

# Agenda

## Health and wellbeing board

Date: **Thursday 27 April 2023**

---

Time: **2.00 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:

**Henry Merricks-Murgatroyd, Democratic Services**

Tel: 01432 260239

Email: [henry.merricks-murgatroyd@herefordshire.gov.uk](mailto:henry.merricks-murgatroyd@herefordshire.gov.uk)

---

If you would like help to understand this document, or would like it in another format or language, please call Henry Merricks-Murgatroyd, Democratic Services on 01432 260239 or e-mail [henry.merricks-murgatroyd@herefordshire.gov.uk](mailto:henry.merricks-murgatroyd@herefordshire.gov.uk) in advance of the meeting.

# Agenda for the Meeting of the Health and wellbeing board

## Membership

<b>Chairperson</b>	Councillor Pauline Crockett	Cabinet Member - Health and Adult Wellbeing
<b>Vice-Chairperson</b>	Jane Ives	Managing Director, Wye Valley NHS Trust
	Ross Cook	Corporate Director Economy and Environment
	Anna Davidson	Assistant Director (Prevention), Hereford & Worcester Fire and Rescue Service
	Darryl Freeman	Corporate Director for Children and Families
	Hayley Allison / Julie Grant	Assistant Director of Strategic Transformation / Head of Delivery and Improvement at NHS Improvement, NHS England
	Hilary Hall	Corporate Director Community Wellbeing
	Dr Mike Hearne	Managing Director, Taurus Healthcare
	Councillor David Hitchiner	Leader of the Council, Herefordshire Council
	Councillor Phillip Howells	Herefordshire Council
	Jane Ives	Managing Director, Wye Valley NHS Trust
	Matt Pearce	Director of Public Health, Herefordshire Council
	Ivan Powell	Chair of the Herefordshire Safeguarding Adults Board
	Christine Price	Chief Officer, Healthwatch Herefordshire
	Councillor Elissa Swinglehurst	Cabinet Member - Children and Families, Herefordshire Council
	Councillor Diana Toynbee	Chief Executive/STP ICS Lead, NHS Herefordshire and Worcestershire CCG
	Simon Trickett	Herefordshire Community Safety Partnership / Cabinet member - Housing, Regulatory Services, and Community Safety
	Councillor Ange Tyler	Safety
	Superintendent Edd Williams	Superintendent for Herefordshire, West Mercia Police
	Mark Yates	Chair of Herefordshire and Worcestershire Health and Care NHS Trust

## Agenda

		Pages
<b>THE PUBLIC'S RIGHTS TO INFORMATION AND ATTENDANCE AT MEETING</b>		
<b>1.</b>	<b>APOLOGIES FOR ABSENCE</b> To receive apologies for absence.	
<b>2.</b>	<b>NAMED SUBSTITUTES (IF ANY)</b> To receive details of any member nominated to attend the meeting in place of a member of the board.	
<b>3.</b>	<b>DECLARATIONS OF INTEREST</b> 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.	
<b>4.</b>	<b>MINUTES</b> To approve and sign the minutes of the meeting held on 13 March 2023.	9 - 20
<b>5.</b>	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b> To receive any written questions from members of the public. For details of how to ask a question at a public meeting, please see: <a href="http://www.herefordshire.gov.uk/getinvolved">www.herefordshire.gov.uk/getinvolved</a> The deadline for the receipt of a question from a member of the public is 24 <sup>th</sup> April at 9.30 am. To submit a question, please email <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a>	
<b>6.</b>	<b>QUESTIONS FROM COUNCILLORS</b> To receive any written questions from councillors. The deadline for the receipt of a question from a councillor is 24 <sup>th</sup> April at 9.30 am, unless the question relates to an urgent matter. To submit a question, please email <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a>	
<b>7.</b>	<b>DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT</b> To share the Director of Public Health Annual Report 2022 with the Health and Wellbeing Board. The focus of the 2022 report is health and sustainable food titled "A recipe for healthy and sustainable food".	21 - 72
<b>8.</b>	<b>THE HEALTH AND WELLBEING STRATEGY</b>	To Follow
<b>9.</b>	<b>SEXUAL VIOLENCE STRATEGY</b> To note the sexual violence strategy and to contribute to its delivery.	73 - 132
<b>10.</b>	<b>HEREFORDSHIRE AND WORCESTERSHIRE INTEGRATED CARE SYSTEM - UPDATE ON THE INTEGRATED CARE STRATEGY AND NHS JOINT FORWARD PLAN</b> To update members of the board on the ICP's progress towards establishing	133 - 140

the ICS Strategy and provide assurance that there is strong alignment with the JLHWS that is being considered at the same meeting, and to inform members on the development to date of the JFP and to outline how the HWB will be asked to engage in development of the JPF before its publication in June.

**11. HWB WORK PROGRAMME 2023-24**

141 - 142

An opportunity for the board to review and populate the work programme for 2023-2024.

**12. DATE OF NEXT MEETING**

The next scheduled meeting is 26 June 2023, 14:00-17:00

## The public's rights to information and attendance at meetings

### You have a right to:

- Attend all council, cabinet, committee and sub-committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the council and all committees and sub-committees and written statements of decisions taken by the cabinet or individual cabinet members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting (a list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public register stating the names, addresses and wards of all councillors with details of the membership of cabinet and of all committees and sub-committees. Information about councillors is available at [www.herefordshire.gov.uk/councillors](http://www.herefordshire.gov.uk/councillors)
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the council, cabinet, committees and sub-committees. Agenda and reports (relating to items to be considered in public) are available at [www.herefordshire.gov.uk/meetings](http://www.herefordshire.gov.uk/meetings)
- Have access to a list specifying those powers on which the council have delegated decision making to their officers identifying the officers concerned by title. The council's constitution is available at [www.herefordshire.gov.uk/constitution](http://www.herefordshire.gov.uk/constitution)
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage).
- Access to this summary of your rights as members of the public to attend meetings of the council, cabinet, committees and sub-committees and to inspect and copy documents.

### Public transport links

The Shire Hall is a few minutes walking distance from both bus stations located in the town centre of Hereford.

## **Attending a meeting**

Please note that the Shire Hall in Hereford, where the meeting is usually held, is where Hereford Crown Court is located also. For security reasons, all people entering the Shire Hall when the court is in operation will be subject to a search by court staff. Please allow time for this in planning your attendance at a meeting.

## **Recording of this meeting**

Anyone is welcome to record public meetings of the council using whatever, nondisruptive, methods they think are suitable. Please note that the chairperson has the discretion to halt any recording for a number of reasons including disruption caused by the recording, or the nature of the business being conducted. Recording should end when the meeting ends, if the meeting is adjourned, or if the public and press are excluded in accordance with lawful requirements.

Anyone filming a meeting is asked to focus only on those participating actively.

If, as a member of the public, you do not wish to be filmed or photographed please let the democratic services officer know before the meeting starts so that anyone who intends filming or photographing the meeting can be made aware.

The reporting of meetings is subject to the law and it is the responsibility of those doing the reporting to ensure that they comply.

The council is making an audio recording of this public meeting. These recordings are made available for members of the public via the council's website unless technical issues prevent this. To listen live or to hear the entire recording once the meeting has finished navigate to the page for the meeting and click the larger blue arrow at the top of the agenda. To listen to an individual agenda item click the small blue arrow against that agenda item.

## **Fire and emergency evacuation procedure**

In the event of a fire or emergency the alarm bell will ring continuously.

You should vacate the building in an orderly manner through the nearest available fire exit and make your way to the fire assembly point in the Shire Hall car park.

Please do not allow any items of clothing, etc. to obstruct any of the exits.

Do not delay your vacation of the building by stopping or returning to collect coats or other personal belongings.

The chairperson or an attendee at the meeting must take the signing in sheet so it can be checked when everyone is at the fire assembly point.

**The Seven Principles of Public Life  
(Nolan Principles)**

**1. Selflessness**

Holders of public office should act solely in terms of the public interest.

**2. Integrity**

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

**3. Objectivity**

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

**4. Accountability**

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

**5. Openness**

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

**6. Honesty**

Holders of public office should be truthful.

**7. Leadership**

Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.





**Minutes of the meeting of Health and wellbeing board held in Plough Lane, Mordiford/Fownhope Rooms on Monday 13 March 2023 at 9.30 am**

**Board members present in person, voting:**

Councillor Pauline Crockett (Chairperson)	Cabinet Member - Health and Adult Wellbeing
Hilary Hall	Corporate Director Community Wellbeing
Jane Ives (Vice-Chairperson)	Managing Director, Wye Valley NHS Trust
Matt Pearce	Director of Public Health, Herefordshire Council
Ivan Powell	Chair of the Herefordshire Safeguarding Adults Board
Christine Price	Chief Officer, Healthwatch Herefordshire
Councillor Diana Toynbee	Cabinet Member - Children and Families, Herefordshire Council

**Board members in attendance remotely, non-voting:**

Councillor David Hitchiner	Leader of the Council, Herefordshire Council
----------------------------	--

*Note: Board members in attendance remotely may not vote on any decisions taken.*

Others present in person:

Anne Bonney	Learning and Development Officer	
Simon Cann	Democratic Services Officer	Herefordshire Council
John Coleman	Democratic Services Manager	
Mary Knowler	Public Health Programme Manager	
David Mehaffey	Executive Director of Strategy and Integration	NHS Herefordshire and Worcestershire Integrated Care Board
Henry Merricks-Murgatroyd	Democratic Services Officer	
Gillian Pearson	PCN Development Manager	Taurus Healthcare
Alfred Rees-Glinos	Democratic Services Support Officer	Herefordshire Council

Others in attendance remotely:

Ewen Archibald	Interim Assistant Director, All Ages Commissioning	Herefordshire Council
Robert Davies		
Mr A Dawson		Wye Valley NHS Trust
Superintendent Helen Wain		West Mercia Police

**66. APOLOGIES FOR ABSENCE**

Apologies were received from: Cllr Ange Tyler, Mandy Appleby, and Simon Trickett.

**67. NAMED SUBSTITUTES (IF ANY)**

Gillian Pearson acted as a substitute for Mike Hearne (Taurus Healthcare).

**68. DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **69. MINUTES**

The board requested that the minutes of the meeting held on 26th September 2022 be updated to reflect that board members were present for voting, with the exception of Superintendent Edd Williams who attended remotely.

David Mehaffey (Executive Director of Strategy and Integration) also noted that job titles, in the list of participants, needed to be updated to reflect some changes from the CCG to the ICB.

Following these amendments, the board approved the minutes of the meeting of the 26th September 2022.

## **70. QUESTIONS FROM MEMBERS OF THE PUBLIC**

No questions received.

## **71. QUESTIONS FROM COUNCILLORS**

No questions received.

## **72. THE HEALTH AND WELLBEING STRATEGY**

Matt Pearce (Director of Public Health) provided an overview of the draft Health and Wellbeing Strategy in order to invite comments from the board on the draft strategy. The principal points included:

1. The strategy focuses on a prevention-first approach; community empowerment; reducing inequalities; workforce and integrated ways of working; and outcomes of the strategy.
2. In addition to primary priorities (good mental health and wellbeing), there are a number of secondary/supporting priorities which emphasise the important role that is played in people's overall health and wellbeing.
3. There are four identified goals that also reflect the wider factors that determine people's health and wellbeing. These include:
  - a. Thriving communities
  - b. Healthy and Sustainable Places
  - c. Opportunities for all
  - d. Healthy People
4. The strategy also talks about what does a priority mean and there still needs to be further discussions as to how these are reported including the potential of the HWBB holding dedicated sessions to explore the priorities in more detail, in addition to reports being brought back to the board to report on whether these priorities are being delivered.
5. The two main priorities of the strategy are:
  - a. Best start in life for children
  - b. Good mental wellbeing throughout life
6. The two priorities reflect the ten-year period of the strategy and thus underline high-level outcomes.
7. The next step, once the strategy has been ratified, is to delegate to partnerships beneath the board to align existing work within the integrated care system and primary care networks. Ultimately, the intention of the strategy, in its current form, is to therefore emphasise the key-level outcomes going forward.

8. Against those two primary priorities and the six supporting priorities, there is consideration about how delivery of these priorities sit across the system (p20 of strategy).
9. There are high-level outcomes included within the strategy alongside the strategic outcomes, primary outcomes, and secondary outcomes. There needs to be some refinement in the coming weeks to fully understand what the impact will be.
10. In terms of governance, there has been discussion with partnerships regarding who owns the strategy and there have been early conversations with One Herefordshire Partnership potentially having oversight and holds the delivery groups to account.
11. The next steps of the strategy are ongoing consultations with partners and sign-off of the strategy on 27<sup>th</sup> April. There are scheduled feedback sessions with the public on the 28<sup>th</sup> and 30<sup>th</sup> April, in addition to continuous engagement with the public going forward.

Councillor Pauline Crockett (Chair of the board) thanked the Director of Public Health and Mary Knowler for the engagement consultation. The Chair then proceeded to ask members for comments and questions on the strategy.

Councillor David Hitchiner asked the director for clarification regarding 'prevention and early intervention' on page 10 of the draft strategy. The Director of Public Health explained that primary, secondary, and tertiary prevention are primarily associated with health and focused on preventing disease. The intention was to frame the three tiers of prevention across the wider sense of health including housing, the environment, lifestyle etc. and therefore encapsulate a broad definition of prevention. Mary Knowler (Public Health Programme Manager) agreed with this explanation and restated the aim to emphasise that health and wellbeing goes beyond just thinking about what public sector services provide.

Christine Price (Chief Officer, Healthwatch Herefordshire) enquired about where the mental health priority will be driven at the next stage of the strategy.

The Director of Public Health noted that there were three identified partnerships on delivering the mental health agenda between the ICS mental health collaborative and local mental health groups including the Adult Mental Health Partnership, and Children and Young People Emotional Wellbeing Partnership. The director said that there needs to be a conversation about how to deliver that priority between these existing partnerships.

Christine Price also commented that more needs adding to the strategy from other partners as currently it reflects only the work of the local authority. The Director of Public Health acknowledged this point.

Hilary Hall (Corporate Director Community Wellbeing) noted her support for the strategy but raised concerns pertaining to some of the language on page 15 of the strategy including the use of 'secondary priorities', and how this could downplay the importance of these priorities in delivering the 'primary priorities'. There was the suggestion that some of the language regarding the strategy's 'goals', 'priorities', and 'principles' could be simplified in order to make it clear what is meant by each term.

David Mehaffey agreed with the sentiment expressed regarding the language of 'secondary priorities' and suggested the use of 'supporting' or 'enabling' instead of 'secondary' in order to underline that such priorities are not separate from others. Additionally, David Mehaffey expressed his support to the overall approach underpinning the strategy and how this links to the Integrated Care Strategy.

Councillor Diana Toynbee asked about how much can be done locally to reduce waiting lists and how much is out of the local authority's control.

David Mehaffey noted that reducing waiting lists is a high priority and that all is being done to achieve this.

Jane Ives (Managing Director Wye Valley NHS Trust) noted that lack of bed capacity and theatres were key reasons behind high waiting lists for patients. The managing director noted that a business case was recently agreed to build a new elective surgical hub on the Hereford hospital site which would increase bed and theatre capacity, subject to national approval, and expected to open by May 2024.

The Director of Public Health added that the focus of the strategy is on 'upstream' issues that help to prevent problems from arising in the first place and thus to reduce demand on the NHS.

The Chair underlined the importance of the health and wellbeing side of the strategy including the significance of factors such as housing, environment, and employment on people's lives that is weaved throughout the strategy.

In addition to the report recommendations, the board agreed that the language of 'secondary priorities' should be changed to 'supporting priorities' and that the language regarding the 'goals', 'priorities', and 'principles' are clearly defined to help deliver the core priorities of the strategy which are aligned with the emphasis of the strategy on wider health and wellbeing issues such as housing and the environment.

The recommendations were proposed, seconded, and approved unanimously.

**Resolved:**

- a) **That the Board consider the report and note its progress.**
- b) **That the Board consider its response to the draft and suggest changes for consideration as appropriate.**
- c) **The language of 'secondary priorities' is changed to 'supporting priorities' and the terms 'goals', 'priorities', and 'principles' are clearly defined in the strategy.**
- d) **That the health and wellbeing aspect of the strategy is continuously emphasised to support these priorities.**

**73. THEMATIC REVIEW: PREMATURE DEATHS**

Ivan Powell (Chair of the Herefordshire Safeguarding Adult Board (SAB)) provided an overview of the premature deaths – thematic review. The review considered the deaths of six individuals in Herefordshire between January 2019 and August 2022, and was jointly commissioned between Herefordshire Safeguarding Adult Board and Herefordshire Council. The principal points included:

1. The review focused on six individuals – five men and one woman – who died between the ages of 24 and 54.
2. In the review, there has been some overlap in which individuals have experienced multiple complex vulnerabilities including:
  - a. Criminal justice - six individuals had contact with the criminal justice system, either as perpetrators or victims of crime.
  - b. Poor mental health - six individuals had poor mental health.
  - c. Substance use – all six individuals used substances
  - d. Homelessness – all six individuals had experienced homelessness at some point in their lives, although they were not homeless at the time of their death

3. The over-arching recommendation from the report is clarifying where the overall governance of all the supporting/enabling parts of the system sit between the Health and Wellbeing board and the Safeguarding Adult Board.

Christine Price asked about recommendation 11.1.3 from the report with regard to the leadership from the different boards involved in the review and enquired about how this is best achieved.

The Chair of the Herefordshire SAB clarified that the Health and Wellbeing board as co-commissioner of the review, in effect, owns the recommendations and action plan resulting in a governance responsibility to make the review land effectively. Additionally, the Safeguarding Adult Board does not have the same level of influence and therefore there is a need to discuss where over-arching governance sits in response to delivering the review.

The Director of Public Health acknowledged the need to discuss governance and how to knit together the work, in dealing with people with more complex needs, between the existing partnerships.

Councillor Diana Toynbee asked who was responsible for investigating non attendance/disengagement at arranged appointments.

The Chair of the Herefordshire SAB noted that the role of the safeguarding board is to seek assurance from the agencies about how they deal with non-attendance.

The Managing Director of Wye Valley NHS Trust recognised the complex area of non-attendance and how this is confronted.

Ewen Archibald (Assistant Director, All Ages Commissioning) noted that on the issue of non-attendance, the thematic review, in addition to Project Brave, emphasises a new, assertive way of approaching the challenge of non-attendance of vulnerable individuals from a range of services and represents a critical risk factor in preventing deaths and its critical in the wider work of supporting people in their journey through homelessness and complex vulnerability.

The Chair of the Herefordshire SAB added that as part of learning from the review, a workshop was held which included managers and practitioners whereby there was frustration in which support was given to an individual through treatment and detoxification and knew that on discharge, there would be a risk they would become homeless. When considering who to put the individual in contact with, after discharge, there was no support available to them and quickly returned to alcohol use, undoing the good work from before.

Councillor David Hitchiner asked if there was a record of how many other deaths had occurred.

The Chair of the Herefordshire SAB noted that the SAB were continuing to talk to the coroner about their view on some of these cases. If any of the cases met the criteria for a further safeguarding adult review, then they would come to the SAB. There have been five further referrals for a safeguarding adult review where people had died, however, they did not meet the criteria for a review because the individuals did not have care and support needs. Nevertheless, the SAB have learnt from the world of children and undertakes an adult's rapid review which identifies some learning from these cases despite not going to formal review.

Ewen Archibald pointed out that the cut-off date for cases to be included in the review was August 2020. Since then there continued to be a significant number of deaths, particularly in the latter part of 2020 and much of 2021. Some of the deaths which have

been recorded and identified for learning would be classed as relating to people with multiple complex vulnerabilities. Some, however, would be identified as drug-related deaths without necessarily complex background involved. It was noted that the methodology, as part of the ICB system, would be looked at for monitoring and responding to drug-related deaths more generally.

The Managing Director of Wye Valley NHS Trust asked about how the right level of accountability across agencies, to follow up non-attendance, for example, is resolved.

The Chair of Herefordshire SAB noted that the SAB has recently had a development session with a view to identifying the strategic priorities 2023-26. This would involve that support would be given for governance to be at the SAB.

In addition to the report recommendation, the board agreed therefore that governance should ultimately sit with the SAB and for the board to explicitly identify the needs in order to facilitate that.

The recommendations were proposed, seconded, and approved unanimously.

**Resolved:**

- a) **That the Board considers and comments on the Thematic Review.**
- b) **That governance should ultimately sit with the SAB and for the board to explicitly identify the needs in order to facilitate that.**

#### **74. PROJECT BRAVE STRATEGIC APPROACH**

Ewen Archibald provided an overview of the strategic approach to Project Brave. Project Brave emerged during the Covid pandemic emergency in March 2020 through cooperation between the local authority and key partners to protect vulnerable people including those who are homeless and have wider multiple complex vulnerabilities, seeking to improve outcomes for people at risk in communities. The principal points included:

1. The strategic approach proposal has gone to Cabinet and was approved in February 2023 along with the council's Homelessness prevention and rough sleeping strategy which is the wider strategic context of this work.
2. The core principles of Project Brave are aligned with the objectives of MEAM (Making Every Adult Matter), a national programme led by Homeless Link and sponsored by the Department for Levelling Up, Housing and Communities (DLUHC), which significantly focuses on homelessness and encompasses multiple complex vulnerabilities.
3. The key element of Project Brave is 'Homes for Homeless People' which focuses on long-term and transitional homes and accommodation that vulnerable people can live in.
4. There has also been an increasing focus on what can be done long term to prevent vulnerability including the use of Talk Community and wider partnerships to emphasise upstream prevention. Across the whole Project Brave cohort, the prevention of substance use is a key long term consideration and work is being done, across partners, to identify the most effective interventions and approaches to prevention.
5. Through Project Brave there has been engagement with a wide range of stakeholders and partners, in addition to people with lived experience.
6. Overall, since the inception of Project Brave, a number of achievements have been reached, including the council having accommodated 252 households at risk of homelessness or rough sleeping – and successfully moved 157 households into transitional or long-term accommodation.

The Chair thanked Ewen Archibald for the report and stressed the importance of noting the many personal experiences at Herefordshire Council who are of most need.

The Managing Director of Wye Valley NHS Trust also thanked Ewen Archibald for the report and asked firstly, whether the name 'Project Brave' should be changed in order to emphasise the long-term nature of the initiative, and secondly, where the long-term funding exists with regard to the initiative.

Ewen Archibald acknowledged the term 'project' does imply the initiative is temporary and that there should be some reflection on all aspects of its identity and how it is understood by stakeholders and individuals who are part of it. With regard to the funding of Project Brave, the core funding that supports the current work that focuses on homelessness, is secure until April 2025. There are now opportunities to apply for funding, some of which overlaps with the period and some that goes beyond April 2025. DLUHC, however, is focusing on other areas it regards as priority areas of need, and that there should be consideration about dependency can be reduced on some of the existing streams of funding while making best use of further funding opportunities.

The Chair of Herefordshire SAB noted the difficulty that Herefordshire has regarding the sourcing of finance and that strategically, the system needs to reflect on how to address this.

The Chair asked the board whether it wanted to take forward the suggested recommendation of changing the name 'Project Brave'.

Ewen Archibald argued that in the most recent engagement, as part of the Cabinet process, saw less enthusiasm for changing the name 'Project Brave' and was happy to leave the suggested recommendation off the approved recommendations. The board agreed and did not proceed with the suggested recommendation.

The report recommendations were proposed, seconded, and approved unanimously.

**Resolved:**

- a) **That the Board considers and comments on the Project Brave Strategy.**

**75. HEREFORDSHIRE INEQUALITIES STRATEGY 2023-2026**

Alan Dawson provided an overview of the Herefordshire Inequalities Strategy 2023-2026. The strategy was developed by a sub-group of the One Herefordshire Partnership and has engaged with a number of partners including, in particular, the clinician and practitioner forum and the One Herefordshire Partnership, itself. The principal points included:

1. The strategy attempts to link the national approach to reducing health inequalities to the local proposed approach.
2. The national approach, 'Core20PLUS5', contains three main elements:
  - a. 'Core20' deals with the 20% most deprived wards in each area in England. Herefordshire has 9 in that category.
  - b. 'PLUS' are the areas that are specific to the local population and there are three groups that are focused upon in the strategy. First are those who are not registered with a general practice. Second, those who fall within the most rurally dispersed of the population, which is another area that particularly affects Herefordshire. Finally, the strategy focuses on the Gypsy Roma and traveller community.
  - c. '5' relates to the five nationally mandated clinical areas that are focused upon regarding health inequalities:
    - i. Maternity

- ii. Mental health
  - iii. Respiratory
  - iv. Cancer
  - v. Hypertension
3. The strategy aims to create a framework that can address health inequalities in the county.
  4. There are three over-arching objectives that the strategy seeks to confront:
    - a. 1. Digital and health literacy:
      - i. There is a lack of digital and health literacy in which accessibility to services has become increasingly digitalised.
      - ii. A key aim of the strategy is to help staff to improve their digital and health literacy so that they can assist patients and the public and in turn, reduce inequalities.
    - b. 2. Empowering workforces:
      - i. This objective seeks to ensure that staff understand what is meant by health inequalities, how they approach them, and ultimately reduce health inequalities amongst the workforce.
    - c. 3. Reaching our communities:
      - i. There is already a lot of work being done in the county, a lot of which is reflected in the plan at the end of the strategy.
      - ii. The work of the Community Partnership, led by Herefordshire Healthwatch, who have looked at the factors driving health inequalities and consider what can be done by partners in the statutory and voluntary sectors, respectively, together around that.
      - iii. The work of primary care networks of general practice, community staff, and social care workers is also important to understand the needs of their population, in addition to dealing with those needs in defined areas and in defined ways.
  5. The plan at the end of the strategy is not exhaustive but covers the main strategic elements of the approach and highlights the approach being taken to meet the three over-arching objectives, stated above.

David Mehaffey asked if there could be direct reference to the Integrated Care Strategy in the context of the health and wellbeing strategy.

The Chair asked how and when an evaluation of the three over-arching objectives would be delivered to the board in the future.

Alan Dawson confirmed that he would bring back a report to the board and suggested an update of every six months.

The Managing Director of Wye Valley NHS Trust suggested an annual update to reflect the long-term nature of the work.

Christine Price suggested that a more coordinated approach between the agencies involved in the strategy should be followed in order to improve engagement and subsequently implement the strategy's priorities.

Alan Dawson agreed with the suggested recommendation and noted that the strategy is at a new phase.

The Director of Public Health noted that the work of the Inequalities Strategy can cover many different areas including housing and the economy, for example, and that consideration is needed to ensure that resourcing is available to implement the actions recommended in the report.

In addition to the report's recommendation, the board agreed that an annual report would be brought back and that a more coordinated approach between the agencies involved



in the strategy should be followed in order to improve engagement and subsequently implement the strategy's priorities.

The recommendations were proposed, seconded, and approved unanimously.

**Resolved:**

- a) **That the Board considers and comments on the Inequalities Strategy.**
- b) **That a more coordinated approach between the agencies involved in the strategy should be followed in order to improve engagement and subsequently implement the strategy's priorities.**

**Action(s):**

1. **That a report be brought back to the Health and Wellbeing Board annually to evaluate how and when the strategy's three-overarching objectives would be delivered.**

**76. CHILD DEATH OVERVIEW PANEL ANNUAL REPORT 2021-22**

Elizabeth Altay provided an overview of the Child Death Overview Panel Annual Report 2021-22. The report was written by Herefordshire and Worcestershire Child Death Overview Panel (CDOP) and notes any thematic learning and actions that can be utilised to prevent future child deaths. The principal points included:

1. In the year 2021-22, there was a total of 43 child death notifications and 28 were reviewed by the panel.
2. Of those 28 cases, 67% were 'expected' deaths whereas 33% were 'unexpected' and triggered a joint agency response.
3. The purpose of the panel is to look at any modifiable factors and CDOP identified modifiable factors in 57% of the cases reviewed.
4. The most commonly modifiable factors identified were smoking and neonatal care.
5. There are four themes that presented more frequently than others during child death reviews. These are:
  - a. 1. Prematurity
    - i. 10 of the 28 deaths reviewed were children who were born prematurely.
  - b. 2. Smoking
    - i. 7 of the 28 deaths reviewed identified smoking as a modifiable factor.
  - c. 3. Neonatal care
    - i. 5 of the 28 deaths reviewed identified neonatal care as a modifiable factor.
  - d. 4. Complexity
    - i. 8 of the 28 deaths reviewed identified families with complex social factors as a modifiable factor.
6. Page 14 of the report focuses on the recommendations from the previous annual report and highlights the progress against those recommendations.

The Managing Director of Wye Valley NHS Trust asked whether lack of access to higher levels of neonatal care (level 2 and 3) was an issue regarding child deaths, which is not provided in Herefordshire, or whether it was a deficit of level 1 neonatal care, which is provided in the county.

Elizabeth Altay noted that the quality of neonatal care, whether provided in Herefordshire or Worcestershire, is not drawn out in terms of geography in the report and instead is more general. Each individual case would have looked at access to care and any recommendations about access to care would have come out of the individual child

death review which would then have been taken forward to the Local Maternity and Neonatal System (LMNS).

The Director of Public Health asked whether data could be combined from previous years to see if there are any trends/commonalities in terms of any themes that may be present.

Elizabeth Altay accepted that this was a useful recommendation and the CDOP would look to take this forward.

The board therefore agreed to the suggested recommendation to combine data from previous years going forward in order to identify new trends and emerging issues.

The recommendations were proposed, seconded, and approved unanimously.

**Resolved:**

- a) **That the Board consider and note the report.**
- b) **That data is combined from previous years going forward in order to identify new trends and emerging issues.**

**77. COMMUNITY PARADIGM**

Hilary Hall provided an overview of the Community Paradigm. The Community Paradigm emerged from a report from New Local, an independent think tank, and takes initial thinking around community development, involvement, and empowerment onto the next level. The principal points included:

1. Community Paradigm considers how work with communities is done on an equal shared basis of power and how different models of funding are explored to support people with different multiple complex vulnerabilities.
2. Community Paradigm focuses particularly at prevention and the outcomes that are intended.
3. That there are challenges regarding evaluation due to not having a rigid set of performance indicators and these need to be overcome.
4. That there needs to be more of a balance in terms of governance in ensuring that there is a balance between 'top-down' and 'bottom-up' mind-sets which can better reflect solutions found in communities as well as institutions.

Christine Price noted that from the community's perspective, there is a desire to work in partnership with statutory functions, but that there is not the right approaching mechanism to do that well. The fundamental idea of the Community Paradigm is that there is a shift in how funding is delivered, in addition to the need to collectively come together to arrive at shared solutions.

David Mehaffey expressed his support from an ICB perspective to work and develop the Community Paradigm.

**Resolved:**

- a) **That the Board considers and comments on the Community Paradigm Presentation.**
- b) **That an update on the Community Paradigm is brought back to the board in the first meeting of the municipal year.**

**78. HEALTH PROTECTION**

Rob Davies provided an overview of the Re-establishing the Health Protection Assurance Forum report. The principal points included:

1. The forum has a role to assure that a wide range of health protection functions across Herefordshire are working as they should.
2. These functions extend beyond flu and Covid-19 to also include screening and immunisations; environmental health; control of chemical, biological and radiological hazards; risk management and project planning; hospital infectious diseases and hospital acquired infections; and activity in care homes.
3. The breadth of functions thus reflect the range of organisations involved including public health and environmental health in the local authority; UKHSA; NHS partners and others.
4. The forum seeks to understand the risks associated with the range and complexity of the functions across the system and looks to ensure that what is currently in place is robust.
5. The formal meetings of the forum were paused in 2020 during the Covid-19 pandemic. As a result, less was done around the broader health protection work including preventative activity like screening and child immunisation.
6. Since the summer of 2022, there has been work to re-establish the forum and the underline the broader focus on health protection functions. This has required:
  - a. Re-establishing relevant terms of reference.
  - b. Updating members of key organisations.
  - c. Re-establishing data flows and information.
  - d. Reviewing performance against range of measures and comparing Herefordshire to other local authorities.

Rob Davies proposed that an annual report come to the Health and Wellbeing Board to provide a more systematic and rigorous assessment of where the forum is at. This report will help emphasise what key priorities need more attention in addressing.

The Director of Public Health agreed that an annual report would be useful to address system issues to help identify which priorities need particular focus and attention in order to improve performance, particularly as these issues correspond with health inequalities and functions such as the Community Paradigm.

Councillor Diana Toynbee asked why the forum is needed in addition to the other work being done by the HWBB and other agencies including the UKHSA.

The Director of Public Health noted the statutory function that he has as director of public health to ensure that plans are in place to effectively deliver screenings and immunisation. The UKHSA operate at the regional and national levels and are part of the overall forum, however, at the local level there needs to be assurance and coordination that the forum would help to provide. For instance, there have been conversations regarding screenings and immunisation which will be delegated through to the Integrated Care Board from 2024. These conversations with the ICB aim to clarify how screenings and immunisation will be delivered at the local level.

The Chair noted table 2 on page 13 of the report which shows that performance is better in Herefordshire than the national average.

The Managing Director of Wye Valley NHS Trust asked if the health protection function – ‘emergency preparedness, resilience and response’ (EPRR) – was specifically in relation to infection prevention.

Rob Davies said that the list of functions comes from a best practice guide on what functions should be included. It is being interpreted that EPRR does relate to infection prevention, particularly because from a local authority perspective, they have emergency resilience in the team and know their plans.

The recommendations were proposed, seconded, and approved unanimously.

**Resolved:**

- a) That the Board considers and comments on the report.
- b) That an annual report come to the board on the Health Protection forum's progress.

**79. WORK PROGRAMME 2023-2024**

The Chair noted the upcoming meetings as listed under the work programme 2023-24.

The Director of Public Health suggested the use of a workshop in May 2023 for the development of the Health and Wellbeing delivery plans, and welcomed the board for further thoughts.

David Mehaffey noted the Joint Forward Plan (JFP) which the HWBB has a defined role in giving its opinion on the extent to which the JFP addresses the HWBB's priorities. It was suggested that the use of a development session to discuss this before sign off.

**80. AOB**

No other business noted.

**81. DATE OF NEXT MEETING**

Date of next meeting: Thursday 27<sup>th</sup> April 2023.

The meeting ended at 12.07 pm

**Chairperson**



## **Title of report: Director of Public Health Annual Report**

**Meeting: Health and Wellbeing Board**

**Meeting date: 27 April 2023**

**Report by: Director of Public Health**

### **Classification**

Open

### **Decision type**

This is not an executive decision

### **Wards affected**

(All Wards);

### **Purpose:**

1. To share the Director of Public Health Annual Report 2022 with the Health and Wellbeing Board. The focus of the 2022 report is health and sustainable food titled "A recipe for healthy and sustainable food"

### **Recommendation(s)**

2. To note the content of the report, and for board members to share with respective organisations and networks to consider the recommendations contained within

### **Alternative options**

3. No alternatives were considered as the Director of Public Health Annual Report is a statutory document and forms an aspect of the strategic planning process for protecting and improving the health and wellbeing

### **Key considerations**

4. Since 1988, Directors of Public Health (DPH) have been required to publish an annual report on the health of their population, this can be an overview assessment or based on a specific theme.
5. The annual report serves as a vehicle by which the DPH can highlight issues and areas of focus for universal or targeted attention to help protect or improve the health of their population.

6. The annual report remains a key method by which the DPH is accountable to the population they serve.
7. The Faculty of Public Health guidelines on DPH Annual Reports list the report aims as the following:
  - a) Contribute to improving the health and well-being of local populations
  - b) Reduce health inequalities.
  - c) Promote action for better health through measuring progress towards health targets.
  - d) Assist with the planning and monitoring of local programmes and services that impact on health over time.
8. The Public Health Annual Report is the DPH's independent, expert assessment of the health of the local population. Whilst the views and contributions of local partners have been taken into account, the assessment and recommendations made in the report are those held by the DPH and do not necessarily reflect the position of the employing and partner organisations.
9. Each year a theme is chosen for the annual report. Therefore, it does not encompass every issue of relevance, but rather focuses on a particular issue or set of linked issues. These may cover one of the three work streams of public health practice (health improvement, health protection or healthcare public health), an overarching theme, such as health inequalities, or a particular topic such as mental health or cancer.

### **Community Impact**

10. In accordance with the adopted code of corporate governance, Herefordshire Council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review. Topics selected for scrutiny should have regard to what matters to residents.

### **Environmental Impact**

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

### **Equality duty**

12. 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) Facilitate good relations between persons who share a relevant protected characteristic and persons who do not share it.

13. 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.
14. Implementation of any of the recommendations contained within the report should have due regard to the Equality Act 2010. The report highlights a number of areas where accessible and healthy food is not available to everyone and highlights how some of these challenges can be addressed.

### **Resource implications**

15. There are no resource implications associated with this report. The resource implications of any recommendations supported by the HWB will need to be considered by the responsible party in response to those recommendations or subsequent decisions

### **Legal implications**

16. 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.
17. 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.
18. The functions of the Health and Wellbeing Board are set out in paragraph 3.5.24 of the constitution.

### **Risk management**

19. There are no risk implications identified emerging from the recommendations in this report

### **Consultees**

20. Community and stakeholder engagement is not a requirement of the Director of Public Health Annual Report, although the following people have either been involved in the production of the document or consulted:

### **Appendices**

Appendix 1 – Director of Public Health Annual Report 2022

Appendix 2 – Director of Public Health Annual Report - 'A Recipe for Healthy and Sustainable Food'





# Director of Public Health Annual Report 2022



*A* RECIPE FOR  
HEALTHY AND  
SUSTAINABLE FOOD





# CONTENTS

FOREWORD	4
INGREDIENTS FOR HEALTHY AND SUSTAINABLE FOOD	5
1.0 WHY IS HEALTHY AND SUSTAINABLE FOOD IMPORTANT?	6
1.1 The complexity of the food system	6
2.0 FOOD AND HEALTH	8
2.1 Excess weight	8
2.2 Oral Health	10
3.0 FOOD AND THE ENVIRONMENTAL IMPACT	11
3.1 Food production	11
3.2 Phosphorus in freshwaters	13
3.3 Household food waste	14
4.0 FOOD INSECURITY	16
4.1 Cost of living	16
5.0 FOOD QUALITY AND CHOICES	20
5.1 Having a good start in life	20
5.2 Children and young people	21
5.3 Adults and older people	23
6.0 POLICY AND THE FOOD ENVIRONMENT	25
6.1 Policy	26
6.2 Public procurement	27
7.0 FOOD ECONOMY	28
8.0 PLAY YOUR PART	30
9.0 RECOMMENDATIONS	31
REFERENCES	32

# FOREWORD

Welcome to my first Director of Public Health Annual Report which I am required under the Health and Social Care Act 2012 to produce on the health of the local population. This provides me with an opportunity to raise key local issues and showcase some of the great work being undertaken across the county.



I have chosen to highlight the importance of healthy and sustainable food. Food plays a fundamental role in our lives, from providing us with the nutrients that we need to live, through to connecting people and places and bringing family and friends together. However, we are facing some significant challenges with rates of obesity remaining stubbornly high and climate change posing a serious threat to our way of life.

A sustainable local food system is fundamental for good public health, directly through its effect on nutrition and indirectly through its impact on the environment. Food is vital for building healthier communities and connecting us with our environment, our bodies and each other. However, these connections are weakening with many systems of food production unsustainable, an increasing burden of chronic disease and persistent disparities in food access. The current cost of living crisis has also shone a light on the importance of healthy food and the effect this can have on widening health inequalities.

Herefordshire has already made some fantastic progress in this area, most notably the introduction of a local food charter and many community initiatives focused on growing and eating local food. But there is still much more that can be done. While effective government policies are key to creating healthy food environments, there are many actions we can do as individuals, families, communities and local institutions. Healthy and sustainable food presents a win-win for population health and our environment and we have an opportunity for us all to play our part.

This report summarises the key challenges facing Herefordshire and highlights some of the good work that is already underway. It also sets out a 'recipe' for future actions to reimagine our food environment and build healthier communities. I hope the report provides 'food for thought' and encourages all to promote the issues highlighted and improve attitudes and actions around food.

**Matt Pearce**  
Director of Public Health

## ACKNOWLEDGEMENTS

I would like to thank the following people who provided support in the development of this Annual Report

- Kristan Pritchard, Public Health Lead
- Michael Dalili, Public Health Registrar
- Charlotte Worthy, Intelligence Unit Team Manager
- Richard Vaughan, Sustainability and Climate Change Manager
- Abby Marshall, Projects and Promotions Officer



# INGREDIENTS FOR HEALTHY AND SUSTAINABLE FOOD

## 1 Work in partnership

There are multiple components to and influences on the food we access and choose to eat due to the complexity of the food system. Strategic partnerships can influence these components through taking a whole systems approach to food, by bringing together a multi-agency food partnership and creating a vision to achieve better food outcomes.

## 2 Consider the impact food has on the environment

Food contributes to carbon emissions in a variety of ways, during growing, processing/production, transportation and waste. Population growth increases food demand and environmental change. The weather can affect food supply and even nutritional value.

## 3 Deliver good food education

Food is not only essential for us to survive but can also provide a useful opportunity to encourage social interaction and reduce isolation within communities. Local lunch clubs, coffee mornings and evening activities often involve food. There are many positive impacts across communities associated with growing food, eating together and sharing skills and knowledge.

## 4 Support healthy food for all

Food insecurity has become an increasing issue both locally and nationally, shown by widening health inequalities and increased food bank usage. There are many activities at a local level that can support the provision of healthy food for all as the cost of living crisis continues.

## 5 Enable local food procurement and strengthen the food economy

The increased demand for local produce and support for retailers during the pandemic has highlighted the importance of growing our own food and of our local food systems. Purchasing locally sourced food has many benefits, but enabling local small scale producers to access large and public sector scale catering markets is complex.

## 6 A healthier local environment

The environment around us plays a fundamental role in our food choices whether that is through the messages we see in advertising, the proliferation of unhealthy energy-dense food or our ability to access high quality growing spaces. All of these things often make choosing healthy food very hard and choosing unhealthy food very easy.

## 7 Play your part

Everyone can play a part in supporting a healthy and sustainable food system by making small changes to the way we live our lives.



# 1.0 WHY IS HEALTHY AND SUSTAINABLE FOOD IMPORTANT?

Every year unhealthy diets cause a high number of deaths. A significant proportion of British people are struggling to afford a healthy diet and unhealthy diets are related to 6 of the top 10 risk factors for the global burden of disease.<sup>1</sup> In short, our food systems are making us sick.<sup>2,3</sup> The population consumes too much saturated fat, salt and sugars, and eats too little fibre, fruit and vegetables and oily fish.<sup>4</sup> This in turn can contribute towards a range of health conditions and non-communicable diseases including diabetes, cardiovascular disease and some cancers.<sup>5</sup>

As well as people’s health, food also has significant environmental, social and economic effects, from production, through processing and transportation to preparation and consumption. The high-tech nature of most farming systems has led to us becoming increasingly distanced from agriculture, and consequently the story behind our food.<sup>6</sup> Reducing food miles and promoting increased use of seasonal, good food produced locally can help address these risks while creating increased opportunity for the local economy. Having a diet that improves the health of people and the environment is therefore often deemed as a “win-win situation”.

## 1.1 The complexity of the food system

Our food system is complex and there are many influencing factors (see Figure 1). Food can be described as ‘an interconnected system of everything and everybody that influences, and is influenced by, the activities involved in bringing food from farm to fork’.<sup>7</sup>

By improving the food system, we can impact upon health through addressing the wider determinants.\* Food can provide a focus for the community, create opportunity for skills development, increase local food growing, support those most in need, reduce loneliness and increase social interaction.

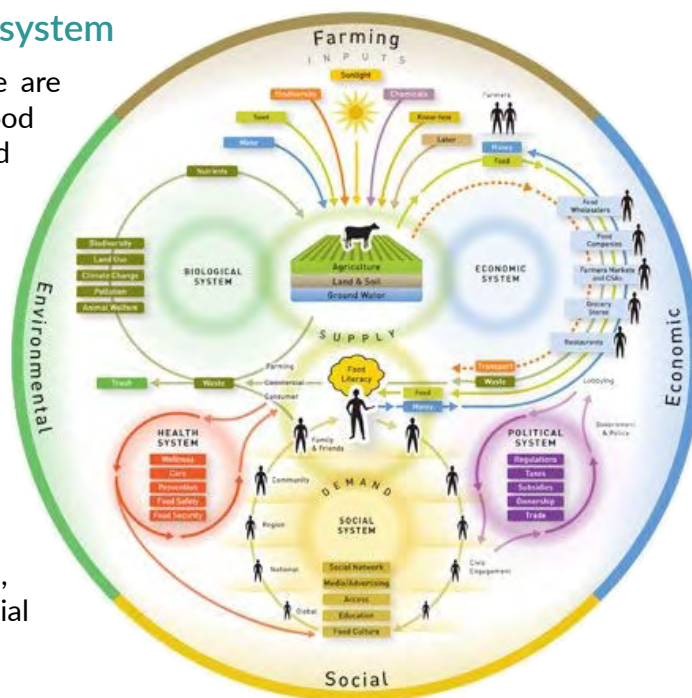


Figure 1 Food system map<sup>8</sup>

\*The determinants of health include the social and economic environment, the physical environment, and the person’s individual characteristics and behaviours



## HEREFORDSHIRE FOOD ALLIANCE

The Herefordshire Food Alliance (HFA) formed in 2020 and is an informal partnership of stakeholders from food banks, Borderlands Rural Chaplaincy, voluntary sector, Herefordshire Council, Farm Herefordshire, NFU Mutual Hereford, farmers, growers and community groups. The alliance is dedicated to working together towards a thriving and sustainable local food economy which contributes to a healthy lifestyle, healthy communities and a healthy environment.



### Sustainable Food Places membership

The HFA is a member of Sustainable Food Places (SFP) and a trailblazer for the implementation of the SFP model at a county-wide level. The HFA gained support to implement the SFP model from Herefordshire Health and Wellbeing board in 2021. The breadth of representation across organisations supports food system activity on many levels.



Environmental Impact

Food Insecurity

Quality and choices

Policy

Food economy

Recommendations



### Herefordshire Food Charter

The HFA created a local food charter. The food charter is an engagement tool to raise awareness with individuals and businesses about how we can all contribute to a healthier, more sustainable food system.



# 2.0 FOOD AND HEALTH

Following a healthy diet has many benefits, including building strong bones, protecting the heart, preventing disease and boosting mood.<sup>9</sup> Poor diet is one of the leading risk factors driving the UK's high burden of preventable ill health and premature death, contributing significantly to the population's widening health inequalities.<sup>10</sup>

Food and diet are associated with developing chronic diseases, including cancer, type 2 diabetes, coronary heart disease and stroke, with red and processed meats and sugar sweetened beverages associated with increased risks.<sup>11</sup> Cancer and diseases of the circulatory system (such as heart disease and stroke) are the leading causes of premature deaths in Herefordshire.<sup>12</sup> Between them, they accounted for almost three-fifths (58%) of all deaths before the age of 75 in 2021.

## 2.1 Excess weight

While the factors that contribute toward excess weight are complex, it is widely acknowledged that the rise in excess weight is primarily driven by changes in the global food system, which is increasingly producing more processed, affordable and effectively marketed food than ever before.<sup>13</sup>

An estimated 15 million people live with obesity (body mass index [BMI] 30+) in the UK, with increasing rates among children and adults over the past 20 years and rising costs for the NHS, with an annual spend of £6.5 billion on obesity-related diseases.<sup>14</sup> While the prevalence of obese adults in Herefordshire has remained relatively consistent over time, it is estimated to be significantly higher than the England average, with 31% of adults classified as obese, compared to the England rate of 25% (see Figure 2). When considering adults who have excess weight, approximately two thirds of all adults are above a healthy weight threshold.<sup>15</sup>

Having excess weight is a key modifiable risk factor for developing type 2 diabetes. Approximately 15,750 adults in Herefordshire are estimated to have type 2 diabetes, with a further x% estimated to have non-diabetic hyperglycaemia (pre-diabetes). Evidence has shown that the approximately 10% of the NHS budget is spent on diabetes with additional costs to the social care sector.

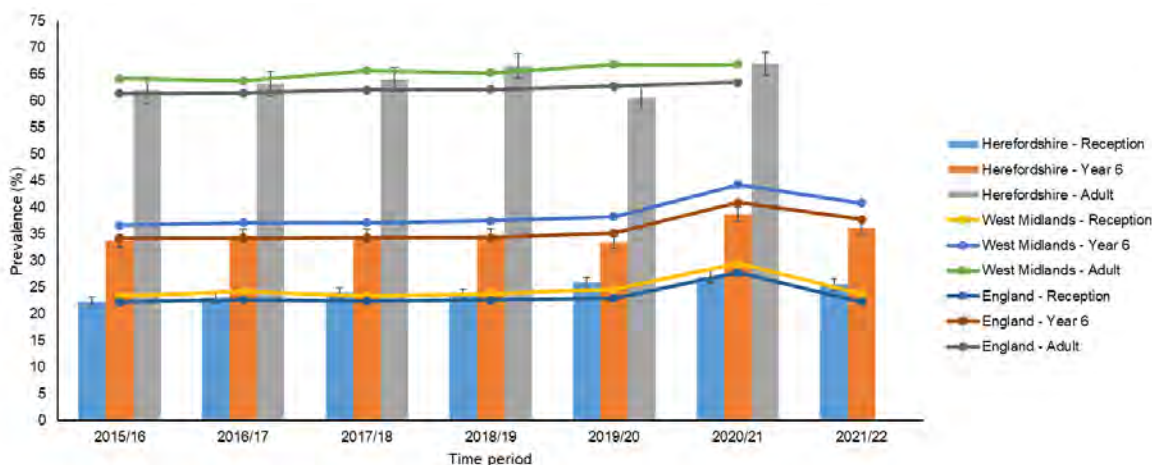


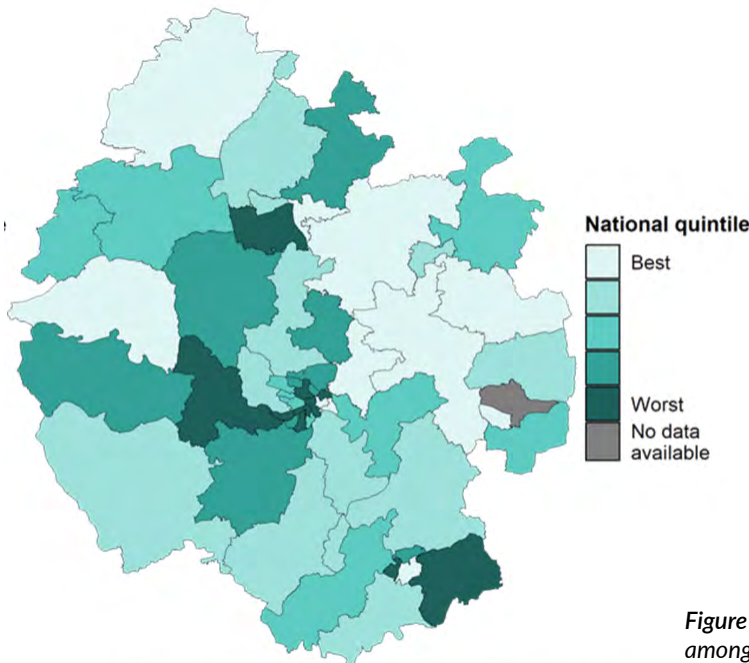
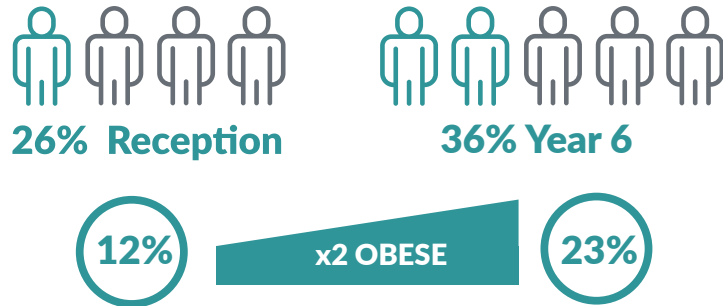
Figure 2 Prevalence of obesity and overweight for Reception, Year 6 children and adults for Herefordshire compared to West Midlands and England. (Error bars = 95% Confidence Intervals)



In 2018, the government set a target to halve children’s obesity levels by 2030. The latest data indicate that in Herefordshire, approximately 1 in 4 (26%) children in reception year had excess weight in 2021/22; rising to over 1 in 3 (36%) of year 6 children. There is a long-standing pattern of levels of obesity almost doubling during primary school. This is particularly concerning as the proportion of reception children who have excess weight in Herefordshire has been higher than the England average for the last few years.<sup>16</sup>

### Excess weight in Herefordshire 2021/22

Long standing pattern of excess weight increasing with age



Whilst there is national evidence that obesity is highest in the most deprived groups in society, the pattern is not as stark in Herefordshire.<sup>16</sup> However, variation in obesity levels exist across the county with some areas having a higher proportion of children who are obese than others (see figure 3).

Figure 3 Prevalence of obesity in Herefordshire wards among children in Year 6 (NCMP data combined 3-years [2018 to 2019, 2019 to 2020 and 2021 to 2022])

Contains Ordnance Survey data © Crown copyright and database right 2023.  
Contains National Statistics data © Crown copyright and database right 2023.

### National Child Measurement Programme

Each year, the public health nursing service deliver the national child measurement programme in Herefordshire. The service visits schools across the county to weigh and measure the height of children in reception and year 6. Using this data we can monitor the weight of children, but importantly help identify children and families that might need follow-up support.

Environmental Impact

Food Insecurity

Quality and choices

Policy

Food economy

Recommendations



## TALK COMMUNITY HEALTHY LIFESTYLE TRAINER SERVICE

The healthy lifestyle trainer service provides motivational support to groups and individual adults, helping them to make healthier choices and having a positive effect on their health and wellbeing.

The service targets seldom-heard and disadvantaged groups. During 2022, over 1200 clients were supported by the service. The Council is also piloting family health coaches who provide holistic support for families that have not engaged with other services and help them make healthier changes.



### 2.2 Oral Health

The food we eat also affects our teeth. Good oral hygiene and a healthy diet are essential to support healthy teeth. Whilst there are several causes of tooth decay, people who regularly consume sugar are known to have a higher risk of developing dental caries. Children in Herefordshire have poorer oral health than reported nationally and by its geographical and statistical neighbours. Recent data shows that 39% of children aged 5 experience dental decay.<sup>17</sup> Oral health remains a priority for Herefordshire's Health and Wellbeing Board.



## TIME TO SHINE

Time to shine is a Council led programme that provides training for parents and early years settings on how children can maintain good oral health.

The training covers topics such as the main causes of dental decay and dental development. One element of the programme gives children the opportunity to brush their teeth while supervised by oral health leads to help implement good oral health habits and routines.



Early years settings staff are provided with training support around oral health. This includes help with starting a toothbrushing programme within the setting. Training and resources are provided to support the implementation, this includes toothbrushes and toothpaste. Children are supported by the setting and staff to participate in good oral hygiene across the day within the setting. To date, 31 supervised tooth brushing settings are currently active with plans for this to be 40 settings by summer 2023 reaching approximately 1500 children.



# 3.0 FOOD AND THE ENVIRONMENTAL IMPACT

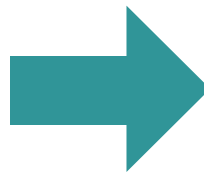
The global food system is widely recognised as the single biggest contributor to biodiversity loss, deforestation, drought, freshwater pollution and the collapse of aquatic wildlife. After the energy industry it is the biggest cause of climate change, responsible for 25 to 30 per cent of global greenhouse gas emissions.<sup>18</sup> If current levels are sustained, by 2050 emissions from the food system will be four times higher than the level needed for the UK to meet its net zero carbon target.<sup>19</sup>

A shift to plant-based diets, sustainable, seasonal and locally sourced foods and a reduction of food waste can greatly reduce carbon emissions from this sector.<sup>20</sup> The UK is roughly 60% food secure. It's mostly self-sufficiency in meat, dairy, eggs and grain but is heavily reliant on importing vegetables (50%) and fruit (84%).<sup>21</sup>



## UK 60% Food secure

due to self-sufficiency in meat, dairy, eggs and grain



but heavily reliant on importing vegetables (50%) and fruit (84%).<sup>22</sup>

### 3.1 Food production

Farming is an essential part of rural life and of Herefordshire communities' prosperity, with 77% of Herefordshire land farmed. Herefordshire has a large number of low-lying areas, liable to flooding and impacting upon land use and food production. The production of food is a major consideration for land use. Food is also a large contributor to consumption emissions, predominantly from meat and fish (see Figure 4).<sup>22</sup>

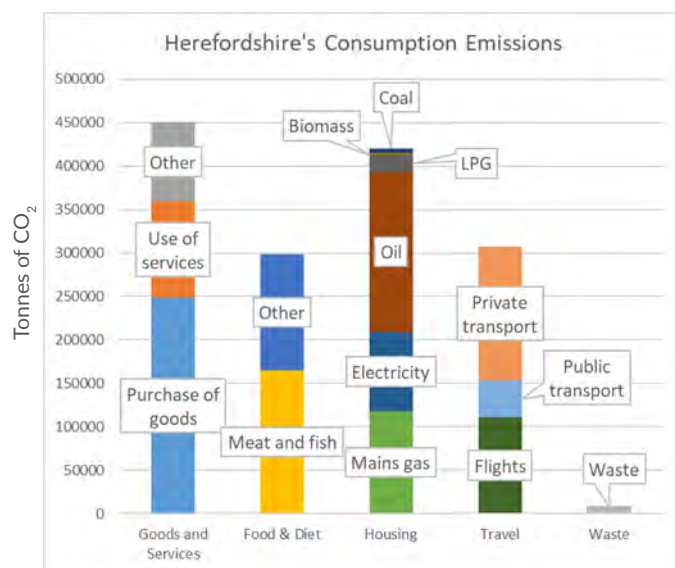


Figure 4 Herefordshire carbon emissions (consumption). Data from [Impact](#) using methodology Version 1.6 (9 March 2021)

Environmental Impact

Food Insecurity

Quality and choices

Policy

Food economy

Recommendations

A third of Herefordshire’s commercial holdings are grazing livestock farms on lowland, while 18% are general crop farms and 11% are grazing livestock farms on less favourable land. Among arable and horticultural crops grown on Herefordshire commercial holdings, the most numerous are wheat, oilseed rape and maize (see Figure 5). Across commercial holdings in Herefordshire, the most numerous livestock were table chickens\* (8,384,993), followed by sheep and lambs (559,779) and turkeys (222,570).<sup>23</sup> Herefordshire grows a plentiful supply of fruit and vegetables, which has the opportunity to support a more local food system.<sup>24</sup>

By working to increase the county’s biodiversity and promoting low carbon farming practices and local sustainable food produce, we can work towards a more sustainable future for the county.<sup>22</sup>

The environmental benefits of choosing seasonal, local produce include a reduction in our carbon footprint. Out of season produce often requires additional energy for growing in the form of heat and artificial lighting or transportation from a warmer climate. Local, naturally in-season produce can taste better as it is fresher, sweeter and perfectly ripe.<sup>25</sup>

The evidence is still emerging, but it is recognised that there are differing health and environmental impacts associated with healthy high plant-based diets and lower healthy plant-based diets.<sup>26</sup>

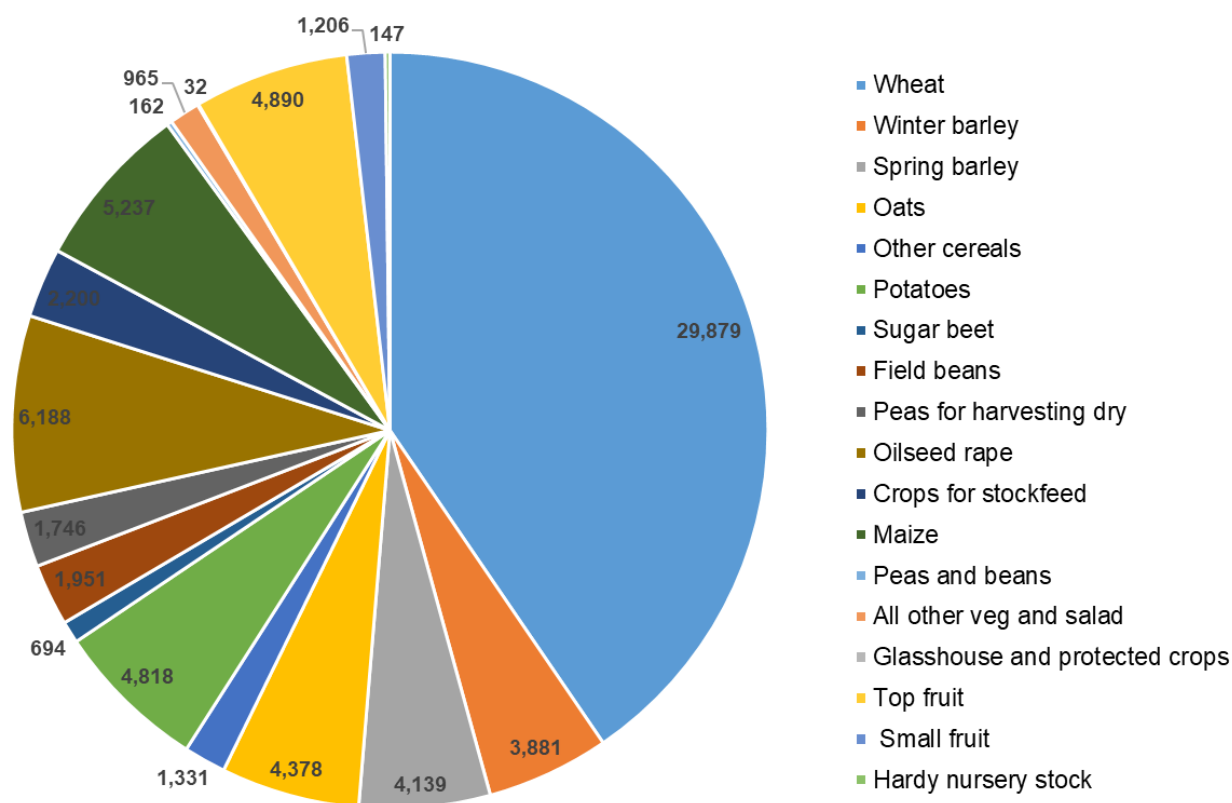


Figure 5 Number of arable and horticultural crops on Herefordshire commercial holdings (2021).

\*Table chicken are chicken raised for meat rather than eggs.



### 3.2 Phosphorus in freshwaters

Clean air and water are vital to a healthy environment in which good food can be produced. The Wye is not as clean and healthy as it could be due to phosphate pollution washed into it from surrounding areas. The Wye catchment is a significant contributor to national food security and enabler for food sovereignty. A recent report indicated high levels of phosphate in Herefordshire rivers from a number of sources, a major concern in an under-managed and under-regulated establishment.<sup>27</sup> Herefordshire Council is working towards an approach to support high standards of land use nutrient efficiency to reduce legacy phosphate, which will benefit our rivers and eventually the wider economy.

## PHOSPHATE POLLUTION

Herefordshire Council is working with Powys, Monmouthshire and the Forest of Dean local authorities and wider partners to put in place a legally compliant plan to secure sustained reductions in phosphate pollution that cause algal blooms and harm the delicate ecological balance of the watercourses. The development of a plan to encompass the entire Wye catchment will take time to prepare and will need to be in place for several years before the health of the river is restored.



## HEREFORDSHIRE ZERO CARBON PLAN

Food is a key focus of [Herefordshire's plan](#) to reach net zero carbon and be nature rich by 2030.

The actions align with the Sustainable Food Places framework activity and include;

- a focus on minimising food and packaging waste
- diverting surplus food and food waste to the most appropriate use
- influencing land use and management to protect and enhance land for community growing and commercial sustainable agriculture
- influencing public procurement
- promoting county-wide campaigns and education.



### 3.3 Household food waste

In the UK, around a third of all food is wasted.<sup>22</sup> Over 7 million tonnes of food is thrown away by Herefordshire households.<sup>28</sup> In Herefordshire, recent evidence indicates that more than a third of black bin rubbish is food waste and its packaging. Food waste per kilogram per household per week increased from 2019 to 2022 among affluent rural communities and reduced across urban family groups. This indicates that more food tends to be wasted by those who can afford to do so. From 2022, local analysis found that 70% of the food thrown away in Herefordshire was considered avoidable\*. The photo (see Figure 6) was taken from a bin collected in Herefordshire.



Figure 6 Contents of a bin collected Herefordshire. The cost of the items shown in the photo total £56.19.



## HEREFORD RIVER CARNIVAL

Herefordshire Talk Community health and wellbeing trainers delivered cooking demonstrations at Hereford River Carnival 2022 using food surplus.

The Talk Community health and wellbeing trainers created healthy meal ideas using food surplus provided by The Living Room. The team had to be creative as they didn't know until they arrived what ingredients were available.

The carnival is one of Hereford's biggest events. In previous years, it has attracted up to 20,000 people. Helping people to understand how they can better use surplus food is both good for the home finances and the environment.



\*Food thrown away considered as avoidable is defined as food and drink thrown away that was, at some point prior to disposal, edible (e.g. Slice of bread, apples, meat).



## ROSS COMMUNITY GARDEN

Haygrove Community Gardens was established in 2013, where during the summer months school educational visits take place. The gardens have recently expanded to include a zero waste stall, a Talk Community hub, a growing club and cooking club. 65 volunteers support the gardens.



Figures for 2022 reveal:

- 12,542 visits to the zero waste stall
- 42,308 tonnes of food were handed out at the zero waste stall
- 756 children visited the gardens
- 4,045 volunteer hours
- 60 adults supported throughout the year through therapeutic gardening sessions



## SOIL FROM THE CITY

Pedicargo collect trade food waste by cargo bike and process it into compost using a Tidy Planet rocket composter. The rocket speedily breaks down food waste into nutrient- and microbe-packed compost that can regenerate the soil in the city it came from.





## 4.0 FOOD INSECURITY

Multiple factors affect national food security and the resilience of food supply chains, potentially leading to disruption and rising food prices. They include:

- geopolitical tensions (e.g. war in Ukraine)
- rising production costs,
- the cost of living crisis
- labour shortages
- commodity prices
- the climate and nature emergency.<sup>29, 30</sup>

Most recently the shortage of fruit and vegetables has been blamed on difficult weather conditions abroad, but UK farmers have continued to raise the issue of high utility prices making growing out-of-season produce no longer viable.<sup>31</sup> In 2020 wheat yields in the UK dropped by 40% due to heavy rain and droughts during bad times in the growing season. Although they have bounced back in 2021, this is an indicator of the effect that increasingly unreliable weather patterns due to climate change may have on future production.<sup>21</sup>

### 4.1 Cost of living

Price and affordability are major determinants of the food people choose to purchase, particularly for people on low incomes. Research has shown that the poorest fifth of UK households would need to spend 43% of their disposable income on food to meet the cost of the Government recommended healthy diet.<sup>32</sup> Therefore, people on low incomes tend to have lower quality diets, higher rates of diet-related disease and higher levels of food insecurity – an issue that has been greatly exacerbated by the cost-of-living crisis.



The cost of living is often considered higher in rural areas. In Herefordshire 50.6% of households are deprived in one or more dimensions, consisting of education, employment, health and housing.<sup>33</sup> An estimated 28% of all households in Herefordshire are living in fuel poverty, up from almost 17% before the energy crisis, which was already above the national average.<sup>34</sup>



Nationally, food inflation rates increased significantly to 18% in March 2023. This led to concerns that the cost of living crisis is causing people to rely on cheaper, processed and high energy-dense foods lacking vitamins and minerals. Some GPs have raised concerns about rising signs of malnutrition.<sup>35</sup> Research has found that healthier foods are almost three times as expensive per calorie as less healthy foods with evidence suggesting that healthy foods have increased in price by twice as much as less healthy foods in the past year.<sup>19</sup>

The ability to afford food is not only affected by food prices, but also by the amount of income families have and the costs of other essentials. For example the number of households in Herefordshire with mains gas central heating is lower than the national average (69% vs 74%) and fuel options for these homes are often more expensive and less energy efficient, likely increasing fuel poverty vulnerability.<sup>36</sup> This may mean some households may not be able to afford enough food, while others could switch to cheaper calories that are less nutritious, fuelling the obesity crisis and increasing the risk of dietary diseases.



## HERE FOR HEREFORDSHIRE HOLIDAYS PROGRAMME

The Here for Herefordshire Holidays programme is grant funded and provides free activities and a meal to children and young people that are eligible for free school meals.



Children and young people can access 16 hours of activities throughout the Easter and Christmas holidays and 64 hours of activities throughout the summer holidays. More than 40 activity providers delivered sessions across the county in 2022, with over 1000 children attending.



Quality and choices

Policy

Food economy

Recommendations

We are continuing to see increasing numbers of people in Herefordshire receiving support from food banks. In 2021, there were 2,792 vouchers redeemed at the two main foodbanks at Hereford and Leominster supporting 3,784 adults and 2,248 children. As of August 2022, 2,102 vouchers supporting 2,775 adults and 1,398 children were already redeemed. In addition to the increased demand there has also been a reduction in food donations, leading to low food stocks and more money than usual spent by food banks on buying food. Four per cent of respondents from a local survey reported always or often having to eat less or skip meals due to costs in the last 12 months.<sup>37</sup>



## FOOD BANKS AND FOOD SHARES

Food banks are located across the county, in Hereford city and in the market towns.



Food banks are located in the city centre and market towns. Hereford Food Bank provides support county-wide. Food banks provide emergency food aid to those in need and a variety of professionals can make referrals.

Food shares are increasing across the county. Food shares are open to anyone and redistribute surplus supermarket food. Regular food shares take place within the city and rural areas. Supporting those in hardship and reducing food waste.



Why is healthy food important?

Food and health

Environmental Impact

Food Insecurity



## GROWING LOCAL

Growing Local provide food education and support for those in hardship

Some of the projects delivered over the last year include:

- Big Eats are delivered every 6 weeks and open to everyone in the community
- Community Lunches are delivered every 6 weeks to senior members of South Wye area.
- 3,500 mini seed kits delivered to primary aged children.
- Family cook sessions are delivered throughout the year.
- School and youth cooking workshops continue to be a focus, including food and climate.



## THE LIVING ROOM

The Living Room is based in Hereford. It supports people who need it most by reducing social isolation and food insecurity.



As well as being a community café and safe place for anyone, the Living Room runs a community larder, facilitates support groups and offers training and signposting.

The Living Room is leading on a local project to redistribute food surplus across the county. This will be undertaken over the next 12 months and will involve bringing local farmers, producers and food distributors together to ensure food can be redistributed in an organised way.



## 5.0 FOOD QUALITY AND CHOICES

The ability for people to live healthily is strongly shaped by a number of factors, often referred to as the wider or social determinants of health. This includes their early years education, the built environment, housing, available resources and access to facilities in their local communities to source healthy food.

### 5.1 Having a good start in life

Healthy behaviours start from birth with the first 1,001 days of life critical for laying the foundations for lifelong emotional and physical wellbeing.<sup>38</sup> Breastmilk as a critical first food are important first steps in ensuring that children receive the food and nutrition they need to grow, survive, and thrive. Compared to formula feeding, breastfeeding is more sustainable, using fewer resources, producing minimal or zero waste and significant carbon emission savings.<sup>39</sup> Breastfeeding can also be protective against excess weight with studies suggesting that breastfeeding can cut the chances of a child becoming obese by up to 25%.<sup>40</sup>



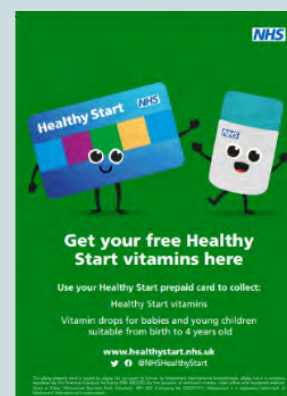
Public Health England recommends that children be exclusively breastfed for the first six months of life and complimentary foods should be introduced from six months.<sup>41</sup> Rates of breastfeeding in Herefordshire are higher than the national average with 77.2% of babies (national rate 71.7%) whose first feed is breastmilk and 55% (national rate 49.3%) of infants being exclusively or partially breastfed by 6-8 weeks.<sup>42</sup>

Eating habits and behaviours established in a child's early life will also influence their choices as they grow into adulthood, and intergenerational habits are often difficult to change.<sup>43</sup> We know that overweight children are more likely to grow up to become overweight adults.<sup>44</sup> It is therefore important that we encourage healthy behaviours from an early age.

### Healthy Start

The Healthy Start scheme provides £4.25 per week to pregnant women and women with children (0-4 years) to purchase vegetables, milk and infant formula. Free Healthy Start vitamins are offered in children's centres across Herefordshire.

In March 2023, uptake for the NHS Healthy Start scheme was 64% across England, Wales and Northern Ireland. 744 (61%) out of 1212 eligible individuals had applied and received vouchers.<sup>45</sup> This equates to £154,000 unclaimed food vouchers locally.





## KIDS KITCHEN

Kids Kitchen provide food activities for families in Herefordshire. They have fun, cook from scratch, use local food and make connections through their activities.



In the past year Kids Kitchen Herefordshire Hub have

- Distributed 70 recipe activity bags in partnership with food banks, children's centres and community centres
- Reached over 400 families through 'stay and play' style sessions and recipe bags

### 5.2 Children and young people

Schools are important settings for helping children to get sufficient nutrition to grow up healthily, focus in class and reach their full potential. Nationally, infant free school meals are provided to all state school children in years reception, 1 and 2. In addition, from year 3 onwards, free school meals are provided to children whose families are in receipt of certain benefits.

We know that nutritious hot lunches positively affect children's behaviours, physical development and attendance.<sup>46</sup> There have been recent calls for the expansion of free school meals, National School Breakfast and Healthy School Programmes to those on universal credit.<sup>47</sup> These initiatives play a vital role in protecting and improving the health of our disadvantaged communities.

High standards in food are important to ensure the food pupils eat is healthy. The school food standards are mandatory for all maintained schools, which must ensure healthy and high quality nutritious food is being served.<sup>48</sup> Cooking and nutrition is included within the national curriculum to help teach children how to cook and promote healthy eating.

Children entitled to free school meals are also eligible to attend the government funded holiday activities and food programme. The latest data indicates that approximately 4,000 children (5-15 years) are eligible for and claiming free school meals in Herefordshire, up from 3,600 children over the past year. The council has also continued to support those eligible with free school meals during school holidays.<sup>49</sup>



## THE FOOD STANDARDS AGENCY SCHOOL FOOD PILOT PROJECT

Herefordshire Council is one of 18 local authorities participating in the national School Food Standards pilot project led by the Food Standards Agency and the Department of Education. Environmental health officers are carrying out additional observations on the food offer as part of their routine food hygiene inspections and identifying any red flags against the School Food Standards. Around 50 schools (primary and secondary) will participate locally and follow-up support will be offered where required.



A local survey that took place in 2021 asked children and young people in Herefordshire about their food choices and eating habits (see Figure 7).<sup>50</sup> As age increased, respondents more frequently reported having had nothing to eat or drink for breakfast, more chips or roast potatoes on most days, less fresh fruit on most days and more recent sugary drinks. However, older children also less frequently reported eating crisps, sweets and chocolates on most days, and more frequently reported having had salad and vegetables on most days.

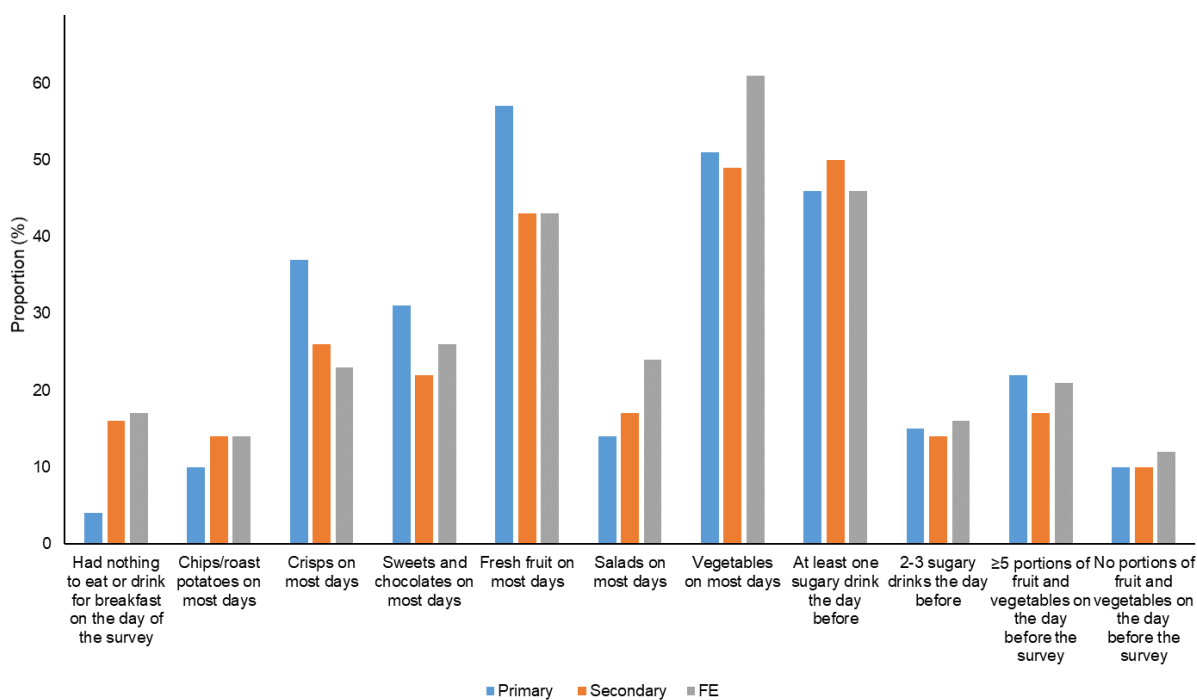


Figure 7 Responses to food questions on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting.



## THE CART SHED

The Cart Shed supports adults and young people experiencing mental health difficulties.

They provide a variety of outdoor activities including food growing and other horticulture education.



### Scan Swipe Swap

The NHS have developed a Food Scanner app to help families make choosing healthier foods easier. People can use their phone camera over the barcode of their chosen food and the app will show the nutritional information as well as healthier alternatives. The app compares the nutrition information for salt, sugar and fats. Choosing lower salt options will help to lower blood pressure, while less sugar and fat will help to look after peoples weight. There are also a range of resources to support schools with to encourage pupils to build healthier habits for life.



### 5.3 Adults and older people

Whilst our dietary requirements broadly remain the same throughout life, our modern ways of living and ageing population present several challenges to eat healthy and sustainably. For example, parents of young children frequently report time constraints that prevent them from preparing home-cooked food.<sup>51</sup> Parents also find it difficult to navigate an environment that heavily markets unhealthy food to children.<sup>52</sup>

As people age, several issues can make it difficult to maintain a healthy diet – for example, physical conditions like arthritis affect mobility and the ability to cook meals.

Poor oral health can also affect the general health and wellbeing of older adults through its influence on nutrition. Dental status, number of teeth, bite force and chewing problems may all be associated with the variety of food and nutrient intake, including fibre and vegetables, in older adults.<sup>53</sup> For example, older adults may avoid foods that are hard to chew, such as some fruit, nuts and vegetables, well-cooked meat and some bread.



## OLDER ADULTS - ORAL HEALTH PROGRAMME

The Mouth Care Champion Programme was established in response to a need identified in the Adult Residential care sector.

In collaboration with partners, a training package was developed for the care homes. The training covers causes of dental disease, mouth care, nutrition, and products available to facilitate the care.

The training has gone beyond the care homes sector into adult foster care.



## SHEDS TOGETHER COOKERY CLUB

Talk Community Bromyard, organised by the Age UK Hereford and Localities team, runs a cookery club hub for the over 50s.

The Sheds Together Cookery Club runs on a Monday from Bromyard Methodist Church, bringing people together to cook, eat and socialise. Using budget-friendly recipes and with the help of the wonderful volunteers, people can learn new cooking skills and great ideas to make healthy and nutritious meals alongside new friends and enjoy the delicious food that they've cooked together.







## 6.0 POLICY AND THE FOOD ENVIRONMENT

The evidence clearly shows that the environment in which we make food choices exert a powerful influence on our diets. We are never far away from calorie dense, sugary or fat-rich temptation. In our everyday lives we are exposed to advertising, promotions and pricing which push us further towards making unhealthy choices.

Eighty per cent of processed food sold in the UK is unhealthy when compared to World Health Organisation guidelines.<sup>18</sup> In line with increased food prices due to inflation, volumes of vegetables have recently fallen by over 6%, while sales of snacks and sweets rose by almost 4%, suggesting that the nutritional quality of purchases is also being affected.<sup>54</sup>

Access to fast food is easier than ever, with fast food outlets representing more than 1 in 4 (26%) of places to buy food and the growth in takeaway delivery companies during the pandemic.<sup>19</sup> However, the portions of food or drink that people eat out or eat as takeaway meals contain twice as many calories on average as their shop-bought equivalents.<sup>55</sup> Additionally, sale promotions are disproportionately applied to less healthy foods, increasing the discrepancy in costs, while almost a third (32%) of food and soft drink advertising spending goes towards promoting less healthy food and drink.



The negative impacts of ultra-processed foods on health are widely known, but they also adversely affect the environment.<sup>56</sup> While nationally we have seen low fruit and vegetable consumption during the last decade<sup>57, 58</sup>, the proportion of adults in Herefordshire meeting the recommended 5-a-day is higher (62.7%) than rates in the West Midlands (52.6%) and England (55.4%).<sup>15</sup> While this is positive, it still means that just under 40% of our population are still not meeting current guidelines.

Many retailers use 'product placement' to influence purchases in food stores. Studies suggest that greater availability of healthy foods is linked to better dietary choices.<sup>59</sup> This can include healthier food at check-outs, food placement in-store and promotions on healthy products.<sup>60</sup>

A number of local authorities have implemented local food award schemes to encourage healthier purchases by providing calorie labelling and requiring cafes and restaurants to offer a healthier food range.<sup>61</sup> These schemes provide a promising mechanism in engaging retailers to improve the healthiness of food retail environments and support consumers to make more informed food choices.<sup>62</sup>

Why is healthy food important?

Food and health

Environmental Impact

Food Insecurity

Quality and choices

Policy



## COMMUNITY ALLOTMENTS – PLOTTING FOR THE FUTURE

Hereford city has several allotment areas north and south of the city. In addition to these, there are sites within many of the market towns. Allotments provide communities with space to grow their own food whilst also encouraging exercise and benefiting our wellbeing. Some parts of the country are using ‘green social prescribing’ as a way of connecting people to nature-based activities, such as allotments in their local community to support with health and wellbeing.



## HEREFORDSHIRE LOCAL PLAN 2021-2041 DEVELOPMENT

The Council are working with planning colleagues throughout the development of the various strategic policies within the new Local Area Plan. This includes a community facilities and open space policy. In addition to this, the local development of a Health Impact Assessment tool for planning applications is underway that will consider how we create and utilise spaces to grow food as well access healthy food.



### 6.1 Policy

Commercial influences on health should not be underestimated. The sale of products high in fat, sugar and salt is a profitable business and a variety of approaches are used by the food sector to market products detrimental to health.

In recent years, the government has introduced policies aimed at shifting the food environment towards healthier options. The most notable of these is the 2018 soft drinks industry levy on sugary drinks, resulting in a 29% decrease in average sugar content in soft drinks with high public support, removing 48 million kilograms of sugar from the nation’s diet every year.<sup>57, 63, 64</sup>

## The Calorie Labelling Regulations 2021

The Calorie Labelling Regulations 2021 were recently introduced that aim to provide consumers with information to enable them to make healthier food choices when eating out <sup>65, 66</sup>. In addition, rules limiting the location of unhealthy foods in shops have been implemented, but the implementation of marketing restrictions on high in fat, sugar and salt products have been delayed until 2025.

## 6.2 Public procurement

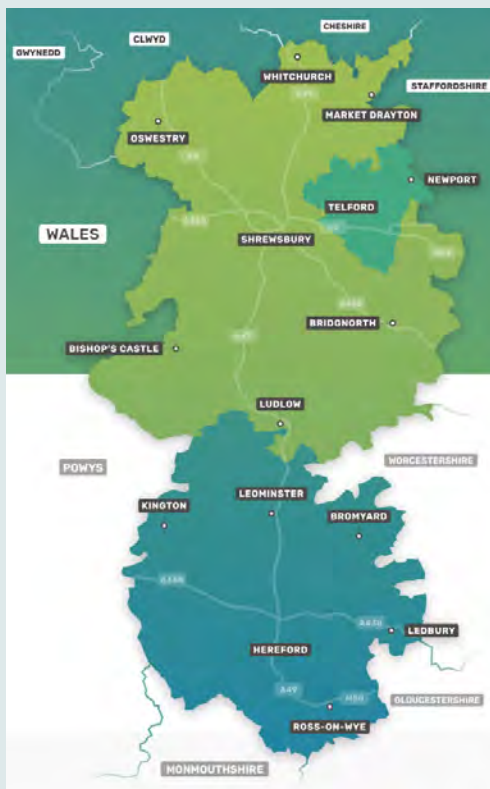
The Department for Environment, Food and Rural Affairs (DEFRA) is responsible for overseeing public procurement of food and catering services. Most recently, this has included building and implementing a 'balanced scorecard' for procurement in the public sector, considering price, production, health and wellbeing and more.<sup>67</sup> The government buying standards for food and catering services (GBSF) are relevant for the public sector, including the NHS, prisons and armed forces. The wider public sector is also encouraged to apply the GBSF standards and should include food and drink offered in vending machines.

Billions of pounds are spent each year on contracts to buy food for public institutions, like care homes and schools. Small producers like local farms can fulfil these contracts using modern buying systems. Such systems have already been used successfully for the procurement of other services.<sup>68</sup>



## MARCHES FOOD HUB PROJECT

Herefordshire Food Alliance has been working across the Marches area (Monmouthshire, Powys, Shropshire and Telford and Wrekin on the Marches regional food hub feasibility study.



A successful grant application during 2022 has secured funding for the delivery of a viability study to explore a Marches regional food hub.

The funding supports a 12 week study due to complete in March 2023.

The aim of the study is to explore the feasibility of creating a Marches-wide food hub, connecting local food producers with public bodies, such as local authorities, hospitals, and schools.

If the study concludes the food hub is feasible, the hub would enable shorter local supply chains which would benefit the local economy, support food security and have environmental benefits.

Figure 9 Map of the Marches region.<sup>62</sup>



# 7.0 FOOD ECONOMY

Herefordshire has high employment rates in the food sector, which may well contribute to the high number of households in fuel/food poverty due to low wages.<sup>69</sup> Herefordshire is well-known for its poultry, potato and soft fruit production, with notable businesses including Bulmers (Heineken), Avara, Weston’s Cider, Black Mountain Roast and Two Farmers crisps.<sup>70</sup> While Herefordshire is a large food producing county, the majority of produce often goes out of county for processing.<sup>71</sup>

The number of jobs by Herefordshire industries with more than 1000 employees are presented below (see Figure 8). The three industries in Herefordshire with the most jobs were i) growing of crops, market gardening, horticulture; farming of animals; ii) hospital activities; and iii) primary education.<sup>72</sup>

The food manufacturing and processing sector’s high employment concentration in Hereford is almost four times as concentrated as the national average and accounted for 43% of all employment for this sector in the Marches area (consisting of Herefordshire, Shropshire and Telford and Wrekin).<sup>73</sup>

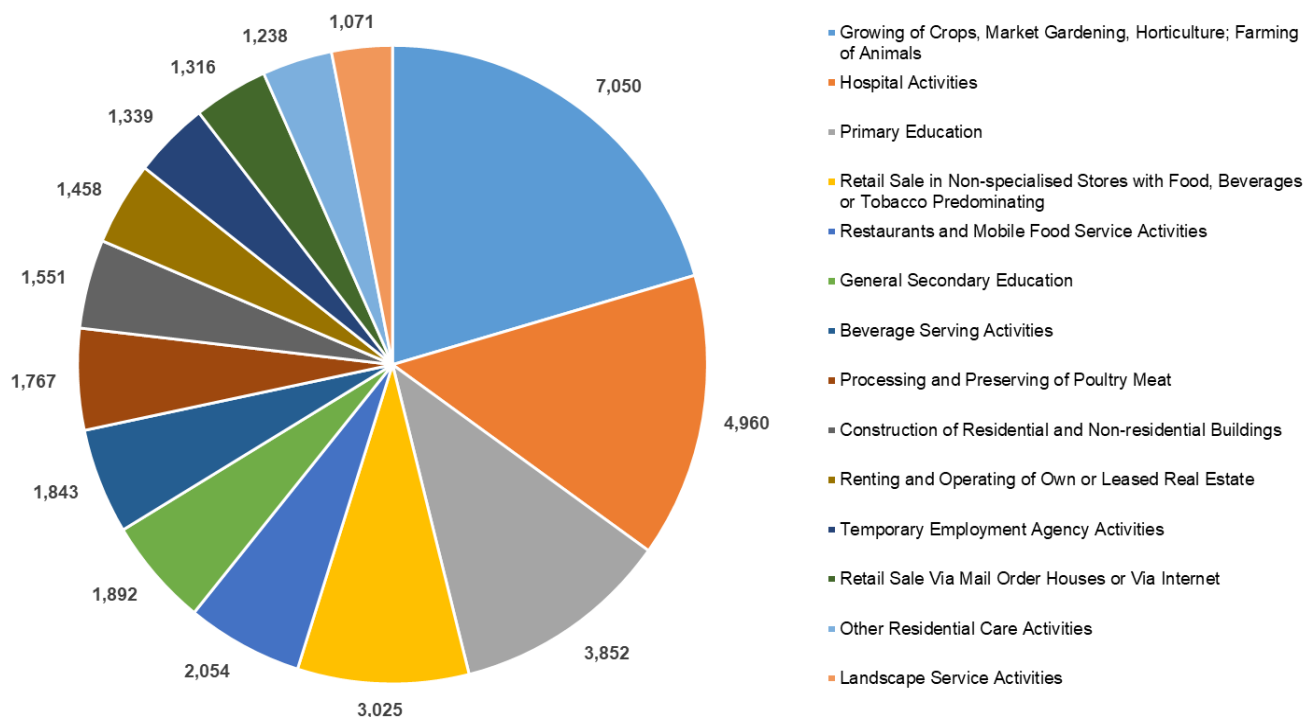


Figure 8 Number of jobs for industries in Herefordshire with ≥1000 jobs (2023).

Despite the importance of the food system, its workers are poorly compensated, with 22% only earning the national minimum wage or below, compared to 8% of all workers, and nearly half reporting food insecurity.<sup>19</sup> 42% of all supermarket workers in the UK (366,000 people) earn below the living wage.<sup>30</sup> Aldi has tried to address this, leading the way in being the first supermarket to recently introduce its fourth pay rise for staff in 12 months.<sup>74</sup>

Why is healthy food important?

Food and health

Environmental Impact

Food Insecurity

Quality and choices

Policy

Food economy



## BIG ECONOMIC PLAN

Herefordshire's Big Economic Plan includes reference to supporting sustainable food, with the 2050 plan including the ambition to transform land management and farming practices to support sustainable food production.

The Big Economic Plan will be overseen by a new Economy and Place Board consisting of public, private and voluntary sectors, working together to deliver the shared ambitions for the county. The plan aligns with and complements a number of plans and strategies across the county, including the Health and Wellbeing Strategy



## STRONGER HEREFORD

Herefordshire Stronger Towns Partnership has been awarded £22.4 million pounds from the Towns Fund. This includes the Southside project led by Growing Local to create a community garden and educational building. In addition, grants have been made available to organisations to enhance and increase green spaces and support biodiversity.

The Growing Local Gardens project forms part of the Southside project.

The project will focus on three areas:

- Developing a new children's garden
- A field to fork cook school, café and farm shop
- Establishing a community market garden.





## 8.0 PLAY YOUR PART

Everyone can play a part in supporting a healthy and sustainable food system by making small changes to the way we live our lives. We have listed some simple steps that people can follow below:

Activity	Complete
 <p>Sign the <u>food charter</u>.</p>	
 <p>Grow it...for zero food miles grow your own at home, at an allotment, join a community garden or a community orchard.</p>	
 <p>Source it... source fresh, local and seasonal food, from independent outlets or buy direct from farmers markets or the farm gate. Connect to your food by finding out where it comes from, who produced it and how it was produced.</p>	
 <p>Choose it...make informed, healthy food choices and choose certified foods such as Organic, Red Tractor and Fair Trade.</p>	
 <p>Cook it... prepare and cook from scratch, learn new recipes and new skills.</p>	
 <p>Eat it... avoid ultra-processed foods, eat more fruit and vegetables and less meat and dairy. Look for high quality, high welfare certification such as pasture fed, free range, organic and MSC for fish.</p>	
 <p>Share it... connect with your community through food, e.g. via markets and cook clubs and influence others to engage with where their food comes from. Use apps such as Too Good to Go and Olio to share any surplus.</p>	
 <p>Don't waste it... Waste less food by planning meals, buying only what you need and using or freezing leftovers. Compost what's left where possible.</p>	
 <p>Reduce it...minimise the amount of meat we all eat</p>	



## 9.0 RECOMMENDATIONS

This section provides some ways in which we can create healthy and sustainable food environments aligned with our 'ingredients' set out on page 3.

### 1 Work in partnership

- Build on the good work of the Food Alliance to co-ordinate activity across the county and deliver a whole systems approach to healthy and sustainable food.

### 2 Deliver good food education

- Continue to build on the national school food standards project alongside environmental health officers to support better school food
- All food served in schools to be compliant with the school food standards

### 3 Support healthy food for all

- Provide support to families to have the skills to cook from scratch and for children to learn healthy eating habits from an early age.
- Develop a central system to capture data on the number of residents accessing emergency food aid.
- Work with food retailers and partners to increase the take-up of the Healthy Start scheme.

### 4 Enable local food procurement

- Continue to explore the opportunities for dynamic food procurement to support locally sourced food.

### 5 Consider the effect food has on the environment

- Continue to raise awareness to the public on the effect of food on the environment to encourage informed choices.

### 6 Access healthy food where we grow, live and work

- Workplaces to provide healthy meal choices, with seasonal, local produce the preferred option.
- Consider developing a local good food awards scheme for different settings and retailers.
- Utilise planning and environmental policy tools to consider food growing and access to healthy food in local plans.

### 7 Play your part

- Consider ways we can all play a part in supporting a healthy and sustainable food system by making small changes to the way we live our lives.

# REFERENCES

- <sup>1</sup>[WHO. The Coalition of Action on Healthy Diets from Sustainable Food Systems for Children and All \(HDSFS\). 2022](#)
- <sup>2</sup>[World Health Organization. New coalitions announced at the UN Food Systems Summit to increase access to healthy diets from sustainable food systems 2021 \[updated 23 September 2021\].](#)
- <sup>3</sup>[New Food. Brits can't afford to eat healthy, claims new research 2022 \[updated 21 July 2022\]](#)
- <sup>4</sup>[UK Government. New National Diet and Nutrition Survey shows UK population is eating too much sugar, saturated fat and salt 2014 \[updated 14 May 2014\].](#)
- <sup>5</sup>[World Health Organization. Noncommunicable diseases 2022 \[updated 16 September 2022\].](#)
- <sup>6</sup>[Sustainable Food Trust. Feeding Britain from the Ground Up 2022 \[updated June 2022\]. P.12](#)
- <sup>7</sup>Parsons K, Hawkes C, Wells R. Brief 2: What is the Food System? A Food Policy Perspective. Centre for Food Policy London, UK; 2019.
- <sup>8</sup>[Nourish. Food System Tools 2023](#)
- <sup>9</sup>[World Health Organization. Healthy diet 2023](#)
- <sup>10</sup>[The King's Fund. What are health inequalities? 2022 \[updated 17 June 2022\].](#)
- <sup>11</sup>Schulze, M.B., et al., Food based dietary patterns and chronic disease prevention. *BMJ*, 2018. **361**: p. k2396.
- <sup>12</sup>[UK Office for Health Improvement and Disparities. Public health profiles - mortality. 2021 \[cited 2023 March 2023\]](#)
- <sup>13</sup>Swinburn BA, Sacks G, Hall KD, McPherson K, Finegood DT, Moodie ML, et al. The global obesity pandemic: shaped by global drivers and local environments. *The Lancet*. 2011;**378**(9793):804-14.
- <sup>14</sup>[Novo Nordisk. Estimating the full costs of obesity: frontier economics; 2022 \[updated 26 January 2022\].](#)
- <sup>15</sup>[Office for Health Improvement and Disparities. Public health profiles. 2023 \[cited 2023 February 2023\]](#)
- <sup>16</sup>[UK Office for Health Improvement and Disparities. Obesity Profile. 2021 \[cited 2023 March 2023\]](#)
- <sup>17</sup>[National Dental Epidemiology Programme \(NDEP\) for England: oral health survey of 5 year old children 2022. 2023](#)
- <sup>18</sup>[The National Food Strategy. The Plan. 2021 July 2021 \[cited 2022 December 2022\]](#)
- <sup>19</sup>[Goudie S, Hughes I. The Broken Plate 2022: The Food Foundation; 2022 \[updated 19 July 2022\].](#)
- <sup>20</sup>[Barcelona Challenge Good Food and Climate. Executive summary - Barcelona World Sustainable Food Capital 2021 2021.](#)
- <sup>21</sup>[UK Department for Environment, Food & Rural Affairs. United Kingdom Food Security Report 2021: Theme 2: UK Food Supply Sources 2021 \[updated 22 December 2021\].](#)
- <sup>22</sup>[Herefordshire Zero Carbon and Nature Rich. Getting Herefordshire to net zero and nature rich 2023](#)
- <sup>23</sup>[UK Department for Environment, Food & Rural Affairs. Farming statistics - final crop areas, yields, livestock populations and agricultural workforce at 1 June 2021- UK 2021 \[updated 16 December 2021\].](#)
- <sup>24</sup>[McEwan G. Is it time Herefordshire grew more fruit and vegetables? 2022 \[updated 14 June 2022\].](#)
- <sup>25</sup>[Hampshire Countryside Service. Ways eating seasonally can help to protect the planet 2022 \[updated 28 September 2022\].](#)
- <sup>26</sup>[Harvard T.H. Chan School of Public Health. Healthy plant-based diets better for the environment than less healthy plant-based diets 2022 \[updated 10 November 2022\].](#)



- <sup>27</sup>[Withers P, Rothwell S, Forber K, Lyon C. Re-focusing Phosphorus use in the Wye Catchment RePhoKUs 2022 \[updated May 2022\].](#)
- <sup>28</sup>[M.E.L Waste Insights. Herefordshire Council Kerbside Residual Waste Composition Analysis Summary Report 2022 \[updated November 2022\].](#)
- <sup>29</sup>[Simmonds E. The most at-risk areas for access to affordable food revealed: Which?; 2022 \[updated 8 November 2022\].](#)
- <sup>30</sup>[Sustain. Written evidence submitted by Sustain \(F50043\) 2022 \[updated September 2022\].](#)
- <sup>31</sup>[Robinson J. Vegetable shortages: UK needs to 'take command' of its own food production, says NFU's deputy president 2023 \[updated 25 February 2023\].](#)
- <sup>32</sup>Family Resources Survey: financial year 2020 to 2021. 2021; Available from: Family Resources Survey: financial year 2020 to 2021.
- <sup>33</sup>[Office for National Statistics. 2021 Census: Household deprivation 2021](#)
- <sup>34</sup>[Herefordshire County Council. Almost a third of Herefordshire households are living in fuel poverty 2022 \[updated 2 December 2022\].](#)
- <sup>35</sup>[Clifford Bell E. Cost of living: GP concerns over rise in signs of malnutrition: BBC News; 2023 \[updated 8 February 2023\].](#)
- <sup>36</sup>[Office for National Statistics. 2021 Census: Type of central heating in household 2021](#)
- <sup>37</sup>[Talk Community. Community Wellbeing Survey 2021 \[updated April 2021\].](#)
- <sup>38</sup>[UK Government. The best start for life: a vision for the 1,001 critical days 2021 \[updated 25 March 2021\].](#)
- <sup>39</sup> Joffe N, Webster F, Shenker N. Support for breastfeeding is an environmental imperative. *BMJ*. 2019;367: p. 15646.
- <sup>40</sup>Rito, A.I., et al., Association between Characteristics at Birth, Breastfeeding and Obesity in 22 Countries: The WHO European Childhood Obesity Surveillance Initiative – COSI 2015/2017. *Obesity Facts*, 2019. 12(2): p. 226-243.
- <sup>41</sup>[Breastfeeding and dental health - GOV.UK](#)
- <sup>42</sup>Child and Maternal Health - Fingertips. 2021.
- <sup>43</sup>Scaglioni S, De Cosmi V, Ciappolino V, Parazzini F, Brambilla P, Agostoni C. Factors Influencing Children's Eating Behaviours. *Nutrients*. 2018;10(6).
- <sup>44</sup>Simmonds M, Llewellyn A, Owen CG, Woolacott N. Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. *Obes Rev*. 2016;17(2): p. 95-107.
- <sup>45</sup>[National Health Service Healthy Start. Healthcare professionals. 2023 \[cited 2023 March 2023\]](#)
- <sup>46</sup>[Feed the Future. The Superpowers of Free School Meals. 2022 Autumn 2022 \[cited 2023 February 2023\]](#)
- <sup>47</sup>[Faculty of Public Health. Child food insecurity letter to the prime minister from UK public health leaders. 2023 1 February 2023 \[cited 2023 March\]](#)
- <sup>48</sup>[UK Government. School meals - food standards 2023](#)
- <sup>49</sup> [Herefordshire County Council. Free school meals for children during holidays 2023 \[updated February 2023\].](#)
- <sup>50</sup>[Herefordshire County Council. Children & Young People's Quality of Life Survey 2021. 2021 \[cited 2023 March\]](#)
- <sup>51</sup>Ravikumar, D., et al., Parental perceptions of the food environment and their influence on food decisions among low-income families: a rapid review of qualitative evidence. *BMC Public Health*, 2022. 22(1): p. 9.
- <sup>52</sup>Cairns, G., et al., Systematic reviews of the evidence on the nature, extent and effects of food marketing to children. A retrospective summary. *Appetite*, 2013. 62: p. 209-15.

<sup>53</sup>Kiesswetter, E., et al., Functional determinants of dietary intake in community-dwelling older adults: a DEDIPAC (DEterminants of Dlet and Physical ACTivity) systematic literature review. *Public Health Nutr*, 2018. 21(10): p. 1886-1903.

<sup>54</sup>Goudie S. Food Prices Nov-22 Update: What are retailers doing to help? 2022 [updated 16 November 2022].

<sup>55</sup>Public Health England. Sugar reduction and wider reformulation programme: Report on progress towards the first 5% reduction and next steps 2018 [updated May 2018]. <sup>56</sup>University of Sheffield. Study first to suggest that increased consumption of ultra-processed foods has environmental implications 2021 [updated 11 November 2021].

<sup>57</sup>Everest G, Marshall L, Fraser C, Briggs A. Addressing the leading risk factors for ill health - A review of government policies tackling smoking, poor diet, physical inactivity and harmful alcohol use in England: The Health Foundation; 2022 [updated February 2022].

NHS Digital. Health Survey for England 2019 [NS] 2020 [updated 15 December 2020].

<sup>58</sup>NHS Digital. Health Survey for England 2019 [NS]. 2020 15 December 2020 [cited 2022 December 2022]

<sup>59</sup>Shaw, S.C., et al., A systematic review of the influences of food store product placement on dietary-related outcomes. *Nutrition Reviews*, 2020. 78(12): p. 1030-1045.

<sup>60</sup>Rantala, E., et al. Choice Architecture Cueing to Healthier Dietary Choices and Physical Activity at the Workplace: Implementation and Feasibility Evaluation. *Nutrients*, 2021. 13, DOI: 10.3390/nu13103592.

<sup>61</sup>Cochrane. New Cochrane Review evidence suggests that nutritional labelling on menus in restaurants and cafes may reduce our calorie intake. 2018 27 February 2018 [cited 2023 March 2023]

<sup>62</sup>Huse, O., et al., The implementation and effectiveness of outlet-level healthy food and beverage accreditation schemes: A systematic review. *Obes Rev*, 2023. 24(4): p. e13556.

<sup>63</sup>Scarborough P, Adhikari V, Harrington RA, Elhussein A, Briggs A, Rayner M, et al. Impact of the announcement and implementation of the UK Soft Drinks Industry Levy on sugar content, price, product size and number of available soft drinks in the UK, 2015-19: A controlled interrupted time series analysis. *PLOS Medicine*. 2020;17(2): p. e1003025;

<sup>64</sup>Sustain. Five reasons the Chancellor should celebrate the sugary drinks levy 2022 [updated 8 November 2022].

<sup>65</sup>UK Government. The Calorie Labelling (Out of Home Sector) (England) Regulations 2021.

<sup>66</sup>UK Government. Childhood obesity: a plan for action Chapter 2. 2018 [cited 2023 March 2023]

<sup>67</sup>Parsons K, Sharpe R, Hawkes C. Rethinking Food Governance 1 Who makes food policy in England? A map of government actors and activities 2020 [updated May 2020].

<sup>68</sup>Local Government Association. A guide to Dynamic Purchasing Systems within the public sector. Is it right for you and your suppliers? 2017 [updated May 2017].

<sup>69</sup>Office for National Statistics. Regional gross value added (balanced) by industry: all ITL regions 2022 [updated 30 May 2022].

<sup>70</sup>The Bulmer Foundation. From field to table. A sustainable food and drink strategy for Herefordshire. 2000 [updated 24 January 2000].

<sup>71</sup>Pritchard K. Countywide approach to become a Sustainable Food Place 2021 [updated 6 December 2021].

<sup>72</sup>Marches Local Enterprise Partnership. All Industries in Herefordshire, County of - Lightcast Q2 2022 Data Set 2023 [updated February 2023].

<sup>73</sup>Regeneris Consulting. Sector Needs Assessment - Food Manufacturing and Processing 2017 [updated 28 July 2017].

<sup>74</sup>Butler, S. Aldi raises UK shop worker pay for fourth time in just over a year. 2023 17 March 2023 [cited 2023 March]





# Director of Public Health Annual Report 2022

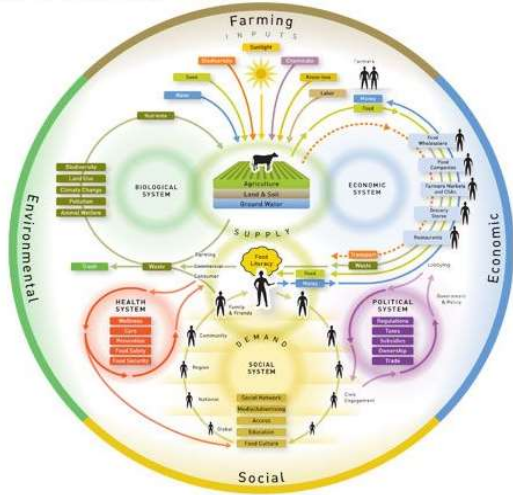


*A Recipe for Healthy and Sustainable Food*

# Why is healthy and sustainable food Important?

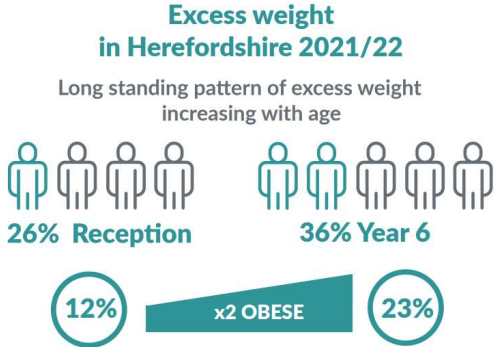
- As well as people’s health, food also has significant environmental, social and economic effects, from production, through processing and transportation to preparation and consumption
- The high-tech nature of most farming systems has led to us becoming increasingly distanced from agriculture, and consequently the story behind our food.
- Our food system is complex and there are many influencing factors
- Food can be described as ‘an interconnected system of everything and everybody that influences, and is influenced by, the activities involved in bringing food from farm to fork’
- Reducing food miles and promoting increased use of seasonal, good food produced locally can help address these risks while creating increased opportunity for the local economy
- The Herefordshire Food Alliance (HFA) was formed in 2020 and is a partnership of stakeholders from the public, private and voluntary sector working together towards a thriving and sustainable local food economy which contributes to a healthy lifestyle, healthy communities and a healthy environment.

58



# Food and health

- Poor diet is one of the leading risk factors driving the UK’s high burden of preventable ill health and premature death, contributing significantly to the population’s widening health inequalities
- Food and diet are associated with developing chronic diseases, including cancer, type 2 diabetes, coronary heart disease and stroke, with red and processed meats and sugar sweetened beverages associated with increased risks
- Cancer and diseases of the circulatory system (such as heart disease and stroke) are the leading causes of premature deaths in Herefordshire. Between them, they accounted for almost three-fifths (58%) of all deaths before the age of 75 in 2021
- Herefordshire has higher prevalence of child and adult obesity compared to the national average
- Poor diet is a risk factor for Type 2 Diabetes - Approximately 15,750 adults in Herefordshire are estimated to have type 2 diabetes, with a further 19,400 adults estimated to have non-diabetic hyperglycaemia (pre-diabetes).
- Children in Herefordshire have poorer oral health than reported nationally with 39% children aged 5 experience dental decay
- All these health consequences have a significant impact on the cost of public services



# Food and the environment

- The global food system is widely recognised as the single biggest contributor to biodiversity loss, deforestation, drought, freshwater pollution and the collapse of aquatic wildlife.
- After the energy industry it is the biggest cause of climate change, responsible for 25 to 30 per cent of global greenhouse gas emissions
- A shift to plant-based diets, sustainable, seasonal and locally sourced foods and a reduction of food waste can greatly reduce carbon emissions from this sector
- Farming is an essential part of rural life and of Herefordshire communities' prosperity, with 77% of Herefordshire land farmed
- A third of Herefordshire's commercial holdings are grazing livestock farms on lowland, while 18% are general crop farms and 11% are grazing livestock farms on less favourable land
- The UK is roughly 60% food secure, mostly self-sufficient in meat, dairy, eggs and grain but heavily reliant on importing vegetables and fruit. Herefordshire grows a plentiful supply of fruit and vegetables, which could support a more local food system.
- In Herefordshire, more than a third of black bin rubbish is food waste and its packaging. From 2022, local analysis found that 70% of food thrown away in Herefordshire was considered avoidable.



# Food insecurity

- Multiple factors affect national food security and the resilience of food supply chains, potentially leading to disruption and rising food prices
- Price and affordability are major determinants of the food people choose to purchase, particularly for people on low incomes
- The poorest fifth of UK households would need to spend 43% of their disposable income on food to meet the cost of the Government recommended healthy diet
- An estimated 28% of all households in Herefordshire are living in fuel poverty, up from almost 17% before the energy crisis - This may mean some households may not be able to afford enough food, while others could switch to cheaper calories that are less nutritious, and thus less healthy
- Research has found that healthier foods are almost three times as expensive per calorie as less healthy foods with evidence suggesting that healthy foods have increased in price by twice as much as less healthy foods in the past year
- The cost of living is often considered higher in rural areas
- We are seeing increasing numbers of people in Herefordshire receiving support from food -100% increase in use of Food Banks over the last 12-months



# Food quality and choices



- There are opportunities to promote healthy sustainable food across the life course
- Rates of breastfeeding in Herefordshire are higher than the national average for first feed and for infants being exclusively or partially breastfed by 6-8 weeks.
- As children age in Herefordshire, they are more likely to report having had nothing to eat or drink for breakfast, more chips or roast potatoes on most days, less fresh fruit on most days and more recent sugary drinks.
- Nationally, infant free school meals are provided to all state school children in years reception, 1 and 2. In addition, from year 3 onwards, free school meals are provided to children whose families are in receipt of certain benefits
- Herefordshire Council is participating in the national School Food Standards pilot with Environmental health officers are carrying out additional observations on the food offer as part of their routine food hygiene inspections and identifying any red flags against the School Food Standards.
- As people age, several issues can make it difficult to maintain a healthy diet – for example, physical conditions like arthritis affect mobility and the ability to cook meals

# Policy and the food environment



- The evidence clearly shows that the environment in which we make food choices exert a powerful influence on our diets
- Commercial influences on health should not be underestimated. The sale of products high in fat, sugar and salt is a profitable business and a variety of approaches are used by the food sector to market products detrimental to health
- Eighty per cent of processed food sold in the UK is unhealthy when compared to World Health Organisation guidelines
- The proportion of adults in Herefordshire meeting the recommended 5-a-day is higher (62.7%) than rates in the West Midlands (52.6%) and England (55.4%). However, 40% of our population are still not meeting current guidelines
- Access to fast food is easier than ever, with fast food outlets representing more than 1 in 4 (26%) of places to buy food and the growth in takeaway delivery companies during the pandemic
- The portions of food or drink that people eat out or eat as takeaway meals contain twice as many calories on average as their shop-bought equivalents
- Many retailers use 'product placement' to influence purchases in food stores. Studies suggest that greater availability of healthy foods is linked to better dietary choices.

# Food economy

- Herefordshire has high employment rates in the food sector, which may well contribute to the high number of households in fuel/food poverty due to low wages
- The food manufacturing and processing sector's high employment concentration in Hereford is almost four times as concentrated as the national average and accounted for 43% of all employment for this sector in the Marches area (consisting of Herefordshire, Shropshire and Telford and Wrekin)
- Despite the importance of the food system, its workers are poorly compensated, with 22% only earning the national minimum wage or below, compared to 8% of all workers, and nearly half reporting food insecurity
- Herefordshire's Big Economic Plan includes reference to supporting sustainable food, with the 2050 plan including the ambition to transform land management and farming practices to support sustainable food production



# What we are already doing

- Soil from the City
  - ❖ Pedicargo collect trade food waste by cargo bike and process it into compost using a Tidy Planet rocket composter. The rocket speedily breaks down food waste into nutrient- and microbe-packed compost that can regenerate the soil in the city it came from.
- Ross community garden
  - ❖ Haygrove Community Gardens was established in 2013, where during the summer months school educational visits take place. The gardens have recently expanded to include a zero waste stall, a Talk Community hub, a growing club and cooking club.
- 65 • Kids Kitchen
  - ❖ Kids Kitchen provide food activities for families in Herefordshire. They have fun, cook from scratch, use local food and make connections through their activities.
- The Cart Shed
  - ❖ The Cart Shed supports adults and young people experiencing mental health difficulties. They provide a variety of outdoor activities including food growing and other horticulture education.
- Sheds Together Cookery Club
  - ❖ The Sheds Together Cookery Club runs from Bromyard Methodist Church, bringing people over 50 together to cook, eat and socialise. Using budget-friendly recipes and with the help of volunteers, people can learn new cooking skills and great ideas to make healthy and nutritious meals alongside new friends and enjoy the delicious food that they've cooked together.



# Recommendations

## 1. Work in partnership

- Build on the good work of the Food Alliance to co-ordinate activity across the county and deliver a whole systems approach to healthy and sustainable food.

## 2. Deliver good food education

- Continue to build on the national School Food Standards project alongside environmental health officers to support better school food
- All food served in schools to be compliant with the School Food Standards
- Consideration should be given to expand access to Free School Meals, particularly for all children receiving universal credit

## 3. Support healthy food for all

- Provide support to families to have the skills to cook from scratch and for children to learn healthy eating habits from an early age.
- Develop a central system to capture data on the number of residents accessing emergency food aid.
- Work with food retailers and partners to increase the take-up of the Healthy Start scheme.

## 4. Enable local food procurement

- Continue to explore the opportunities for dynamic food procurement to support locally sourced food.

## 5. Consider the effect food has on the environment

- Continue to raise awareness to the public on the effect of food on the environment to encourage informed choices.

## 6. Access healthy food where we grow, live and work

- Workplaces to provide healthy meal choices, with seasonal, local produce the preferred option.
- Consider developing a local good food awards scheme for different settings and retailers.
- Utilise planning and environmental policy tools to consider food growing and access to healthy food in local plans.

## 7. Play your part



# We can all play our part

67

<b>Activity</b>
<b>Sign it...</b> Herefordshire's Food Charter
<b>Grow it...</b> for zero food miles grow your own at home, at an allotment, join a community garden or a community orchard.
<b>Source it...</b> source fresh, local and seasonal food, from independent outlets or buy direct from farmers markets or the farm gate. Connect to your food by finding out where it comes from, who produced it and how it was produced.
<b>Choose it...</b> make informed, healthy food choices and choose certified foods such as Organic, Red Tractor and Fair Trade.
<b>Cook it...</b> prepare and cook from scratch, learn new recipes and new skills.
<b>Eat it...</b> avoid ultra-processed foods, eat more fruit and vegetables and less meat and dairy. Look for high quality, high welfare certification such as pasture fed, free range, organic and MSC for fish.
<b>Share it...</b> connect with your community through food, e.g. via markets and cook clubs and influence others to engage with where their food comes from. Use apps such as Too Good to Go and Olio to share any surplus.
<b>Don't waste it...</b> Waste less food by planning meals, buying only what you need and using or freezing leftovers. Compost what's left where possible.
<b>Reduce it...</b> minimise the amount of meat we all eat





# **Herefordshire Sexual Violence Strategy 2023-2028**

## **Herefordshire Community Safety Partnership**

# Contents

Executive Summary.....	3
Introduction .....	5
Our Current Context.....	7
<i>The National Picture</i> .....	7
<i>The Herefordshire Picture</i> .....	11
Our Priority Areas.....	15
<i>Priority area 1: Prioritising Prevention</i> .....	16
<i>Priority area 2: Supporting Victims and Survivors</i> .....	20
<i>Priority area 3: Pursuing Perpetrators</i> .....	22
Action Plan .....	24
References.....	34
Appendices.....	38

## Executive Summary

Sexual Violence is a breach of human rights with devastating consequences for individuals, their families and their communities. This strategy sets out an account of what is known about sexual violence in Herefordshire and explains priority actions for change across the system.

- Reported sexual violence offences have increased post COVID-19 compared with pre-pandemic levels (West Mercia Police, 2022).
- Sexual violence is a hidden crime that is grossly under-reported. Estimates from the Crime Survey for England and Wales 2022 showed that 2.7% of adults aged 16 to 59 years experienced sexual assault in the last year in England and Wales. This would equate to an estimate of **5,049 sexual violence offences** against adults aged 16 to 59 years in Herefordshire **during a one year period**. However, **only 1105 offences** were actually reported for all ages **over a three year period** (April 2019-March 2022).
- Sexual violence disproportionately affects women and girls. Approximately 1 in 20 men (5.7%) have experienced sexual assault (including attempts) since age 16, compared to more than 1 in 4 women (27%) (ONS, 2021a).
- Nationally, perpetrators are overwhelmingly male - 98% of people who report sexual violence say that the perpetrator was male (ONS, 2021a).
- Perpetrators of reported offences are frequently not brought to justice. In 2019, 55,259 rapes were recorded nationally, but only 702 convictions were made (ONS, 2021a).
- Advocacy and therapeutic interventions can have positive effects on victims' and survivors' well-being and engagement with the criminal justice system. However, awareness of available services is variable amongst victims and survivors and the wider system. Commissioned services themselves have capacity restrictions due to budgetary constraint.

Our vision is for a County where everyone lives free of the fear, threat, or experience of sexual violence. Our strategy focuses on three priority areas: **prioritising prevention, supporting victims and survivors** and **pursuing perpetrators**.

An action plan will now be overseen by the Sexual Violence Sub-group of the Community Safety Partnership, involving all system partners. There will be a relentless focus on implementation.

### **Prioritising Prevention**

- Increase understanding of sexual violence and its drivers
- Challenge attitudes and structures that lead to sexual violence and stop people speaking out
- Strengthen the capacity of educational settings, workplaces, leisure and entertainment venues to prevent sexual violence
- Ensure that families and children are educated about consent, healthy relationships and sexual violence
- Address harmful sexual behaviour in schools

### **Supporting Victims and Survivors**

- Ensure that all services are working from trauma informed perspectives
- Ensure that all victims/survivors of sexual violence are believed and supported to recover
- Ensure that survivors have choice in their support options and that these are timely, integrated and client focused
- Increase the capacity of both specialist SV and mainstream services to be more responsive to the needs of victims/survivors
- Ensure that where sexual harm has happened between children, the victim and others within the setting are protected and supported
- Ensure that children displaying problematic sexual behaviours receive assessments and intervention

### **Pursuing Perpetrators**

- Ensure a multi-agency approach to address barriers preventing victim reporting and engagement with the criminal justice system
- Ensure that changes in all laws pertaining to sexual violence are circulated within multi-agency settings
- Strengthen interventions that help perpetrators take responsibility for their actions and change their attitudes to prevent re-offending

## Introduction

This strategy sets out Herefordshire's approach to preventing and responding to sexual violence. It sets out our **vision** for a County where everyone lives free of the fear, threat, or experience of sexual violence.

Sexual violence is any sexual activity undertaken against a person without their consent, in any setting, by any person, regardless of their relationship to the victim. This includes, but is not limited to: any sexual act in verbal, behavioural or representational form; attempt to obtain such a sexual act; or the act of sex trafficking (definition adapted from Herefordshire Women's Equality Group).

Sexual violence can take numerous forms, including, but not limited to:

- Rape
- Sexual harassment
- Pressure or coercion into sexual activity
- Adult sexual exploitation
- Trafficking for the purpose of sexual exploitation
- Drug assisted rape (including spiking)
- Intimate partner sexual violence
- Institutional or Organisational sexual abuse
- Technology facilitated sexual abuse (including sexting, sexual abuse via social media and online technology and image based sexual abuse)
- Up skirting
- Stealthing
- Child sexual abuse
- Child sexual exploitation
- Grooming
- Child on child sexual abuse (peer abuse)
- Harmful and problematic sexualised behaviours

- Intra-familial sexual abuse
- Child & forced marriage
- Female Genital Mutilation

Definitions of these terms can be found in appendix 1.

It is important to recognise that sexual violence crimes predominantly affect women and girls. However, sexual violence can happen to anybody, regardless of age, sex, gender, race, culture, socioeconomic status, ability, sexual orientation, other protected characteristics or location. Sexual violence crimes are underpinned by societal attitudes rooted in gender inequality, male dominance and the abuse of power. This also contributes to a victim blaming culture, presenting reporting barriers for victims and survivors, keeping many of these crimes hidden from sight. Evidence shows us that some of the most common reasons why women and girls in particular do not report sexual abuse is the fear of being blamed/shamed or of not being believed (ONS, 2021a) Sexual violence should sit within a Violence Against Women and Girls (VAWG) agenda to ensure its focus directly addresses this.

Evidence suggests some specific groups may find it difficult to report sexual violence due to fear of stigma including; men, Lesbian, Gay, Bi, Transgender plus (LGBT+), Black and Minority Ethnic (BAME) communities, sex workers and those within the prison population. Sexual violence against children, is even further hidden from view, often perpetrated in the child's own home by a family member. Access to support services can be particularly problematic for some people, including those with learning disabilities, those living in care settings and those who are rurally isolated.

Sexual violence crimes have devastating effects that are often lifelong and present in different ways, at different times, for different individuals. The Home Office has identified the following prominent impacts (HO, 2022):

- **Detrimental effects on mental health** – Anger, frustration, decreased self-esteem, depression, anxiety, post-traumatic stress disorder and a loss of identity.

- **Physical harm** - Evidence suggests that women and girls who have been victims of these crimes engage in poorer health behaviours, including smoking, substance misuse and poor diet. FGM can result in long-term physical health complications.
- **Negative impacts on education, employment and finances** – There may be impacts on victim and survivors’ educational attainment, employment and income prospects due to being absent from school or work or being unable to find and keep employment.
- **Making women feel less safe** - The most recent statistics show that only 24% of women felt very safe walking alone after dark, in comparison to 46% of men (ONS, 2020a).

Sexual violence crimes are deeply harmful, not only because of the profound effect they can have on victims, survivors and their loved ones, but also because of the impact they can have on wider society, impacting on everyone’s freedom and equality.

Herefordshire is committed to combating sexual violence and meeting the needs of victims and survivors via a comprehensive and coordinated partnership response. Implementation of this strategy will ensure that victims and survivors can be confident they will get the support they deserve, that perpetrators face justice, and that there is a relentless focus on preventing these crimes from happening in the first place.

## **Our Current Context**

### ***The National Picture***

#### **Adults**

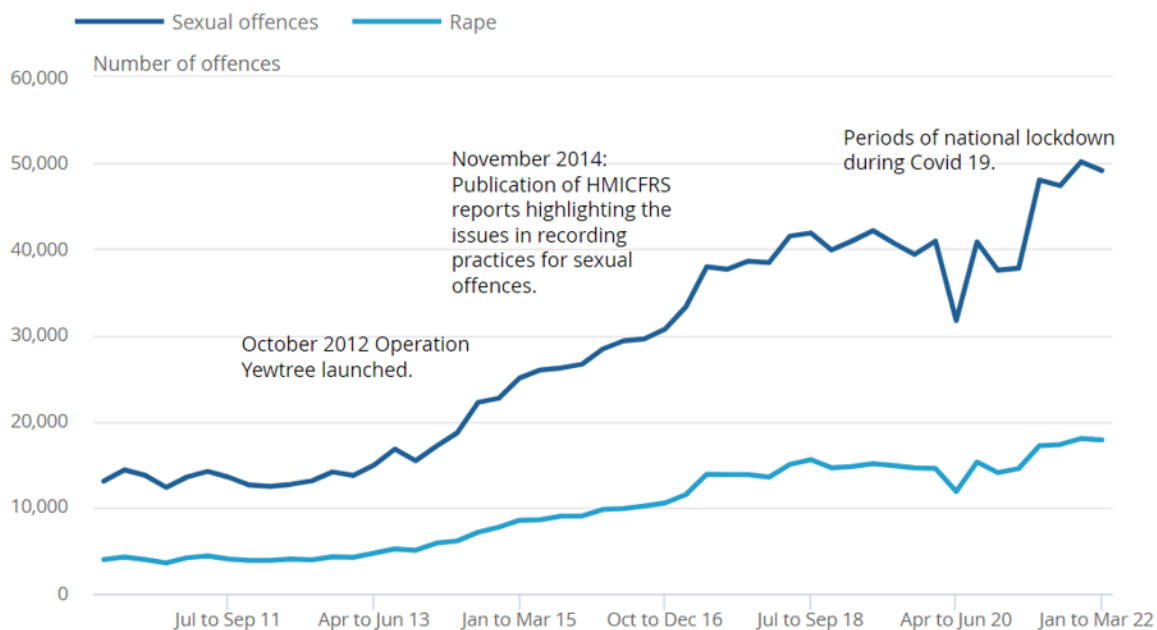
Sexual violence is frequently not reported to the police and therefore, data held by the police can only provide a partial picture of the actual level of sexual violence experienced. The Crime Survey of England and Wales (CSEW) is the preferred measure to identify trends in the prevalence of sexual violence as it is unaffected by changes in police activity, recording practice, or inclination of victims to report such crimes. Experiences of sexual violence (described as any sexual assault, including attempts) are sought from adults aged 16 to 74 years.

Estimates from the CSEW for year ending March 2022 showed that 2.7% of adults aged 16 to 59 years had experienced sexual assault (including attempted offences) in the last year. There was no significant change compared with the year ending March 2020 (2.2%), the last time the data were published.

It is important to note that CSEW does not survey people over 74, or those who live in institutions, including care homes, so it cannot offer insight into these groups. It should be noted that numbers in the older age groups have been growing at a disproportionately high rate in Herefordshire and people aged 65 and over currently account for around a quarter of the county's total population. It is estimated that around 1500 residents over 65 and around 500 residents under 65, currently live in care settings (Herefordshire Council, 2022).

Sexual violence offences recorded by the police do not provide a reliable measure of trends in these types of crime. Improvements in police recording practices and increased reporting by victims have contributed to increases in recent years. The figures do, however, provide a good measure of the crime-related demand on the police. In England and Wales, sexual offences recorded by the police were at the highest level recorded within a 12-month period (194,683 offences) in the year ending March 2022, a 32% increase from the same period in 2021. Within these annual figures, the number of recorded sexual offences were lower during periods of lockdown but there have been substantial increases since April 2021.





**Figure 1:** Police recorded rape and sexual offences in England and Wales – quarterly data from January 2010 to March 2022 (source: ONS, 2022).

Of all sexual offences recorded by the police in the year ending March 2022, 36% (70,330) were rape offences. This was a 26% increase from 55,678 rape offences in the year ending March 2021. In that same time period, charges were brought in just 2,223 rape cases (Crown Prosecution Service, 2022)

Other sexual offences increased by 35% to 124,353 compared with 92,212 the previous year. Prior to the coronavirus pandemic, the number of police recorded sexual offences was well below the number of victims estimated by the crime survey, with **fewer than one in six victims** of rape or assault by penetration reporting the crime to the police.

The latest figures may reflect a number of factors, including the impact of high-profile incidents, media coverage, and campaigns on people’s willingness to report incidents to the police, as well as a potential increase in the number of victims.

## Gender

Nationally sexual violence disproportionately affects women and girls. Approximately 1 in 20 men (5.7%) have experienced sexual assault (including attempts) since age 16, compared to more than 1 in 4 women (27%). 0.3% of men have experienced sexual assault by rape or penetration, since age 16, compared to 7.2% of women (CSEW, 2022). **5 million women** in England and Wales have been raped or sexually assaulted since the age of 16. **98% of victims and survivors report that the perpetrator was male.**

## Children

Measuring the scale and nature of child sexual abuse is difficult because it is usually hidden from view. Administrative data sources do not represent the full scale of the issue. There are no current surveys measuring children's experiences of sexual abuse because of the challenges in asking this age group about such a sensitive topic. However, the ONS collate a number of different sources of information that can help build up a picture of the scale and nature of child sexual abuse, including the following statistics (ONS, 2020b):

- The Crime Survey for England and Wales (CSEW) measures the prevalence of adults who experienced sexual abuse before the age of 16 years. This includes sexual abuse perpetrated by adults or children. In the year ending March 2019, the CSEW estimated that approximately **3.1 million adults aged 18 to 74 years experienced sexual abuse before the age of 16 years**. This is equivalent to 7.5% of the population aged 18 to 74 years.
- The sexual abuse was most likely to have been perpetrated by a friend or acquaintance (37%); around a third (30%) were sexually abused by a stranger.
- The majority of victims and survivors did not tell anyone about their sexual abuse at the time, with "embarrassment" being the most common reason.
- In the year ending March 2019, the police in England and Wales recorded 73,260 sexual offences where there are data to identify the victim was a child.

- Sexual abuse has become the most common type of abuse counselled by Childline in recent years. It was also the most commonly reported type of abuse by adults calling the National Association for People Abused in Childhood's (NAPAC's) helpline in the year ending March 2019.

In addition, Ofsted stated in its Review of Sexual Abuse in Schools and Colleges that 90% of girls, and 50% of boys, said being sent explicit pictures or videos of things they did not want to see happens to them or their peers. 92% of girls, and 74% of boys said sexist name-calling happens to them or their peers. 'The frequency of these harmful sexual behaviours means that some children and young people consider them normal' (Ofsted, 2021).

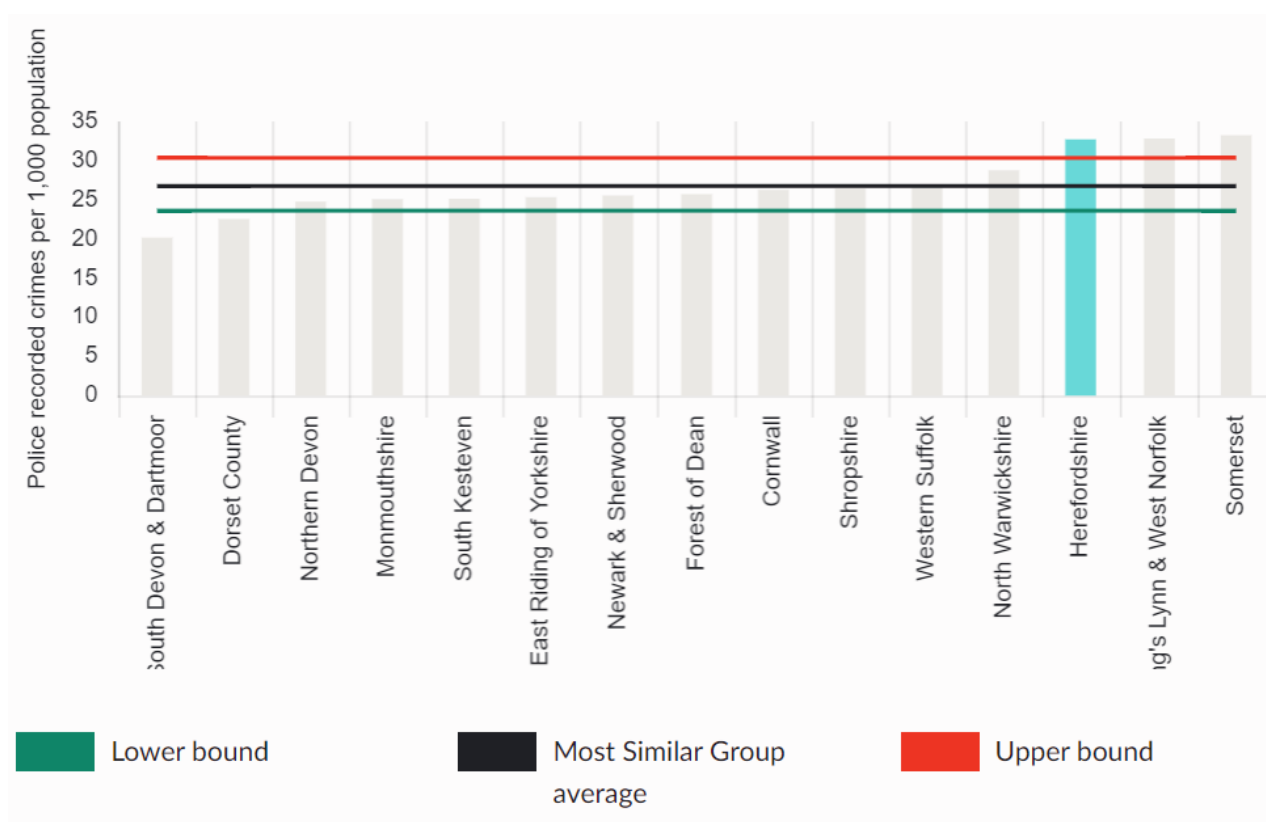
The recently published Independent Inquiry into Child Sexual Abuse examined the responses of a broad range of institutions and organisations to allegations of child sexual abuse. Over 7,300 victims and survivors engaged with the work of the Inquiry, repeatedly reporting how institutions lacked appropriate policies and procedures and prioritised their own reputations, and those of individuals within them, above the protection of children. Amongst the many recommendations made, the inquiry emphasised the need for the UK government and the Welsh Government to improve data collected by children's social care and criminal justice agencies about child sexual abuse and exploitation. They stated that there should be a single core data set so that the scale and extent of child sexual abuse is more visible (Jay et al. 2022).

### ***The Herefordshire Picture***

Within Herefordshire, there is currently no multi-agency data set to give an overview of sexual offending. However, viewed together, different sources of information can help to provide an overview of the issue's scale. The data presented here come from the following sources:

- The Office for National Statistics
- Violence Against Women and Girls: Problem Profile Herefordshire
- West Mercia Rape and Sexual Abuse Support Centre

In the year ending March 2022, the violence and sexual offences crime rate in Herefordshire was higher than the average violence and sexual offences crime rate across similar geographical areas, at 32.7 police recorded crimes per 1000 population. It should be noted, however, that the Office for National Statistics group all violence and sexual offences together as a single category that includes all genders. Therefore, it is not possible to obtain an accurate comparison of specifically sexual violence offences across similar areas. This grouping of data essentially masks an accurate account of sexual violence and is in itself cause for concern.



**Figure 2:** Violence and sexual offences in Herefordshire compared with similar areas (source: Police.uk)

The **Violence Against Women and Girls: Problem Profile Herefordshire** (West Mercia Police, 2022) presents the picture of VAWG across the four spaces of: **private, public, online and education** between 01 April 2019 and 31 March 2022. It reports that:

- 1 in 5 of all offences were VAWG

- Within all spaces, there has been a **substantial overall increase in offences post COVID-19 in comparison to pre-pandemic levels.**
- 69% of VAWG offences were recorded as occurring in a private space. This was followed by public locations at 21%.
- **1105** (17%) of VAWG offences between 01 April 2019 and 31 March 2022 were of a **sexual nature.**

These figures refer to reported offences only and therefore vastly under-estimate the true scale of the problem.

**Private spaces** are not accessible to the general public and include homes, gardens and offices. In such offences, parties are known to each other. **748** of the 1105 reported sexual violence offences took place in **private spaces**, such as homes, gardens and offices (17% of all VAWG offences in private spaces)

**Public spaces** are open or publically managed and include, for example, walkways, public transport, hospitals and venues for shopping, sports and entertainment. 20% of public space VAWG offences (273) were sexual violence between 01 April 2019 and 31 March 2022. Sexual violence offences rose in 2021/2022. The peak in offences between 20:00hrs on Saturday and 03:59hrs on Sunday mornings supports a correlation with the weekend and night time economy.

4% (22) of all **online** VAWG offences were recorded under the crime type category of sexual offences between 01 April 2019 and 31 March 2022. More than half of these involved a child under 16. Online offences are grossly under-reported, perhaps in part because they do not present an immediate physical risk.

Almost a third (47) of VAWG offences in **educational settings** (including schools, pupil referral units, colleges and universities) were of a sexual nature. Over half of these were sexual assaults of females aged 13 and over. Herefordshire recorded a 36% increase in sexual offences in places of education between 2019/2020 and 2021/2022, possibly due to increased reporting with better understanding of consensual relationships.

Less than a quarter of sexual offences recorded by police result in arrest, and outcome sexual offences result in fewer charges and subsequent convictions. In the three years between April 2019 and March 2022, an average of 22% sexual offences recorded by the police led to arrest. In 2021/2022, 8% of sexual offences that were not disposed of (regardless of when recorded), resulted in a charge. In 2021/22 36.5% of charged/summonsed sexual offences resulted in conviction. This was a decline from 2019/2020 and 2020/21 when the conviction rates were 65.5% and 64.1% respectively (West Mercia Police, 2022). There have been delays in cases being heard in court, possibly due to the impact of COVID-19 and recent barrister strikes, and this may have contributed the decline in conviction rates to a lower level than previous years. It should also be noted that conviction rates reported here refer to the current status. Due to ongoing cases, the number of convictions for the 2021/22 period are likely to increase.

<b>Year</b>	<b>Arrest rate</b> (No. of recorded offences resulting in arrest/ No. of sexual offences recorded)	<b>Charging rate</b> (No. of outcome offences resulting in charge/ No. of sexual offences with outcomes)	<b>Conviction rate – current status</b> (No. of convicted offences/ total no. of charged or summonsed offences)
<b>2019/20</b>	(95/476) 20%	(58/528) 11%	(38/58) 65.5%
<b>2020/21</b>	120/473) 25%	(39/449) 8.7%	(25/39) 64.1%
<b>2021/22</b>	(141/646) 22%	(52/651) 8%	(19/52) 36.5%

**Table 1:** Sexual violence arrests, charges and convictions in Herefordshire, 2019-2022. Note that the charge and conviction rates given are independent of the arrest rates as the denominator for the charging rate is the number of sexual offences that received an outcome (i.e. those not disposed of) (source: West Mercia Police, data request)

As already noted, data from the criminal justice system presents only the tip of the iceberg with respect to sexual violence. Estimates from the CSEW for year ending March 2022 showed that 2.7% of adults aged 16 to 59 years had experienced sexual assault (including attempted offences) in the last year in England and Wales. Using the ONS 2021 mid-year population estimate (187,000) this would equate to an estimate of **5,049 sexual violence offences** against adults aged 16 to 59 years in Herefordshire **during a one year period** (April 2021-March 2022). Whereas **only 1105 offences** in Herefordshire were actually reported for all ages **over a three year period** (April 2019-March 2022).

West Mercia Rape and Sexual Abuse Support Centre offers free specialist support to the victims and survivors of sexual violence in Herefordshire and Worcestershire. In the year 2020-21 they supported 576 victims and survivors of sexual violence in Herefordshire. The main sources of referral were police 31%, self-referral 21%, NHS 8.5%, other voluntary services 10%, local authority 11% and Sexual Abuse Referral Centre (SARC) 7.5%. For adults accessing the service, rape was the most common primary presentation. For children, the most common primary presentation was rape and assault by penetration. Of those supported by WMRSASC in 2020-21, the most common age group of clients in Herefordshire was 18-25 followed by 11-17.

In 2020-21 89% of clients were female. WMRSASC have seen very slight increases in the number of non-binary and transgender individuals accessing their service since 2018-19. A vast majority of WMRSASC’s clients in 2020-21 (86%) had not engaged with a Sexual Abuse Referral Centre (SARC), and only 33% had engaged with the police – this figure has decreased each year since 2018-19.

These data show that sexual violence is widespread in Herefordshire and yet national survey data indicate that there are many more victims and survivors who have not disclosed the crimes against them or do not know how to access suitable support services.

## Our Priority Areas

This strategy is underpinned by the following national, regional and local strategies:



Our priority areas are aligned with those set out in the National strategy, 'Tackling Violence Against Women and Girls'. However, it is important to note that this strategy relates to **all** those who have experienced sexual violence and those who perpetrate it. Our **three priority areas** are:

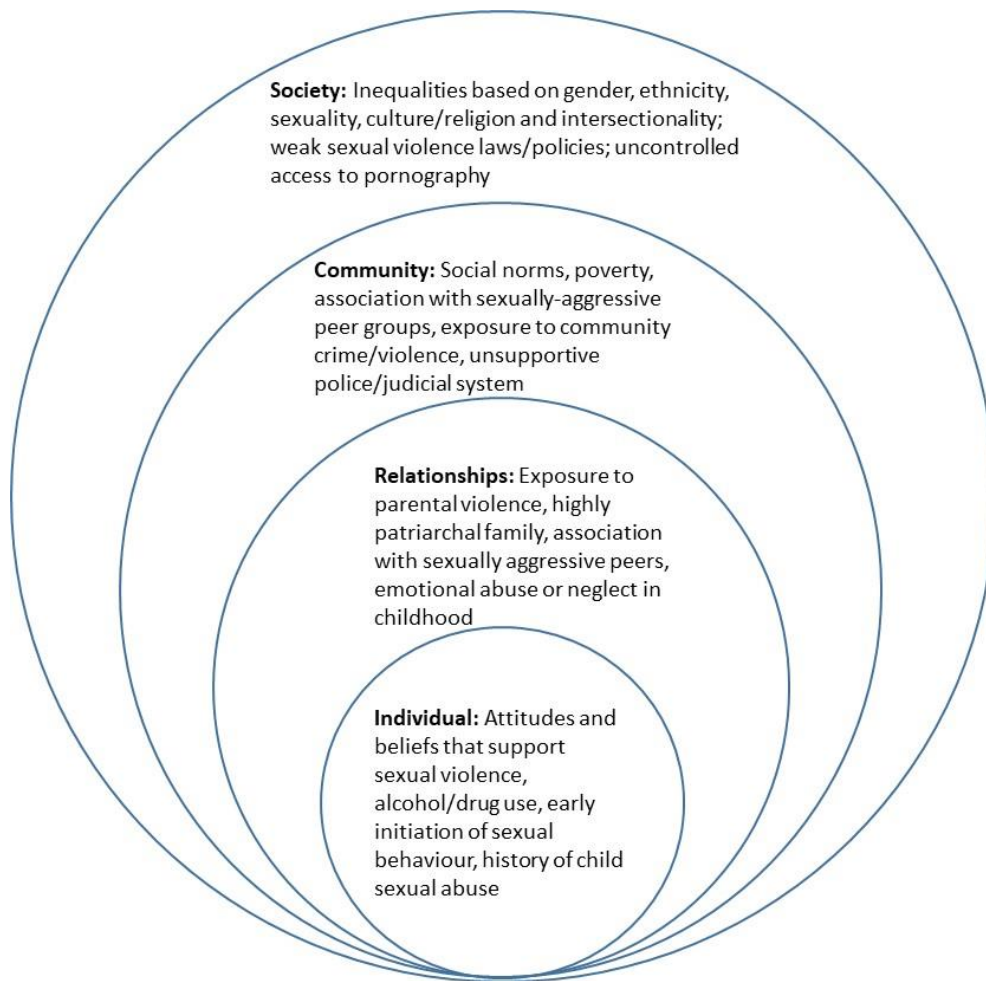
1. Prioritising Prevention
2. Supporting Victims and Survivors
3. Pursuing Perpetrators

### Priority area 1: Prioritising Prevention

#### What do we know?

To prevent sexual violence decision-makers, professionals and communities need to understand and address the complex root causes and ensure that action is taken at every level: individuals, families and relationships, settings, communities and the wider society. Perpetrators of sexual violence are predominantly male and victims and survivors are predominantly female. However, there is no clearly defined cause of sexual violence and outside the fact that 98% of people who report sexual abuse say the perpetrator was male, there is no such thing as a 'typical' perpetrator. Research has identified risk factors for sexual violence perpetration at the level of the individual, their relationships, their community and society at large. These include, but are not limited to: exposure to parental violence; excessive alcohol and drug use; early sexual initiation and sexual risk-taking behaviour; association with sexually-aggressive peer groups; a history of child physical and/or sexual abuse; poverty or low socioeconomic status; male sexual entitlement and hyper-masculinity; exposure to community crime and violence; social norms that are supportive of sexual violence; and, weak laws and policies related to sexual violence (Centres for Disease Control and Prevention. 2016).





**Figure 3:** An ecological perspective on the factors that influence sexual violence perpetration

The following issues are critical to understanding what drives sexual violence:

1. **Power** - Perpetrators place value on claiming and maintaining power over others. An understanding of the dynamics of the abuse of power is essential for understanding the environments that can give rise to sexual violence. This is particularly important in understanding sexual violence perpetrated against children or people with impaired capacity (such as a person with intellectual disability or dementia), or where there is another type of power imbalance.
2. **Privacy** - Perpetrators encourage notions of individual and family privacy that foster secrecy and silence. Privacy and secrecy creates environments where sexual violence can

occur, increases stigma for victims and inhibits other people from intervening. This is particularly important in understanding sexual violence perpetrated against children and within families.

3. **Normalisation of violence** - The presence of physical violence in personal or family relationships and communities may increase vulnerability to experiencing or perpetrating sexual violence. This is particularly important in understanding sexual violence in the context of domestic and family violence, or within communities where violence of all kinds is common.

4. **Gender inequality** - This is considered one of the most significant underlying causes of male violence against women and girls, including sexual violence (HMG, 2021a). This manifests in the following ways:

- **Condoning of male violence against women** - including attitudes that justify violence against women, excuse violent behaviour, trivialise and downplay the impact and experience of violence, and shifts blame from perpetrators to victims and survivors.

- **Men's control of decision making and limits to women's independence** - including unequal power in relationships, understandings of masculinity that encourage male dominance and control, lack of autonomy or access to resources, and social norms and attitudes that women have lower social value than men

- **Rigid gender and stereotyped constructions of masculinity and femininity** - including sexist and stereotypical views of men's and women's roles and identities, rigid ideas about acceptable female and male behaviour, and a sense of entitlement associated with masculinity and men's treatment of women.

- **Male peer relations that emphasise aggression and disrespect towards women** - including attitudes among men that emphasise sexual conquest, encourage aggression and disrespect

towards women, and make it less likely men will stand up to their peers when faced with sexist or violent behaviour or comments.

### What works?

There are a number of gaps and limitations in the evidence base around sexual violence prevention. For example, the majority of evaluations do not measure violence as an outcome and, for multi-component interventions, it is difficult to attribute outcomes to intervention components. However, a review underpinning the national VAWG strategy concluded that there is fair evidence to recommend: relationship-level interventions; alcohol reduction programmes; parenting programmes and community mobilisation interventions to change social norms and public discourse (Fulu et al. 2014).

Community mobilisation approaches are typically complex interventions that engage many stakeholders at different levels (e.g., community men and women, youth, religious leaders, police, teachers, and political leaders). They use many strategies, including group training, public events and social marketing campaigns in order to address stigma, encourage victims and survivors to seek support, encourage bystanders to take action, and to counter the normalisation of these crimes within society (Ellsberg et al. 2015).

Schools play a vital role in fostering a positive culture in which healthy behaviours are understood and harmful attitudes challenged before they escalate. The literature shows that educational interventions and bystander training (at schools, colleges and universities) can be effective at changing attitudes towards sexual violence, but there is less evidence of whether and how this results in changes in behaviour or levels of violence. In order for educational interventions to be effective, it is essential for those teaching about these issues to have appropriate training and guidance (Kettrey et al. 2019; De La Rue et al. 2014). To this end, specialist services can play an important role by complimenting the curriculum directly, via educational interventions provided to young people, and indirectly, by training teaching staff.

## Priority area 2: Supporting Victims and Survivors

### What do we know?

Experiencing sexual violence can have devastating and long-lasting impacts on the health, well-being and life outcomes of victims and survivors, their families and their communities. Ongoing shame and stigma within the community, driven by people claiming sexual violence is not a problem, or actively victim-blaming or condoning violence, may limit the victim's/survivor's capacity to disclose experiences of sexual violence. This is particularly true for those who are experiencing sexual violence in their family or home. These factors may also impact negatively on the victim's/survivor's ability to recover and heal from their experience. Indeed, research has shown that many women in the custodial system have experienced sexual violence repeatedly.

WMRSASC collect details of the impact sexual assault and sexual abuse has had on their clients. In Herefordshire, anxiety or panic attacks, low self-esteem, relationship problems, depression and anger or aggression appear to be the most common. The impact of sexual violence may be more complex or severe for some people due to intersecting discrimination and disadvantages that arise across social identifiers such as gender, class, ethnicity, ability, sexuality, gender identity, religion and age. These characteristics may also introduce obstacles to accessing support.

In October 2021, the social research organisation TONIC was commissioned to conduct a mental health and healthcare needs assessment for victims and survivors of sexual violence, covering Herefordshire, Shropshire, Telford & Wrekin, and Worcestershire. They reported that once victims and survivors have taken the difficult decision to access support, they can face lengthy waiting lists before their trauma is addressed. The location of services, particularly sexual assault referral centres (SARCs), makes access difficult for those in rural areas, and costly for those relying on public transport.

TONIC also reported that awareness of available services is limited amongst victims and survivors and wider support agencies, as is the understanding of who is eligible for help and how this can be accessed. Stakeholders are unaware of the many pathways that exist, making collaboration

between agencies more difficult. Although for many victims and survivors, statutory support such as GPs, IAPT (Improving Access to Psychological Therapies) services, and community mental health teams are their first port of call, they often feel their mental health and wider health needs are still not being met. Stakeholders (including service users and specialist services) report that staff lack the skills or experience needed to identify or address sexual assault and sexual abuse (TONIC, 2022).

### What works?

The need for more support and support that is tailored to specific groups (e.g. based on sex, ethnicity, age, sexuality or disability) has been echoed in the findings of the call for evidence that underpinned the national VAWG strategy. Just under a fifth (18%) of their victim and survivor survey respondents reported that they did not receive professional support. Reasons they gave for this included there not being enough support in their area, having difficulties finding the appropriate support, long waiting times, concerns about 'victim blaming', and a lack of support services directed at men. A third of victim and survivor survey respondents felt that their identity or personal characteristics acted as a barrier to accessing support.

For those who received support, respondents to the victim and survivor survey were least satisfied with the service received from the police and social services. They were most satisfied with:

- Trained counsellors/psychologists;
- Independent Sexual Violence Advisers (ISVAs);
- Independent Domestic Violence Advisers (IDVAs);
- Support services (e.g. rape crisis centre or refuge); and
- Specialist service helplines.

The available research has shown that advocacy and therapeutic interventions can have positive effects on victims' and survivors' well-being. In a recent systematic review of qualitative studies participants talked about positive outcomes from therapies and interventions, such as improved physical and mental health, mood, interpersonal relationships, understanding of trauma, and

their abilities to re-engage in a wide range of areas of their lives (Brown et al. 2022). Those interventions that are most effective at supporting victims and survivors are those that are personalised to individuals, and where the goals of the advocacy are tailored to their needs (Ellsberg et al. 2015; Rivas et al, 2019; Brown et al. 2022).

In the year ending March 2020, of the victims and survivors who had experienced rape (including attempted rape) since the age of 16, only 16% nationally reported it to the police. Where a victim or survivor does come forward to report a crime, too many cases still do not progress through the criminal justice system, and many victims and survivors withdraw from the process. The Government’s End to End Review of the Criminal Justice System Response to Rape (“The Rape Review”) commenced in March 2019 and looked at evidence across the system – from reporting to the police to outcomes in court – in order to understand what is happening in cases of adult rape and serious sexual offences being charged, prosecuted and convicted in England and Wales (HMG, 2021). The Rape Review highlighted the importance of **victim support** in helping victims and survivors report crimes and remain engaged with the criminal justice system, citing a study that found those receiving specialist support were 49% less likely to withdraw from the process (HMG, 2021).

### Priority area 3: Pursuing Perpetrators

#### What do we know?

The national VAWG victim and survivor survey respondents provided details about changes that could be made to increase the likelihood of victims and survivors reporting such crimes. These included: increasing awareness of the law and victims’ rights, making changes to the reporting process and what protection is available after a report is made, improving public understanding and education about violence against women and girls, making sure there is greater access to support, improving the Crown Prosecution Service’s response, and putting measures in place to give victims and survivors greater confidence that they would be believed and not blamed.

Once reported, the volume of sexual violence cases being referred by police, charged by the Crown Prosecution Service and subsequently going to court has declined significantly since 2016. The Government's Rape Review found that the most common reasons why rape victims withdraw from the process are: an increase in requests for personal digital information from mobile phones and social media, delays in investigative processes, strained relationships between different parts of the criminal justice system, a lack of specialist resources, inconsistent support for victims and survivors, the length of investigations and a fear of further violence (HMG, 2021b).

Victims and survivors who have reported sexual violence are frequently informed that their case will not be taken any further, often without being given any detail or explanation of the reasons why, and many are left feeling unable to deal with the stress and psychological toll of this. Many victims and survivors feel that their recovery is at odds with continuing to pursue their case (HMG, 2021c).

### **What works?**

In line with the needs expressed by victims and survivors and evidence across the system in relation to reporting and court outcomes (HMG, 2021b), the Government has published a detailed national plan of action to improve how sexual violence is handled throughout the criminal justice system (HMG, 2021a). This includes:

- Putting in place a framework that holds each part of the system accountable for its part in driving improvements
- Ensuring every victim has access to the right therapeutic and clinical support, and the right emotional and practical support, such as an ISVA, where appropriate
- Ensuring victims and survivors of sexual violence are easily able to access and understand information about their rights. Criminal justice agencies must ensure that victims and survivors are provided with these rights and must be held to account when they do not.

The government's national action plan does not state that it is based on evidence of what works in terms of pursuing perpetrators, as this is minimal. It is based on what victims and survivors report that they need and a review of what is actually happening in the criminal justice system.

There is a strong need for evidence-based perpetrator programmes to prevent re-offending. In a context specific to domestic abuse, 'Drive' is a national project, challenging and supporting perpetrators to change. Service providers deliver the intervention in local areas, in partnership with local specialist domestic abuse organisations. A three-year independent evaluation concluded that Drive decreased the proportion of domestic abuse perpetrators using sexual violence from 17% to 2% in a group of 506 service users (Hester et al. 2020).

However, in other contexts, there is little evidence regarding what works with perpetrators of sexual violence, and further research is required to understand and respond to perpetrators effectively. Local interventions should therefore be introduced in a small-scale experimental manner with robust evaluation of their effectiveness embedded.

## **Action Plan**

**Our vision is for a County where everyone lives free of the fear, threat, or experience of sexual violence**

### **We are committed to:**

- Working together to prevent sexual violence
- Increasing community awareness of sexual violence, challenging victim blaming language and behaviours and believing victims and survivors
- Challenging attitudes that lead to sexual violence (e.g. gender inequality) by working with community settings such as schools and businesses
- Listening to victim and survivor voices to inform development and delivery of services
- Ensuring that all victims and survivors can, and know how to, access specialist support when and where they need it. Lifelong support should be available and responsive to triggering life events.



- Coordinating efforts so that different parts of the service system work together
- Creating care pathways for all victims and survivors regardless of whether or not they report the crimes against them
- Reducing barriers to reporting sexual violence
- Improving support and choice for victims and survivors as they navigate the criminal justice system
- Holding perpetrators to account and providing perpetrator programmes to reduce re-offending

Our action plan is focussed on our three priority areas: **Prioritising prevention, supporting victims and survivors** and **pursuing perpetrators**.

**Action Plan: this is a dynamic document and will be taken forward and further scoped from April 2023. Reporting will be at each meeting of the Sexual Violence Sub-Group**

<b>PRIORITY AREA 1: PRIORITISING PREVENTION</b>				
<b>Aim</b>	<b>How?</b>	<b>Who?</b>	<b>When?</b>	<b>Measure of success</b>
1. Increase awareness and understanding of sexual violence and its drivers amongst professionals and the community 2. Challenge the myths, stereotypes and attitudes, that lead to sexual violence and stop people speaking out	Develop a <b>communications plan</b> to: <ul style="list-style-type: none"> <li>• Increase public and professional awareness of sexual violence perpetrated by males, in order to challenge rape culture, victim stigma and encourage societal change</li> <li>• Communicate how victims/survivors can access support</li> <li>• Promote bystander training in workplaces</li> </ul> Develop a <b>repository of messages</b> and videos to be shared via social media channels  Ensure that all communications are inclusive and that the repository includes messages tailored to audiences with characteristics that may inhibit access to services (e.g. LGBTQIA+, language and cultural diversity, disabilities, men)	<b>Action Owner:</b> Herefordshire Council Public Health Team and Comms Team  <b>Action Partners:</b> WMRSASC  Women’s Aid  Herefordshire Women’s Equality Group	<b>Year 1</b> (April 2023 - March 2024)	Engagement with messages via social media (e.g. watches, likes, shares, re-tweets)  Increased uptake of support services  Increased representation of those with protected characteristics amongst those who access support  Increased reporting to police
3. Strengthen the capacity of educational settings, workplaces, leisure and entertainment venues	Compile a <b>menu of recommended bystander training</b> for employees and ascertain capacity available to increase training provision	<b>Action Owner:</b> Herefordshire Public Health Team  <b>Action Partners:</b>	<b>Year 1</b> (April 2023 - March 2024)	Increased uptake of bystander training by employees in educational settings, workplaces, leisure and entertainment venues

to prevent sexual violence	Distribution of training menu using communications plan to promote increased uptake of training  Ensure that all training delivered is evaluated	Public Sector organisations  Chamber of Commerce  Federation of Small Businesses  Night time economy partners using existing networks  Herefordshire Council Education, Skills and Learning Team  Commissioned providers		
	Increase the number of Herefordshire employers signed up for White Ribbon accreditation each year	As above	<b>Year 1</b> (April 2023 - March 2024)	
4. Ensure that families, children and young people have access to educational resources on consent, healthy, respectful relationships and sexual violence	Conduct an <b>audit of activities</b> and related spend already being undertaken with children and young people and identify where further resource and capacity is required, for discussion across the system	<b>Action Owner:</b> Public Health Team  <b>Action Partners:</b>	<b>Year 1</b> (April 2023 - March 2024)	Increase in the number of educational settings receiving activities in relation to sexual violence prevention

	<p>Understand and address the development needs of those who teach Personal, Social, Health and Economic Education (PSHE) and increase uptake of specialised training courses, ensuring these are evaluated.</p> <p>Utilise experts in sexual violence to deliver education to children, complimenting increased teacher knowledge and skills</p>	<p>PHSE delivery workforce</p> <p>WMRSASC</p>		<p>Increased skills and confidence of staff teaching PSHE in educational settings</p>
5. Address harmful sexual behaviour in schools	<p>Provide <b>guidance and training to schools</b> regarding risk assessment and safeguarding procedures. Enable school staff to recognise and address sexual violence that is often dismissed as 'banter' or 'experimentation'</p> <p>Ensure that perpetrators identified receive risk assessments and interventions</p>	<p><b>Action Owner:</b> Herefordshire Council Education Skills and Learning Team</p> <p><b>Action Partners:</b> Herefordshire Council Public Health Team Purple Leaf</p>	<p><b>Year 1</b> (April 2023 - March 2024)</p>	<p>Increase in uptake of guidance and training by schools, and positive evaluation of training.</p>

**PRIORITY AREA 2: SUPPORTING VICTIMS AND SURVIVORS**

Aim	How?	Who?	When?	Measure of success
1. Ensure that all services are working from trauma informed perspectives, are equipped to meet diverse and complex needs and are able to provide women only options	Ensure that all commissioned services are trauma informed	<p><b>Action Owner:</b> Herefordshire Council Public Health Team</p> <p><b>Action Partners:</b> Service commissioners and providers across the system including the ICB</p>	<b>Year 2</b> (April 2024-March 2025)	Incorporation of requirement for trauma informed practice to all commissioned service specifications
2. Ensure that all victims/survivors of sexual violence are believed and supported to recover	<p>Build on the TONIC review to complete a <b>commissioning review</b> to understand:</p> <ul style="list-style-type: none"> <li>- Current commissioning arrangements for sexual violence support services</li> <li>- Commissioning priorities</li> <li>- Budget available in the 23 – 28 planning period of this strategy; potential for budget pooling and joint commissioning to meet rising demand for services</li> </ul>	<p><b>Action Owners:</b> NHS England</p> <p>West Mercia Police and Crime Commissioner</p> <p><b>Action Partners:</b> NHS England</p>	<b>Year 2</b> (April 2024-March 2025)	Waiting lists for support minimised
3. Ensure that survivors have choice in their support options and that these are timely, integrated and client focused	<p>Working with commissioners and providers, ensure that all NHS services can articulate the offer for survivors and play a part in delivery</p> <p>Produce a <b>directory of referral pathways</b> to support services in Herefordshire and increase awareness of the range of support options</p>	<p>ICB Herefordshire and Worcestershire</p> <p>Herefordshire Council Public Health Team</p>		<p>Directory of service provision agreed, produced and circulated amongst partners</p> <p>Clearer understanding amongst stakeholders, commissioners and providers about the nature of service provision (mental health</p>

16

	available to meet the needs survivors and their families via the <b>communications plan</b>			and specialist support services) and eligibility for these services
4. Increase the capacity of both specialist SV and mainstream services to be more responsive to the needs of victims/survivors	<p>Specialist support services to work collaboratively with GPs, IAPT and community mental health teams, sharing best practice between services</p> <p>Feedback should be regularly sought from service users in order to be responsive to their needs and drive improvement</p> <p>Explore development of peer support networks which can be used as a 'step down' from formal support</p>	<p><b>Action Owner:</b> WMRSASC</p> <p><b>Action Partners:</b> Service providers, including:</p> <p>Primary Care</p> <p>IAPT</p> <p>Community Mental Health Teams</p> <p>Service commissioners, including Herefordshire and Worcestershire ICB</p>	<b>Year 1</b> (April 2023 - March 2024)	Service-user suggestions for improvement regularly considered and adopted
5. Ensure that where sexual harm has happened between children, that steps are taken to support and protect the victim/survivor, the person accused of harmful sexual	Conduct an <b>audit</b> of processes currently in place in schools to understand what is being implemented to protect and support victims and to provide assessment and intervention to young people exhibiting harmful sexual behaviour.	<p><b>Action Owner:</b> Herefordshire Council Education Skills and Learning Team</p> <p><b>Action Partners:</b> Herefordshire</p>	<b>Year 1</b> (April 2023 - March 2024)	Guidance and training is delivered and implemented in Herefordshire educational settings

behaviour and others within the group/setting	Provide <b>guidance and training to schools</b> regarding risk assessment and safeguarding procedures in the event of an allegation to ensure that human rights are not breached by allowing victims to come into contact with a person who has exhibited harmful sexual behaviour towards them	Council Public Health Team  Herefordshire Council Children's Social care  Purple Leaf		
6. Ensure that all children/young people who are displaying problematic/harmful sexual behaviour receive assessments and intervention programs				

**PRIORITY AREA 3: PURSUING PERPETRATORS**

Aim	How?	Who?	When?	Measure of success
<p>1. Ensure a multi-agency approach to assess and address barriers to victims and survivors reporting sexual violence and accessing justice responses</p>	<p>As part of <b>communications plan</b>:</p> <ul style="list-style-type: none"> <li>- Improve public understanding and education about sexual violence</li> <li>- Increase public awareness of the law and victims’ rights</li> <li>- Increase victim/survivor confidence that they would be believed and not blamed</li> </ul>	<p><b>Action Owner:</b> Herefordshire Council Public Health Team and Communications Team</p> <p><b>Action Partners:</b></p> <p>WMRSASC</p> <p>Women’s Aid</p> <p>Herefordshire Women’s Equality Group</p> <p>West Mercia Police</p>	<p><b>Year 1</b> (April 2023 - March 2024)</p>	<p>Increase in the proportion of sexual violence victims/survivors reporting crimes (this may be indicated by a greater reporting rates amongst those accessing specialist support services)</p>
	<p>Implement recommendations of the national Rape Review to make changes to the reporting process and what protection is available after a report is made</p> <p>Emphasise the need for cases involving sexual violence to be fast-tracked through the CPS &amp; Court system</p>	<p><b>Action Owner:</b> West Mercia Police Strategic Vulnerabilities Team (HQ)</p>		<p>Increase in proportion of reports resulting in justice responses</p> <p>All those engaging with the criminal justice system offered support from ISVAs and Specially Trained Officers (STOs)</p>

100



<p>2. Ensure that changes in all laws that pertain to sexual violence are circulated widely within multi-agency settings</p>	<p>Regular review of legislation and update to be given at multi-agency meetings and circulated amongst wider partners</p>	<p><b>Action Owner:</b> Community Safety Partnership Officer</p> <p><b>Action Partners:</b> Herefordshire Council Public Health Team and Communications Team</p> <p>Service commissioners and providers</p> <p>West Mercia Police</p>	<p><b>Continuous</b> (April 2023-March 2028)</p>	<p>Timely circulation of changes in relation to sexual violence legislation</p>
<p>3. Provide and strengthen interventions that help perpetrators of sexual violence to take responsibility for their actions and change their attitudes to prevent re-offending</p>	<p>Ensure <b>behaviour change interventions</b> are in place for adults and children and young people who have perpetrated sexual violence or displayed harmful sexual behaviours and referral pathways are clear</p> <p>Interventions should meet the needs of those with dual experience of harming and having been harmed</p> <p>Interventions should be subject to careful evaluation</p>	<p><b>Action Owner:</b> West Mercia Police</p> <p><b>Action Partners:</b> WMRSASC/Purple Leaf (for children and young people)</p> <p>Probation Service</p> <p>Youth Justice Service</p>	<p><b>Year 1/2</b> (April 2024-March 2025)</p>	<p>Evidence-based interventions provided to all perpetrators</p> <p>Decrease in re-offending</p>

## References

Brown S.J., Carter G.J., Halliwell G. et al. (2022) *Survivor, family and professional experiences of interventions for sexual abuse and violence*. Available at:

[https://www.cochrane.org/CD013648/BEHAV\\_survivor-family-and-professional-experiences-interventions-sexual-abuse-and-violence](https://www.cochrane.org/CD013648/BEHAV_survivor-family-and-professional-experiences-interventions-sexual-abuse-and-violence) (Accessed: 26<sup>th</sup> October 2022)

Centers for Disease Control and Prevention (2016) *Sexual violence – risk and protective factors*.

Available at: <https://www.cdc.gov/violenceprevention/sexualviolence/index.html> (Accessed 26<sup>th</sup> October 2022)

Crown Prosecution Services (2022) *Rape Annual Data Tables Year Ending March 2022 (Excel spreadsheet)*.

Available at: <https://www.cps.gov.uk/publication/cps-data-summary-quarter-4-2021-2022> (Accessed: 26<sup>th</sup> October 2022)

De La Rue, L., Polanin, J. Espelage, D. et al. (2014) *School-based interventions to reduce dating and sexual violence*. Available at: <https://www.campbellcollaboration.org/better-evidence/school-based-interventions-dating-and-sexual-violence.html> (Accessed: 26<sup>th</sup>

October 2022)

Ellsberg, M., Arango, D.J., Morton, M. et al. (2015) 'Prevention of violence against women and girls: what does the evidence say?' *The Lancet*, 385, pp. 1555-1566.

Fulu, E., Kerr-Wilson, A., Lang, J. (2014) *What works to prevent violence against women and girls? Evidence Review of interventions to prevent violence against women and girls*. Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/337615/evidence-review-interventions-F.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/337615/evidence-review-interventions-F.pdf) (Accessed: 26<sup>th</sup> October 2022)

Hackett S (2014) *Children and young people with harmful sexual behaviours: Research Review*.

Available at:

[https://tce.researchinpractice.org.uk/wpcontent/uploads/2020/05/children\\_and\\_young\\_people\\_with\\_harmful\\_sexual\\_behaviours\\_research\\_review\\_2014.pdf](https://tce.researchinpractice.org.uk/wpcontent/uploads/2020/05/children_and_young_people_with_harmful_sexual_behaviours_research_review_2014.pdf) (Accessed 28th November 2022)

Herefordshire Council (2022) Understanding Herefordshire: Ageing Population. Available at: <https://understanding.herefordshire.gov.uk/population/ageing-population/> (Accessed 28<sup>th</sup> November 2022)

Hester, M., Eisenstadt, N., Ortega-Avila, A. et al. (2020) *Evaluation of the Drive Project – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse*. Available at: [Executive-Summary\\_Final2020.pdf \(driveproject.org.uk\)](https://driveproject.org.uk/Executive-Summary_Final2020.pdf) (Accessed 15<sup>th</sup> November 2022)

HM Government (2016) *Definition of child sexual exploitation: A consultation response*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/591512/HO\\_DfE\\_consultation\\_response\\_on\\_CSE\\_definition\\_FINAL\\_13\\_Feb\\_2017\\_\\_2\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591512/HO_DfE_consultation_response_on_CSE_definition_FINAL_13_Feb_2017__2_.pdf)

HM Government (2021a) *Tackling Violence against Women and Girls*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1033934/Tackling\\_Violence\\_Against\\_Women\\_and\\_Girls\\_Strategy\\_-\\_July\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1033934/Tackling_Violence_Against_Women_and_Girls_Strategy_-_July_2021.pdf) (Accessed: 26<sup>th</sup> October 2022)

HM Government (2021b) *The end-to-end rape review report on findings and actions*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1001417/end-to-end-rape-review-report-with-correction-slip.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001417/end-to-end-rape-review-report-with-correction-slip.pdf) (Accessed: 26<sup>th</sup> October 2022)

HM Government (2021c) *Review into the Criminal Justice System response to adult rape and serious sexual offences across England and Wales*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/994165/rape-review-research-report-appendix-d.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/994165/rape-review-research-report-appendix-d.pdf) (Accessed 26th October 2022)

Jay, A., Evans, M., Frank I. et al. (2022) The Report of the Independent Inquiry into Child Sexual Abuse. Available at: [https://www.iicsa.org.uk/key-documents/31216/view/report-independent-inquiry-into-child-sexual-abuse-october-2022\\_0.pdf](https://www.iicsa.org.uk/key-documents/31216/view/report-independent-inquiry-into-child-sexual-abuse-october-2022_0.pdf) (Accessed 28th November 2022)

Kettrey, H, Marx, RA, Tanner-Smith et al. (2019) *Effects of bystander programmes on the prevention of sexual assault among adolescents and college students*. Available at: <https://www.campbellcollaboration.org/better-evidence/bystander-programs-sexual-assault-adolescents-college-students.html> (Accessed: 26<sup>th</sup> October 2022)

Legislation.gov.uk (2003) *Sexual Offences Act 2003*. Available at: <https://www.legislation.gov.uk/ukpga/2003/42/contents> (Accessed 9th November 2022)

NSPCC (2022) *Harmful sexual behaviour*. Available at: <https://learning.nspcc.org.uk/child-abuse-and-neglect/harmful-sexual-behaviour> (Accessed 9th November 2022)

Office for National Statistics (2020a) *Estimates of proportions for how safe people feel walking alone after dark, by respondent sex, Crime Survey for England and Wales, year ending March 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/adhocs/13019estimatesofproportionsforhowsafepeoplefeelwalkingaloneafterdarkbyrespondentsexcrimesurveyforenglandandwalesyearendingmarch2020> (Accessed: 26<sup>th</sup> October 2022)

Office for National Statistics (2020b) *Child sexual abuse in England and Wales: year ending March 2019*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childsexualabuseinenglandandwales/yearendingmarch2019#:~:text=1.,both%20adult%20and%20child%20perpetrators> (Accessed: 26<sup>th</sup> October 2022)

Office for National Statistics (2021a) *Sexual offences in England and Wales overview: year ending March 2020*. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/sexualoffencesinenglandandwalesoverview/march2020> (Accessed: 26<sup>th</sup> October 2022)

Office for National Statistics (2022) *Crime in England and Wales: year ending March 2022*.

Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingjune2022> (Accessed 29th November 2022)

Ofsted (2021) *Review of sexual abuse in schools and colleges*. Available at:

<https://www.gov.uk/government/publications/review-of-sexual-abuse-in-schools-and-colleges/review-of-sexual-abuse-in-schools-and-colleges> (Accessed: 26<sup>th</sup> October 2022)

Police.UK (2022) *Compare your area*. Available at: <https://www.police.uk/pu/your-area/west-mercia-police/performance/compare-your-area/?tc=PAE04> (Accessed: 26<sup>th</sup> October 2022)

Sexual Assault and Abuse (SAA) Board (2020) *West Midlands Sexual Abuse and Assault Strategy, 2020-23*. Available at: <https://www.westmidlands-pcc.gov.uk/wp-content/uploads/2021/01/WM-SAAS-2020-2023.pdf> (Accessed: 26<sup>th</sup> October 2022)

TONIC (2022) *West Mercia: Mental health healthcare needs assessment for survivors of sexual assault and abuse*.

West Mercia Police (2022) *SPI/2022/291 Violence Against Women and Girls: Problem Profile Herefordshire FINAL (OFFICIAL)*

## **Appendices**

### **Appendix 1. Definitions**

#### **Rape**

The legal definition of rape is when a person intentionally penetrates another's vagina, anus or mouth with a penis, without the other person's consent. Assault by penetration is when a person penetrates another person's vagina or anus with any part of the body other than a penis, or by using an object, without the person's consent.

#### **Sexual harassment**

Sexual harassment is any unwelcome conduct of a sexual nature that is carried out either to offend, humiliate or intimidate another person, or where it is reasonable to expect the person might feel that way. It includes uninvited physical intimacy such as touching in a sexual way, uninvited sexual propositions, and remarks with sexual connotations.

#### **Pressure or coercion into sexual activity**

Sexual coercion is unwanted sexual activity that happens when someone is pressurised, tricked, threatened, or forced in a nonphysical way. For example:

- Being worn down by someone who repeatedly asks for sex
- Being lied to or being promised things that were not true to trick someone into having sex
- Being threatened with a relationship ending or spreading rumours about you if you do not have sex with them
- Having an authority figure use their influence or authority to pressure you into having sex

#### **Adult sexual exploitation**

Adult Sexual Exploitation is a form of sexual abuse that involves someone taking advantage of an adult, sexually, for their own benefit through threats, bribes, and violence. Perpetrators usually hold power over their victims, due to age, gender, sexual identity, physical strength or status.

Adult sexual exploitation can describe a one-off situation between two adults, or it may include instances of organised crime where a number of adults are trafficked and sexually exploited.

Adults can be sexually exploited in many ways. Examples include:

- rape
- sexual assault
- being tricked or manipulated into having sex or performing a sexual act
- being into, out of, or around the UK for the purpose of sexual exploitation (i.e. prostitution)
- being forced to take part in or watch pornography
- being victim to revenge porn (when a previously taken video or photograph, which was taken with or without consent, is shared online)

### **Trafficking for the purpose of sexual exploitation**

Trafficking for sexual exploitation also referred to as sex trafficking, is the illegal trafficking of humans for the purposes of sexual exploitation. 94% of victims of sexual exploitation are women and girls. Women who lack access to resources, such as housing, land, property, and inheritance, are at increased risk. Homeless people, LGBTQ+ people, migrants, and marginalized racial, ethnic, and socially excluded communities, are more likely to lack access to such resources and be at greater risk, due to the additional levels of discrimination they face in their intersectional identities.

### **Drug assisted rape (including spiking)**

Drug assisted rape is when drugs or alcohol are used to compromise an individual's ability to consent to sexual activity. In addition, drugs and alcohol are often used in order to minimise the resistance and memory of the victim of a sexual assault. Many different drugs are used to incapacitate a person or make them vulnerable to a sexual attack, however the most common is alcohol.

### **Intimate partner sexual violence**

Intimate partner sexual violence refers to the perpetration of sexual acts without consent in intimate relationships (including by cohabiting and non-cohabiting partners, spouses or dates). It may involve physical force or psychological/emotional coercion, unwanted sexual acts, or tactics used to control decisions around reproduction.

### **Institutional or Organisational sexual abuse**

This term is used to describe child sexual abuse that takes place in any non-family setting where people are in positions of trust and power over children or vulnerable adults, for example:

- Places of education or childcare, such as nurseries, playgroups, schools and colleges
- Places of worship and places where religious texts are studied or taught
- Sports clubs and training programmes
- Other activity/social clubs, groups and organisations, such as music groups and youth clubs
- Youth justice centres, including young offender institutions, secure training centres and secure children's homes. These are places where people under the age of 18 are sent if they've committed a crime and are sentenced to custody.
- Residential care, such as children's homes, residential schools and hostels. These are places where children or young people can be sent after being removed from their own homes.
- Residential Care homes.

### **Technology facilitated sexual abuse (including sexting, sexual abuse via social media and online technology and image based sexual abuse)**

Technology-facilitated sexual violence is a range of behaviours where digital technologies are used to facilitate both virtual and face-to-face sexually based harms. This can include unwanted sexting, cyberstalking using mobile phones and social media technology, harassing and repetitive text messages or phone calls of a sexual nature, using technology to record sexual activity without consent, creating fake sexual images or videos, and sharing sexual images or video without consent of those involved (often called image-based abuse).



### **Up skirting**

Up skirting is a highly intrusive practice that typically involves someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks (with or without underwear). Up skirting can result in the most serious offenders being placed on the sex offenders register. The Voyeurism (Offences) Act, which was commonly known as the Up skirting Bill, came into force on 12 April 2019.

### **Stealthing**

"Stealthing" is the practice of a man removing a condom during sexual intercourse without consent.

### **Child sexual abuse**

Child sexual abuse is sexual activity that happens to a person under the age of 18 and is unwanted or involves pressure, manipulation, bullying, intimidation, threats, deception or force.

Child sexual abuse can:

- Include sexual activity where there is no physical contact. For example, taking sexual photos/videos of children, or involving them in looking at sexual images or watching sexual activity.
- Happen in person, online or over the phone
- Be carried out by an adult or another child

In England and Wales, there are legal definitions for many forms of sexual violence, including rape, sexual assault and indecent exposure, but there is not one for 'child sexual abuse' as a whole. Instead, the Sexual Offences Act 2003 gives legal definitions for a number of different offences involving children and young people.

These include:

- Rape and other offences against children under 13.
- So-called Child sex offences.

- Offences involving an abuse of position of trust
- So-called familial child sex offences
- Offences involving indecent photographs of children.
- Offences involving the Sexual exploitation of children.

### **Child sexual exploitation**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology (HMG 2016).

### **Grooming**

Grooming is a form of sexual abuse whereby an abuser builds a false relationship or connection with a child, young person or adult to gain power or control over them. They do this so that they can carry out another form of sexual abuse, for example, sexual assault or rape. Grooming can take place in person or online, and be carried out by a stranger or someone that the victim or survivor knows. The abuser may:

- Pretend to be in a romantic or loving relationship with the victim or survivor
- Act like an authority figure – someone who the victim or survivor should respect, listen to and do as they say
- Pretend to be a mentor – someone who is looking out for them, advising them or giving them help
- Be controlling, demanding and/or constantly in contact with the victim or survivor or not leaving them alone

Grooming happens in stages and it is not always easy to identify. Examples of grooming tactics include an abuser:

- Asking the victim or survivor to keep secrets from other people.
- Buying the victim or survivor gifts or taking them on trips or days out.
- Giving the victim or survivor lots of attention or being really 'nice' to them.
- Cutting the victim or survivor off from their family or friends.
- Once an abuser has sexually abused a child or young person once, they might use this fact in order to threaten the child or young person and make it easier for them to carry out more abuse.

### **Child on child sexual abuse (peer abuse)**

Peer on peer sexual abuse describes any type of sexual abuse that is perpetrated by a child or young person (under 18) towards another child or young person (under 18). This can take place in any context and within any type of relationship between the children and young people affected, for example, families, friends, acquaintances or strangers.

### **Harmful & Problematic sexualised behaviours**

Harmful and problematic sexual behaviour is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive (Hackett, 2014). It may also be referred to as sexually harmful behaviour or sexualised behaviour. It can be displayed towards younger children, peers, older children or adults, and is harmful to the children and young people who display it, as well as the people it is directed towards. (NSPCC, 2022).

### **Inter-familial sexual abuse**

This is child sexual abuse that happens within a family home or family setting. The person carrying out the sexual abuse could be:

- A family member of the child

- Someone else who the child regards as their family or who is close to the child, for example, a step-parent, a close family friend, a babysitter, a child-minder etc.

When people think about child sexual abuse happening in families, they often think about it being carried out by adults. It is also very common for familial child sexual abuse to be carried out by children or young people under the age of 18 (RCEW 2022).

### **Child & forced marriage**

The definition of a Forced Marriage is "when one or more parties do not consent to the marriage or consent is obtained using duress". Child marriage refers to any formal or informal marriage of a child under 18 years of age. Child marriage has long-term consequences for girls, including social isolation, domestic violence and complications in childbirth, as a result of a child's under-developed body. Child marriage is widely recognised as a violation of a child's human rights and is prohibited by international law. It continues to deprive girls of their basic and equal rights to health, education and development (Forward 2022)

### **Female Genital Mutilation**

According to the World Health Organisation, female genital mutilation (FGM) comprises "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons." FGM can cause long-lasting physical, emotional and psychological trauma, and in some cases, death. FGM is a form of child abuse and an abuse of female adults (usually categorised under honour based violence) and causes long lasting physical and psychological damage. It can also be known as Female Circumcision and Female Genital Cutting. FGM has been illegal in the UK since 1985 (Prohibition of Female Circumcision Act 1985). The Female Genital Mutilation Act 2003 set the maximum penalty for FGM to 14 years imprisonment and made it a criminal offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where FGM is legal.

- Community Safety Partnership
- Sexual Violence Strategy

10<sup>th</sup> March 2023

- Cover option 2 (add picture behind)  
240mmx160mm

# Process

- Workshop October 2022 to review progress in drafting
- Good attendance and engagement including from statutory partners; voluntary sector providers and Herefordshire Women's' Equality Group
- Active drafting and re-drafting since then with final agreement reached on 17<sup>th</sup> Feb
- Clear consensus on the strategy, covering 2023 - 2028
- Action plan will be dynamic and some detail still needed as we move to delivery from April 23
- Actions already being taken forward.

# Context (1)

- A rise in reported offences post-Covid compared with pre-Covid
- Significant under-reporting of sexual violence. Estimates from the Crime Survey for England and Wales 2022 showed that 2.7% of adults aged 16 to 59 years experienced sexual assault in the last year in England and Wales. This would equate to an estimate of **5,049 sexual violence offences** against adults aged 16 to 59 years in Herefordshire **during a one year period**. However, **only 1105 offences** were actually reported for all ages **over a three year period** (April 2019-March 2022).

# Context (2)

- On-going issues with data accuracy, eg conflating of violence and sexual violence. However, Herefordshire is above statistical neighbours for this category.
- Sexual violence disproportionately affects women and girls. Approximately 1 in 20 men (5.7%) have experienced sexual assault (including attempts) since age 16, compared to more than 1 in 4 women (27%) (ONS, 2022)
- Perpetrators are overwhelmingly male – nationally 98% of people who report sexual violence say that the perpetrator was male (ONS, 2022)



# Context (3)

- Perpetrators of reported offences are frequently not brought to justice. Conviction rate in Herefordshire has dropped significantly in 21/22
- Advocacy and therapeutic interventions can have positive effects on victims' and survivors' well-being and engagement with the criminal justice system. However, awareness of available services is variable amongst victims and survivors and the wider system
- Commissioned support services have capacity restrictions due to budgetary constraint.

**Our vision is for a County where everyone lives free of the fear, threat, or experience of sexual violence.**

- Our strategy focuses on three priority areas:
- **prioritising prevention,**
- **supporting victims and survivors**
- **pursuing perpetrators.**

118

# In taking this forward we are committed to(1):

- Working together to prevent sexual violence
- Increasing community awareness of sexual violence, challenging victim blaming language and behaviours and believing victims and survivors
- Challenging attitudes that lead to sexual violence (e.g. gender inequality) by working with community settings such as schools and businesses
- Listening to victim and survivor voices to inform development and delivery of services
- Ensuring that all victims and survivors can, and know how to, access specialist support when and where they need it. Lifelong support should be available and responsive to triggering life events.

# We are committed to(2):

- Coordinating efforts so that different parts of the service system work together
- Creating care pathways for all victims and survivors regardless of whether or not they report the crimes against them
- Reducing barriers to reporting sexual violence
- Improving support and choice for victims and survivors as they navigate the criminal justice system
- Holding perpetrators to account and providing perpetrator programmes to reduce re-offending.

### Prioritising Prevention

- Increase understanding of sexual violence and its drivers
- Challenge attitudes and structures that lead to sexual violence and stop people speaking out
- Strengthen the capacity of educational settings, workplaces, leisure and entertainment venues to prevent sexual violence
- Ensure that families and children are educated about consent, healthy relationships and sexual violence
- Address harmful sexual behaviour in schools

## Supporting Victims and Survivors

- Ensure that all services are working from trauma informed perspectives
- Ensure that all victims/survivors of sexual violence are believed and supported to recover
- Ensure that survivors have choice in their support options and that these are timely, integrated and client focused
- Increase the capacity of both specialist SV and mainstream services to be more responsive to the needs of victims/survivors
- Ensure that where sexual harm has happened between children, the victim and others within the setting are protected and supported
- Ensure that children displaying problematic sexual behaviours receive assessments and intervention

### **Pursuing Perpetrators**

- Ensure a multi-agency approach to address barriers preventing victim reporting and engagement with the criminal justice system
- Ensure that changes in all laws pertaining to sexual violence are circulated within multi-agency settings
- Strengthen interventions that help perpetrators take responsibility for their actions and change their attitudes to prevent re-offending

# Next steps

- Active management of the action plan
- Reporting into the sub-group
- Remembering that
- 124 • **Our vision is for a County where everyone lives free of the fear, threat, or experience of sexual violence.**



# Title of report: Sexual Violence Strategy

**Meeting: Health and wellbeing board**

**Meeting date: Thursday 27 April 2023**

**Report by: Public Health Consultant**

## **Classification**

Open

## **Decision type**

This is not an executive decision

## **Wards affected**

All wards

## **Purpose**

The Health and Wellbeing Board note the Herefordshire Sexual Violence Strategy and to support the further development and delivery of the action plan across the system.

## **Recommendation(s)**

**That:**

- a) **The Board notes the Herefordshire Sexual Violence Strategy**
- b) **The Board support and facilitate further development and delivery of the action plan.**

## **Alternative options**

1. There are no alternative options since the Board has a statutory duty to consider the health and wellbeing needs of its local population and these are considered here with regard to sexual violence, together with a framework for action which has been agreed with all relevant stakeholders.

## **Key considerations**

2. Herefordshire Community Safety Partnership (CSP) has two strategic priorities: violence against women and girls and domestic abuse. In this context, a strategy on sexual violence was sought and a sub-group established. This group involved a range of partners including from the NHS, drug and alcohol services, West Mercia Police, Council, Probation, Herefordshire Women's Equality Group, West Mercia Women's Aid, and West Mercia Rape

and Sexual Abuse Support centre. A final report was produced following some months of discussion and presented to the CSP in March 2023, where it was welcomed.

3. The strategy covers 2023 – 2028 (see appendix) and presents some key data such as that 98% of perpetrators are male; that there is significant under-reporting of sexual violence; and that reports have risen since pre-Covid. It recognises that there is evidence as to what works to prevent sexual violence, and what works to reduce its impact once it has occurred. However, it notes that awareness of available services is variable, and that access to services can be problematic due to capacity issues.
4. The strategy's vision is for a County where everyone lives free of the fear, threat, or experience of sexual violence. There are three areas of focus: prioritising prevention; supporting victims and survivors and pursuing perpetrators.
5. A delivery focussed action plan has been drafted which is under active further development. All partners across the system will be included in the implementation. The level of partner engagement has been high and it is anticipated that this will continue.

### **Community impact**

6. Implementation of this strategy will have a significant impact on the local community, at a time when public awareness of sexual violence is particularly high. Fear of sexual violence and the experience of being attacked have significant negative impacts on health and well-being and the focus here on prevention and improved survivor support can bring real benefit.

### **Environmental Impact**

7. There are no direct implications for the environment in this strategy. However, creating safe public space may remove a barrier to active travel and thereby increase the number of short distance trips being done by sustainable modes of travel.

### **Equality duty**

8. This strategy has beneficial impact for women and girls who are disproportionately the victims of sexual violence and therefore makes a contribution to tackling indirect discrimination, as below.

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.

## Resource implications

9. This strategy has no immediate resource implications although reviewing future commissioning priorities will be required.

## Legal implications

10. Herefordshire Community Safety Partnership (CSP) has two strategic priorities: violence against women and girls and domestic abuse. The strategy on sexual violence sub-group involved: the NHS, drug and alcohol services, West Mercia Police, Council, Probation, Herefordshire Women's Equality Group, West Mercia Women's Aid, and West Mercia Rape and Sexual Abuse Support centre.

## Risk management

11. There is reputational risk should the Health and Wellbeing Board not endorse and commit to the Sexual Violence Strategy.

## Consultees

12. The strategy was agreed by a partnership forum over a period of some months. The key partners are listed in paragraph 2 above.

## Appendices

Appendix 1 - Sexual Violence Strategy  
Appendix 2 - Powerpoint presentation

## 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.
Legal	Sean O'Connor	Date 19/04/2023
Communications	Luenne featherstone	Date 18/04/2023
Equality Duty	Harriet Yellin	Date 18/04/2023
Procurement	Click or tap here to enter text.	Date Click or tap to enter a date.
Risk	Click or tap here to enter text.	Date Click or tap to enter a date.
Approved by	Click or tap here to enter text.	Date Click or tap to enter a date.

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



# **Title of report: Herefordshire and Worcestershire Integrated Care System - Update on the Integrated Care Strategy and NHS Joint Forward Plan**

**Meeting: Health and wellbeing board**

**Meeting date: Thursday 27 April 2023**

**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 Herefordshire and Worcestershire Integrated Care System.

## **Recommendation**

**That:**

- a) The Health and Wellbeing Board considers the report at Appendix 1.**

## **Alternative options**

1. The HWB could choose not to consider this briefing, however given the importance of the subject matter it is presented to this meeting. This is not recommended as it is a function of the committee to:
  - a. encourage those who arrange the provision of any health or social care services in Herefordshire to work in an integrated manner for the purpose of advancing the health and wellbeing of the people of Herefordshire.

- b. provide such advice, assistance or other support as it thinks appropriate, for the purpose of encouraging the making of prescribed arrangements under S 75 National Health Service Act 2006.
- c. encourage those who arrange for the provision of any health related services in Herefordshire to work closely with the health and wellbeing board, and
- d. encourage the close working of those providing health or social care services with those who arrange for the provision of health related services in Herefordshire.

### **Key considerations**

- 2. In July 2022, the Health and Care Act 2022 was implemented, which legally established Integrated Care Systems, including the formation of Integrated Care Boards. Herefordshire and Worcestershire Integrated Care Board (ICB) subsumed the responsibilities previously held by the Herefordshire and Worcestershire Clinical Commissioning Group (CCG) on 1 July 2022 and, from 1 April 2023, the ICB inherited new duties delegated from NHS England for commissioning additional services such as Pharmacy, Optometry, Dentistry and complex treatments (known as specialised services) across physical and mental health services.
- 3. The Act also created Integrated Care Partnerships (ICPs). An ICP is a statutory joint committee between the ICB and the Local Authorities responsible for the provision of Public Health and Social Care Functions in the ICS area. Locally this has resulted in a three-way committee between:
  - a) NHS Herefordshire and Worcestershire Integrated Care Board
  - b) Herefordshire Council
  - c) Worcestershire County Council
- 4. In forming the ICP, the three partners agreed to establish a wider Assembly of members to provide a platform for engagement and collaboration on the development of Integrated Care. An **Integrated Care Partnership Assembly** (ICPA) was established to support the ICP by providing input and advice to ICP decisions.

### **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. 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 HWB will need to be considered by the responsible body or the executive in response to those recommendations or subsequent decisions.

## **Legal implications**

- 9 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.
- 10 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.
- 11 The functions of the Health and Wellbeing Board are set out in paragraph 3.5.24 of the constitution. There are no specific legal implications arising from the proposed Terms of Reference.

## **Risk management**

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

## **Consultees**

None

**Appendices**

Appendix 1 – Herefordshire and Worcestershire Integrated Care System - Update on the Integrated Care Strategy and NHS Joint Forward Plan

**Background papers**

None identified.



## **Herefordshire and Worcestershire Integrated Care System**

### *Update on the Integrated Care Strategy and NHS Joint Forward Plan*

#### **1.0 Background**

In July 2022, the Health and Care Act 2022 was implemented, which legally established **Integrated Care Systems**, including the formation of **Integrated Care Boards**. Herefordshire and Worcestershire Integrated Care Board (ICB) subsumed the responsibilities previously held by the Herefordshire and Worcestershire Clinical Commissioning Group (CCG) on 1<sup>st</sup> July 2022 and, from 1<sup>st</sup> April 2023, the ICB inherited new duties delegated from NHS England for commissioning additional services such as Pharmacy, Optometry, Dentistry and complex treatments (known as specialised services) across physical and mental health services.

The Act also created **Integrated Care Partnerships** (ICPs). An ICP is a statutory joint committee between the ICB and the Local Authorities responsible for the provision of Public Health and Social Care Functions in the ICS area. Locally this has resulted in a three-way committee between:

- NHS Herefordshire and Worcestershire Integrated Care Board
- Herefordshire Council
- Worcestershire County Council

In forming the ICP, the three partners agreed to establish a wider Assembly of members to provide a platform for engagement and collaboration on the development of Integrated Care. Thus, an **Integrated Care Partnership Assembly** (ICPA) was established to support the ICP by providing input and advice to ICP decisions.

#### **2.0 Strategic Planning Framework covering Integrated Care Systems**

The specific responsibility of the ICP is to oversee the creation and delivery of an **Integrated Care Strategy** for the Integrated Care System area. The purpose of the strategy is to identify how partners across Health, Local Government, VCSE and wider partners (such as care providers, housing providers, police, fire etc) can work together to:

- Improve population health outcomes.
- Reduce inequalities in outcomes, access and experience.
- Improve value for money.
- Contribute to wider social and economic wellbeing for the population.

Local Authorities, working through Health and Wellbeing Boards (HWBs) are required to produce **Joint Local Health and Wellbeing Strategies** (JLHWS). The respective legislative frameworks require both documents to be produced separately. The mandatory guidance covering ICS Strategies is specific around when it needs to be produced (draft by 31<sup>st</sup> December 2022, final as soon as possible afterwards). However, the respective guidance for JLHWS is not specific.

It is coincidental that both strategies are being finalised at about the same time. To avoid duplication and confusion for the public, local partners have consciously worked to align the two documents, whilst recognising and accepting they have subtly different purposes. As a result, there is a strong degree of alignment between the Integrated Care Strategy and the Joint Local Health and Wellbeing Strategy.

In addition to this, mandatory national NHS guidance requires NHS Partners to produce a **Five Year Joint Forward Plan** (JFP) to outline how the NHS Partners will contribute to the delivery of the ICS Strategy and the JLHWS. The JFP must also outline how NHS Partners plan to meet mandatory national requirements in the NHS Long Term Plan and any other operational priorities determined which are determined annually.

### 3.0 Purpose of this paper

This paper has two core purposes:

1. To update HWB members on the ICP's progress towards establishing the ICS Strategy and provide assurance that there is strong alignment with the JLHWS that is being considered at the same meeting.
2. To inform members on the development to date of the JFP and to outline how the HWB will be asked to engage in development of the JPF before its publication in June.

### 3.0 Integrated Care Strategy

A draft Strategy on a Page was published at the end of December 2022. Since then, there has been a period of engagement and discussion to refine the content of the strategy.

Like the Joint Local Health and Wellbeing Strategy, the ICS strategy is required to address significant issues identified in the **Joint Strategic Needs Assessments** (JSNA). A significant amount of work has been undertaken between ICB officers and Public Health teams in both counties to ensure that this was achieved.

The ICS strategy sets out the vision for achieving “**Good health and wellbeing for everyone**” by ensuring that partners are “**Working together with communities to enable everybody to enjoy good physical and mental health and live independently for longer.**”

Underpinning the vision are 8 commitments that partners have agreed to:

1. Maximising the opportunity to work together as partners to build connections, share learning and address shared challenges in the short and long term.
2. Focusing on prevention and taking action to address health inequalities and vulnerabilities.
3. Enhancing health and wellbeing by taking an integrated approach to areas such as housing, jobs, leisure and environment.
4. Supporting people to take responsibility for their own and their families health and wellbeing and working to enable their independence.
5. Co-producing solutions with our communities and Voluntary & community sector organisations as equal partners with collective responsibility.
6. Making the right service the easiest service to access and providing it as close to home as possible.
7. Delivering better value for money, stopping duplication and using population health management to be smarter in how we target interventions.
8. Using digital platforms to make services more accessible and effective, but never forgetting the risks of digital exclusion.

In the context of this broader intent, the strategy identifies three areas of common focus across both counties that were driven by the JSNAs and other locally important priorities:

- **Providing the best start in life**, which covers the lifecycle from pre-birth to latter years of childhood, covering both physical and mental health and wellbeing

- **Living, ageing and dying well**, which incorporates mental health and wellbeing, healthy behaviours throughout life, learning disabilities and autism, and end of life care.
- **Preventing ill health and premature death from avoidable causes**, which includes prevention, tackling inequalities and timely access to critical services.

There is an emerging outcomes framework supporting each priority area that includes performance measures, trajectories and targets to monitor delivery against.

The ICP is meeting on the 26<sup>th</sup> April 2023, to receive a report on the engagement work that has taken place since publication of the draft strategy, and to review the changes that have been made to the strategy in response. Subject to approval at the meeting on 26<sup>th</sup> April, it is intended that the final document will be published shortly afterwards.

#### 4.0 The NHS Five Year Joint Forward Plan

In producing the JFP, NHS partners are required to address the priorities set out in the ICS strategy and the two JLHWS covering the ICS area. The JFP will be a single document, jointly owned by the ICB and the three NHS Trusts in the ICS area. Primary Care partners in GP Practices will also contribute to the development of this plan.

The JFP must be published by the end of June 2023 and must include an opinion from the two Health and Wellbeing Boards on the extent to which the JFP addresses the priorities set out in the JLHWS.

The structure within which the JFP is being developed is shown below. Good progress is being made on developing the core content, but a draft that is ready for sharing is not yet available.

? Why we need this plan...	🎯 The core areas of focus ...	📍 Delivering the plan ...
<p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>• Setting the scene - The NHS contribution to the delivery of the Integrated Care Strategy and the Health and Wellbeing strategies</li> <li>• Engagement on the Joint Forward Plan</li> <li>• The journey to date and what is working well</li> <li>• The biggest challenges that the system needs to address</li> </ul>	<p><b>High quality, patient centred integrated pathways</b></p> <ol style="list-style-type: none"> <li>1. Maternity services</li> <li>2. Early years, children and becoming an adult</li> <li>3. Learning disability and autism services</li> <li>4. Mental health and wellbeing</li> <li>5. Urgent and emergency care services</li> <li>6. Planned care</li> <li>7. Cancer</li> <li>8. Stroke and Cardiovascular disease</li> <li>9. End of Life</li> </ol>	<p><b>The financial plan</b></p> <ul style="list-style-type: none"> <li>• Operational finance plan for 2023/24</li> <li>• Medium Term Financial Plan</li> <li>• Better Care Fund</li> <li>• Capital plans</li> </ul>
<p><b>Strategic objectives</b></p> <ul style="list-style-type: none"> <li>• Better outcomes in population health and healthcare</li> <li>• Reduced inequalities in outcomes, access and experience</li> <li>• Enhanced productivity and value for money</li> <li>• A bigger impact on social and economic development</li> </ul>	<p><b>Golden threads and ways of working</b></p> <ol style="list-style-type: none"> <li>1. Patient safety and experience</li> <li>2. Prevention</li> <li>3. Health inequalities</li> <li>4. Personalised care</li> <li>5. Community engagement</li> <li>6. Carers</li> <li>7. Medicines, Pharmacy and Clinical Policies</li> <li>8. Diagnostics</li> <li>9. Frailty</li> <li>10. Primary and community based Care (Including general practice and estates.)</li> </ol>	<p><b>Key enablers</b></p> <ul style="list-style-type: none"> <li>• Clinical and care professional leadership</li> <li>• Optimising use of our infrastructure and capacity</li> <li>• Digital, data and analytics</li> <li>• Greener NHS</li> </ul>
<p><b>The evidence base</b></p> <ul style="list-style-type: none"> <li>• Population needs / JSNA / drivers for change</li> <li>• What people have told us / strategy engagement</li> <li>• The need to recover core performance (specific areas)</li> <li>• System wide strategic demand and capacity model</li> <li>• Point prevalence audits</li> </ul>	<p><b>Creating a sustainable and inclusive workforce</b></p> <ul style="list-style-type: none"> <li>• People Promise</li> <li>• Attracting more people into the NHS</li> <li>• Retaining our people</li> <li>• Planning better for the workforce of the future</li> </ul>	<p><b>Strategic system development</b></p> <ul style="list-style-type: none"> <li>• Strategic approach</li> <li>• Mental Health collaborative</li> <li>• NHS Trust collaboratives</li> <li>• Place partnerships</li> <li>• Pan system working</li> <li>• Strategic partnerships</li> <li>• Delegated services: Pharmacy, Ophthalmic and dental</li> </ul>
<p><b>Key principles to drive the JFP</b></p> <ul style="list-style-type: none"> <li>• Quality and safety as the foundation</li> <li>• Prevention and health inequalities at the heart of core service delivery</li> <li>• Sustainability through left shift</li> <li>• Built on a strong platform of primary care</li> <li>• Return to financial balance</li> <li>• Make the right service the easiest to access</li> </ul>	<p><b>Appendices</b></p> <ul style="list-style-type: none"> <li>• Compliance with national guidance - appendix 2 mandatory requirements (placeholder)</li> <li>• Contribution to Joint Local Health and Wellbeing Strategies</li> </ul>	

A task and finish group has been established to oversee the production of this document and a clear timeline has been agreed for development, engagement and publication:

Month	Phase	Key dates for sign off
<b>February and March</b>	<ul style="list-style-type: none"> <li>Initial drafting</li> <li>NHS Board Briefings</li> <li>Submission of delivery plans in response to NHS Operational Planning priorities for 2023/24</li> </ul>	<ul style="list-style-type: none"> <li>End March – Update on progress to NHS England</li> </ul>
<b>April</b>	<ul style="list-style-type: none"> <li>Continue drafting</li> <li>Engagement with partners</li> <li>Initial engagement with Health and Wellbeing Boards</li> </ul>	<b>27<sup>th</sup> April</b> – Herefordshire HWB (Initial briefing)
<b>May</b>	<ul style="list-style-type: none"> <li>Continue drafting</li> <li><b>“Board-ready” document for initial review by 19<sup>th</sup> May</b></li> <li>Progress updates to NHS Boards</li> <li>Formal engagement with Health and Wellbeing Boards</li> </ul>	<b>11<sup>th</sup> May</b> – Worcestershire HWB (initial briefing) <b>23<sup>rd</sup> May</b> – Worcestershire HWB (agree opinion) <b>24<sup>th</sup> May</b> – Herefordshire HWB workshop (agree opinion)
<b>June</b>	<ul style="list-style-type: none"> <li>Final drafting</li> <li>Final review by NHS Boards with recommendation for publication</li> <li><b>Publication ready document for ICB final sign off by 21<sup>st</sup> June</b></li> <li>Publication by 30<sup>th</sup> June</li> </ul>	<b>1<sup>st</sup> June</b> – Wye Valley NHS Trust Board <b>8<sup>th</sup> June</b> – Worcestershire Acute Hospitals NHS Trust Board <b>15<sup>th</sup> June</b> – Herefordshire and Worcestershire Health and Care NHS Trust Board (Development) <b>21<sup>st</sup> June</b> – ICB Board (Development)
<b>July</b>	<ul style="list-style-type: none"> <li>Retrospective sign off in public meetings for the four NHS Boards.</li> </ul>	<b>6<sup>th</sup> July</b> - Wye Valley NHS Trust Board <b>13<sup>th</sup> July</b> - Worcestershire Acute Hospitals NHS Trust Board <b>19<sup>th</sup> July</b> – ICB Board Sign off (Public) <b>20<sup>th</sup> July</b> - Herefordshire and Worcestershire Health and Care NHS Trust Board (Development)

Herefordshire Health and Wellbeing Board members will be sent a draft of the JFP on **Friday 19<sup>th</sup> May**, in advance of the workshop on Wednesday 24<sup>th</sup> May. The objectives for the workshop on the 24<sup>th</sup> May will be:

1. To answer any questions from HWB members on the development of the JFP.
2. To review the extent to which the JFP addresses the priorities set out in the JLHWS.
3. To agree any changes or updates to address identified gaps from stage 2 above.
4. To agree the wording for an opinion (subject to updates in relation to stage 3) to include for publication in the JFP.

Health and Wellbeing Board Forward Plan 2023/24

AGENDA ITEM	REPORT FROM	FREQUENCY	PURPOSE	ACTIONS
<b>12 December 2022 – Public Board</b>				
Joint Strategic Needs Annual Update	Charlotte Worthy	Ad-hoc	Information	
Mental Health and Suicide Update	Darryl Freeman/Matt Pearce	Ad-hoc	Information	
Joint Health and Wellbeing Strategy Update	ICS	Ad-hoc	Information	
Winter Plan/BCF	Ewen Archibald	Ad-hoc	Information	
Health Inequalities Plan	Frances Howie/Alan Dawson	Ad-hoc	Information	
Integrated Care Strategy Update	David Mehaffey	Ad-hoc	Information	
<b>11 January 2023 - Private Development Session</b>				
Herefordshire Health and wellbeing strategy	Lucky Beckett/Matt Pearce	Ad-hoc	Information	
Adult Safeguarding Thematic Review	Ivan Powell/Anne Bonney	Ad-hoc	Information	
Project Brave	Ewen Archibald/Lucy Beckett	Ad-hoc	Information	
<b>13 March 2023- Public Board</b>				
13/ Joint Health and Wellbeing Strategy (Draft)	Matt Pearce	Ad-hoc	Decision	
Health Inequalities Plan	Alan Dawson	Ad-hoc	Decision	
Health Protection Assurance Group	Rob Davies	Ad-hoc	Information	
Adult Safeguarding Thematic Review / Project Brave	Ivan Powell	Ad-hoc	Information	
Child Death Overview Annual Report	Elizabeth Altay	Ad-hoc	Information	
Community Paradigm	Amy Pitt	Ad-hoc	Information	
<b>27 April 2023 – Public Board</b>				
DPH Annual Report	Matt Pearce	Annually	Information	
Joint Health and Wellbeing Strategy (Sign-off)	Matt Pearce	Ad-hoc	Decision	
Sexual Violence Strategy	Frances Howie	Ad-hoc	Decision	
Integrated Care Strategy update	David Mehaffey	Ad-hoc	Information	
<b>24 May 2023 - Private Development Session</b>				
Joint Forward Plan	David Mehaffey	Ad-hoc	Information	
<b>26 June 2023 – Public Board</b>				
Children Improvement Plan	Darryl Freeman	Ad-hoc	Information	
Health and Wellbeing Board Delivery Plans	Matt Pearce	Quarterly	Information	
Mental Health Strategy/ Mental Health Collaborative	ICS	Annually	Decision	

AGENDA ITEM 11

One Herefordshire Update	WVT	Annually	Information	
Community Safety Partnership Update	TBC	Ad-hoc	Information	
Carers Strategy	TBC	Ad-hoc	Information	
Domestic Abuse Strategy 2021-24	Ewen Archibald/ Kayte Thompson-Dixon	Ad-hoc	Information	
Better Care Fund End of Year 2022/23 report	Marie Gallagher	Annually	Information	
Better Care Fund Plan 2023-25	Marie Gallagher	Ad-hoc	Information	
<b>25 September 2023 - Public Board</b>				
Health and Wellbeing Board Report	Public Health	Quarterly	Information	
<b>4 December 2023 – Public Board</b>				
Health and Wellbeing Board Report	Public Health	Quarterly	Information	
<b>11 March 2024 – Public Board</b>				
<b>10 June 2024 – Public Board</b>				
<b>16 September 2024 – Public Board</b>				
<b>9 December 2024 – Public Board</b>				