

Title of report: Health and Wellbeing Strategy

Meeting: Health, Care and Wellbeing Scrutiny Committee

Meeting date: Friday 25 November 2022

Report by: Public Health Project Officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose:

To present to the Committee a review of the development of the Herefordshire Health and Wellbeing Strategy, with firstly, an assessment of the overall impact and any learning points from the existing strategy and then secondly, inform the Committee of the progress and timelines of the new draft Herefordshire Health and Wellbeing Strategy.

Recommendation

That the outcomes, impact and learning from the implementation of the Health and Wellbeing Strategy be noted.

That the progress and plans on the development of the new Health and Wellbeing Strategy to date be noted.

Alternative options

1. It is a function of the Health and Wellbeing Board (HWBB) to produce a Joint Health and Wellbeing Strategy (HWBS).
2. The Committee could choose not to consider this briefing, however given the importance of the subject matter it is presented to this meeting.

Key considerations

3. The council produced the attached report in October 2022. The report is to provide the background information to assist the scrutiny committee to consider the outcomes, impact

and any learning points from the implementation of the Health and Wellbeing Strategy, as well as to consider the progress and plans on the development of the new Health and Wellbeing Strategy.

4. Appendix 1 contains the council's report in full for the Committee to consider.

Community Impact

- In accordance with the adopted code of corporate governance, the 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

- Whilst this is an update on the work programme and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the council's Environmental Policy.

Equality duty

- 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.
- The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. As this report concerns the administrative function of the children and young people scrutiny committee, it is unlikely that it will have an impact on our equality duty.

Resource implications

- The costs of the work of the Committee will have to be met within existing resources. It should be noted the costs of running scrutiny can be subject to an assessment to support appropriate processes.
- The councillors' allowance scheme contains provision for co-opted and other non-elected members to claim travel, subsistence and dependant carer's allowances on the same

basis as members of the council. If the committee agrees that co-optees should be included in an inquiry they will be entitled to claim allowances.

- It is suggested that a scrutiny committee should only have one in-depth scrutiny task group inquiry running at a time.
- It should be noted that the Health and Wellbeing Strategy is likely to identify some key areas for action which may have implications for funding.

Legal implications

- Section 196 of the Health and Social Care Act 2012 requires the preparation and publication of a joint Health and Wellbeing Strategy which describes how the Health and Wellbeing Board, working together with partners, will improve health and wellbeing.
- The council is required to deliver a scrutiny function. The development of a work programme which is focused and reflects those priorities facing Herefordshire will assist the Committee and the council to deliver a scrutiny function.
- The Scrutiny Rules in Part 4 Section 5 of the council's constitution provide for the setting of a work programme, the reporting of recommendations to the executive and the establishment of task and finish groups within the Committee's agreed work programme.

Risk management

Risk / opportunity	Mitigation
There is a reputational risk to the council if the scrutiny function does not operate effectively.	The arrangements for the development of the work programme should help mitigate this risk.

Consultees

Mary Knowler (Public Health Programme Manager), Hilary Hall (Corporate Director Community Wellbeing)

Appendices

Appendix 1 – Herefordshire Health and Wellbeing Strategy

Appendix 2 – List of consultation reports reviewed as part of priority setting

Appendix 3 - Extended narrative for potential priorities

Background papers

- Herefordshire Health and Wellbeing Strategy - [Health and wellbeing – Herefordshire Council](#)
- Herefordshire Joint Strategic Needs Assessment [joint-strategic-needs-assessment](#)
- Herefordshire Joint Health and Wellbeing Strategy [Consultation](#)

Appendix 1

1.0 Officer Recommendations

That the committee notes the progress and plans for the development of the new Joint Health and Wellbeing Strategy

2.0 Purpose of the Report

1. To provide a summary to the committee about the outcomes, impact and any learning points from the previous Health and Wellbeing Strategy.
2. To inform the committee for its consideration, of the progress and plans to date to develop the new strategy.

3.0 Introduction

The Health and Social Care Act 2012 requires every local authority to produce a Joint Health and Wellbeing Strategy (HWBS). The HWBS should set out how the Council and its local partners plan to address the health and wellbeing needs of its population and as such, is a key document that is jointly owned and one that promotes collective action to meet those needs.

The recent implementation of the Health and Care Act 2022 and the consequent establishment of the new Integrated Care Strategy (ICS) for Herefordshire and Worcestershire provides a timely opportunity for the new strategy to deliver action at both the system and place level.

The publication of the NHS long Term Plan also signals a commitment to place-based care and population health and places new key responsibilities upon Primary Care Networks, as well as the ICS. We should therefore ensure that the HWBS reflects the new joined up way of working and that our priorities are aligned to the ICS strategy. For that reason it has been proposed that the Herefordshire HWBS, once completed will provide chapter 1 of the ICS strategy, with Worcestershire HWBS providing Chapter 2 and the Integrated Care Board (ICB), chapter 3. The first draft of the ICS strategy is expected to be completed in December 2022.

4.0 Health and Wellbeing Strategy 2017-2021

The current Health and Wellbeing Strategy was published in 2017 and set a broad range of priorities that were inclusive to people through their lifetime. It was ambitious as all the priorities merited particular attention because of their impact upon wellbeing. However they were fairly focussed on the individual: going forward, as referenced in the Introduction, we have the systems in place that will allow us to set our new strategy within a broader community context and more effective partnership working. Working by these principles we will have greater potential to improve the wellbeing of our residents than we have had previously.

4.1 Summary of Achievements of the HWBS 2017-2021

Throughout the Strategy a number of statements were made on 'what success would look like' across the six identified priorities. A rapid review of actions against these HWBB commitments found that many of these have been achieved in part or in full, but the degree to which the strategy influenced the subsequent actions is unclear. A summary of the priorities, outcomes and notable achievements are summarised in Table 1.

A detailed analysis was also undertaken on the 'key performance indicators' listed in appendix B of the 2017 Health and Wellbeing Strategy to understand whether improvements had been achieved against

each priority areas. A summary of these can also be found in Table 1 below. It should be noted that there are likely to be issues with some of the indicators identified as data were not available. It should also be acknowledged that most of these indicators will have been adversely impacted by the Covid-19 pandemic and/or unlikely to have shown any amenable changes over a short period of time.

Table 1. Summary of achievement against priorities

Priority	Outcomes	Achievements	KPI's
1. Mental Wellbeing	Mental health and wellbeing and the development of resilience in children, young people and adults	<ul style="list-style-type: none"> • Roll out of the Solihull Parenting Programme • School Mental Health Nursing Service • Social Prescribing Service across primary care networks • Additional training for workforces to Make Every Contact Count 	<ul style="list-style-type: none"> • Most indicators suggest no improvements
2. Children	For children, starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health.	<ul style="list-style-type: none"> • Roll out of the Solihull Parenting Programme • Ongoing investment in the public health nursing service • Maternal stop smoking interventions • Oral health interventions - supervised tooth brushing, oral health training 	<ul style="list-style-type: none"> • Approximately half of the indicators shown improvements
3. Older people	Quality of life, social isolation, fuel poverty	<ul style="list-style-type: none"> • Ongoing investment across the voluntary sector • Physical Activity Strategy • Strength and Balance programme 	<ul style="list-style-type: none"> • Unclear or no impact across the indicators
4. Impact of Housing	Impact of housing – fuel poverty and poverty and the impact on health and wellbeing	<ul style="list-style-type: none"> • Integrated discharge service / Home First • Talk Communities Programme 	<ul style="list-style-type: none"> • Unclear or no impact across the indicators
5. Adults	Long term conditions, lifestyles (alcohol, weight, active lifestyles, smoking prevention, mental health)	<ul style="list-style-type: none"> • Roll out of National Diabetes Prevention Programme • Numerous active travel initiatives • Health Trainer Service • Healthy Mums Programme 	<ul style="list-style-type: none"> • Unclear or no impact across the indicators
6. Special Consideration	Special consideration to vulnerable groups	<ul style="list-style-type: none"> • Learning Disability Strategy 2018 to 2028 	<ul style="list-style-type: none"> • Unclear or no impact across the indicators
7. Hidden Issues	Issues Alcohol abuse in older men and women and young mothers	<ul style="list-style-type: none"> • A new alcohol and substance misuse service launched 	<ul style="list-style-type: none"> • Unclear or no impact across the indicators

4.2 Governance of the current HWBS

The previous strategy outlined a desire to work collectively across our partnership structures through a distributed leadership model. In reality it is unclear how oversight and delivery of the existing strategy was monitored and governed. We are not aware of a delivery plan that accompanied the strategy that detailed how the strategy would be implemented.

In May 2019, the chair of the health and wellbeing board commissioned a review of the board's function, membership and deliverables. The review was facilitated and supported by the LGA. The review examined the current strategic landscape across health, social care and work of wider partners, and the role of the board in providing leadership and helping to bring coherence to the new ways of working that connect communities, place and system.

To ensure that the board was fit for purpose in a changing health and social care environment, and recognising the need to explore the wider determinants of health and wellbeing, the board agreed to expand its core membership to include representatives from: health partners - commissioners and providers; the council - councillors and all directors; police; fire and rescue; strategic partnership boards; and Healthwatch Herefordshire.

In reviewing the existing strategy, a number of considerations have been identified that will inform how the new HWBS will be developed and implemented:

- A clear action plan and programme management approach to ensure oversight of delivery of the strategy
- Identified thematic leads/Senior Responsible Officers responsible for key priority areas
- Dedicated officer support to oversee delivery of the health and wellbeing strategy
- A performance management framework that is presented regularly to the Health and Wellbeing Board to ensure progress against the priorities are actively monitored
- Ensuring Health and Wellbeing Board members hold each other to account in delivering the strategy and working together to 'unblock' issues
- Consideration to how identified actions are resourced by partners across 'place' and 'system'
- Ensure effective arrangements are in place to evaluate the impacts of the new Joint Health and Wellbeing Strategy

5.0 Developing the new Health and Wellbeing Strategy

The strategy is being project managed by a designated council officer under the direction of the Director of Public Health. A dedicated task and finish group has been formed and meets fortnightly to update its members on progress and issue any new actions required by attendees. This group is made up of representatives from key partners i.e. Council, Health Watch, Herefordshire and Worcestershire Integrated Care Board and Wye Valley Trust.

In June 2022, the Health and Wellbeing Board held a workshop to consider how the new health and wellbeing strategy should be developed. Through this process they agreed the following principles:

- The priorities in the strategy will be based on need
- Planned actions will be based on evidence of effectiveness.
- Prevention (in all its forms) will be at the heart of all we do
- A 'proportionate universalist' approach – something for everyone and more for those who need it the most
- The strategy will focus on areas where partnership action adds value and there is commitment across the system
- Narrowing health inequalities is a core aim

- The strategy is developed in close collaboration with residents and local partners from health, social care, local authorities and voluntary sector.

The Board also agreed a number of design principles for the new HWBS:

- The strategy should be short and concise.
- The strategy itself should be high level.
- It should be supported by shared and local action plans that set out the detail of how the strategic goals will be delivered across all the partners.
- The strategy should focussed on prevention and integration.
- A whole life course approach should be maintained.

5.1 Formulating the priorities

Addressing health inequalities and the wider determinants of health remain underpinning principles that have guided our decisions about potential priorities. There is a wealth of evidence that points strongly to the influence of peoples' life circumstances and environment on their wellbeing and of wellbeing on our state of health. A key publication of recent times was The Marmot Review of 2010¹ which highlighted the difference in health outcomes between those living in poorer areas and those in the more affluent parts of the country. It also demonstrated the worsening trend in mortality and morbidity of those living in poorer circumstances, compared to those who were better off economically. This was followed-up in 2020 with the report 'Health Equity in England: The Marmot Review 10 Years On'².

Twenty years before Marmot, Dahlgren and Whitehead published their 'Wider determinants of health' model (see diagram below) demonstrating the relationship between the individual and their environment and how our health is influenced by a variety of factors. This model has remained a key point of reference for discourse about health and its influencing factors.

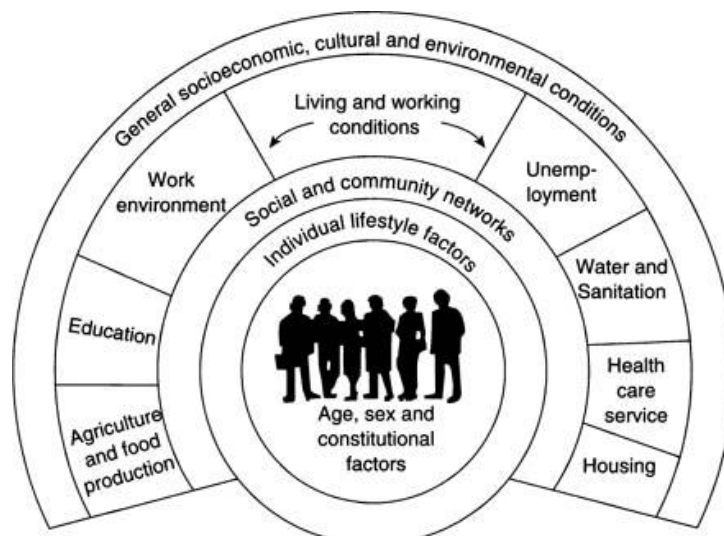


Figure 1. The Dahlgren and Whitehead model of health determinants

Any consideration of the new strategy cannot be done without reference to the emerging evidence that the coronavirus (COVID-19) pandemic has had a profound impact on our health and wellbeing, affecting outcomes across the life course. Its effect has shone a light on some of the health and wider inequalities that persist in our society and it has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. For example, over the course of the pandemic, people living in the most deprived areas within the Herefordshire were 1.5

¹ [Marmot Review report – 'Fair Society, Healthy Lives | Local Government Association](#)

² [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#)

times more likely to die with COVID-19 than those living in the least deprived areas³. A new strategy therefore presents an opportunity to include our aspirations and priorities for tackling inequalities as part of our recovery, recognising that many of the causes of ill-health are deep rooted in society. Together with the worsening cost of living situation being witnessed, we are perhaps faced with a new level of challenge since the previous Health and Wellbeing Strategy was written.

5.2 Prioritising areas for consideration

In identifying potential priorities for the HWB Strategy we considered core data and insights from the Joint Strategic Needs Assessment (JSNA), partners, and community surveys and reports. We also undertook a desktop review of existing strategic documents.

Most indicators or outcomes used to identify 'problem areas' were based on data for Herefordshire's performance on several public health outcomes, or indicators, presented on the Office for Health Improvement & Disparities (OHID) Fingertips website⁴. Fingertips is a large public health data collection, with data organised into themed profiles. Specific indicators were chosen based on previous work identifying relevant indicators for local authority public health planning, supplemented by additional indicators that were recently added or where Herefordshire performed poorly. Herefordshire's performance on indicators were compared to average national scores to determine whether Herefordshire performed better, similar, or worse than the England average. Data was also extracted for Worcestershire, Herefordshire's neighbouring region, the ICS and West Midlands regions for comparison. Where available, patterns based on trends over time were also looked at to understand whether performance on specific indicators was improving, worsening, or similar. A summary of some of the health indicators can be found in appendix 2.

In addition to the acquisition of statistical data, a thorough review of recent consultations, strategies and plans relevant to the county was undertaken (see Appendix 3). The Joint Strategic Needs Assessment of 2021 has also provided us with rich detail about the health and economics of our populations. .

To help identify priority areas for possible inclusion in the strategy, a set of criteria were agreed by the health and wellbeing board:

1. Herefordshire outcomes or indicators that are poor and are worsening or have plateaued
2. Outcomes that affect a significant number of people or groups of people
3. Outcomes that require system/partnership working and responses to address
4. Outcomes that are amenable to change with a strong evidence base for potential interventions
5. Outcomes with evidence of inequalities in their effect on the population

Once our preliminary long list of priorities was approved, this was presented to partners and colleagues from the Health and Wellbeing Board, One Herefordshire Partnership, Community Partnership (covered in more detail below), Integrated Care Partnership, Clinical and Practitioner Leadership forum, Directorate Leadership Team (DLT) and Public Health colleagues from Herefordshire Council.

To help us start to formulate potential priorities, in early autumn of 2022 there was a consultation workshop with our Community Partnership to ascertain what it saw as the key challenges for Herefordshire residents. The issues were identified as below with some qualitative feedback from residents: see Table 2.

³ All age standardised mortality rate calculated using ONS 2020 MYE LSOA SYOA and European Standard Population for IMD quintiles. Analysis includes deaths among Herefordshire residents where COVID-19 is mentioned on the death certificate from the beginning of the pandemic up to 14th March 2022. Data is from council death registration certificates. Deaths among care home residents were excluded due to clustering effects

⁴ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

Table 2. Summary of issues and challenges identified by Community Partnership

Challenges	Feedback
Access to Services	Waiting lists, access to mental health services, GPs, Pharmacies & Dentists
Homelessness and Housing	Rough sleepers and those at risk, hidden homeless, good housing stock, cold homes
Rurality and Transport	Rurality increases cost of service provision, dwindling transport infrastructure, travelling to access care and services
Cost of Living	Financial health impact of the growing cost of living, “people just can't afford to live”
Loneliness and Isolation	There are deep issues with loneliness & isolation in a county where the transport infrastructure is dwindling rather than growing”
Food Poverty	Education and affordability of/access to nutritional food, Extending free school + holiday time meals
Digital Exclusion	Areas without broadband and/or people without digital skills, digital website needs

We also undertook a review of previous consultations that had taken place and a list of these can be found in appendix 2

5.3 Proposed Priorities for the strategy

Having consulted with our partners and taken into account the issues explained at 5.2 we have now identified a list of 12 priorities that sit under 4 broad headings (see table 3). Further detail of these priorities areas can be found in appendix 4

Table 3 – Draft priorities identified for consideration in the new HWB Strategy

	1. Healthy people	2. Opportunity for all	3. Thriving communities	4. Healthy and sustainable places
Goals	people are supported to be in control of their health and make healthy choices	Opportunities exist for everyone through fair employment for all, education and social mobility	People live in communities that foster wellbeing and resilience	People can live and work in sustainable, safe and healthy environments
Priority areas	1. Good mental wellbeing across the life course 2. Support people addicted to substance misuse 3. Support vulnerable people to lead healthy lives	4. Improve education outcomes for disadvantaged children and young people 5. Every child has the best start in life 6. Good work for everyone	7. Increase access to healthy and sustainable food and physical activity 8. Reduce our carbon footprint 9. Improve housing quality and reduce homelessness	10. Reduce loneliness and social isolation across all ages 11. Support people to age well 12. Improve access to local services, (community and health) particularly in rural areas

6.0 Timeline for development of strategy

The table below gives a summary of where we have reached in the process of the strategy development.

When	What	Completed status
July 2022	Approval to proceed	
July 2022	Evaluate existing strategy	
August 2022	Review existing consultations	
September 2022	Understanding population needs	
October 2022	Identification of proposed Priorities	
November –Dec 2022	Public Consultation	
January 2023	First draft of the strategy	
January 2023	Engage partners on draft strategy	
March 2023	Strategy approved	

7.0 Public Consultation

Consultation with the public will compose of two main formats:

- a) An online survey that will run from 31 October to 11 December 2022. It will be available through the Council website and can be completed on any digital device. Promotion of the survey is being supported by a press release through social media, our community partners and posters with QR codes for ease of digital access

The survey can be viewed here - [Health and wellbeing in Herefordshire – what does this mean to you? – Herefordshire Council](#)

- b) Face to face engagement workshops will be conducted by ‘Impact’ consultancy with the harder to reach residents and those who are not so likely to have digital access. These will take place over several dates between November and December. Promotion will be via our community partners and every effort will be made to meet with those groups whose voices are not so seldom heard. Such groups may include:

- Young Care leavers
- Carers (Carers Trust 4 All)
- Gypsy & Romany Travellers
- People with Learning Disabilities (Echo)
- Disabled People (Hereford Disability Network)
- Young People 16/18 (Hereford Sixth Form College & Young Farmers)
- Ethnic Minority Groups
- Low income (Connexus Housing)
- Older people (Age UK)
- LGBT community via Hereford Pride group
- Women via the Women’s Equality Network group
- Refugees via City of Sanctuary (predominantly Afghan and Syrian refugees)

An easy read version of the survey will also be made available and material translated where needed

7.1 Our partners and key stakeholders will be consulted through two workshops:

- Community Partnership meeting – 23 November 2022
- Health & Wellbeing Board workshop – mid-December 2022. This will involve reviewing the initial outputs from the public engagement exercise

7.2 Evaluation from consultation

It is envisaged that the public and stakeholder consultation will be an iterative process and that following an analysis of the feedback, this information will go on to inform the contents of the draft health and wellbeing strategy. We will also ensure the outcomes of the public engagement exercise will be shared with the public and those who took part in the workshops.

7.3 Outcomes Framework

In light of the challenges in evaluating the current HWB an outcomes framework is being developed and mapped across the 12 priority areas. This will focus on high level outcomes associated with our overarching vision and objectives that could sit within each priority area.

7.4 Governance and Implementation of the Strategy

Experience from the current health and wellbeing strategy suggests that a clear delivery/ implementation plan and governance process needs to be developed in order for the strategy to be an effective working document that will produce measurable outcomes and help improve peoples' lives.

We are at an early stage in the development of the strategy and it is currently high level, but this is part of the journey, together with our partners, towards making it a document that is real, relevant and makes a difference.

Appendix 2 – A summary of areas of concern informed by the Public Health Outcomes Framework

Problem area	Herefordshire picture
Obesity	30.9% of adults are classified as obese and 25.8% of children are classified as overweight or obese at Reception
Climate Change	1.137 million tonnes of CO ₂ emissions in 2018, with two Air Quality Management Areas due to high levels of nitrogen dioxide in Hereford and Leominster
Adult Mental Health	12.3 people per 100,000 died by suicide 17.68% of adults who feel lonely often/always or some of the time
Child Mental Health	180.4 children per 100,000 are admitted to hospital for mental health conditions
Child and Maternal Health	Infant mortality rate of 6.4 per 1,000
Child Safety	Up to 33% of students reported 'never' feel safe going out after dark in their local area
Smoking Rates	28% smoking prevalence in adults in routine and manual occupations vs 13.1% in general population 11.5% of mothers smoking at time of delivery
Treatment and Recovery	19.9% of people successfully completed alcohol treatment and 10.7% of non-opiate users successfully completed drug treatment
Oral Health	31.9% of 5 year olds with experience of visually obvious dental decay
Infectious Diseases	13% of people aged 15-24 screened for chlamydia
Screening	58.2% screening coverage for breast cancer
Physical Activity	49.3% of children and young people are physically active
Older People	51.1% estimated dementia diagnosis rate (aged 65+)
Long COVID-19	4.1% of Herefordshire and Worcestershire respondents with symptoms

Appendix 3 - A list of public consultations reviewed as part of priority setting

Diabetes project	https://healthwatchherefordshire.co.uk/wp-content/uploads/2022/07/Herefordshire-Diabetes-Project-Report-2022-PDF.pdf
GP Enhanced engagement report	https://healthwatchherefordshire.co.uk/report/gp-enhanced-engagement-report
Dental services	https://healthwatchherefordshire.co.uk/wp-content/uploads/2022/06/DENTAL-REPORT-2022-v2-1.pdf
Covid-19 beginning of the pandemic	Covid-19-Summary-Highlight-Report.pdf (healthwatchherefordshire.co.uk)
Children's mental health	https://healthwatchherefordshire.co.uk/wp-content/uploads/2021/04/Children-Young-Peoples-MH-Report.pdf
Men's health	https://healthwatchherefordshire.co.uk/wp-content/uploads/2021/04/Mens-Health-report-2019-2020.pdf
Falls prevention & social isolation 2020	https://healthwatchherefordshire.co.uk/wp-content/uploads/2021/04/Falls-Prevention-Social-Isolation-Report.pdf
Hospital discharge	https://healthwatchherefordshire.co.uk/wp-content/uploads/2021/04/HOSPITAL-DISCHARGE-REPORT-FINAL.pdf
Community Wellbeing Survey	

Appendix 3 – Extended narrative for identified priorities

1. Support good mental wellbeing throughout life

Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential. People with mental health issues can face significant disadvantages throughout their lives. Findings from the 2021 Herefordshire Community Wellbeing Survey indicate that the average wellbeing scores for adults in the county are above the England average. However, an estimated 24,800 adults in Herefordshire have a common mental health disorder. Results from the 2021 Herefordshire CYP Quality of Life Survey revealed 1 in 4 primary aged children have low to medium mental wellbeing scores, rising to nearly half in secondary aged pupils. We also know that the Covid-19 pandemic has resulted in an increase in people experiencing anxiety and depression. We want to continue to support the expansion of projects across the County that support peoples' mental well-being.

2. Support people who misuse drugs and alcohol, or who smoke.

People involved in substance misuse are very likely to have significantly worse mental and physical wellbeing compared to those who don't have this lifestyle. Nationally, during the COVID-19 pandemic we saw a rise in alcohol and cannabis use and there was disruption in access to support services. However since the latter half of 2021 and 2022 there has been a small but steady increase in the numbers of people completing a rehabilitation programmes.

Herefordshire has made good progress in reducing smoking rates across the county (2.3% reduction in the last 5 years). However, smoking remains the leading cause for differences in life expectancy in the county, and there are challenges within certain population groups such as pregnant women where smoking rates is higher than the national and regional average.

3. Support and protect those with multiple complex vulnerabilities

There are small groups of people who are subject to multiple risk factors (alcohol and drug use, severe mental illness, homelessness, at risk of violence and abuse) that in combination are likely to have a severely adverse effect on their mental and physical wellbeing. Often these vulnerabilities stem from negative childhood experiences, hence the important work of the Children and Families Team, but the impact of trauma can be experienced at any age and can prevent people from thriving and being able to function. These people need significant levels of coordinated and sustained support in order to live their lives safely, independently and with fulfilment.

4. Every child has the best start in life

The early years of a child's life have a huge impact on their future development and physical and mental wellbeing. Children in Herefordshire generally thrive and rates of child poverty are lower than the national average. However there are some areas of significant concern. The rates of babies who die at birth or shortly after is higher than the national average, rates of childhood vaccinations are below the national average and the dental health of young children remains poor. In keeping with the national programme, we have a dedicated Children and Families Team that work with young children and their families. These services are there to help families cope with the challenges of raising children, help them have positive parenting experiences and thereby helping children to thrive. The Council is currently working closely with Ofsted (a government regular and inspection agency) to implement better practices within our Children and Families services and we anticipate that this will help us improve our care for families that are most in need.

5. Improve education outcomes for disadvantaged children and young people

The quality of a child's education is one of the most important determinants of their future life chances. Generally, children in Herefordshire do well at school, but there are significant differences in achievement between disadvantaged children and their peers. The COVID-19 pandemic has widened these differences and has resulted in more children not being ready for school. We want to see all children and young people have an equal chance to do well in education and develop the kind of life skills that will equip them to live a fulfilled life in society and to be able to contribute positively to it.

6. Ensure there is good work for everyone

Rewarding and fulfilling work supports good physical and mental wellbeing. It fairly rewards peoples' efforts, enables them to earn a decent living wage and provides opportunity for personal development and financial security. In Herefordshire the economy is dominated by self-employment and the agriculture industry. Although the County has one of the lowest unemployment rates in the West Midlands, (3.4%), low wages are a significant issue, with earnings being consistently the lowest in the region. This therefore makes it difficult for people to improve their financial and life circumstances. We know that there are barriers for certain groups of people being able to access good quality jobs that are suitable for their needs and circumstances e.g. those with poor educational attainment, those with mental health issues and those with learning difficulties. We want to improve the opportunities for these people as well as for the population in general.

7. Increase access to healthy and sustainable food and physical activity

A healthy balanced diet and remaining physically active are two of the most important ways of staying healthy. Obesity rates have continued to steadily increase and Herefordshire rates are above the national average, with more than two thirds of adults, about 105,600 people and over a quarter of reception age children classed as overweight or obese. Being overweight also has adverse consequences for our mental well-being, not just physical. However we know that if people are helped to make better and easier choices with healthy eating and are enabled to be more physically active, they can improve their all-round health and well-being.

8. Protect the natural environment and reduce our carbon footprint

The global climate crisis is also an unfolding health crisis, as we see the increasing problems of flooding and poorer air quality. It's also likely that we'll see an increase in the frequency and severity of heatwaves which will lead to a rise in the number of heat-related deaths. Herefordshire has declared a climate and ecological emergency, committing to work with partners with the aim of the county becoming carbon neutral by 2030. One of the Council's pioneering projects has been in the wetlands, to improve the polluted water in sections of the river Lugg and Wye and to reduce flood risk.

9. Improve housing and reduce homelessness

The links between poverty, inadequate or unsuitable housing and ill-health are well-established. Due to the age and nature of Herefordshire's housing stock, we have significant issues with fuel poverty and cold homes, especially in more isolated rural areas. It's estimated that 30% of winter deaths are caused by cold living conditions and our fuel poverty rates are above the national average, affecting around 14,100 homes. There has also been an increase in homelessness, partly due to the Covid-19 pandemic and the cost of living crisis. However a specialist project set up during the pandemic helped to accommodate 239 individuals, of whom 148 were moved into long-term housing, or were waiting to be moved into long term accommodation. The project is still operational and our ambition is that it continues to build upon the work already done.

10. Reduce loneliness and social isolation across all ages

There is an established link between loneliness and poor health, both mental and physical. Research tells us that loneliness is associated with a greater risk of unhealthy behaviours and increases early death by 30%. In our 2021 Community well-being survey 1:10 adult residents said that they felt lonely, approximately 15,800 of the population. This issue has been exacerbated by Covid19, reflecting its effect nationally and affects greater numbers of young people than previously. However in our well-being survey, 88% of residents also said that they feel a strong sense of belonging where they live and are generally happy, which compares favorably with other areas of the country. We therefore have a positive base upon which to build, but we know there is room to improve how we help people to connect better with each other, whether that is through physical local networks or digital connectivity.

11. Support people to age well

Herefordshire has an ageing population, with 25% of residents aged 65 and over which equates to about 48,500 people. This number is predicted to increase 11% by 2025 and is expected to continue increasing. In keeping with the characteristics of an elderly population we have increasing rates of dementia and long term conditions. We want people to enjoy good health and independence for as long as possible and to stay healthier in old age, which includes being able to get diagnosed quicker if they have symptoms of dementia or another long-term condition.

12. Improve access to local services

Herefordshire is one of England's most rural counties. Over half of our residents live in rural areas, about 93,000 people. There are benefits to living in a rural setting, with 92% of people reporting being satisfied with where they live. However as the COVID-19 pandemic highlighted, when our geographical movement is restricted, it's important that we have good access to services, as well as effective broadband connectivity. The 'Fastershire' Broadband project is working to develop greater digital connectivity, but we also want to see expansion of our community services and local networks which provide vital support to people in a variety of ways.