

**Herefordshire**

**Joint Local Health and  
Wellbeing Strategy  
2023 - 2033**

***‘Everyone in Herefordshire leads a happy,  
healthy and fulfilling life’***

# Forward

Herefordshire Council, together with our partners is pleased to publish this Joint Local Health and Wellbeing Strategy. The document presents an outline for improving the health and wellbeing of the population in Herefordshire over the next 10 years and has been put together following a period of consultation with our partners in health, education, the voluntary sector and other key services and also with our residents from many different walks of life and ages who have told us what they need to help them feel healthier and achieve a greater sense of wellbeing.



Through the creation of this strategy many of our residents have told us that Herefordshire is a great place to live and in general Herefordshire residents experience good health and wellbeing, and a sense of connection with their community. We have wide, open spaces of beautiful countryside on our doorstep and supplies of locally grown food and produce. We also have a strong and diverse voluntary and community sector that is comprised of circa 2,300 organisations and which make significant, positive contribution to the lives of Herefordshire residents.

Since the publication of the last Strategy in 2017 we have experienced an event of seismic proportion in the form of the Covid-19 pandemic, which has changed many aspects of our day to day routines and has adversely changed the lives of so many for ever. For the first time in years, we have seen life expectancy stalling, plus several other adverse consequences for our health.

It has also become increasingly clear that the Covid-19 pandemic has had a disproportionate impact on the groups of people that already face disadvantages and discrimination. This strategy therefore presents an opportunity to tackle the issue of health inequality as part of our post pandemic recovery and to help those most in need to attain better wellbeing. However, we all have a role to play in improving physical and mental health and wellbeing; though health, education and economic institutions need to do their part, it cannot be achieved without input from us as individuals and without the involvement of the communities that we are part of.

Our place within the Herefordshire and Worcestershire Integrated Care System, set up in summer 2022 enables us to work together as equal partners to implement effective and sustainable plans that will improve health and wellbeing for the long term. As a partnership we remain committed to the priorities for action that we have identified and are willing to work together, in order that we can maximise the potential for achieving the desired outcomes for our Herefordshire residents.

Our ambition cannot be achieved by any one single agency and must be rooted in people's lived experiences and shaped with and by our local communities who are the best placed to determine what it is that they need to improve their lives and wellbeing.

Cllr Pauline Crockett  
Chair of the Health and Wellbeing Board

## **1.0 Introduction**

The Health and Social Care Act 2012 requires every local authority to produce a Joint Local Health and Wellbeing Strategy (HWBS). The Health and Wellbeing Board (HWBB) brings together the organisations responsible for improving health and wellbeing in Herefordshire. Its members include elected councillors, representatives from local NHS organisations, including the Integrated Care Board (ICB), Primary Care Networks and Wye Valley Trust, Healthwatch, the local voluntary and community sector, West Mercia Police and Hereford and Worcester Fire and Rescue Service.

The HWBS sets out how the Council and its local partners plan to address the health and wellbeing needs of its population (identified through the Joint Strategic Needs Assessment) and as such, is a key document that is jointly owned and one that promotes collective action to meet those needs. The implementation of the Health and Care Act of 2022 and the consequent establishment of the Integrated Care System (ICS) for Herefordshire and Worcestershire provides a timely opportunity for this new strategy to deliver action by any of the partners within the Herefordshire and Worcestershire ICS or more locally within Herefordshire, according to what is most appropriate to the issue.

The publication of the NHS long Term Plan in 2019 also signified a commitment to place-based care, population health and prevention, areas of work that local authorities have been involved with for a number of years; it is therefore encouraging that all parts of the health and social care system, including the Primary Care Networks now have a remit requiring them to have regard for prevention and a focus on communities as key ingredients, in the drive to help improve wellbeing.

This new joined up way of working has helped Herefordshire and the ICS (the same applying to Worcestershire), to align strategies, commit to those priorities that are jointly owned and which contribute to the overall system goals. For that reason the Herefordshire HWBS and the Worcestershire HWBS have been incorporated into the Integrated Care Strategy document; a statement of our intention to work in synergy with one another.

This strategy will be accompanied by a monitoring and implementation plan, setting out the responsibilities of all partners. The intention is that it is ambitious in aspiration but realistic and measurable in its objectives and makes a tangible difference to peoples' lives.

## **2.0 What makes us healthy?**

Health and wellbeing are fundamental for individuals and communities to be happy and healthy, providing the foundations to prosperous societies. The World Health Organisation defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.<sup>1</sup> Wellbeing is not necessarily dependent on physical health status, though good health is one important factor.

---

<sup>1</sup> <https://www.who.int/>

A sense of wellbeing depends on many other factors in our lives, such as:

- Where we live and the homes we have
- What work we do and our material comfort
- Our relationships with others.

Good or bad health is not simply the result of individual behaviours, genetics and health care. A substantial part of the difference in health outcomes is down to the social, economic and environmental factors that shape people's lives. These factors are collectively described as the wider determinants of health. The diagram below shows a dissection of the factors that influence our health and wellbeing.

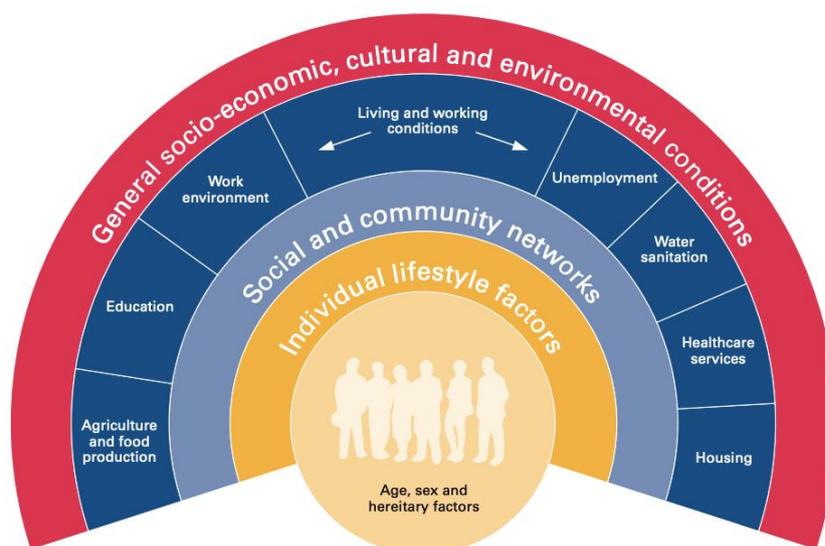


Figure 1. Factors that influence health and wellbeing (Dahlgren and Whitehead 1992)

### 3.0 Our Community

Overall Herefordshire residents experience a good quality of life and live longer than the England average. However people born in the most deprived 10% of areas in Herefordshire have a shorter life expectancy at birth than those living in the least deprived 10% cent by an average of 4.2 years for males and an average of 3.0 years for females.

Herefordshire is one of England's most sparsely populated counties, with 95% of the land area classified as 'rural' and over half of the population living in these rural areas. Almost all its land area falls in the 25% most deprived in England in relation to geographical barriers to services. Herefordshire has an older population than nationally, with around a quarter (26%) of the resident population aged 65 or over, compared with 19% in England & Wales. The following page summaries some key facts about our County.

### 3.1 Key facts



Herefordshire ranked 271 out of 324 LA's for social mobility



1 in 3 jobs pay less than the living wage



Private housing: worse than England for excess cold



93.5% of schools rated as good or outstanding



Relatively low productivity



2 designated Areas of Outstanding Natural Beauty



Ageing population - Doubling of over 65s in next two decades



One of the happiest places to live



Higher than the national rates for smoking in pregnancy



116,000 adults have 1 or more long term condition/s



Life expectancy better than England average  
for women 82.8 for men 79.8



15.6% of adults have a common mental health disorder



Higher than the national rates for obesity in adults and children



5.4 year (males) and 4.0 year (females) gap in life expectancy between most/least deprived



5,600 children living in relative poverty



1 in 3 children have tooth decay

### 3.2 COVID-19 recovery

This strategy could not be developed without consideration of the profound effects that the Covid-19 pandemic has had upon us individually and as a society. There have certainly been positive news stories that emerged during the long periods of lockdown – whether that be the kindness of neighbours and people looking out for one another, the reduction in air pollution, or the dedication of health and care staff, amongst other inspired good deeds.

However, there has been emerging evidence that the pandemic has also had a serious negative impact on our health and wellbeing, affecting outcomes across all ages. These are some of the ways in which the pandemic has affected the population<sup>2</sup>.

- The delay in diagnosis/treatment has resulted in the need for more urgent care, particularly for cancer, heart disease and long-term conditions
- An increase in alcohol and illicit drug use and a disruption to services that provide help and support
- An increase in people experiencing anxiety and depression, again compounded by a disruption to Primary Care services and other means of support.

Its effect has also 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; these are some examples:

- People living in the most deprived areas within Herefordshire were 1.5 times more likely to die with Covid-19 than those living in wealthier areas.
- The digital divide has accentuated the disadvantage of not having internet facilities at a time of lockdown, when many services and sources of information were only available online. Lack of internet impacts on isolation, access to services, educational and employment opportunities
- The Covid-19 pandemic disrupted two years of children's development; social contact, education and life experiences were all affected. Lasting impacts will not be known for some time, but it has undoubtedly widened pre-existing, deep-rooted inequalities, including for disadvantaged children and those living in deprived areas.

When these issues are combined with the growing cost of living crisis, it is not surprising to see how difficult life has become for many people. We therefore have an opportunity and an obligation within the boundaries of this strategy, as part of the post Covid-19 recovery process, to identify actions that will firstly, continue and promote the positive dimensions of life and community that we have seen during the pandemic; and secondly, to tackle the widened inequality gaps that exist across health, education and employment, housing and other key areas of life that affect wellbeing.

---

<sup>2</sup> [Director of Public Health report 2020: Impacts of Covid-19 \(herefordshire.gov.uk\)](https://www.herefordshire.gov.uk/public-health-reports/2020-impacts-of-covid-19)

## 4.0 Developing our Health and Wellbeing Strategy

The strategy has been developed through the HWBB engaging with wider stakeholders, including our communities. We have looked at the factors across Herefordshire, which are having the greatest impact on people's health and wellbeing, and which account for some of the biggest inequalities. We spent time speaking and listening to members of the public and hearing from organisations involved in health, care and community and voluntary services about what they think matters most.

Once we had collected all the available information and consulted with our partners, we were then in a position to formulate an initial list of potential priorities that would be the focus of the strategy. These priorities were determined by taking account of need, impact, effectiveness, inequalities and how the Health and Wellbeing Board could add value to existing work to achieve better outcomes through the strategy.



Figure 2. The steps taken in developing the strategy

### 4.1 Involving our residents

A consultation exercise was undertaken to collect public opinions on our priorities. The consultation consisted of an online survey plus a series of face to face engagement sessions with a broad cross-section of groups from the community. We asked people to consider twelve priorities and to tell us if there were any issues that were missing from the priorities list and about any concerns that they had.

The majority of respondents expressed the view that all the priorities were very important and there was recognition from many people that the priorities were interlinked and had a mutual inter-dependence. However, there were two main priorities that were consistently ranked above the others;

1. Every child has the best start in life
2. Good mental health throughout lifetime

Other comments that our residents gave us were about the following:

**Residents need better access to:**

- Information, county and local
- GPs, dentists and other health services
- Transport

**Residents need help with:**

- Cost of living issues
- Childcare

**Residents would like to see more focus on:**

- Prevention
- Community Safety
- Equality and diversity

A detailed engagement report can be found as an addendum to this strategy.

DRAFT

## 5.0 Our vision, goals and principles

### 5.1 Our vision

‘Everyone in Herefordshire leads a happy, healthy and fulfilling life’

What do we want Herefordshire to look like in 10 years?

- We will have reduced the differences in health between different groups of people
- Everyone has good emotional health and wellbeing, happiness and resilience
- We will have sustainable and thriving communities that provide a sense of belonging, identity and community
- Where everyone has the same opportunity to lead healthy lives
- Where people stay as healthy as possible for as long as possible
- The places where we live ensure the healthy choice is the easy choice
- People who need help, have access to the services and support they need
- All children and young people feel safe, loved, and valued, and grow up with the confidence and skills to be the best they can be
- Economic prosperity and inclusive growth

### 5.2 Our goals

We have identified four goals that reflect the wider factors that determine our health and wellbeing as detailed in section 2.0, recognising that good health and wellbeing is more than individual choices and behaviours

1. **Thriving Communities:** People live in communities that foster wellbeing and resilience
2. **Healthy and Sustainable Places:** People can live and work in sustainable, safe and healthy environments
3. **Opportunity for all:** Opportunities exist for everyone through fair employment for all, education and social mobility
4. **Healthy People:** People are supported to be in control of their health and make healthy choices

### 5.3 Our principles

Our intention is to make this strategy an effective, living document and one that over the course of its 10 year lifetime is able to steer a course towards consistent improvement in the wellbeing of Herefordshire residents. At the heart of enabling this to happen we have identified a number of principles that will underpin our plans:

#### Prevention first approach

The Health and Wellbeing Board has a key role in ensuring that there is a sustained focus on embedding prevention across the health and social care system, taking a place-based approach (looking at communities and neighbourhoods) that goes beyond just thinking about what public sector services provide.

Prevention and early intervention are critical to the long-term sustainability of our health and wellbeing system and an investment in the future economically, morally and socially. This means taking action to help prevent problems arising in the first place, whether that might be identifying difficulties that a new parent may be having with a baby, or an issue that an employee is having with paying his housing rent; if we can direct people to the right help early on and target those in high risk groups we can prevent worse problems developing. Prevention can normally be described at three levels as illustrated in the diagram below.

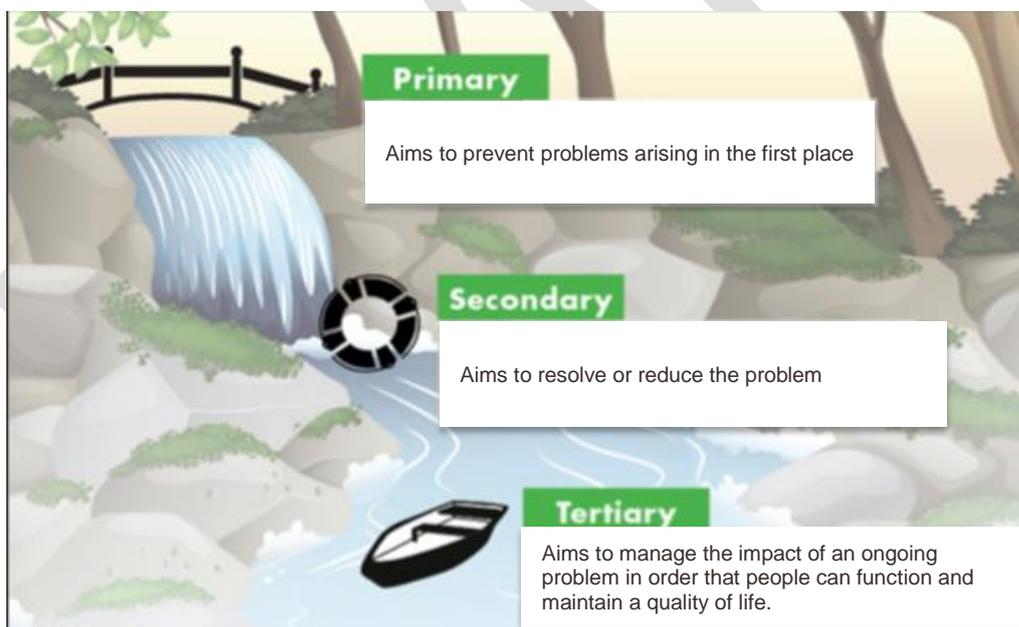


Figure 3. A diagram showing the three levels of prevention

Whilst recognising the value and importance of having healthcare or emergency support when needed, ultimately the intention of this strategy is to focus on 'upstream' issues i.e. social determinants, before problems appear, when people become unwell, or depressed, or unable to cope with daily life.

## Community Empowerment

As we have stated previously, our ambitions cannot be achieved by any single agency and if we are to effectively address systemic inequalities it must be tackled through co-production and collective action; This means citizens and communities will be at the centre of change; people with lived experience are expected to be involved in our actions, from the developmental stages, through to the delivery of our actions. We will also make best use of community assets and local leadership to create local solutions. This is the true nature of co-production and spans much wider than just working with our professional partners to achieve the intended goals, though it is crucial that we continue with the latter.

In Herefordshire we call this a 'community paradigm' where we will build on our Talk Communities approach to enable a different way of working with individuals and communities, recognising that local communities have the knowledge, skills and assets to know how best to respond to challenges and to thrive.

### Spotlight - Talk Community

Herefordshire has 70 Talk Community Hubs which are located across Herefordshire and provide a safe place where people can access up to date wellbeing information and signposting to local and national resources. They also connect people to services, groups and activities, either within the local area or across the county, which can help them support their own wellbeing and independence.

Amanda\* visited a Warm Space after seeing a Talk Community Poster promoting them on a local noticeboard. She had been homeless for 2 months and went along to charge her phone, for a hot lunch of soup and sandwiches (services provided at this particular Warm Space) and to get warm for the afternoon. Whilst at the Warm Space, Amanda chatted to a volunteer over lunch and disclosed her circumstances. She was connected to the food bank (also a Warm Space) who provided a food parcel, and where she also met with a Housing Officer who provides outreach support from the venue.

## Reducing Health Inequalities

Health inequalities are unfair and avoidable differences in health across the population and between different groups of people<sup>3</sup>. A range of individual characteristics and societal factors that have been identified as contributing to health inequalities including deprivation, vulnerable or inclusion health groups, protected characteristics or where people live. For those affected this can often mean poor quality of housing, poor educational attainment, lack of physical comfort such as an adequately heated home and nutritional food. These obstacles are often very difficult to overcome without support and help. In addition people in disadvantaged groups also experience inequality and inequity in trying to access the support they need. The result is that these groups of people develop poor health and ultimately have a decreased life span as well as fewer healthy living years. Herefordshire also has unique challenges due to its rurality which often mask significant pockets of deprivation and poor health outcomes.

---

<sup>3</sup> [Health disparities and health inequalities: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/health-disparities-and-health-inequalities-applying-all-our-health)

We recognise that together, we need to deliver effective interventions, to break the cycle, mobilise communities and ensure the most vulnerable children and adults are protected. To be effective in delivering good population outcomes we need to help those most in need and intervene by working together at system, place, and community levels to tackle issues reflecting whole system priorities as well as specific concerns at the right scale. An inequalities Strategy has been completed by a designated working group which will report into the HWBB and provide updates on progress.

### **A valued, well-trained and supported workforce**

Our workforce, many of whom live as well as work in the county, are a huge asset for making change happen. We want to work as one workforce in Herefordshire. Shared values and collaborative working will support joined-up services. New population-based models of care will require the development of multi-disciplinary working across organisational boundaries. Better workforce planning can ensure the workforce is the right size and has the knowledge and skills needed to meet future demographic challenges. Working fully in partnership with the third sector and those in caring and volunteer roles in the community will be crucial to making the most of our county wide assets. There are also opportunities to maximise the everyday interactions our workforce has with the public through making every contact count and signposting people to local support

### **Integrated way of working**

Whole systems integrated care is about ensuring every person in Herefordshire can have their needs placed at the centre – this is done through joining up the range of health, social care services and relevant community partners. Herefordshire has a strong history of partnership working that has benefited from having a number of coterminous organisations with one local authority, one acute/community provider, one mental health trust (shared with neighbouring Worcestershire) and one "mature" GP federation. The aim is to increase access to quality and timely care, supporting people to be more independent in managing their conditions and becoming less likely to require emergency care. .

### **Evidence informed**

Data and intelligence informed – we will use the best available evidence from population and public health data and information to inform decision making. Programmes will be developed based upon needs assessments, population health management data and local intelligence. This will enable us to make decisions about the best use of resources and ensure that any programmes are effective for the resources invested.

### **Outcomes focused and continuous improvement**

All programmes will be monitored and evaluated with a focus on ensuring that successes can be built into 'business as usual' practice. We will continually challenge ourselves about what we are all doing to reduce health inequalities and ensuring a proportionate universalism approach to programmes. Programmes will be developed with a shared set of outcomes which are jointly

developed and owned by partners. Partners will share accountability for the outcomes of the programmes (see also section 7.0)

## 6.0 Deciding our priorities

### 6.1 What does being a priority mean?

The members of the HWBB came together to agree on the following key features, though not all of these may apply all of the time:

- It is of greatest importance to a community
- There is a significant impact for wellbeing and society
- It will mean that all partners will recognise and own the priority
- It tackles inequalities – to reduce the gap between best and worst.
- The HWBB spends dedicated time on it and keeps hold of it
- There will be meaningful and measurable outcomes that will make a difference
- There is a detailed delivery plan identified that is costed and targeted
- There is accountability for change across the sub-groups of the health and wellbeing board
- Resources are identified for it, which may be funding, staff, time

Having taken into account the views and comments from residents and partners and what we know about the issues from our Herefordshire data, it felt right that the central focus of the strategy at the beginning of this ten year period should be on **'Best start in life for children'** and **'Good mental wellbeing throughout life'**.

In addition to these primary priorities, we have identified a further six secondary priorities recognising that they are also critically important in how they affect our broader wellbeing, but that they also support and contribute towards giving children the best start, as well as the development and retention of good mental health.

All of the other six priorities have a role in reducing inequalities by addressing the wider issues that affect health, including housing, employment, and crime. Employing community-based approaches these need to be driven by partnerships at a place level involving the council, health services, the voluntary sector, police, public sector employers and businesses. As part of plans to review the progress of the strategy during the ten year term, there will be opportunity, if deemed appropriate, to switch our focus more to the other priorities for a period of time. Below is a summary of the importance of the other six priorities:

**Improving access to local services:** Over half of our residents live in rural areas and as we have seen there are benefits to living in a rural setting. However as the COVID-19 pandemic highlighted, when our geographical movement is restricted, it is important that we have access to services and support locally or online. Having access to local support is also important for reducing loneliness and isolation which in turn helps mental health.

**Inequalities Fact:** 17,000 adults do not use the internet, 71% of which live in the most deprived areas, so this issue has a significant adverse effect on them being able to access services, education and employment.

**Support people to live and age well:** 25% of residents, about 48,500 people are aged 65 and over. This number is predicted to increase 11% by 2025 and is expected to continue increasing. As a result we have increasing rates of dementia and long term conditions. We also continue to have rising obesity levels in both the adult and child populations, with not enough physical activity taken and not eating the recommended portions of fruit and vegetables

**Inequalities Fact:** The gap in life expectancy between those in the most and least deprived areas is 6.3 years for men and 4.0 for women

**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. Low wages are a significant issue in Herefordshire, with earnings being consistently the lowest in the region. This impacts upon families who are affected and consequently on their ability to give children the care and nurture they need to thrive. We are also seeing a consequence of growing ill health with more and more people reporting poor health as their reason for no longer participating in the workforce which can impact economic growth<sup>4</sup>.

**Inequalities Fact:** 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.

**Support those with 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, but the impact of trauma can be experienced at any age and can prevent people from thriving and being able to function.

**Improve housing / reduce homelessness:** There are well established links between poverty and homelessness or unsuitable housing and which impacts mental health. It also again has an impact on children of all ages and adversely affects their potential to thrive. 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.

**Reducing 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 is also likely that we will see an increase in the frequency and severity of heatwaves which will lead to a rise in the number of heat-related deaths.

---

<sup>4</sup> [Is poor health driving a rise in economic inactivity?](#)

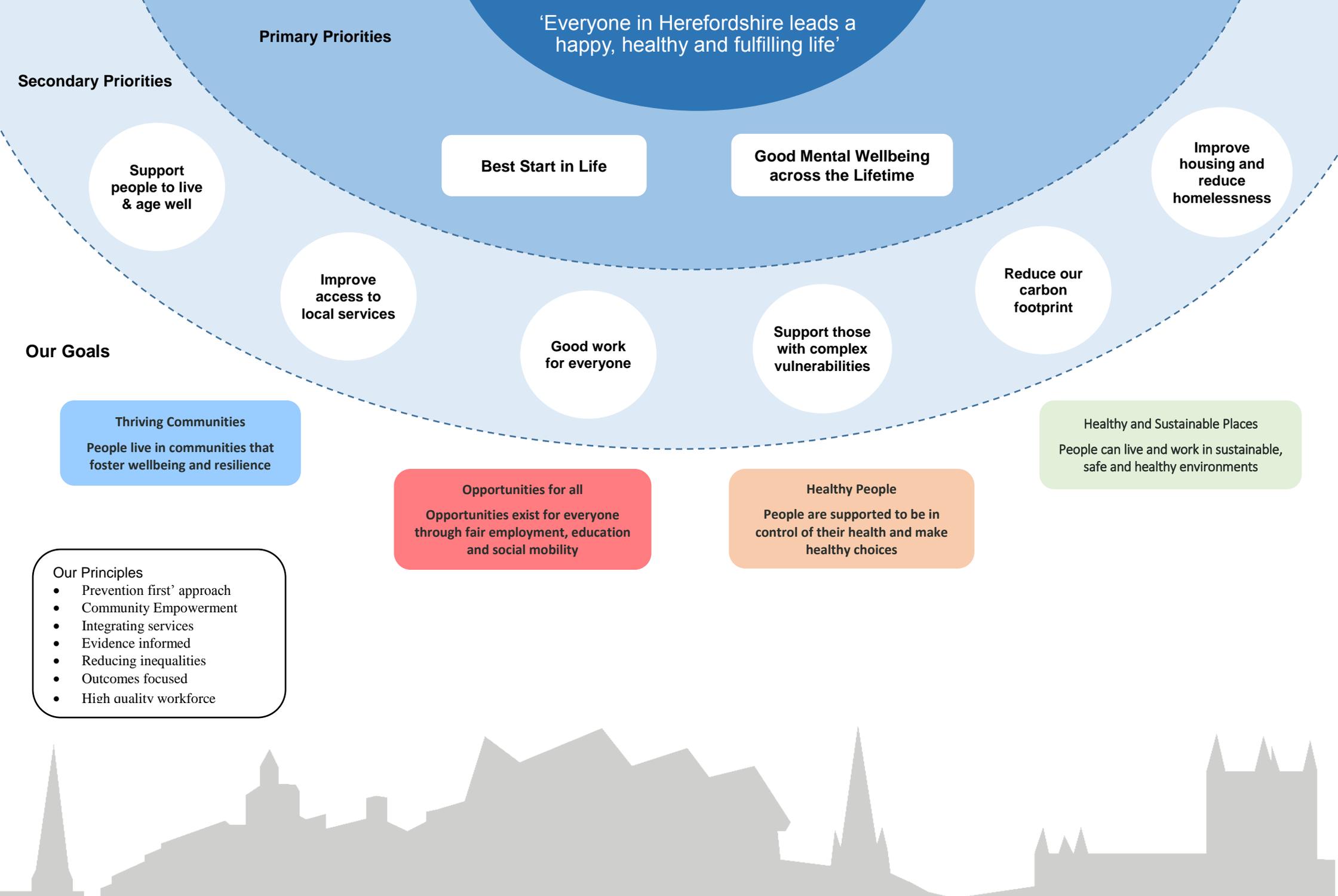


Figure 4 – Illustration showing strategy goals, primary and supporting priorities

## **6.2 Delivering the strategy**

If we are to achieve our ambition to improve health and wellbeing and reduce health inequalities in Herefordshire, we need to share our collective resource and act as one voice. The HWBB will oversee and drive the implementation of the strategy through its member organisations and partnerships, which in turn will be accountable to the Board for progress. Health and Wellbeing Board members will act as champions for the areas for collective action across Herefordshire.

Delivering the changes needed identified in the strategy will not be easy and will require a 'whole system' approach that brings partners, communities and individuals together toward a common purpose. In order to ensure good governance and oversight of the key priorities, there will be an identified partnership and a named 'champion' from Health and Wellbeing Board responsible for the two priority areas. However, it is recognised that work to deliver on these priorities will span a number of groups and partnerships. Following the publication of the strategy detailed plans and actions will be developed and delivered through a number of partnership groups, together with a dashboard that will be subject to monitoring and review

## **7.0 Best Start in Life**

### **What do we mean?**

Best start in life will mean that children have access to all the means that ensure adequate levels of physical and emotional provision which enables them to fulfil their potential.

For this strategy we are referring to the 0-5 year age group. However, we also recognise the importance of the 5+ years, especially the times of major transition where the quality of support is of equal importance.

### **Why is it important?**

The early years of a child's life have a huge impact on their future development and physical and mental wellbeing. As Marmot(2020)<sup>5</sup> tells us the foundations for virtually every aspect of human development start from preconception and what happens from this point forward has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status. The attachment that children form with their caregivers is also of crucial significance for their future emotional health and the formation of healthy relationships (Bowlby 1997)<sup>6</sup>

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 percentage of babies who die at birth or shortly after is higher than the national average and the rates of smoking in pregnancy are also above the national average. Rates of childhood vaccinations remain below the national average and the dental health of young children is worse than the national average. The percentage

---

<sup>5</sup> Marmot M. 'Health Equity in England: The Marmot Review 10 years on'. 2020

<sup>6</sup> Bowlby, J. Attachment and loss. Volume 1. 1997

of Reception Year who are overweight or obese is also significantly higher than the national average.

Children are part of families and families are part of the wider community. Creating supporting environments for families where children can both socially and physically grow requires a whole system approach and should underpin any actions. As there is a social gradient in health, i.e. the lower the persons social position the worse their health, action should be taken to reduce this gradient by following the principles of proportionate universalism, as recommended by Marmot (2020)<sup>7</sup>

We want to promote communities and environments that support children to make healthier choices and which will ensure our children thrive and achieve. However, we recognise that some children, young people and their families will need additional support and we are committed to working together to provide joined up services to enable these children and young people to reach their full potential.

There is continuing statutory work with children and their families to provide additional support for those families that need it the most. The Herefordshire statutory children's team are engaged with Ofsted to implement an improvement plan for the service and this is a key piece of work that will continue to develop.

However, to have a lasting impact on the future and lifelong physical and emotional health and wellbeing of children and reduce health inequality, there is a need to work in partnership with a range of other public services, private sector, voluntary and community organisations and of course children and young people themselves, along with their families and caregivers to address the social determinants of health. This strategy presents an opportunity to take a holistic view of the needs of children and through the HWBB, to bring together all key agencies and partners who can add value and impetus to the existing services and help escalate a path towards improvement.

### **What are we already doing?**

The majority of work to promote the best start in life is through the local delivery of the Healthy Child programme, as well as in other statutory settings such as early year's providers and schools. There is also work undertaken throughout the borough by the community and voluntary sector.

A summary of just some of the activity undertaken is as follows:

- Health visiting and school nursing
- Children's centre services – universal and targeted offer for families with young children
- Active Families
- Family Coach pilot project
- First Steps for under 21s
- Solihull Parenting Programme
- Oral Health Programme
- Holiday activity programme
- Children Health and Advice Team

---

<sup>7</sup> [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#)

### **Spotlight: Parenting in Herefordshire; The Solihull Approach**

The Solihull Approach is a team of professionals within the NHS, passionate about preventative mental health and encouraging sensitive, attuned relationships within the family leading to better parent-child relationships and happier families. The Roll-out started in 2019 and Herefordshire Council have a 4 year multi-user license to make online parenting courses available for all the county residents. To date over 2000 people have accessed the online courses

There is also a course to help parents understand their teenagers and recently a new course has been released just for teenagers, introducing them to the fundamentals of good mental health and how to process their feelings in the context of relationships.

### **How will we make a difference?**

Evidence tells us that there are six high impact areas<sup>8</sup> that have been identified as being key to giving children the best start in life. These collectively make up the national Healthy Child Programme and include:

1. Supporting transition to parenthood
2. Supporting maternal and family mental health
3. Supporting breastfeeding
4. Supporting healthy weight and nutrition
5. Improving health literacy
6. Supporting health, wellbeing, development and readiness to learn

These high impact areas provide an overarching framework from which we can identify relevant outcomes as outline below:

1. The number of women who receive effective support for their mental health during pregnancy and after their baby is born will increase.
2. The number of pregnant women who have a healthy pregnancy, including those living in more deprived areas and those from targeted minority ethnic groups will increase
3. More children will be equipped with the social and emotional skills to manage their lives and to be able to cope with life's challenges
4. We will reduce the level of childhood obesity in Herefordshire through a whole system approach to obesity
5. We will reduce the numbers of children with tooth decay
6. We will enhance our early help and prevention offer across our communities to improve outcomes and reduce demand for statutory services
7. The number of children achieving their early development milestones on the way to school readiness will increase, especially in our most deprived communities
8. We will improve outcomes for all children by adopt a 'child health in all policies' approach to decision-making and policy development

---

<sup>8</sup> Overview of the 6 early years and school aged year's high impact areas. PHE. Department of Health & Social Care. 2018

## **8.0 Good mental wellbeing throughout life**

### **What does it mean?**

Mental wellbeing can be described as 'feeling good and functioning well; it means being able to think, feel and react in the ways that you need and want to live your life. When you have poor mental health, ways of thinking, feeling and reacting become difficult and sometimes impossible to cope with.

### **Why is it important?**

Good mental health and resilience is fundamental to achieving our potential. It affects our physical health, relationships, education and our work. People with higher levels of wellbeing are likely to live longer and are less likely to engage in health risk behaviours, such as smoking and excessive alcohol consumption; the life expectancy of someone with a serious mental health problem is 15 to 20 years less than the general population. In any given year, one in six adults experiences a common mental health problem. We also know that the Covid-19 pandemic has resulted in an increase in people experiencing anxiety and depression.

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 Children and Young People 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.

People with mental health issues can face significant disadvantages throughout their lives and those affected are unevenly distributed across society with disproportionate impacts on people living in poverty, those who are unemployed and identified population groups including sexual and gender minority groups and ethnic minorities in the community. In addition to these health inequalities, the stigma associated with mental health problems persist, making it harder for those needing help to seek it; this continues to be especially true amongst the male population.

Tackling mental ill health remains a difficult challenge which, in order to be effectively addressed requires an approach that takes account of the whole person and their social context – looking at both needs and strengths. It also requires a mix of primary, secondary and tertiary prevention interventions

### **What are we already doing?**

Improving mental health and wellbeing is currently overseen by a number of partnerships across Herefordshire and the wider ICS. The main commissioning/delivery mechanism is through the Herefordshire and Worcestershire Mental Health Collaborative

Though the Collaborative has a duty, through the NHS Long-term Plan, to secure improvement in current secondary care services, it has, through the reallocation of existing resources, been able to initiate new ways of working with firstly, the PCNs to build better local mental health support services and secondly, with the voluntary sector to deliver non-medical models of care.

A summary of current activity is below

- Mental Health First Aid Training
- Mental Health in Schools Programme
- IAPT – low level mental health programmes
- Now We're Talking Support programme

### **Spotlight – Professionals Portal**

Herefordshire and Worcestershire Health and Care Trust have launched a professionals' portal that hosts resources to help people who may come in contact with staff or clients struggling with mental health or suicide. It includes free training resources and tips and tools to help start a conversation. It also includes advice and signposting to more practical support with concerns such as the cost of living crisis, domestic abuse, housing issues and relationships.

### **How will we make a difference?**

We have identified the high level outcomes we want to achieve to improve mental wellbeing:

1. More people are better equipped with the social and emotional skills to manage their lives and to be able to cope with life's challenges.
2. More people are supported to live and age well and are able to make healthy choices through the five ways to wellbeing
3. There is increased access to, better experience of and better outcomes from services that support mental health for children and adults
4. There is less stigma around mental health issues, especially amongst men and marginalised groups
5. We will have built resilient communities that prevent the potential lifelong impacts of adverse childhood experiences and support those who have experienced trauma.
6. There are better recovery rates from illness and we have improved the life expectancy for those who have severe mental illness
7. Increase awareness and understanding of dementia, and ensure support for people for who have dementia is accessible and in place for them and their unpaid carers.
8. A county where families, friends and communities support each other, especially at vulnerable points where people are at greater risk of loneliness and isolation

## **9.0 Governance**

The Joint Health and Wellbeing Strategy is ambitious and touches on much of the work of each organisation represented on the Health and Wellbeing Board. The two priorities and associated objectives provide a framework against which the partnership and organisational strategies will deliver.

The Health and Wellbeing Board will maintain strategic oversight of the strategy, and monitor progress through the draft outcomes framework summarised in appendix 2. Although the strategy focuses on two primary priorities, its scope is wide and delivery will require a "health in all policies"

approach, advocating for health considerations to be incorporated into decision making across sectors, policy and service areas.

The supporting priorities in the strategy are the responsibilities of a number of organisations and partnerships and some are already included in existing strategies and commissioning and action plans. These are summarised in table 1 and implementation of these will be key to delivery of the vision and outcomes of this strategy.

Many of the priorities are interlinked - for instance, increasing opportunities for active travel, or promoting healthy sustainable diets, will have knock-on effects on air quality and on reducing carbon emissions. By bringing these objectives together, there is an opportunity for the Health and Wellbeing Board, as a local system leaders, to identify where the system is working together effectively to improve health and wellbeing and where further attention is required.

For each of the two priorities 'best start in life' and 'Good Mental Health across the lifetime', delivery plans be developed co-produced with partners, communities and those with lived experience.

#### **10.0 Refreshing and reviewing the strategy**

Whilst this is a 10-year strategy, our work to improve health and wellbeing will evolve over time. The Health and Wellbeing Board's ambitions to work closely with communities on the delivery of this strategy will further shape our knowledge about addressing health inequalities. Delivery of this strategy must therefore be flexible and responsive. The strategy will be updated and refreshed as our knowledge and evidence base extend, to ensure that the Herefordshire system continues to improve health and wellbeing of our communities.

## Primary Priorities

Priority	Lead Partnership(s) responsible for delivery	Existing plans
<b>Best Start in Life</b>	Children and Young People Partnership	Children and Young People Plan SEND Strategy Early Help and Prevention Strategy
<b>Good Mental Health and Wellbeing</b>	Emotional and Wellbeing Partnership Board (children) Adult Mental Health Partnership Board (adults)	Children & Young People Mental Health Transformation Plan Hfds & Worcs Mental Health & Wellbeing Strategy 22-26 Suicide Prevention Strategy

## Secondary Priorities

Priority	Lead Partnership(s) responsible for delivery	Existing plans
<b>Reduce carbon footprint</b>	Climate, Nature and Partnership Board Herefordshire Local Nature Partnership	Herefordshire Council Carbon Management Plan 21-25 Air quality strategy for Herefordshire and Worcestershire
<b>Improve access to local services</b>	Local Transport Project Board Communities Board	Local Transport Plan Herefordshire City Masterplan ICS Strategy and NHS Forward Plan
<b>Ensure good work for everyone</b>	Economy and Place Board	Big Economic Plan
<b>Improve housing &amp; reduce homelessness</b>	Strategic Housing Forum Homelessness Forum	Affordable Warmth Strategy Local Housing Strategy 2021-26
<b>Support those with complex vulnerabilities</b>	Project Brave Board	Project Brave Strategy Domestic Abuse Strategy
<b>Support people to live and age well</b>	Physical Activity Strategic Partnership Sustainable Food Partnership	Physical Activity Strategy Herefordshire City Masterplan Health Inequalities, Personalisation and Self-Care Board

**Table 1.** How our existing partnerships, strategies and partners are helping to deliver outcomes against the priorities

## **Appendix 1- Summary of delivery at system, place and neighbourhood**

### **Integrated Care System (ICS)**

Through the Herefordshire and Worcestershire Integrated Care Partnership, local leaders have been working together with local people to join up and improve health and care within the budgets available. There has been considerable progress in recent years towards working in a more integrated way. There is a collective ambition to build on this progress and expand the scale and nature of the opportunities for integration. The publication of a new Integrated Care Strategy has coincided with this new strategy.

### **One Herefordshire Partnership (1HP)**

The One Herefordshire Partnership will support the Health and Wellbeing Board in delivering the ambition set out in this strategy. The One Herefordshire Partnership will provide regular oversight of:

1. Ensuring action plans are place across the partnership groups to delivery against the priority areas
2. The outcomes achieved through the strategy, via the data, monitoring and intelligence programme;
3. Ensuring that the strategy continues to reflect the priorities of all of our stakeholders
4. Continue to build upon the many conversations we have had with local people and continue directly engaging and involving residents as a way of empowering communities to have a say, take control of their health, find solutions that work for everyone and support one another in this time of crisis

### **Primary Care Networks (PCN)**

To support the delivery of the NHS Long Term Plan, Primary Care Networks were formed - five across Herefordshire. Primary Care Networks are groups of GP practices based around GP registered lists of approximately 30,000 to 50,000 patients. The network brings practices together in order to offer care on a scale which is small enough for patients to get the continuous and personalised care they value, but large enough to be resilient, through the sharing of workforce, administration and other functions of general practice. The benefits of these services working together include longer opening hours; better access to specialist health professionals; and services closer to home. Primary Care Networks are an important building block to develop current community services to support better delivery of hands-on, proactive, personalised, coordinated and more joined-up health and social care.

## Appendix 2 - Strategy Outcomes Framework (working draft)

High Level Strategic Outcomes	
Indicators	
Healthy life expectancy at birth (male)	
Healthy life expectancy at birth (female)	
Under 75 mortality rate from all causes	
Inequality in life expectancy at birth (male)	
Inequality in life expectancy at birth (female)	

Primary Priority Outcomes	
Best Start in Life	Mental Wellbeing
Indicators	Indicators
Increase the mothers who receive ante-natal visit	Increase the dementia diagnosis rate (aged 65 and over)
Improve maternal health at 1 year post-partum	Increase the employment rate for those who are in contact with secondary mental health services
Reduce smoking status at time of delivery	Decrease in the % of adults who feel lonely always or often
Reduce Infant mortality rate	Decrease in the % of adults reporting moderate to high levels of anxiety
Increase the number of children achieving a good level of development at 2-2½	Increase in the % of children and adults with good mental wellbeing
Reduce the prevalence of being overweight (including obesity) at Reception age	Reduce the number of people with a serious mental health condition who die prematurely
Reduce the percentage of 5 year olds with experience of dental decay	
Increase childhood vaccination rates	
Reduce the number of children in living in poverty	

Secondary Priority Outcomes	
Indicators	
Reduce the number of homeless people	Improve social mobility
Improve the completion rates of drug and alcohol treatment programmes	
Reduce the smoking prevalence across all ages	
Reduce the average household consumption emissions estimate in Herefordshire	
Reduce the proportion of adults who are obese	
Reduce the proportion of adults and children who are inactive	