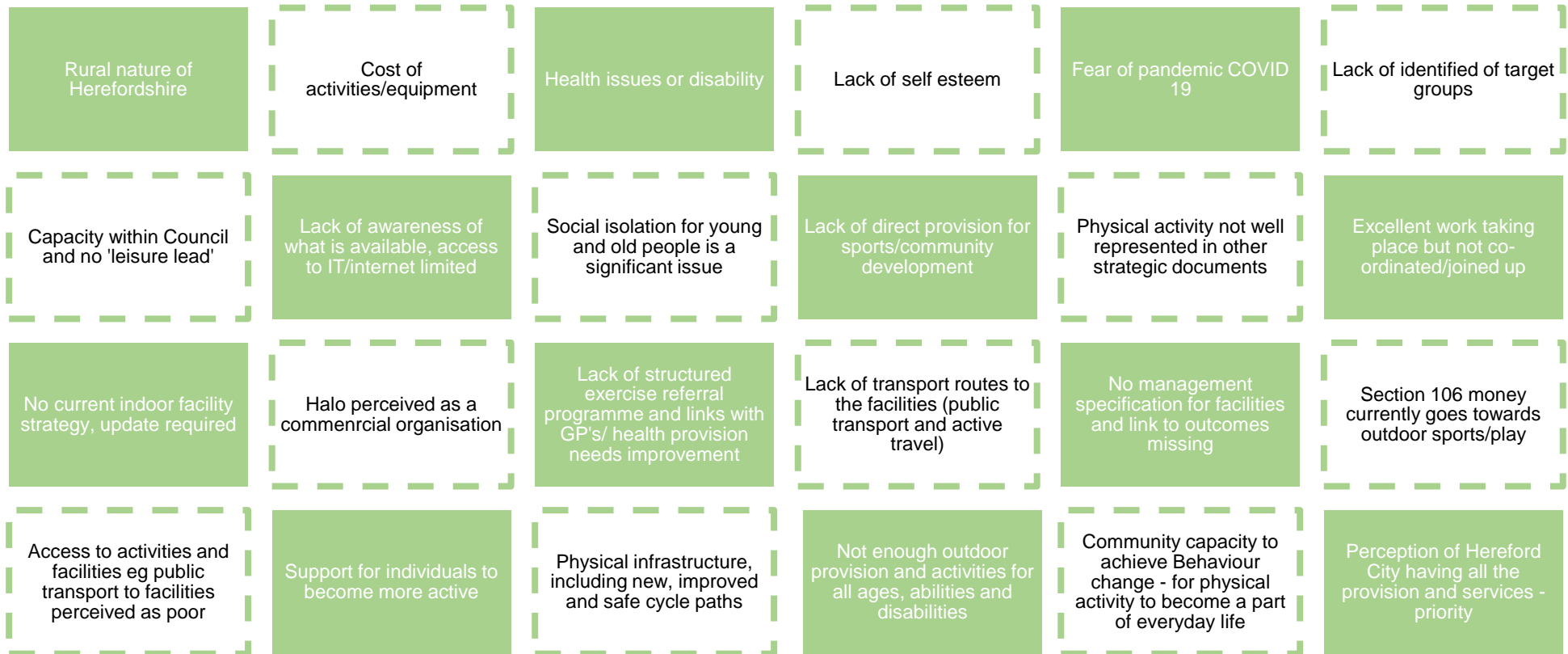
Consultation

- 4.22. In addition to the surveys, the physical activity strategy has been informed by consultation with key stakeholders and a steering group was established to oversee the development of the strategy. A wide range of consultees were identified and are included in Appendix 1.
- 4.23. The insight from the surveys highlighted above and the stakeholder consultations inform the key issues for Herefordshire. This strategy also includes numerous case studies which show case the excellent work that is currently taking place across the county.

Local Community Insight

4.24. The findings from the consultation (survey and stakeholders) identify the following barriers to participating in physical activity in Herefordshire.

X Barriers to Participation



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5. Herefordshire Physical Activity Interventions

Herefordshire - Our Approach to future delivery of Physical Activity

- 5.1. Our approach to future delivery of physical activity in Herefordshire has been developed by understanding what is currently being delivered across the County, where, to whom and by whom, and identifying the key issues for current provision. Understanding our Vision highlights the opportunities for change through future delivery to achieve our shared outcomes. There is a clear need to do things differently to ensure that those who are inactive have the opportunity and encouragement to make behaviour changes and become active, and that those who are currently active have the opportunity to continue to participate and to be able to enjoy the lifestyle benefits that physical activity brings throughout their lives.
- 5.2. The case studies showcased in this strategy evidence that there is already a lot of excellent physical activity currently happening in Herefordshire but there are key strategic opportunities to better join this up and co-ordinate programmes, places and people. This culture shift will provide the biggest change and therefore impact to physical activity participation as it will enable joined up working, shared resources, and a structured approach which can be used to attract further external funding for improved provision.

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Core Areas for Intervention

- 5.3. The core areas for intervention and reasons for responding to them are identified below:

Key Issues to Address	Why these are Priorities
Demographics and Geography	<ul style="list-style-type: none"> • Whilst we cannot change the geography of Herefordshire, what can we do is ensure that opportunities to be active are more equitably distributed. • We can also make our countryside more accessible and ensure our communities are more aware of the opportunities this offers. • Our population is ageing – we therefore need to facilitate a varied formal and informal physical activity offer, support for individuals and groups, and ensure awareness of what is available. • Community engagement, better and co-ordinated provision at local level. • Improved infrastructure and transport routes. • Identification of key target groups and a co-ordinated response to these so that available resources are used strategically.
Partnerships	<ul style="list-style-type: none"> • Improved partnership working with shared vision and outcomes based on co-ordinated delivery of agreed programmes and activities. • Creation of a steering group or board to drive the implementation of the strategy and co-ordinate future delivery • Improve capacity of public health team. • Improved marketing and promotion and targeting aligned to shared vision and outcomes. • Collaboration between formal and informal physical activity deliverers. • Recognition of the added social value and reinvestment in communities existing and potential partners can contribute.

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Key Issues to Address	Why these are Priorities
Existing Physical Activity Delivery Structure	<ul style="list-style-type: none"> • There are excellent programmes and activities already being delivered in Herefordshire; however, interventions and providers are not co-ordinated, nor are they delivering against shared strategic outcomes. Development of a strategic framework for delivery will result in less duplication, improved communication and greater impact. • A better co-ordinated physical activity offer will also be easier to target, particularly to the hard to reach groups who will most benefit from taking part, but find it hard to do so, for a variety of reasons. • Recognition of the role and value of physical activity and aligning of this to other strategies within Herefordshire, so that its contribution to local priorities is better recognised. • There is an opportunity to embed physical activity within the Talk Community programme. • Identifying a Herefordshire resource that provides a co-ordinating, advocacy and information role for physical activity in the County.
Physical activity and health and wellbeing	<ul style="list-style-type: none"> • There is a need to increase levels of regular physical activity in Herefordshire for the inactive 21.3% of the population. • To increase levels of activity we need to get people to walk, cycle more as a priority, as well as taking part in a range of activities and sports. • To encourage increased numbers of people taking part we need to change hearts and minds; to effect behaviour change individuals need to understand why physical is important and how it will positively impact their lives. • Enabling people to be more active means facilitating access to safe walking and cycling routes, including improving accessibility to Herefordshire's countryside. • Opening up the countryside links to planning policy; to improve and extend access there is a need for clearly signed and mapped routes, parking provision, and increased awareness of where walking is available. • To ensure physical activity becomes the social norm and is embedded into daily life there is a need for existing and new communities to have ready access to safe walking and cycling routes as well as a range of more specialist facilities. • Developing increased levels of physical activity in schools is key to contribute to reduced levels of childhood obesity. • A more physical activity community will contribute to a reduction in health inequalities across Herefordshire. • There is a need to consider investment needs in existing built facilities i.e., leisure facilities as well as facility development aspirations e.g., cycle track/hub.
Policy and Planning	<ul style="list-style-type: none"> • The role of the Active Environment, Active Design and Active Travel in facilitating increased everyday activity needs to be prominent in the Local Plan. • Section 106 agreements should be widened to include contributions to physical activity (formal and informal) (not just outdoor sports e.g., football). • There is an opportunity to better link physical activity to the Active Travel work already being undertaken. • Include physical activity as a key element of the Core Strategy. • Indoor Facility Strategy and Playing Pitch Strategy (PPS) need updating to contribute to a robust evidence base for the Local Plan.

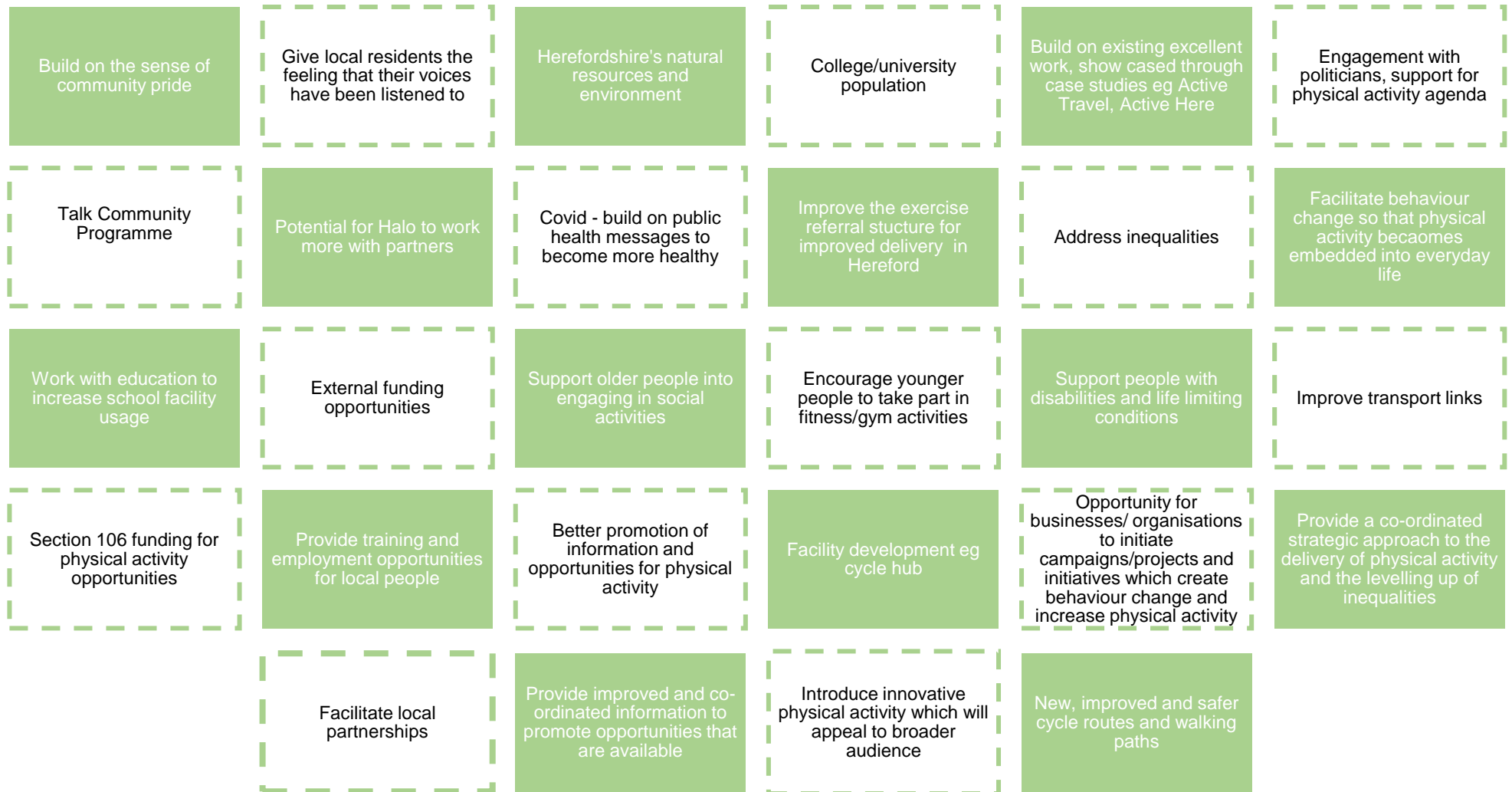
Herefordshire's Physical Activity Strategy

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5.4. The findings and analysis of the Insight has enabled the identification of opportunities to facilitate behaviour change and deliver the shared physical activity outcomes.

Opportunities for Change

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Delivering Our Outcomes Sustainably

How are we going to deliver our interventions?

5.5. We understand the 4 key areas where we need to do things differently to have more impact. The 4 themes underpinning transformational change across Hereford to achieve our Shared outcomes are:

1. **A whole system approach to create and sustain active environments**
2. **Collaboration with partners to target resources more effectively**
3. **Reduce health inequalities by developing knowledge and capability in our communities to move more everyday**
4. **Better co-ordinated delivery of physical activity provision, aligned to our shared vision and outcomes**

5.6. Improved co-ordination, collaboration and partnership working based on shared priorities will ensure that the existing excellent work taking place will have more impact and more opportunities will be created to develop and expand on these activities and opportunities.

Key Performance Indicators (KPIs) for Physical Activity Strategy

5.7. The KPIs for the Physical Activity Strategy will help us to understand if the Strategy is working, and where we need to work harder on its implementation.

Growing (year on year) participation in physical activity (Improved Active Lives Survey results)	Increased number of people walking and cycling as part of everyday life (measured through strategically located clicker counters)	Improved infrastructure e.g., walking and cycling routes/access to open space (recorded through planning applications/investment decisions)	Reduced levels of adult obesity (measured through PHE)	Reduced levels of childhood obesity (measured through NCMP)	Take-up of the locality-based social prescribing offer
Increased use of parks and play (measured through strategically located clicker counters)	Planned investment in existing assets (Council budgets and partnership approaches)	Increased number of information requests/referrals on physical activity through the 'HLTS??'	Reducing health inequalities (measured through the JSNA)	Improved access to, and use of, Herefordshire's natural environment (measured through strategically located clicker counters)	Improved infrastructure e.g., walking and cycling routes/access to open space

6. Delivering Herefordshire's Physical Activity Strategy

6.1. As set out above the key themes supporting delivery of Herefordshire's Physical Activity Strategy are:

1. A whole system approach to create and sustain active environments

Physical activity services and facilities have a key role to play in the health of Herefordshire's communities; this is even more the case as part of recovery in the wake of Covid. To reach those who will most benefit from being more active we will engage with individuals and communities and support them into activity.

2. Collaboration with partners to target resources more effectively

There is a huge amount of physical activity delivery already taking place in Herefordshire. The challenge is taking this existing activity and enabling it to have an even greater impact, and critically reach more inactive people. This will only happen through a step change in approach to delivery. There is a need for a central co-ordinating role in the County for physical activity. This co-ordinating resource would provide a central point of contact, be able to co-ordinate activity and ensure there is both alignments to identify strategic outcomes and no duplication in delivery.

3. Reduce health inequalities by developing knowledge and capability in our communities to move more everyday

Healthier Herefordshire is built on the existing collaborative physical activity partnerships in Herefordshire. However, whilst there is shared knowledge of much of what is being delivered where and by whom, there is significant opportunity to plan and deliver more strategically, and to target programmes and initiatives on a planned basis. Delivery of the action plan will require joint working with all partners towards an agreed vision and outcomes. Local partnerships will be particularly important so that community groups and individuals who need support can be identified to ensure inactivity is reduced. Joint projects and initiatives will be key to increasing physical activity at a local level.

4. Better co-ordinated delivery of physical activity provision, aligned to our shared vision and outcomes

Taking a co-ordinated approach to development and delivery is very important moving forward to ensure available resources target those who most need support to become more active on a regular basis.

Resources

6.2. Resources are limited in the public, private and voluntary sectors and therefore sharing of resources is an imperative. In terms of physical activity this could mean, for example equipment, staffing, training, facilities, and funding. This strategy will enable more external funding to be made available across the county for key interventions and initiatives to improve physical activity levels as it provides a framework for improvement.

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Timescale

6.3. The Herefordshire physical activity strategy covers a timeframe of 5 years, from 2021 to 2026. The timescales within the action plan are realistic and achievable and improvement should be measurable during the period of the strategy.

Strategic Action Plan

6.4. The strategic action plan has been developed to ensure that progress is made during the strategy's 5 year time frame and demonstrates collaborative and co-ordinated partnership working from committed partners. It identifies the changes and actions needed to address identified key issues and move from the existing physical activity delivery model to one which is more targeted, co-ordinated and collaborative and as a consequence has more impact and will deliver the vision and shared outcomes for physical activity in Herefordshire. It is anticipated that a future working/steering group will move forward with a more detailed action plan to deliver the outcomes identified in the strategy.

Herefordshire Physical Activity Strategy- Action Plan

Key Themes	Action
1. A whole system approach to create and sustain active environments	Integrate physical activity opportunities and active environments as they present across the local authority and partner organisations.
	Create more opportunities to use existing facilities (grants may be available to support extra-curricular activity and longer-term community use).
	Identify, support and/or apply for funding to increase opportunities to become physically active.
	Deliver a physical activity communications plan.
	Embed active environments in Core strategy.
2. Collaboration with partners to target resources more effectively	Develop knowledge of infrastructure/accessibility to countryside and active environment and identify opportunities to develop these resources.
	Ensure PA working group has representation from appropriate partner agencies in order to target resources.
	Where relevant develop strategies.
	Develop a community approach to physical activities e.g. walking & running groups encouraging the community to develop and run these with support.

Herefordshire's Physical Activity Strategy

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Key Themes	Action
3. Reduce health inequalities by developing knowledge and capability in our communities to move more everyday	Support programmes to improve understanding of, and access to, physical activity for those from deprived communities and from those with disabilities or ill health.
	Further understand our inactive population.
	Support behaviour change in hard to reach areas.
	Develop a communications plan for frequent, relevant and targeted messages to get active.
	Support providers to signpost physical activity offers, adapt programmes and initiatives and utilise existing networks and professionals to promote activities.
4. Better co-ordinated delivery of physical activity provision, aligned to our shared vision and outcomes	Create a multi-agency Physical Activity Steering Group to support and lead on the development alongside public health; this should comprise representation from key partners, physical activity champions/walking leads)..
	Support Training and development offers.
	Scope/consider Physical Activity Champions.
	Identify leadership/oversight/governance for Physical Activity (PA) strategy.
	Strengthen physical activity focus within local authority/across directorate working.

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6.5. A priority should be to remove barriers and make activity more accessible for people with disabilities in Herefordshire and to invest in those that need it most. People don't change behaviours based on information and education – most people will know that PA is good for them. It is about creating environments – physical, social, economic – which support and promote active behaviour and making the most of change moments.

Case Studies

6.6. During the process of writing this strategy a number of case studies were developed to illustrate some of the best practice evident in delivering physical activity across Herefordshire.

6.7. The following case studies have been developed:

- **Halo**
- **Active Here**
- **Beryl Bikes**
- **Grow local**
- **Boxing club**
- **Walking Festival**
- **National Trust**
- **Courtyard theatre**
- **Marches Family Network**
- **HVOSS No wrong door youth group**
- **Cycle track project**
- **Cheerleading**
- **Hereford skate park**
- **HLTS**
- **Nordic Walking feedback**
- **Stride Active**
- **Talk Communities Directory**

Summary document

6.8. A 4-page summary document has been produced for this physical activity strategy.

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Appendix 1 – Stakeholder Consultees

Appendix 1 – Stakeholder Consultees

Organisation	Contact
The Courtyard	Ian Archer, Chief Executive & Artistic Director
Cabinet members	Crockett, Pauline (Cllr) Cabinet member - Health and Adult Wellbeing Cllr Harvey Cabinet Member - Finance and Corporate Services Cllr Davies – cabinet member for Commissioning, Procurement and Assets Cllr Yolande Watson, Health & Wellbeing Cllr Norman as Cabinet Member - Children and Families and Deputy Leader
Herefordshire Council	Steve Vickers, Director of Adults and Communities
Herefordshire Council	Chris Baird, Director Children and Families
Herefordshire Council	Amy Pit, Assistant Director Talk Communities programme
Herefordshire Council	Kevin Bishop, Planner
Herefordshire Council	Ruth Jackson, Planning
Herefordshire Council	Sam Banks, Neighbourhood Planning Service Manager
Herefordshire Council	Spencer Grogan, Leisure Services / Sports Development
Herefordshire Council	Jon Chedgzoy, Libraries
Herefordshire Council	Audrey Clements, Finance
Herefordshire Council	Ceri Morgan, Officer for Schools
Herefordshire Council	Helen Sandifort, Programme Manager, Adults and Communities
Herefordshire Council	Sara Barnes-Wherle, Project Manager, Adults and Communities
Herefordshire Council	Nicky Turvey - Head of Early Help –children and families
CCG/ NHS	Jade Brooks
Public Health	Lindsay MacHardy/Kristan Pritchard, Health Improvement
Public Health (PH)	Becky Howell Jones, PH Consultant

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Appendix 1 – Stakeholder Consultees

Organisation	Contact
Active Here	Jan Perridge
Healthy Lifestyle Trainer Service	Luke Bennett
Halo	Scott Rolfe
Active Travel	Ben Bosell
National Trust	David Bailey
Community First	Mark Herriott
HVOSS	Will Lindesay
NWD	Will Edwards
Herefordshire Wildlife Trust	Helen Stace – CEO
Herefordshire Walking Festival	Liz Hill via, Rural Concierge
Royal National College	Jane Jones
Chair of Walking Festival, chair of Herefordshire ramblers and disabled ramblers	Arthur Lee
Leominster Town Council	Liz Womack
Marches Family Network	Angela Martin

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Key Policy/Strategy	Priorities	Strategic Outcomes
<p>Herefordshire Council – County Plan 2020-2024</p>	<p>The following section sets out what we aim to achieve over the next four years. Our key areas of focus will be the Environment, our Communities and the local Economy developed against three key themes of Sustainability, Connectivity and Wellbeing.</p> <ul style="list-style-type: none"> • More affordable housing; • Maintenance of our existing highways network and public spaces; • Specialist care home facilities and accommodation for vulnerable people of all ages; • Improved public transport across the county and • Action to tackle the climate emergency (this was the top priority for young people). <p>Environment Protect and enhance our environment and keep Herefordshire a great place to live</p> <ul style="list-style-type: none"> • Minimise waste and increase reuse, repair and recycling; • Improve and extend active travel options throughout the county; • Build understanding and support for sustainable living Invest in low carbon projects; • Identify climate change action in all aspects of council operation Seek strong stewardship of the county’s natural resources and • Protect and enhance the county’s biodiversity, value nature and uphold environmental standards. 	<p>Success measures</p> <p>Environment</p> <ul style="list-style-type: none"> • Increase flood resilience and reduce levels of phosphate pollution in the county’s river; • Reduce the council’s carbon emissions ; • Work in partnership with others to reduce county carbon emissions; • Improve the air quality within Herefordshire; • Improve residents’ access to green space in Herefordshire and • Improve energy efficiency of homes and build standards for new housing. <p>Community</p> <ul style="list-style-type: none"> • Improve Herefordshire’s house affordability ratio, making accommodation more affordable to local people; • Increase the proportion of adults requiring formal care services who are supported in their own homes; • Improve the life chances of disadvantaged children in Herefordshire, meaning that they have a better chance of doing well at school, getting good jobs and secure housing (measured by the social mobility index); • Reduce the number of children living with poverty, tooth decay or obesity; • Reduce the number of children requiring formal social care interventions (measured by the number of children in need); • Increase the number of children that are assessed as 'ready for school'; for both children with and without free school meal status; • Improve community resilience in Herefordshire and • Reduce the number of people admitted to hospital for unplanned events

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Key Policy/Strategy	Priorities	Strategic Outcomes
	<p>Community Strengthen communities to ensure everyone lives well and safely together</p> <ul style="list-style-type: none"> • Ensure all children are healthy, safe and inspired to achieve; • Ensure that children in care, and moving on from care, are well supported and make good life choices; • Build publicly owned sustainable and affordable houses and bring empty properties back into use; • Protect and improve the lives of vulnerable people. Use technology to support home care and extend independent living and • Support communities to help each other through a network of community hubs. <p>Economy</p> <ul style="list-style-type: none"> • Support an economy which builds on the county’s strengths and resources; • Develop environmentally sound infrastructure that attracts investment; • Use council land to create economic opportunities and bring higher paid jobs to the county; • Invest in education and the skills needed by employers; • Enhance digital connectivity for communities and business Protect and promote our heritage, culture and natural beauty to enhance quality of life and support tourism and • Spend public money in the local economy wherever possible. 	<ul style="list-style-type: none"> • Improve the mental wellbeing of Herefordshire residents; • Reduce the number of people in Herefordshire identified as homeless and • Reduce the number of households living in fuel poverty. <p>Economy</p> <ul style="list-style-type: none"> • Increase the average workplace earnings in Herefordshire; • Grow jobs and keep unemployment rates low in all areas of the county; • Improve educational attainment and widen further and higher education opportunities; • Increase the number of short distance trips being done by sustainable modes of travel – walking, cycling, public transport; • Increase road safety in the county and improve the overall condition of the road network; • Increase local wealth creation (measured by the Gross Values Added per head of population) and • Extend superfast and ultrafast broadband network.

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Key Policy/Strategy	Priorities	Strategic Outcomes
<p>Hereford – Health and Wellbeing Strategy</p>	<p>Herefordshire Health and Wellbeing Board has recently set out its vision and priorities. The HWBB vision is that:</p> <p><i>Herefordshire residents are connected into communities to be resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.</i></p> <p>This is underpinned by five priorities and cross-cutting themes. The priorities which ‘help you to help yourself’ are:</p> <ul style="list-style-type: none"> • Supporting our residents to eat well, drink safely and get active; • Supporting our residents to live life to the full whatever their age;; • Supporting vulnerable residents of all ages to live and age well • Supporting the mental and emotional wellbeing of all our residents of all ages and • Developing communities to help keep people connected. 	<p>The cross-cutting themes are:</p> <ul style="list-style-type: none"> • Collaborative partnership working to maximise our resources across the county; • Ensuring services, support and opportunities are equitable and accessible to all; • Improving quality of life through healthy ageing; • Co-producing with communities and stakeholders to help people connect and engage with the board; • Identify climate change action in all aspects of operational delivery; • Supporting and enhancing our workforce skills and opportunities; • Building resilience across communities and all sectors and • Improving social mobility including housing, economic opportunities and learning.
<p>Interim Housing Strategy 2016- 2020</p>	<p>Priorities and Themes</p> <ul style="list-style-type: none"> • Improving housing supply and access to housing; • Improving housing support and • Improving housing standards. 	<p>Priority Actions</p> <p>Improving housing supply and access to housing</p> <ul style="list-style-type: none"> • Provide well designed, quality homes; • Provide a range and mix of housing; • Maximise external funding opportunities; • Increase housing options and • Increase access to housing.

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Key Policy/Strategy	Priorities	Strategic Outcomes
		<p>Improving housing support</p> <ul style="list-style-type: none"> • Increase housing options • Prevent homelessness • Maximise external funding opportunities • Promote independent living <p>Improving housing standards</p> <ul style="list-style-type: none"> • Aim to reduce the issue of cold homes and fuel poverty • Aim to increase housing and management standards • Provide advice and training for landlords • Take action on poor quality private rented properties • Develop health and housing plan
<p>Local Transport Plan 2016-2031</p>	<p>Vision: A transport network that supports growth enabling the provision of new jobs and houses, whilst providing the conditions for safe and active travel, which reduces congestion and increases accessibility by less polluting and healthier forms of transport than the private car.</p>	<p>Objectives:</p> <ol style="list-style-type: none"> 1. Enable economic growth - by building new roads linking new developments to the transport network and by reducing short distance car journeys. 2. Provide a good quality transport network for all users – by being proactive in our asset management and by working closely with the public, Highways England and rail and bus 3. Promote healthy lifestyles – by making sure new developments maximise healthier and less polluting forms of transport by delivering and promoting active travel schemes and by reducing short distance single occupant car journeys on our roads.

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Key Policy/Strategy	Priorities	Strategic Outcomes
		<ol style="list-style-type: none"> 4. Make journeys easier and safer – by making bus and rail tickets compatible and easier to buy and use, by providing ‘real time’ information at well-equipped transport hubs, by improving signage to walking and cycling routes and by helping people feel safe during their journeys. 5. Ensure access to services for those living in rural areas – by improving the resilience of our road network and by working closely with all transport operators to deliver a range of transport options particularly for those without a car.
Hereford Council Local Plan 2011-2031	<p>The council's strategy is based on targeting future development in places where specific needs and opportunities have been identified, thereby addressing key issues raised in the Herefordshire Context section. This approach seeks to accommodate economic and population growth with new housing and supporting infrastructure, whilst protecting and enhancing the attractive and distinctive character of the different areas of the county, so that sustainable development is achieved.</p> <p>Overall vision for the county</p> <p>“Herefordshire will be a place of distinctive environmental, historical and cultural assets and local communities, with sustainable development fostering a high quality of life for those who live, work and visit here. A sustainable future for the county will be based on the interdependence of the themes of social progress, economic prosperity and environmental quality with the aim of increasing the county’s self-reliance and resilience.”</p>	<p>Vision for social progress in Herefordshire</p> <ul style="list-style-type: none"> • By 2031, decent, affordable homes, jobs, health and community facilities and other necessary infrastructure will have been provided in urban and rural areas to meet the needs of all sections of the population, creating healthy, safe and secure, low crime, inclusive places and robust communities that promote good health and well-being, maintain independence and self-sufficiency and reduce social isolation. • The opportunities and benefits from open space, leisure, shopping, sport, art, heritage, learning, health and tourism facilities and assets will be maximised, enabling more active lifestyles and helping to retain existing and attract new young people, supporting older people and an improved quality of life for all.

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Key Policy/Strategy	Priorities	Strategic Outcomes
		<ul style="list-style-type: none"> Residents and workers in urban and rural areas will have a reduced need to travel by private car with opportunities for “active travel” i.e. walking and cycling promoted, along with improved accessibility to public transport. In Hereford, congestion will be managed and public transport improved through a balanced package of transport measures including the provision of a relief road, park and choose facilities and bus priority schemes. <p>Residents will have the opportunity to contribute to the shape of their local area through engagement in plan making.</p> <p>Vision for economic prosperity in Herefordshire</p> <ul style="list-style-type: none"> By 2031, Herefordshire will have a thriving local economy with a balanced and diversified business base incorporating more knowledge-based and high-tech businesses and a more skilled and adaptable workforce. A genuine commitment by all businesses to sustainable development will underpin a unique quality of life. New employment land will have been provided to complement new homes and support higher incomes jobs enabling existing and future businesses to grow and thrive. Communications infrastructure will be in place to enable a similar level of broadband service everywhere in the county, with the major employment locations enjoying broadband services matching the best in the country. Educational developments (including higher education) will bolster and support local resources and strengths, such as environmental technologies, creative industries, agriculture, food production, forestry, equestrian expertise and tourism as well as support improved skills training, development and local job opportunities.

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Key Policy/Strategy	Priorities	Strategic Outcomes
		<ul style="list-style-type: none"> • Hereford will provide a strong, sub-regional shopping, employment, leisure and cultural focus for the county. Comprehensive proposals for regeneration in and around the city • Overall vision for the county Herefordshire will be a place of distinctive environmental, historical and cultural assets and local communities, with sustainable development fostering a high quality of life for those who live, work and visit here. A sustainable future for the county will be based on the interdependence of the themes of social progress, economic prosperity and environmental quality with the aim of increasing the county’s self-reliance and resilience. • Herefordshire Local Plan – Core Strategy 2011-2031 centre will complement the historic core in providing homes, jobs, shops and leisure facilities and transport improvements. As a result the city will be a vibrant destination of choice for shoppers and visitors alike. The market towns will contribute to the economic development of the county whilst being distinctive, thriving service centres that are better linked to their surrounding rural settlements through enterprise hubs, service provision and transport accessibility. • Our village-based services will be supported through new development (including live/work units) in appropriate locations to foster sustainable communities and promote rural regeneration. • Herefordshire will be a sought after destination for quality leisure visits and sustainable tourism by more fully utilising, but respecting, the county’s unique environmental assets such as the River Wye.

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Key Policy/Strategy	Priorities	Strategic Outcomes
		<p>Vision for environmental quality in Herefordshire</p> <ul style="list-style-type: none"> • New development will be designed and constructed in ways to ensure that local distinctiveness is reinforced. The wider impacts of climate change will be addressed by reducing carbon emissions, minimising pollution and the risk of flooding, ensuring availability of natural resources. The provision of appropriate waste management and recycling facilities and renewable energy schemes will be guided through the policies of the Minerals and Waste Local Plan. • Networks of connected, well managed and accessible natural green spaces will provide a range of enhanced leisure and health benefits within and between towns, villages and the countryside. Local food production and processing will be fostered whilst supporting stewardship of soils and water, biodiversity and the characteristic Herefordshire landscape. • The area’s valued heritage and significant environmental resource, including its natural beauty and quality of landscape, biodiversity, geodiversity, built environment and cultural heritage, will be protected, conserved and enhanced. It will underpin and foster growth and innovation in businesses and jobs; being accessed, appreciated and actively supported by more people, for more purposes, in all walks of life.
<p>Sports Partnership – Herefordshire and Worcestershire</p> <p>Sports Facilities Framework 2010-2026</p>	<p>Facility Aspirations:</p> <p>The following aspirations have been identified:</p> <ul style="list-style-type: none"> • There is a suggestion of a relocation of the football and cricket clubs in Ledbury but this is subject to the outcomes of the Strategic Housing Land Availability Assessment (SHLAA). • Brookfield School in Hereford is considering the potential for a new sports hall. 	

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Key Policy/Strategy	Priorities	Strategic Outcomes
	<ul style="list-style-type: none"> Hereford Rugby Football Club is hoping to move from their existing site but are at pre-application stage only. They are looking for a site for 5 new pitches. Hereford Cathedral School are planning a full size STP (surface unknown.) 	
Green Infrastructure Strategy 2010 - 2026	<p>A definition of green infrastructure has been developed by Natural England: ‘Green Infrastructure is a strategically planned and delivered network comprising the broadest range of high quality green spaces and other environmental features. It should be designed and managed as a multifunctional resource capable of delivering those ecological services and quality of life benefits required by the communities it serves and needed to underpin sustainability. Its design and management should also respect and enhance the character and distinctiveness of an area with regard to habitats and landscape types.</p> <p>Green Infrastructure includes established green spaces and new sites and should thread through and surround the built environment and connect the urban area to its wider rural hinterland. Consequently it needs to be delivered at all spatial scales from sub-regional to local neighbourhood levels, accommodating both accessible natural green spaces within local communities and often much larger sites in the urban fringe and wider countryside.’</p> <p>The aim of the Green Infrastructure Strategy is to place a framework of natural and culturally important features and functions at the heart of planning for a sustainable future for development within Herefordshire, at least up to 2026.</p>	<p>The following objectives have been identified:</p> <ul style="list-style-type: none"> To provide an evidence base of green infrastructure assets based on a comprehensive analysis and understanding of: → all natural resources and systems → all related land uses and human systems and activities, both past and current To establish a vision for a sustainable future for Herefordshire’s environment and green infrastructure assets. To identify and promote the economic, social and health benefits of a multifunctional environment, centred on a dynamic green infrastructure network. To ensure comprehensive recognition of green infrastructure assets, deficiencies and opportunities within the local planning framework. To establish principles and policies that secure protection and promote the enhancement of existing green infrastructure, and identify opportunities and means of creating new, high quality green infrastructure. To produce guidelines for developers, planners and land managers that will ensure the successful integration, implementation and ongoing management of green infrastructure. To maximise the contribution green infrastructure provision can make towards mitigating the effects of and adapting to the implications of climate change, including flood risk management. To identify specific projects and opportunities, including opportunities for funding, that best deliver green infrastructure and act as examples to others.

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Key Policy/Strategy	Priorities	Strategic Outcomes
	<p>This will include the establishment of policies and principles 3 for the protection and enhancement of those features and functions that contribute to the environment of Herefordshire across a range of scales.</p>	<ul style="list-style-type: none"> • To realise the contribution green infrastructure can make to the reversal of habitat fragmentation and decline in biodiversity through investment in the restoration, creation and protection of priority habitats. • To realise the contribution green infrastructure can make to the protection and restoration of landscape character and cultural heritage, particularly the reversal in decline in condition of landscapes.
<p>Education, Development and Skills Strategy 2018-21</p>	<p>Vision: Giving children and young people a great start in life</p> <p>Goals:</p> <ul style="list-style-type: none"> • Safety and well-being • High standards • Equity • Preparation for adult life 	<p>Priorities</p> <ul style="list-style-type: none"> • Drive sustainable school improvement • Strengthen Leadership • Embed clear accountability • Support and protect vulnerable children • Embed the early years strategy • Ensure access to quality places where they are needed • Focus on the 16-19 education and skills agenda
<p>Herefordshire Council Adult and Community Learning Plan 2019-22</p>	<p>This plan identifies the key priorities for Herefordshire Council’s Adult and Community Learning Service (ACLS) to achieve its strategic and organisational aims for the academic years 2019-22.</p> <p>The plan covers the funding received from the Education and Skills Funding Agency (ESFA) annually to deliver Community Learning and Adult Skills Learning opportunities to Herefordshire residents aged 19 and over.</p>	

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Key Policy/Strategy	Priorities	Strategic Outcomes
	<p>Strategic Aims and Objectives</p> <p>Aim</p> <ul style="list-style-type: none"> To engage with local people who are least likely to participate in learning and enable them to access a range of high quality learning opportunities. So that they can lead more independent lives, support their families, gain a qualification, get a job, volunteer and become less socially isolated. <p>Objectives</p> <ul style="list-style-type: none"> Focus Adult and Community Learning funding on people who are disadvantaged and least likely to participate in learning, including people on low incomes, those with low skills and those furthest away from the labour market. Widen participation in learning through locally delivered informal and accredited programmes, serving the needs of the diverse communities across Herefordshire. Contribute to a wide range of outcomes for individuals and the wider community including personal and social, educational attainment, economic regeneration, and improved health and well-being. By supporting adults back into learning, training and employment, through community outreach provision delivered at local venues. Develop the capacity of voluntary and community sector organisations to deliver effective adult learning that meets the quality requirements of Ofsted through funding and supporting niche provision. To work with local partners to deliver a programme of high-quality learning, which clearly contributes to the priorities of Herefordshire Council and the Marches Local Enterprise Partnership Skills Plan, European Investment Strategy and Strategic Economic Plan. 	

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Appendix 2 – Strategic Context

Key Policy/Strategy	Priorities	Strategic Outcomes
<p>Sustainable Modes of Travel to School Strategy 2018</p>	<p>The vision for the SMOTS strategy is: “To have a fully integrated transport system where every pupil within Herefordshire, where appropriate, has the option to travel to and from school through active travel choices, improving health, safety and reducing reliance on short distance car journeys”.</p> <p>To understand the travel habits of pupils in Herefordshire we have used school census data from 2011 as to how pupils normally travel to and from school. Earlier this year we collected accident and health data and established the extent and type of walking and cycling infrastructure near schools and why pupils used the various travel modes. Our findings included:</p> <ul style="list-style-type: none"> • In 2011 31% of pupils travelled to school by car whilst 39% walked and 1% cycled. • A further 21% used the bus, comprising both public bus services and those provided by the council; • 16 schools have 20mph limits in the immediate vicinity; • 75 schools have cycle racks and 17 schools have parent waiting shelters; • The council provides bus transport for 3,318 pupils with 284 paying for vacant seats and • 23% of pupils in reception year and 34% of pupils in year 6 are overweight. <p>We highlight the extensive program of schemes and projects that we deliver:</p> <ul style="list-style-type: none"> • Bikeability - specialist cycle training from the basics of balance and control to independent journey planning. • Road safety education and school crossing patrols - undertaken by our road safety unit, delivering education talks and practical sessions to schools. 	<p>The SMOTS strategy objectives we propose are to:</p> <ul style="list-style-type: none"> • Improve the safety of pupils and parents; • Improve the health and well-being of pupils; and to • Reduce congestion during peak times. <p>In response to the issues raised above we will continue to work with public transport and our delivery partners to raise the profile of the issues raised and ensure they are taken into consideration when planning school transport, maintenance and project planning to ensure that the concerns raised are met.</p>

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Appendix 2 – Strategic Context

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Key Policy/Strategy	Priorities	Strategic Outcomes
<p>Talk Community Strategic Approach</p>	<ul style="list-style-type: none"> • Access fund projects - funded by the Department for Transport to encourage behaviour change; and • Hereford transport packages - major infrastructure projects taking place in Hereford, likely to include walking and cycling measures. <p>Talk Community is the strategic delivery vehicle for the community ambition of the Herefordshire County Plan 2020-2024 to improve the sustainability, connectivity and wellbeing of our county by strengthening our communities.</p> <p>It is the council’s strategic approach to prevention, enabling people to get the assistance they need and managing demand for more specialist services.</p> <p>The key message and vision of Talk Community articulates an ambition and culture which innovates “to make independence and wellbeing inevitable”</p> <p>Talk Community is very broad in scope, encompassing:</p> <ul style="list-style-type: none"> • People; as participants in communities, as volunteers and community leaders, including people who are vulnerable and may need some support. There is focus on people staying well and independent and feeling safe and included in their communities. • Place and space; making use of and sharing community places, creating the buildings and open spaces that local people want and will use, co-location of public and community services including the arts and leisure services, ensuring accessibility and connectivity and considering the impact of and upon new communities created through large scale housing developments. 	<p>To ensure it meets the changing demands these events have brought about the Talk Community programme provided below which covers eight areas;</p> <ul style="list-style-type: none"> • Talk Community hubs; • Talk Community integrated hubs; • Developing a county of learning and upskilling communities; • Talk Community outreach kitchens; • Developing, supporting and enhancing the voluntary sector infrastructure; • Sustainable food county; • Talk Community Business and • Developing the Talk Community approach to support the economic recovery for all ages. <p>There is an ambition to establish 20 Talk Community hubs by March 2021.</p>

The Appendices

Appendix 2 – Strategic Context

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Key Policy/Strategy	Priorities	Strategic Outcomes
<p>Delivery Plan 2020-2022</p>	<ul style="list-style-type: none"> Economy; recognising and developing the role of businesses in communities, promoting the county's buoyant social enterprise sector, developing the wellbeing of the workforce and healthy workplaces, whilst recognising the contribution to the local economy of the health and social care sector. <p>Herefordshire Council adopted the new County Plan in February 2020, which stated a clear vision for the future of the county:</p> <p>Respecting our past, shaping our future - we will improve the sustainability, connectivity and wellbeing of our county by strengthening our communities, creating a thriving local economy and protecting and enhancing our environment.</p> <p>The County Plan has three key themes - connectivity, wellbeing and sustainability, which sit at the core of our policy making, planning and design for the future. These themes continue to form the basis of our plans over the coming years.</p> <p>our top priorities in the coming years will be:</p> <ul style="list-style-type: none"> Delivery of affordable homes built to strong environmental standards Improving the digital connectivity of the county to enable digital inclusion Creating jobs and skills that enable our residents to earn higher wages Creating a modern and resilient transport network within the City and County 	<p>Indicators we plan to use to track progress include:</p> <p>Environment</p> <ul style="list-style-type: none"> Reduce the average kilograms of waste per person Increase in the percentage of waste sent for recycling Increase the % of journey-kilometres made by walking, cycling and public transport Reduce the county's carbon footprint Increase the % of investment that contributes significantly to achieving climate and nature goals Reduce the council's carbon footprint Improve water quality in our rivers Increase tree cover Increase biodiversity Increase residents' access to wild space and green space <p>Community</p> <ul style="list-style-type: none"> Increase the number of affordable houses delivered with 450 homes built by March 2022. Reduce the number of rough sleepers in Herefordshire to no more than 12 people at any time. Reduce the rate of admissions to care homes (aged under 65 & 65+). Maximise the take up of the Talk Community Seed Funding. ✓ Increase the income generation into the county for the use by the third sector. Increase the volunteer capacity.

The Appendices

Appendix 2 – Strategic Context

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Key Policy/Strategy	Priorities	Strategic Outcomes
	<ul style="list-style-type: none"> In our County Plan 2020-2024 we highlighted three areas of focus and ambition – Environment, Communities, Economy. The COVID-19 pandemic demands that we reorder some of our plans and strategies so as to capture, strengthen and increase the pace of change in some areas. These include: <ul style="list-style-type: none"> Shift in consumer behaviour during lockdown alongside demand for new products and services present both challenges and new opportunities for the county; Shortages and supply problems have also reiterated the importance of the retail centres of our city and towns to the health of our rural county; Encourage new sectors and markets such as creative and high tech industries to set up in Herefordshire; Hereford City Centre and our market towns being reimagined, refocused and transformed as the way in which we live, work and play has dramatically changed even in the space of a few months; Home/digital working - the pandemic has already caused a drastic shift in working patterns with a high rise in the number of people working from home, learning on-line and social interaction; Ensuring our countywide workforce has the skills required to deliver future growth; Rise in the “stay-cation” and the importance of tourism to the county; Reduced carbon consumption – with industries temporary closing down and restrictions on travel. There has been a notable shift in pollution and carbon emissions and an increase in more active ways to travel and Increased national and public focus on climate change is providing an opportunity to rethink. 	<ul style="list-style-type: none"> Increase the number of people engaging with the Healthy Lifestyle Trainer Service; Increase the number of talk community hubs active in the county to 50 by march 2022; Increasing the number of schools which show a positive progress indicator at age 16 and attainment in second quartile (measure to be determined given lack of national data due to cancellation of exams in 2020); Reducing the number of school leavers who are not in education, training or employment (target to be set but with the caveat of potential impact of COVID-19 on opportunities); Aim to have no more than 320 looked after children by end of 2021– in line with West Midlands regional average from 2018/19; Increase the proportion of audits of children’s cases rated as good or outstanding; Increase the proportion of care leavers in touch, in suitable accommodation and in Education, Employment or Training (3 separate measures) – 92%, 87%, 57% respectively i.e. good statistical; Reduction in the number of people claiming unemployment related benefits (Claimant count) (Note: This could increase significantly in the short term due to COVID- 19 & may not be possible to reduce within 18 months); Increase employee engagement (council workforce); Improve resident engagement and overall satisfaction with the council Number of people in Herefordshire using the internet. <p>Economy</p> <ul style="list-style-type: none"> Increase investment in the county from both public and private sources.

The Appendices

Appendix 2 – Strategic Context

Key Policy/Strategy	Priorities	Strategic Outcomes
	<ul style="list-style-type: none">• economic growth and how we champion a 'green recovery'	<ul style="list-style-type: none">• Increase the number of jobs created through investment on council land and local procurement;• Increase the % of residents with skills at NVQ level 4 and above;• Increase the number of HE (Higher Education) students, adult and community learning students, apprenticeships and job placements, and quality of the provision in each;• Increase the number of tourism visitors to the county and average visitor spend;• Increase the % of the council procurement budget spent locally and• Increase the percentage of premises in Herefordshire able to access a superfast broadband service (over 30Mbps) (target 94%).

The Appendices

Appendix 3 – Chief Medical Officer (CMO) Infographics – Recommended levels of physical activity for different ages/stages of life

Appendix 3 – Chief Medical Officer (CMO) Infographics – Recommended levels of physical activity for different ages/stages of life

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Physical activity for children and young people (5–18 Years)

BUILDS CONFIDENCE & SOCIAL SKILLS

MAINTAINS HEALTHY WEIGHT

DEVELOPS CO-ORDINATION

STRENGTHENS MUSCLES & BONES

IMPROVES SLEEP

IMPROVES CONCENTRATION & LEARNING

IMPROVES HEALTH & FITNESS

MAKES YOU FEEL GOOD

Be physically active

Spread activity throughout the day

All activities should make you breathe faster & feel warmer

60

minutes per day across week

PLAY

RUN/WALK

BIKE

ACTIVE TRAVEL

SWIM

SKATE

SPORT

PE

SKIP

CLIMB

WORKOUT

DANCE

Activities to develop movement skills, and muscle and bone strength ACROSS WEEK

Get strong

Move more

INACTIVITY

Find ways to help all children and young people accumulate an average of at least 60 minutes physical activity per day across the week

UK Chief Medical Officers' Physical Activity Guidelines, 2019

Physical activity for adults and older adults

- Benefits health
- Improves sleep
- Maintains healthy weight
- Manages stress
- Improves quality of life

Reduces your chance of

- Type II Diabetes -40%**
- Cardiovascular disease -35%**
- Falls, depression etc. -30%**
- Joint and back pain -25%**
- Cancers (colon and breast) -20%**

Some is good, more is better

Make a start today: it's never too late

Every minute counts

Be active

at least

150

minutes moderate intensity per week

increased breathing able to talk

OR

or a combination of both

at least

75

minutes vigorous intensity per week

breathing fast difficulty talking

Build strength

to keep muscles, bones and joints strong

on at least **2** days a week

Swim

Brisk walk

Cycle

Gym

Yoga

Carry heavy bags

Run

Stairs

Sport

Minimise sedentary time

Break up periods of inactivity

Improve balance

For older adults, to reduce the chance of frailty and falls

2 days a week

UK Chief Medical Officers' Physical Activity Guidelines 2019



Active and Healthy Herefordshire

Herefordshire's Physical
Activity Strategy

Summary Document

2021-2026

FOREWORD

Introduction to the strategy from relevant Cabinet Member/Portfolio holder/Physical Activity Champion

Herefordshire's Physical Activity Strategy

Active and Healthy Herefordshire

1. Introduction

1.1. This is a summary document of the Herefordshire Physical Activity Strategy which sets out the priorities for physical activity in Herefordshire over the next five years, underpinned by the vision:

'In Herefordshire every person has the opportunity to: 'get moving, be active, feel better, keep well and enjoy healthier lives as part of everyday life in their local community'.

1.2. This vision is guided by a recognition of national, regional and local policy framework but particularly through local insight identified through the development of the strategy.

1.3. Moving more as part of everyday life is recognised as an essential component of our physical and mental wellbeing. Our population is ageing, people live more sedentary lives and health inequalities have increased.

1.4. In order to challenge and address inactivity in Herefordshire our **Shared Outcomes** are:

- **Active Environments** – environments that support and facilitate every day physical activity for everyone;
- **Active Communities** – supported and developed community assets to increase physical activity levels and build community resilience;
- **Healthy Individuals** – decreasing inequalities, increased awareness and capability in our inactive population to change their behaviour and increase physical activity levels long-term and
- **Partnerships and Collaborative Working** - improved partnership working to increase physical activity opportunities and participation across our population.

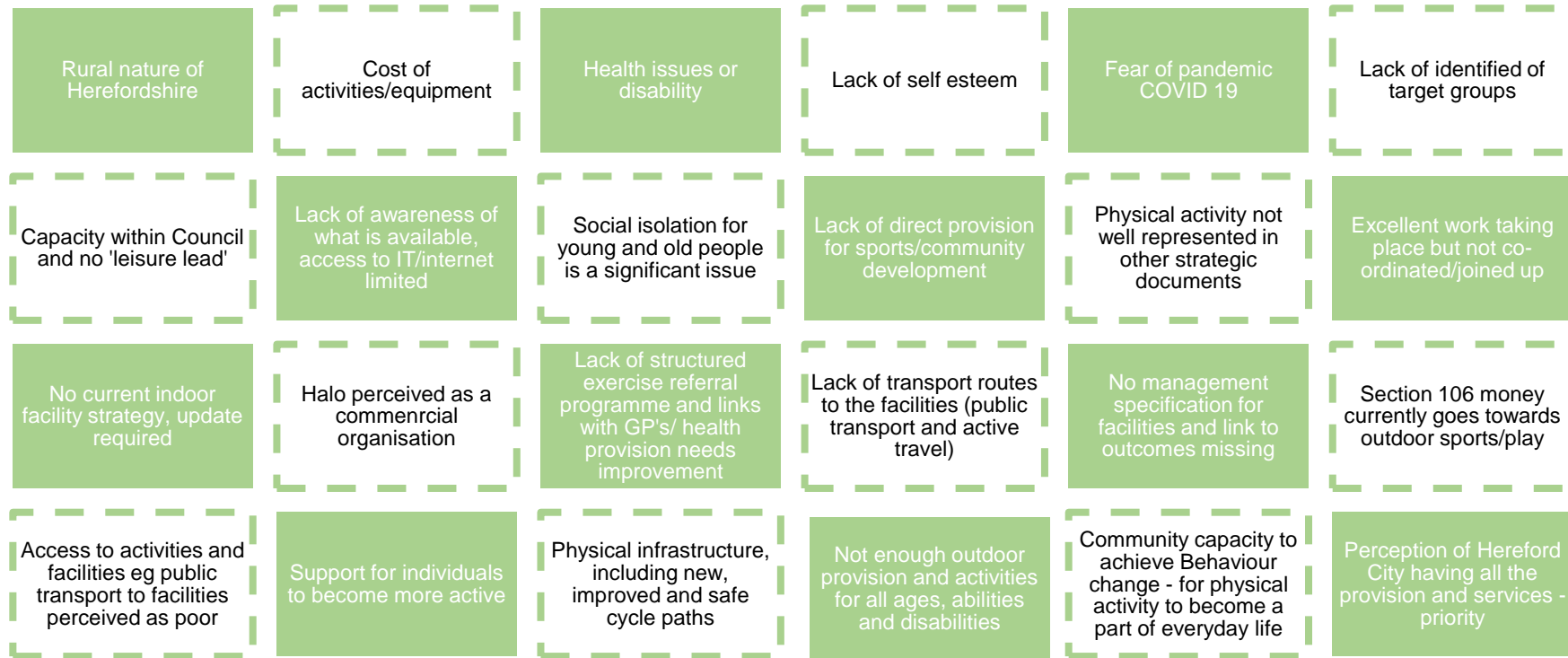
Why do we need a Herefordshire Physical Activity Strategy?

1.5. The importance of physical activity for individual and community health has been highlighted through the impact of Covid 19 pandemic which has also exacerbated health inequalities across the UK. It has become more important than ever to focus on preventative health measures, including physical activity and to invest in those people who need it most. In Herefordshire, 21.3% of the population is inactive (Active Lives March 21).

2. Local Community Insight

The findings from the consultation (survey and stakeholders) identify the following barriers to participating in physical activity in Herefordshire.

X Barriers to Participation



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3. Our Vision and Shared Local Strategic Outcomes

3.1. Reflecting the identified Vision of the Health and Wellbeing Board:

'Herefordshire residents are connected into communities to be resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure'.

3.2. In response to the identified key issues relating to existing provision, our physical activity strategy has been developed to create a more active and healthier Herefordshire.

Herefordshire's Physical Activity Strategy

Active and Healthy Herefordshire

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- **Vision:**
 - 'In Herefordshire every person has the opportunity to: **'get moving, be active, feel better, keep well and enjoy healthier lives as part of everyday life in their local community'**.
- **Our Aim is:**
 - To improve the health and wellbeing of our communities in Herefordshire by increasing levels of physical activity, opportunity for and accessibility to activity, and therefore reduce health inequalities.
- **Shared Outcomes:**
 - **Active Environments** – environments that support and facilitate every day physical activity for everyone;
 - **Active Communities** – supported and developed community assets to increase physical activity levels and build community resilience;
 - **Healthy Individuals** – decreasing inequalities, increased awareness and capability in our inactive population to change their behaviour and increase physical activity levels long-term and
 - **Partnerships and Collaborative Working** - improved partnership working to increase physical activity opportunities and participation across our population.

3.3. **Our Vision** sets out what we want to achieve; **Our Aim** is to use physical activity to do this and so deliver **our Shared Outcomes** and the behaviour changes which will result from our Strategy.

4. Herefordshire - Our Approach to future delivery of Physical Activity

Our approach to future delivery of physical activity in Herefordshire has been developed by understanding what is currently being delivered across the County, where, to whom and by whom, and identifying the key issues for current provision. Understanding our Vision highlights the opportunities for change through future delivery to achieve our shared outcomes. There is a clear need to do things differently to ensure that those who are inactive have the opportunity and encouragement to make behaviour changes and become active, and that those who are currently active have the opportunity to continue to participate and to be able to enjoy the lifestyle benefits that physical activity brings throughout their lives.

5. Delivering Our Outcomes Sustainably - How are we going to deliver our interventions?

5.1. The key themes supporting delivery of an Active and Healthy Herefordshire are:

1. **A whole system approach to create and sustain active environments**

Physical activity services and facilities have a key role to play in the health of Herefordshire's communities; this is even more the case as part of recovery in the wake of Covid. To reach those who will most benefit from being more active we will engage with individuals and communities and support them into activity.

Herefordshire's Physical Activity Strategy

Active and Healthy Herefordshire

2. Collaboration with partners to target resources more effectively

There is a huge amount of physical activity delivery already taking place in Herefordshire. The challenge is taking this existing activity and enabling it to have an even greater impact, and critically reach more inactive people. This will only happen through a step change in approach to delivery. There is a need for a central co-ordinating role in the County for physical activity. This co-ordinating resource would provide a central point of contact, be able to co-ordinate activity and ensure there is both alignments to identified strategic outcomes and no duplication in delivery.

3. Reduce health inequalities by developing knowledge and capability in our communities to move more everyday

Healthier Herefordshire is built on the existing collaborative physical activity partnerships in Herefordshire. However, whilst there is shared knowledge of much of what is being delivered where and by whom, there is significant opportunity to plan and deliver more strategically, and to target programmes and initiatives on a planned basis. Delivery of the action plan will require joint working with all partners towards an agreed vision and outcomes. Local partnerships will be particularly important so that community groups and individuals who need support can be identified to ensure inactivity is reduced. Joint projects and initiatives will be key to increasing physical activity at a local level.

4. Better co-ordinated delivery of physical activity provision, aligned to our shared vision and outcomes

Taking a co-ordinated approach to development and delivery is very important moving forward to ensure available resources target those who most need support to become more active on a regular basis.

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5.2. Improved co-ordination, collaboration and partnership working based on shared priorities will ensure that the existing excellent work taking place will have more impact and more opportunities will be created to develop and expand on these activities and opportunities.

Healthier Herefordshire - Action Plan

Key Themes	Action
1. A whole system approach to create and sustain active environments	Integrate physical activity opportunities and active environments as they present across the local authority and partner organisations.
	Create more opportunities to use existing facilities (grants may be available to support extra-curricular activity and longer-term community use).
	Identify, support and/or apply for funding to increase opportunities to become physically active.
	Deliver a physical activity communications plan.
	Embed active environments in Core strategy.
2. Collaboration with partners to target resources more effectively	Develop knowledge of infrastructure/accessibility to countryside and active environment and identify opportunities to develop these resources.
	Ensure PA working group has representation from appropriate partner agencies in order to target resources.
	Where relevant develop strategies.
	Develop a community approach to physical activities e.g walking & running groups encouraging the community to develop and run these with support.

Herefordshire's Physical Activity Strategy

Active and Healthy Herefordshire

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Key Themes	Action
3. Reduce health inequalities by developing knowledge and capability in our communities to move more everyday	Support programmes to improve understanding of, and access to, physical activity for those from deprived communities and from those with disabilities or ill health.
	Further understand our inactive population.
	Support behaviour change in hard to reach areas.
	Develop a communications plan for frequent, relevant and targeted messages to get active.
	Support providers to signpost physical activity offers, adapt programmes and initiatives and utilise existing networks and professionals to promote activities.
4. Better co-ordinated delivery of physical activity provision, aligned to our shared vision and outcomes	Create a multi-agency Physical Activity Steering Group to support and lead on the development alongside public health; this should comprise representation from key partners, physical activity champions/walking leads).
	Support Training and development offers.
	Scope/consider Physical Activity Champions.
	Identify leadership/oversight/governance for Physical Activity strategy.
	Strengthen physical activity focus within local authority/across directorate working.

5.3. A priority should be to remove barriers and make activity more accessible for people with disabilities in Herefordshire and to invest in those that need it most. People don't change behaviours based on information and education – most people will know that PA is good for them. It is about creating environments – *physical, social, economic* – which support and promote active behaviour and making the most of change moments.

How do we know things are improving?

5.4. We will collect data for the Physical Activity Strategy which will help us to understand if the Strategy is working, and where we need to work harder on its implementation.

Growing (year on year) participation in physical activity (Improved Active Lives Survey results)	Increased number of people walking and cycling as part of everyday life (measured through strategically located clicker counters)	Improved infrastructure e.g. walking and cycling routes/access to open space (recorded through planning applications/investment decisions)	Reduced levels of adult obesity (measured through PHE)	Reduced levels of childhood obesity (measured through NCMP)	Take-up of the locality-based social prescribing offer
Increased use of parks and play (measured through strategically located clicker counters)	Planned investment in existing assets (Council budgets and partnership approaches)	Increased number of information requests/referrals on physical activity through the 'HLTS??'	Reducing health inequalities (measured through the JSNA)	Improved access to, and use of, Herefordshire's natural environment (measured through strategically located clicker counters)	Improved infrastructure eg walking and cycling routes/access to open space

Title of report: Establishing the Integrated Care Partnership

Meeting: Health and Well Being Board

Meeting date: 28th March 2022

Report by: Simon Trickett, ICS Chief Executive Designate

Classification

Open

Decision type

This is not an executive decision

Wards affected

All Wards

Purpose

The purpose of this report is:

- (1) To update members on development of the Integrated Care System, with a particular emphasis on the development of the Integrated Care Partnership.

Recommendation(s)

That:

- a) **Members endorse approach to the establishment of the new Integrated Care Partnership for Herefordshire and Worcestershire;**
- b) **Members agree the process and timeline for establishing the new Integrated Care Strategy for Herefordshire and Worcestershire;**
- c) **Members agree to include appropriate content in future Health and Well Being Board development sessions to enable it to take on responsibilities on behalf of the Integrated Care Partnership.**

Alternative options

1. Alternative options were previously discussed and excluded at earlier HWBB development sessions in July and November.

Key considerations

2. The Health and Care Bill 2021 is currently at the report stage in the House of Lords. This legislation, if passed, will put Integrated Care Systems (ICS) on a statutory footing from July 2022.
3. As part of the development ICS, an Integrated Care Partnership (ICP) needs to be established after 01 July 2022. Subsequently, the ICP needs to approve an Integrated Care Strategy by 31st December 2022, for implementation from 1st April 2023.
4. Members of the Health and Well Being Board were first updated on the proposed development of the Integrated Care Partnership (ICP) at a development discussion on 26th July 2021. At that session, members supported an approach that would see the ICP developed alongside the two Health and Well Being Boards in Herefordshire and Worcestershire, rather than being established as a third and separate partnership board. For information, members in Worcestershire also supported this approach.
5. At the development meeting on 4th November 2021, a further update was provided on the development of the Integrated Care System and the proposals for establishing the ICP.
6. The NHS in England is now organised around 42 Integrated Care Systems. They range in size from the smallest population of 500,000 (Shropshire, Telford and Wrekin) to the largest of 3,000,000 (Cumbria and the North East). At around 800,000, Herefordshire and Worcestershire is one of the smallest in the country. Some of the larger systems have more than 10 Health and Well Being Boards in their systems, making multi-area partnership arrangements complicated to manage.
7. The purpose of the legislation and the development of ICSs is to remove the barriers that prevent local NHS, Public Health and Social Care services from being truly integrated. It will create the opportunity to plan and deliver services that are wrapped around the needs of individuals.

Community impact

8. The Integrated Care Strategy will need to be aligned with, and supported by, Herefordshire's Health and Well Being Strategy and all NHS and Council Corporate Plans.
9. The Integrated Care Strategy will need to be all-age, covering the provision of services from pre-birth, through maternity and neo-natal, children's services, adults, services for older people and end of life care.

Environmental Impact

10. Alongside and in support of the Integrated Care Strategy, the Integrated Care Board will need to produce a Green Strategy for the ICS outlining how the NHS can contribute to improved environmental outcomes for the ICS area. This will show how NHS organisations can reduce carbon emissions and how improved environmental outcomes will contribute to improved health outcomes for the population.

Equality duty

11. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to:

- a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

- b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

12. There are no specific equality duty issues associated with this report.

Resource implications

13. There are no specific resource implications associated with this report

Legal implications

14. There are no specific legal implications associated with this report.

Risk management

15. There are no specific risks associated with this report.

Consultees

16. There are no specific consultation issues associated with this report.

Appendix 1: Developing the Integrated Care Partnership

1. NHSE/I have been working with the Local Government Association (LGA) to develop mandatory guidance on the development of Integrated Care Partnerships (ICP). To date we have only seen draft guidance.
2. Integrated Care Partnerships will be statutory committees formed between (as a minimum) the ICB and the Local Authorities that provide social care services. However, it is hoped that the local ICP will contain much broader membership – including organisations such as district councils, both Healthwatch bodies, housing providers, social care providers, the fire and rescue service, the LEP, wider representation from VCSE partners and other stakeholders who have an interest or role in improving the health of the population and reducing health inequalities.
3. Within the H&W system, we have previously agreed the concept at the Integrated Care Executive Forum, the ICS Partnership Board and both Health and Well Being Boards to build the new ICP around the HWBBs. Early view of the mandatory guidance indicates that this will be possible, with some modifications to reflect the fact that Health and Well Being Boards are statutory committees of local authorities in their own right, and have specific duties and responsibilities.
4. By way of a reminder, our proposal is for the two HWBBs to come together in some form at least twice a year, alongside a wider range of partners that are not typically involved in HWBBs, to form an **Integrated Care Partnership Assembly**. The responsibility of the Assembly will be to set, agree and oversee the delivery of an Integrated Care Strategy for the ICS area. Working with the two Health and Well Being Boards, the Assembly will effectively form the ICP for the H&W area and replace the current ICS Partnership Board, which both Health and Well Being Board Chairs attend, and increase its role by recognising its specific legal duties.
5. Outside of the Assembly meetings, we hope to pursue two county-based approaches to transacting the requirements of the ICP through the regular meetings of the Health and Well Being Boards. This will reduce unnecessary duplication and ensure that the focus of developing integrated care considers local priorities for the population alongside the national priorities set by Government and NHS centre.
6. Our proposal is to work with the Assembly to develop an Integrated Care Strategy that is based on three chapters:
 - **Chapter 1:** Integration of services in **Herefordshire**, that are overseen and implemented by the One Herefordshire Partnership, in conjunction with the Herefordshire Health and Well Being Board strategy and plans.
 - **Chapter 2:** Integration of services in **Worcestershire**, that overseen by the Worcestershire Health and Well Being Board and implemented through the Worcestershire Executive Committee.
 - **Chapter 3:** Integration of services at **system level**, where both “Places” do it once and in the same way, where implementation is managed directly by the Integrated Care Board.
7. The first meeting of the Assembly each year will be to set and revise the strategy, with the second meeting of the Assembly being focused on receiving a report on progress and achievement – with a view to revision in the following year. The Assembly will therefore have a role in holding “chapter owners” to account for the delivery of their aspects of the strategy. Between Assembly meetings, each Health and Well Being Board would oversee the delivery of the chapter relevant to their specific geography and the Integrated Care Board would oversee implementation of the aspects relevant to both geographies.

8. Under current proposals, the first Integrated Care Strategy will need to be written during this calendar year, with implementation applying from 01 April 2023. To meet this timetable, we propose the following timeline:

Month	Meeting	Purpose
Establishment cycle		
Jun 2022	Inaugural meeting of ICP (limited membership)	To agree terms of reference, membership and operating arrangements
Sep* 2022	First meeting proper of the ICPA	To set the direction for the strategy
Dec* 2022	Special meeting of the ICPA	To approve the Strategy for implementation from April '23
Regular annual cycle		
May / Jun Each year	Regular meeting 1	The review progress on the Strategy and identify changes required
Dec/Jan Each year	Regular meeting 2	To agree changes and sign off the Strategy for the following year

**Further meetings could be called as necessary to oversee development of the Strategy either full meetings or through a task and finish group.*

9. Our ability as a system to transition from the current arrangements to the new arrangements will be linked to the development of the Health and Well Being Boards, and their willingness to take on the additional responsibilities that may be outlined in the mandatory guidance.
10. The proposed transition plan is:

Month	Purpose
February/March 2022	<ul style="list-style-type: none"> Meetings of the existing Partnership Board and each Health and Well Being Board to agree the proposed transition approach.
February-June 2022	<ul style="list-style-type: none"> Discussions with both Health and Well Being Boards around the mandatory guidance as it emerges. Development of the handover arrangements and plan to enable the HWBBs to pick up work currently done by the Partnership Board.
June 2022	<ul style="list-style-type: none"> First meeting of the ICP (as per the previous table).

11. Members are asked to endorse this approach and plan for transition:

Please include a glossary of terms, abbreviations and acronyms used in this report.

Name	Acronym	Explanation
Integrated Care System	ICS	The collection of NHS Local Authority, Voluntary Sector and any other stakeholder that has an interest in improving health and well being outcomes across Herefordshire and Worcestershire.
Integrated Care Board	ICB	The new NHS statutory body that replaces Herefordshire and Worcestershire Clinical Commissioning Group from July 2022
Integrated Care Partnership	ICP	A new statutory partnership between the NHS and Local Authorities that provided social care, required by the Health and Care Act 2021
Integrated Care Partnership Assembly	ICPA	The approach proposed in Herefordshire and Worcestershire to for both existing Health and Well Being Boards and the Integrated Care Board to meet the requirements of the ICP under the Health and Social Care Act 2021
Integrated Care Strategy	ICS Strategy	A new strategy that is required by the Health and Social Care Act for the area of Herefordshire and Worcestershire, to take effect from April 2023



Title of report: Health and Wellbeing Board Work Plan 2022/23

Meeting: Health and wellbeing board

Meeting date: Monday 28 March 2022

Report by: Service Director - Communities

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To approve the work plan of the Health and Wellbeing Board (HWBB) for 2022/23 following the outcome of the private Health and Wellbeing workshop held on 7 February.

The national NHS long-term plan and evolving Integrated Care System (ICS) are driving health priorities across the system. Similarly, the council's corporate plan also places strong emphasis on supporting more people to live active, healthy and supported lifestyles in their own communities. It is important that the HWBB responds positively to these changes to ensure it remains relevant to the priorities of the communities of Herefordshire and its functions, as set out in the Health and Social Care Act, 2002.

Recommendation(s)

That:

- a) **The work plan, ambitions and leads set out in appendix A are supported by the board to enable areas of focus for the next 12 months.**

Alternative options

1. The HWBB does not support the recommended work plan as suggested by the workshop on 7 February. This is not recommended as it would not address the new priorities emerging from the health and social care sectors; the pandemic and these priorities will have potentially implications for the communities of Herefordshire. It would also reduce the opportunity for

Further information on the subject of this report is available from
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closer, more integrated, local partnership working on well evidence local health and wellbeing priorities, as set out in the report below.

Key considerations

2. Following the elections in May 2019 the newly appointed chairperson of the HWBB, with the agreement of the current HWBB membership, commissioned a review of the board's function, membership and deliverables. This coincided with the Local Government Association (LGA) publishing 'What a difference a place makes – the growing impact of health and wellbeing boards,' which highlighted 23 good performing HWBBs across the country and the factors that made them successful. It was agreed that a review should be undertaken in Herefordshire to ensure that the HWBB is able to consider and strengthen its current priorities and working practices.
3. The review was facilitated and supported by the Local Government Association (LGA) The review identified a number of areas for the members to consider which included the vision, priorities, cross-cutting themes and membership and whether these reflected the current strategic landscape across health, social care and work of wider partners. This was approved in February 2020.
4. Effective HWBBs work in partnership and at a time of continuous change, HWBBs are anchors of place, providing leadership and stability, and helping to bring coherence to the new ways of working that connect communities, place and system. Building on the duty to promote health and wellbeing, the board aims to work in partnership across the public and community sector to tackle the wider determinants of health.
5. The review process also identified that the alignment to the Herefordshire and Worcestershire Integrated Care System (ICS) was important. However the 'place' in local system planning based on demographics, areas of need and local intelligence are vital in shaping the local approach. It was also identified that place brings a consistent shared purpose to more localised community working and meeting the needs of the Herefordshire population.
6. The need for an effective HWBB couldn't be greater. Herefordshire faces unprecedented demand for health and social care and increased health inequalities following the Covid-19 pandemic. Through collaborative leadership and a clear focus on good evidence, defining shared outcomes and deliverables, the HWBB will play a vital role in coordinating and directing health and social care interventions to the appropriate places when and where they are needed.
7. Although the board met throughout the Covid-19 pandemic the focus was on supporting the communities through lockdowns and managing during unprecedented times. In addition, the health landscape was continuing to evolve and shape towards the ICS infrastructure.
8. It is recognised that the board is the statutory forum bringing together political, community and health leaders and key areas of focus are required to continue on the journey to meet the agreed vision and priorities set by the board.
9. The five priorities are:
 - Supporting our residents to eat well, drink safely and get active
 - Supporting our residents to live life to the full whatever their age
 - Supporting vulnerable residents of all ages to live and age well

- Supporting the mental and emotional wellbeing of all our residents of all ages
 - Developing communities to help keep people connected
10. The vision and priorities were underpinned by strategic approach to prevention and ensuring this sits at the core of the ambitions for integrated services and working with communities. These priorities ensure that prevention encompasses wider wellbeing and the wider determinants of health, helping people to help themselves to keep well and stay well.
 11. At the workshop on 7 February and following a presentation of the Joint Strategic Needs Assessment showing the five potential areas of focus for the board over the next 12 months, it was provisionally agreed that prevention and inequalities should be combined as one focus area with mental health being the second area of focus for the board.
 12. The workshop also discussed ambitions to achieve over the 12 month period and the leads for the work, shown within the document in appendix A. This plan has been formed by the Board following workshops to ensure a clear focus is maintained on an achievable number of priorities.

Community impact

13. The key areas of focus and work plan align to the county plan for Herefordshire Council. In addition these also align to the NHS long term plan and the prevention agenda being a key priority.
14. The HWBB has a statutory function for the Joint Strategic Needs Assessment which has informed the work plan and focus areas which demonstrates the need to focus on prevention, inequalities and mental health and ensuring the wider wellbeing and the wider determinants of health. The approach will also ensure that an 'all ages' agenda is considered to support children, families and adults across Herefordshire in collaboration with system partners.

Environmental Impact

15. The development of this project has sought to minimise any adverse environmental impact and will actively seek opportunities to improve and enhance environmental performance.

Equality duty

16. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

17. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. As this report is for information, we do not believe that it will have an impact on our equality duty.

18. The council and HWBB partners are committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. All equality considerations are taken into account.

19. It is not envisaged that the recommendations in this report will negatively disadvantage the following nine groups with protected characteristics: age, disability, gender, reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

20. The HWBB aims to deliver better outcomes for the residents of Herefordshire and supports the council in proactively delivering its equality duty under the act. This is through improving the health and wellbeing of people in Herefordshire by enabling them to take greater control over their own health and the health of their families, and helping them to remain independent within their own homes and communities. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.

Resource implications

21. There are no direct financial or resource implications for the proposed changes for the HWBB. The HWBB has a statutory function to approve the better care fund plan and quarterly reports, with full cabinet and council approval of budgets. This report does not recommend for this to change. The core members have budget and resource oversight within their own organisations.

Legal implications

- 22. HWBB were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system work together to improve the health and wellbeing of their local population. They are charged with providing greater integration and partnership between bodies from the NHS, public health and local government.
- 23. The HWBB functions are set out in paragraph 3.5.24 of the council constitution. The recommendations in the report ensure that the HWBB comply with these functions together with the statutory function to implement a Joint Strategic Needs Assessment which has informed the workplan.

Risk management

24. The changes and revisions proposed in this report will have minimal risks and by accepting the proposed changes this will reduce the risk of the board not aligning to system and national plans.
25. The key risk for ensuring the board's effectiveness is the appropriate leadership and work plan. This annual plan will help the Board to focus on improvement work throughout the year whilst also allowing the HWBB to establish its place amongst the newly formed ICS arrangements.
26. With the emerging Integrated Care System and place based plans there is a risk of diluting the role of HWBB and its functions within the health, care and wider system. To mitigate this clear priorities, outcomes and work plans need to be established for the board that improves the health and wellbeing of the population.
27. The risks for the board will also be managed by a HWBB risk register which will be reported through the council's appropriate governance structure and reported where via the adults and communities directorate risk register.

Consultees

28. The current members of the HWBB have been involved in shaping the work plan for the board. Their input and evidence has been integral to the formulation of the key areas of focus, ambitions and leads. This has included representation from key partners, NHS Herefordshire and Worcestershire Clinical Commissioning Group, Taurus Healthcare, Wye Valley Trust, Herefordshire and Worcestershire Health and Care Trust as well as Healthwatch, West Mercia Police, Fire and Rescue, appropriate cabinet members and directors of the council.
29. The views of all of the current members have been taken into consideration underpin the proposed changes and the current members provided evidence to support the change. The current HWBB members are driving this change to ensure that the HWBB work plan are fit for purpose in a changing health, social care and communities environment

Appendices

Appendix A – Health and Wellbeing Board Work Plan 202/23

Background papers

None identified

Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published

Governance	Click or tap here to enter text.	Date Click or tap to enter a date.
Finance	Click or tap here to enter text.	Date Click or tap to enter a date.
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Communications	Click or tap here to enter text.	Date Click or tap to enter a date.
Equality Duty	Carol Trachonitis	Date 14/03/2022
Procurement	Click or tap here to enter text.	Date Click or tap to enter a date.
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Please include a glossary of terms, abbreviations and acronyms used in this report.

Herefordshire Health and Wellbeing Board Plan on a Page 2022/2023

Vision: Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.

Priorities

Supporting our residents to eat well, drink safely and get active	Supporting our residents to live life to the full whatever their age	Supporting vulnerable residents to live and age well	Supporting the mental health and wellbeing for our residents	Developing communities to help keep people connected
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Work Plan Focus 2022/23

Prevention and Inequalities

Mental Health

Ambition

Lead

Ambition

Lead

To develop a system wide shared understanding and commitment to prevention and health inequalities.

Inequalities working group

To explore and develop opportunities for children and young people's mental health across the partners, including:

- Housing
- Access to services
- Community offer

Mental health Collaborative

Statutory and Key Business of the Board

Better Care Fund

JSNA

HWBB Delivery Plan

- To build an evaluation framework of the preventative work to demonstrate value and outcomes
- To understand and develop an overview of the preventative/universal services across the county
- Increase the reach of the self help tools available
- To work collaboratively across partners and communities to focus on the most deprived families in the county
- Oversight of delivery plan to reduce impact of fuel poverty
- To understand and develop an overview of the preventative/universal services across the county
- Focus on Digital Inclusion across partners
- Identifying and understanding families on the verge of needing support