

# Herefordshire Health & Wellbeing Strategy Engagement Report

DRAFT

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Version 1.0

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## 1.0 Executive Summary

Health and Wellbeing Boards are required by law to produce a Health and Wellbeing Strategy which sets out how the Council and partners intends to fulfil its role in promoting health and wellbeing and the actions it will take to do this. Based on local data sources the Health and Wellbeing Board identified 12 priorities that are issues of increasing concern within the county and have a negative impact on health and wellbeing.

Consultation on the priority areas outlined in the draft strategy was undertaken in three areas including an online survey, engagement activities with partners and face to face to sessions with 14 seldom heard groups

960 responses were received for the online survey with 17 of these responses coming from organisations. Overall this represents a good level of participation for a survey of this kind. 77% of respondents were females with 41% of respondents being aged 45-64 year olds. Analysis of respondents by deprivation showed a broad geographical distribution.

The vast majority of respondents to the online survey rated all the priorities as “very” or “fairly important” but the three most favoured were:

1. Ensure every child has the best start in life
2. Support good mental wellbeing throughout life
3. Improve education outcomes for disadvantaged children and young people.

Other priorities suggested by respondents included improvements and access to health and care services, tackling inequalities, greater support for schools, children and families and easier access to community wellbeing, leisure and active travel resources and activities.

A range of face to face engagement sessions were undertaken with the following groups: carers, care experienced young people, Eastern Europeans, Gypsy and Romany travellers, LGBTQ+, older people, people living in social housing, women, young people, veterans, refugees, people with learning or physical disabilities. Whilst responses between the groups varied, there were similarities to the online survey with respondents identifying, good mental health and wellbeing, every child has the best start in life and reduce loneliness and social isolation. Whilst there was a level of consensus from these group, there were subtle and the nuanced needs of specific groups that were expressed. Other priorities suggest included access to GPs, Dentists, Access to information, Transport and Community Safety.

Engagement was also undertaken with the voluntary and community sector through the Community Partnership which bring together organisations across Herefordshire to improve the health and wellbeing of residents. Partnership views (n=54) also reflected those of the online survey and seldom heard groups with good mental wellbeing throughout life, Every child gets the best start in life, and reduce loneliness and social isolation as their top 3 priorities.

## 2.0 Introduction

Part of any council's business is to pay attention to the health and wellbeing of its residents and to take action that will help people to lead healthier and happier lives and with a sense of wellbeing.

Health and Wellbeing Boards are required by law to produce a Health and Wellbeing Strategy which sets out how the Council and partners intends to fulfil its role in promoting health and wellbeing and the actions it will take to do this. Based on local data sources the Health and Wellbeing Board identified 12 priorities (see below) that are issues of increasing concern within the county and have a negative impact on health and wellbeing (see appendix 1).



The Council and partners were keen to consult with its residents about what they thought the important issues for Herefordshire were and embarked on a consultation exercise to engage a wide cross-section of the community. This report presents the feedback from the engagement with partners and stakeholders and the targeted engagement activity with seldom heard groups. A separate report is being prepared by the Intelligence Unit of Herefordshire Council which will present the findings of the online survey.

## 3.0 Methodology

Consultation on the priority areas outlined in the draft strategy was undertaken in three areas:

- Public consultation via an online survey
- Engagement with partners and stakeholders
- Targeted engagement activity with seldom heard / key group

### 3.1 Online survey

An online survey was undertaken that involved asking residents and organisations a range of questions on the priorities. The survey was open for 6 weeks and 960 responses were received.

### 3.2 Engagement with partners and stakeholders

Engagement with partners took place through a range of mechanisms. This included lead officers developing the strategy meeting with organisations to discuss the priorities. A consultation workshop was held as part of the Community Partnership meeting on 23<sup>rd</sup>

November. This was an opportunity to gather insight and reflections from people working within the voluntary, community and social enterprise (VCSE) sector.

A workshop with the Health & Wellbeing Board will be undertaken early in 2023 in order to share the findings of the consultation and to explore how the findings may shape the strategy's priorities.

### **3.3 Targeted engagement activity with seldom heard / key groups**

In order to ensure that the consultation was inclusive and that issues relating to specific parts of the community were taken into account a series of consultation workshops were undertaken with seldom heard groups. Summary findings for each of these workshops is included in section 8.

### **3.4 Promotion of the survey and face to face sessions**

The online survey was promoted via a range of channels including social media (Twitter, Facebook) and through Council and NHS newsletters. A link to the survey was also distributed through schools, talk communities and the voluntary and community sector. Face to face sessions were organised directly with special interest voluntary groups who promoted via their own channels to encourage people to attend.

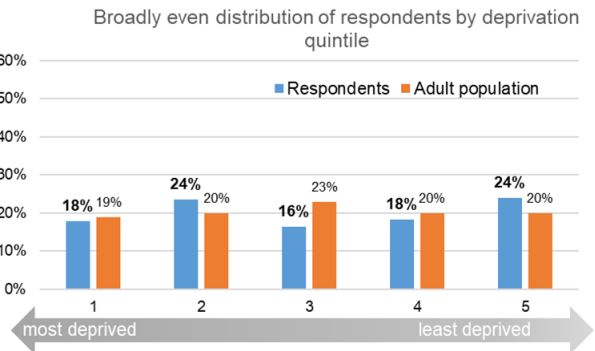
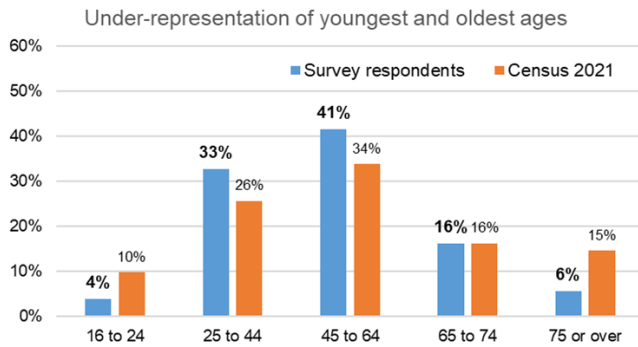
## **4.0 Results from the Online Survey**

The survey involved a mixture of tick-box and free text questions (see appendix 2) designed to gather views of the relative importance of the proposed priority areas. Supplemented by more detailed background information. The survey ran from 31 October - 18 December 2022 via an open web link. The survey was a self-selecting survey open to anyone aged 16 or over who lives, works, or receives care in Herefordshire and interested groups and organisations. 960 responses were received: 934 from individuals, 17 from groups and organisations (9 didn't answer). Overall this represents a good level of participation for a survey of this kind. Ran in conjunction with face-to-face engagement events with seldom heard groups held by Impact Consulting. Attendees of these events were invited to complete the online survey – the relationship with responses is shown in the chart.

### **4.1 Representativeness of survey responses**

Among individual participants who provided characteristics, compared to the Herefordshire population aged 16+ there was:

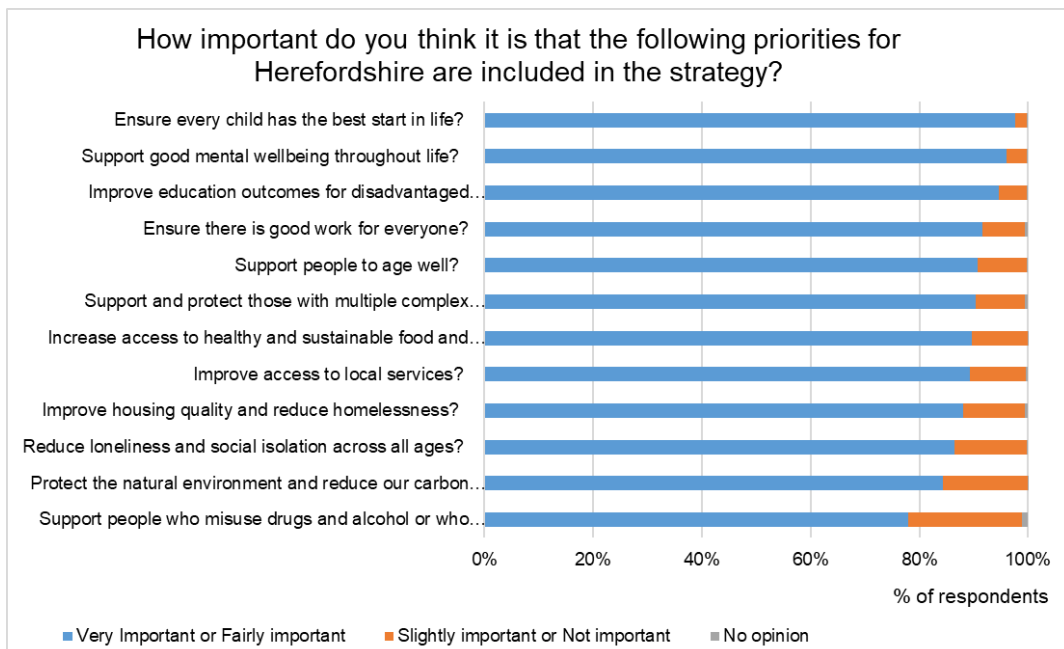
- Marked under-representation of males (23% vs. 51% in population).
- Marked under-representation of younger people aged 16-24 (4%) and of older people aged 75 and over (6%) with a corresponding over-representation of 45-64 year olds (41% of participants)
- Over-representation who said they were from a 'White British' ethnic group (95% vs. 91% in 2021 Census).
- Similar proportion said they were disabled (22% vs. 21% in 2011 Census).
- Broadly even geographical distribution by deprivation quintiles (based on the 72% of responses with complete postcodes) and similar urban / rural classification split to the general population.



## 4.2 Most important priorities overall (Q1-Q12)

Participants were asked how important it was that each of the 12 priorities be included in the strategy.

- Very few respondents ranked any priorities as other than “very” or “fairly important”.
- Three priorities stood out as having strongest support (very / fairly important):
  - Ensure every child has the best start in life (98%)
  - Support good mental wellbeing throughout life (96%)
  - Improve education outcomes for disadvantaged children and young people (95%)
- Lowest ranking: Support people who misuse drugs and alcohol or who smoke (78%).
- Weighting to account for strength of feeling shows a similar pattern - just some variation amongst mid-ranking ones.



Note: The base from which percentages are calculated is participants who answered the question. Weighted average was calculated by applying weighting to each level of preference as follows: very important – 3; fairly important – 2; slightly important – 1; not important – 0; no opinion – 0.

#### 4.4 Top three priorities (Q13)

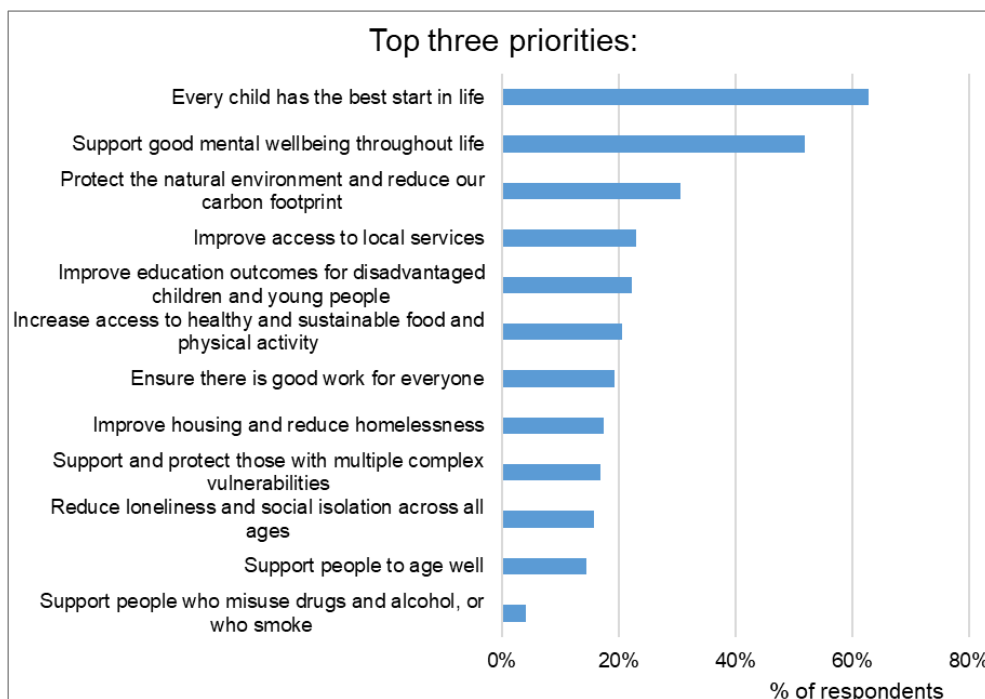
Participants were then asked if they had to choose their three top priorities, what these would be.

- Clear support for two of the same priorities as when asked about importance:
  - Every child has the best start in life (63%)
  - Support for good mental wellbeing throughout life (52%)
- Third was Protect the natural environment and reduce our carbon footprint (31%).
- Improve educational outcomes for disadvantaged young people chosen less often (fifth = 21%).
- Support people who misuse drugs and alcohol, or who smoke was least supported (4%).

There was broad consensus that most priorities were 'very important' but when forced to choose three, support stiffened around some e.g. protect the natural environment... and dissipated for others e.g. support people to age well.

Some evidence of a split universalists vs. targeted approach, e.g.:

- Two-thirds of those who chose ...educational outcomes for disadvantaged young people also chose ...every child has the best start in life, but not the other way round.
- Minority who did choose support people who misuse drugs and alcohol in their top three were more likely to choose other targeted interventions, e.g. improve housing and reduce homelessness and ...multiple complex vulnerabilities.

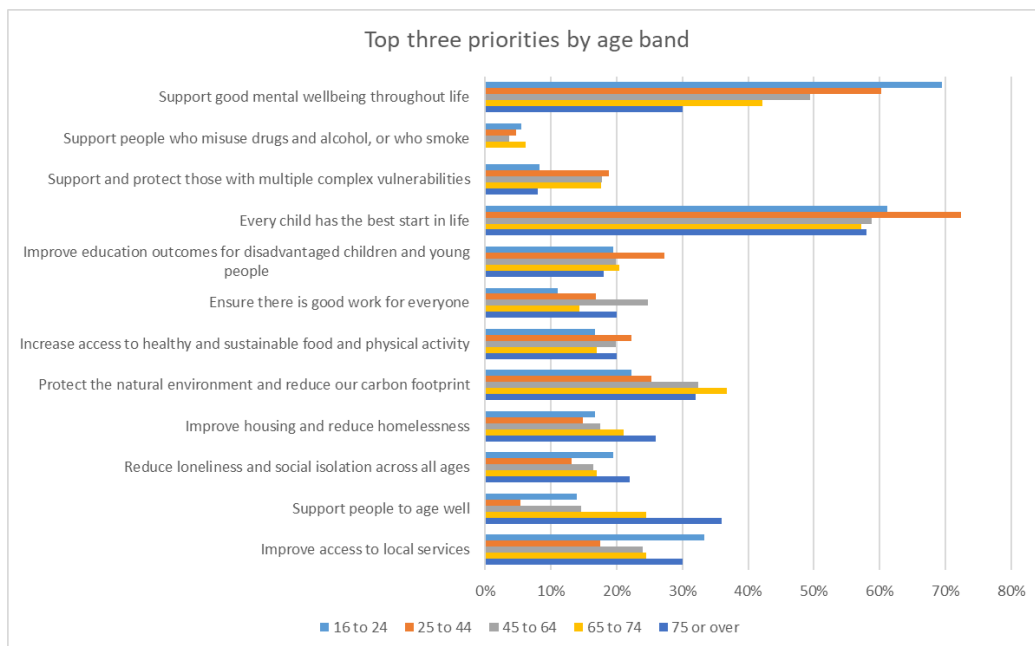




#### 4.5 Variation in priorities: age (based on responses to Q1-12 and Q13)

There were some notable variations to responses based on the age profile of respondents:

- Support for ensure every child has the best start in life was a clear priority for all age groups; only beaten by support good mental wellbeing throughout life for 16-24s.
- Proportions favouring support good mental wellbeing throughout life fell with age, but it was still second highest priority for all except those aged 75+.
- For this group, support people to age well was a higher priority. The importance of this rose with age.
- Support for protect the natural environment and reduce our carbon footprint was highest amongst over 45s (3<sup>rd</sup> highest priority).
- For 16-24s improve access to local services was more important, whilst improve education outcomes for disadvantaged children and young people was favoured by 25-44s.
- Improve access to local services was also relatively important to over 75s.
- The oldest and youngest age groups were most likely to favour reduce loneliness and social isolation across all ages.
- 16-24s were least likely to prioritise the natural environment, good work and education outcomes options.
- Support people who misuse drugs and alcohol, or who smoke was the least favoured across all ages.



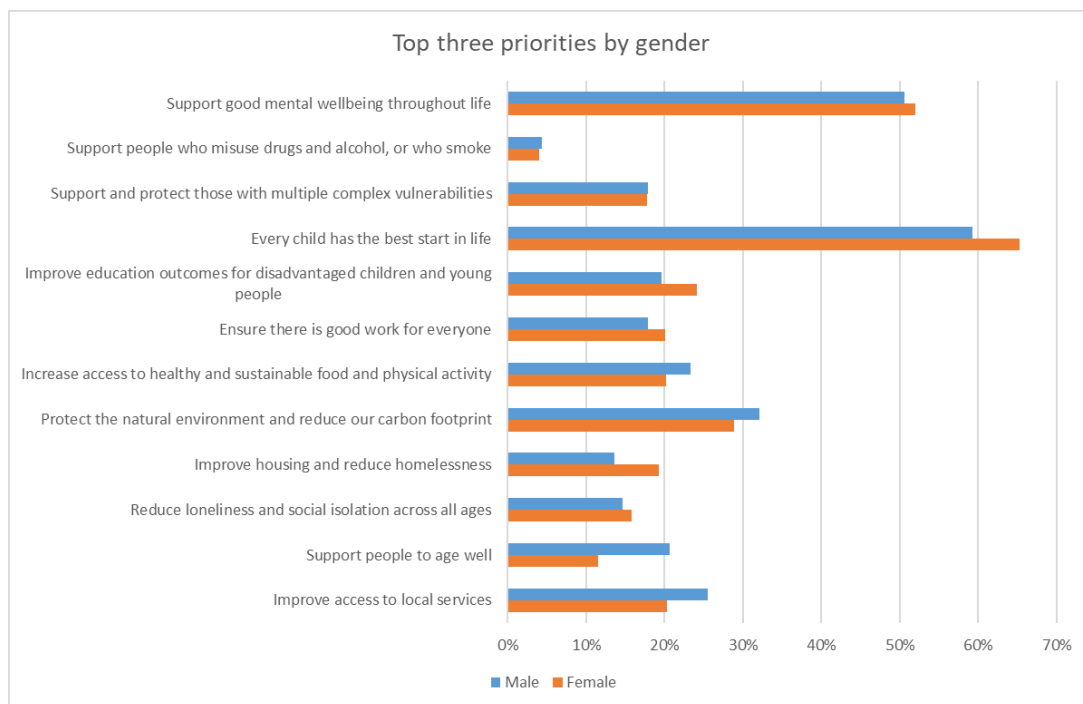
#### 4.6 Variation in priorities: gender (based on responses to Q1-12 and Q13)

When looking at responses by gender, females were markedly more likely than males to rate any priority as “very important”. The largest gap was for ‘reduce loneliness and social isolation across all ages’ (21 percentage points). The smallest gap was for ‘protect the natural environment and reduce our carbon footprint’ (4 percentage points).

The top priorities for both males and females were the same which included ‘best start in life’, ‘support good mental health wellbeing’, followed some by ‘protect the natural environment’

There were marked differences amongst other ‘top three’ choices:

- Females more likely to select every child has the best start in life, improve housing and reduce homelessness and improve education outcomes for disadvantaged children and young people.
- Males more likely to select support people to age well and improve access to local services.



#### 4.7 Variation in priorities: disability (based on responses to Q1-13)

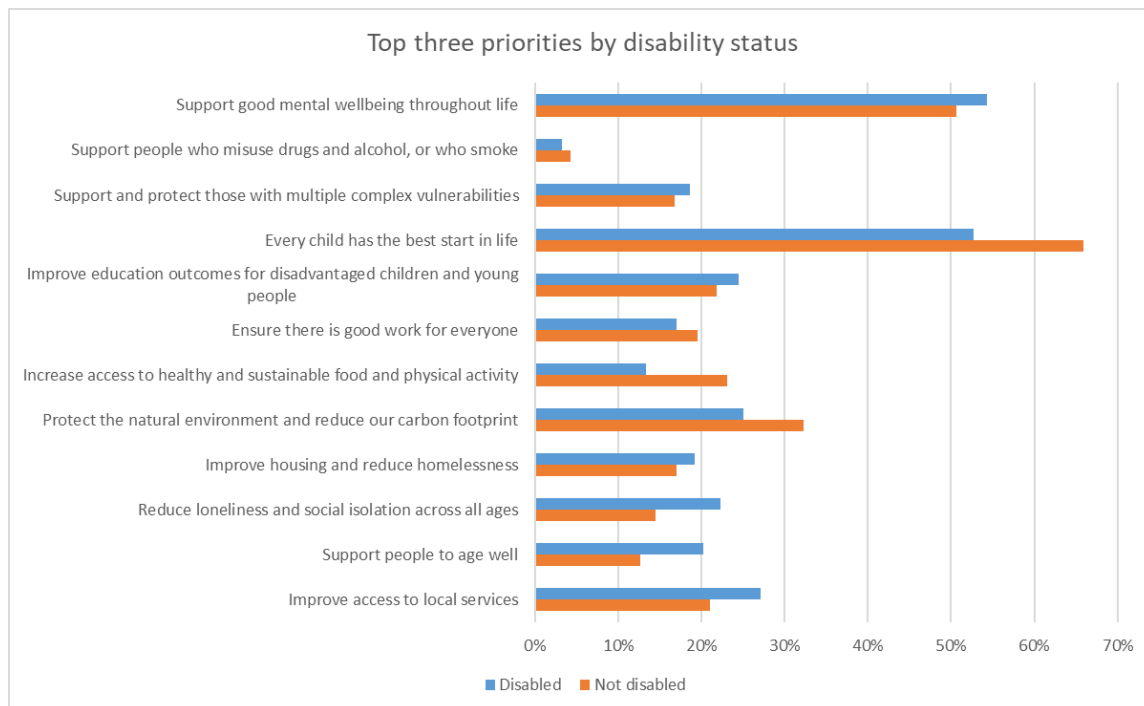
Top two priorities were the same regardless of disability status, although participants who said they were disabled:

- Slightly favoured support good mental wellbeing throughout life (54% in top three) over every child has the best start in life (53%).
- Were less likely to say that the priorities related to children were ‘very important’:
  - Every child has the best start: 82% vs 91% non-disabled.
  - Improve education outcomes for disadvantaged children and young people: 68% vs 76% of non-disabled.

There was less of a clear themes from disabled participants about other priorities:

- Similar proportions (20 to 30%) prioritising improve access to local services, improve education outcomes for disadvantaged CYP, reduce loneliness, support people to age well. All more likely to be priorities than amongst non-disabled.
- Also protect the natural environment... – although less likely to be a priority than amongst non-disabled.

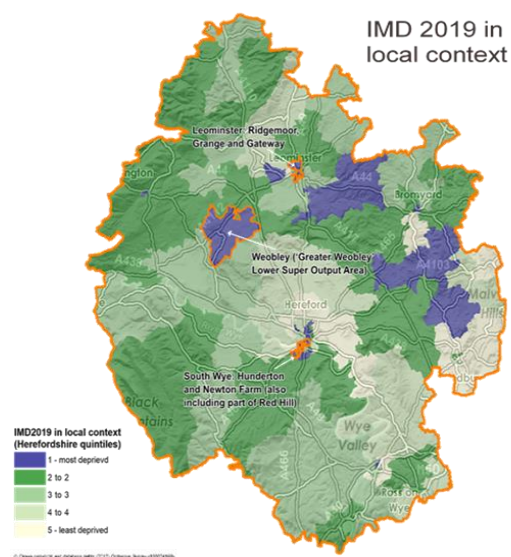
Disabled participants were notably more likely to consider improve housing... as 'very important': 67% vs 56% of non-disabled.



#### 4.8 Variation in priorities: area of deprivation (based on responses to Q13)

Differences according to deprivation quintile were generally less marked than other characteristics, however:

- Participants from the most deprived areas (quintile 1) were least likely to select protect the natural environment and reduce our carbon footprint as a top-three priority. They were also the most likely to select support people who misuse drugs and alcohol, or who smoke.
- Participants from the least deprived areas (quintile 5) were the least likely to select improve housing and reduce homelessness. They were also the most likely to select support mental wellbeing..., ensure there is good work for everyone, increase access to healthy and sustainable food and physical activity, reduce loneliness and social isolation and support people to age well.



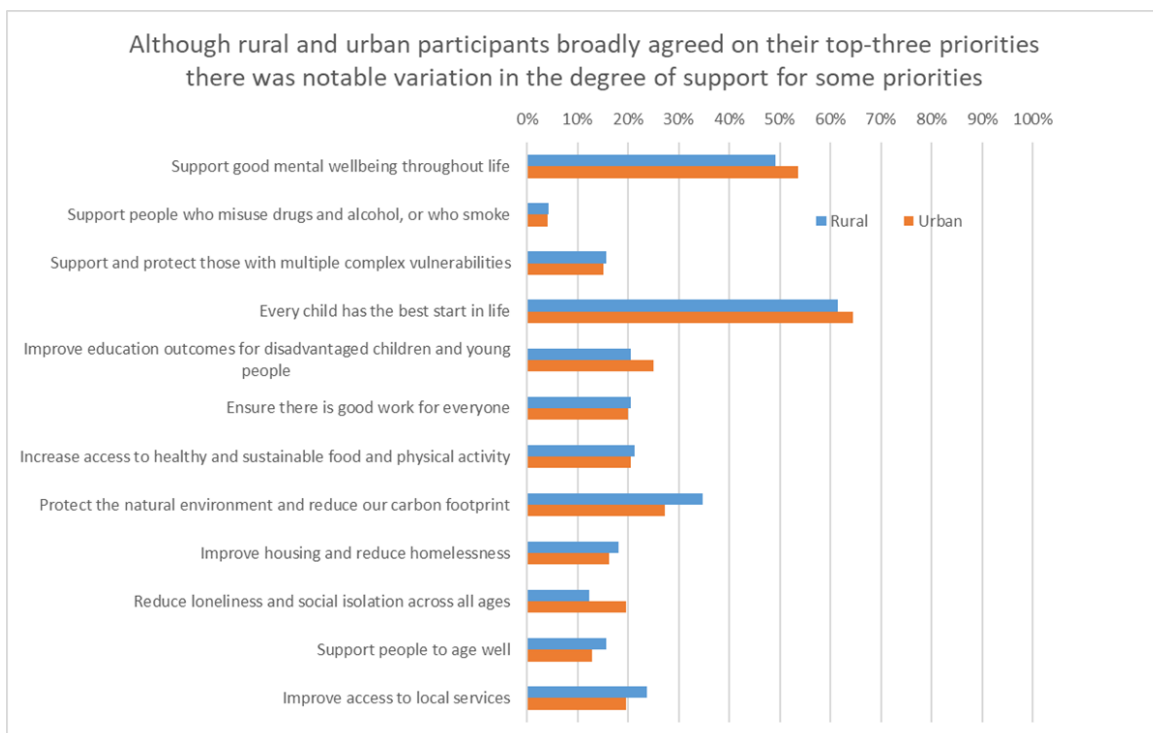
Every child has the best start in life and support good mental wellbeing throughout life were the most favoured top-three priorities across all quintiles. Whereas for questions 2-5 protect the natural environment and reduce our carbon footprint was 3rd most favoured, for q1 it was improve education outcomes for disadvantaged children and young people.

#### 4.9 Variation in priorities: urban vs rural classification (Q13)

Both rural and urban participants agreed on the three most favoured top three priorities i.e. every child has the best start in life, support good mental wellbeing throughout life and protect the natural environment and reduce our carbon footprint. For both support people who misuse drugs and alcohol, or who smoke was lowest.



However, beneath these headlines there were notable variations in the degree of support for some priorities:

1. Reduce loneliness and social isolation across all ages (12% rural, 20% urban; a 7 percentage point difference)
2. Protect the natural environment and reduce our carbon footprint (35% rural, 27% urban; a 7pp difference)
3. Support good mental wellbeing throughout life (49% rural, 54% urban; 5pp difference).



#### 4.10 Distribution of priorities (Q13)

Based on patterns in preference selection (i.e. if someone selects a certain priority how likely are they to select another), there were some important associations between priorities. Indicating that participants can broadly be divided into 'universalists' and those who favour more targeted support for the most vulnerable.

 <span style="margin-left: 10px;">Universalists</span>	 <span style="margin-left: 10px;">Targeted</span>
<ul style="list-style-type: none"> <li>• Support good mental wellbeing through life and every child has the best start in life had widespread support regardless of other priorities selected and were most often selected together.</li> <li>• People who prioritised ...mental wellbeing... and ...best start in life were more likely to select protect the natural environment and reduce our carbon footprint.</li> <li>• People who prioritised ...environment... were the most likely to select increase access to healthy and sustainable food and physical activity and <i>visa versa</i>.</li> <li>• Those selecting reduce loneliness and social isolation across all ages were most likely to select support people to age well and <i>visa versa</i>. Those who prioritised both of these were also more likely to choose improve access to local services.</li> <li>• Interestingly, those selecting improve education outcomes for disadvantaged children and young people were among the <i>least</i> likely to choose ensure there is good work for everyone.</li> </ul>	<ul style="list-style-type: none"> <li>• While every child has the best start in life was the most favoured option for those who selected improve education outcomes for disadvantaged children and young people, the reverse was not the case (only the third most favoured for that group).</li> <li>• Association between support people who misuse drugs and alcohol, or who smoke and support and protect those with multiple complex vulnerabilities – people who selected one more likely to select the other.</li> <li>• Association between support and protect those with multiple complex vulnerabilities and improve education outcomes for disadvantaged children and young people.</li> </ul>

#### **4.11 Why have you chosen your top three priorities? (Q13a)**

Overall themes emerging from just the priorities that stood out as having most support.

##### **Every child has the best start in life**

- A good start in life underpins future life chances and health and wellbeing outcomes. Children are the future. Investing in children early has multiple benefits.
- Support for parents and activities / facilities for children and families are lacking or inadequate.

##### **Support for good mental wellbeing throughout life**

- Mental wellbeing is really important - poor mental health affects life chances, employment, education, leads to worse physical health and is linked to loneliness and poor lifestyle choices eg. substance misuse
- Mental health services in the county are inadequate, under-resourced, or not prioritised. Those with personal experience of mental ill-health were generally critical of mental health services.

##### **Protect the natural environment and reduce our carbon footprint**

- Recognition that nothing else will matter / there is no future if we fail to protect the environment and tackle climate change.
- Frustration with a perceived lack of sufficient environmental protections, or climate action, at a local level.
- The natural environment is essential to people's mental and physical wellbeing

##### **Improve educational outcomes for disadvantaged children and young people (less support as a 'top 3' priority, but high importance)**

- Young people are the future. Intervening early / improving educational opportunities will have benefits throughout life course
- Important / right thing to do. Need to protect vulnerable/tackle inequality
- Current support/services inadequate
- Matters to me personally or professionally

#### 4.12 Comments on why respondents chose the most favoured priorities (Q13a)

Children are the future and deserve to have outstanding start to life with supporting families/carers to help promote wellbeing.

Mental health services around here are severely lacking. As an ex Mind volunteer who had to quit when you closed the service I saw a lot of people without. I've also had a 40 week wait

The early years is the most important thing to get right. Early support helping children and their parents/carers pays significant dividends later. With a secure grounding children and young people can make good choices and take responsibility for themselves as they become

If mental health is not taken care of, it cascades down to everything else and has a huge impact of general health/prospects and other family members

Mental health is on the increase with very little support

I think if we don't protect the natural environment then there is no point in trying to improve much else as we will no longer be able to exist.

I feel the natural environment in Herefordshire is not adequately protected from pollution from farms and large chicken farms

#### **4.13 Other health and wellbeing priorities not covered in the proposals (Q14)**

Most common themes emerging from the 506 comments provided in response to this question:

- Need for improvement to, and criticisms of, various health or social care services.
- More / better / easier access to community wellbeing, leisure and active travel resources and activities.
- Invest in prevention and encouraging healthy lifestyles.
- More support needed for schools, children and families.
- Tackle inequalities including geographical inequality and digital exclusion.
- Need for improvements to public transport services, road infrastructure, cycle paths and tackle congestion.
- Provide more support to mitigate the cost-of-living crisis, support the economy and jobs.
- Tackle environmental problems, including promoting sustainability and tackling air and water pollution, littering and fly-tipping.
- More help for older people.
- More support for women, including during maternity and menopause and doing more to stop domestic abuse.



#### 4.14 Comments illustrating common themes regarding other priorities (Q14)

Dentistry in Hereford is non-existent without private paying. We pay NI contributions, this should be a right for all that require it. I have worked all my life 52 years, paid all taxes & contributions yet get no NHS Dentist. Appalling in the century. We are going backwards. No dental health results in bad mouths, stomachs, intestinal diseases. This needs urgent attention.

Support and access to the community for people with disabilities. More activities and positive engagement with young people and young adults.

School teachers need more training in Children's mental health and it should be a priority over any test results! Children shouldn't be under so much pressure.

With an ever increasing elderly and frail population, more needs to be done to support the elderly and frail to keep them at home and out of hospital. This involved better health and social care but also tackling loneliness and isolation. The council must do more to harness the expertise, resources and experience of the voluntary sector in Herefordshire.

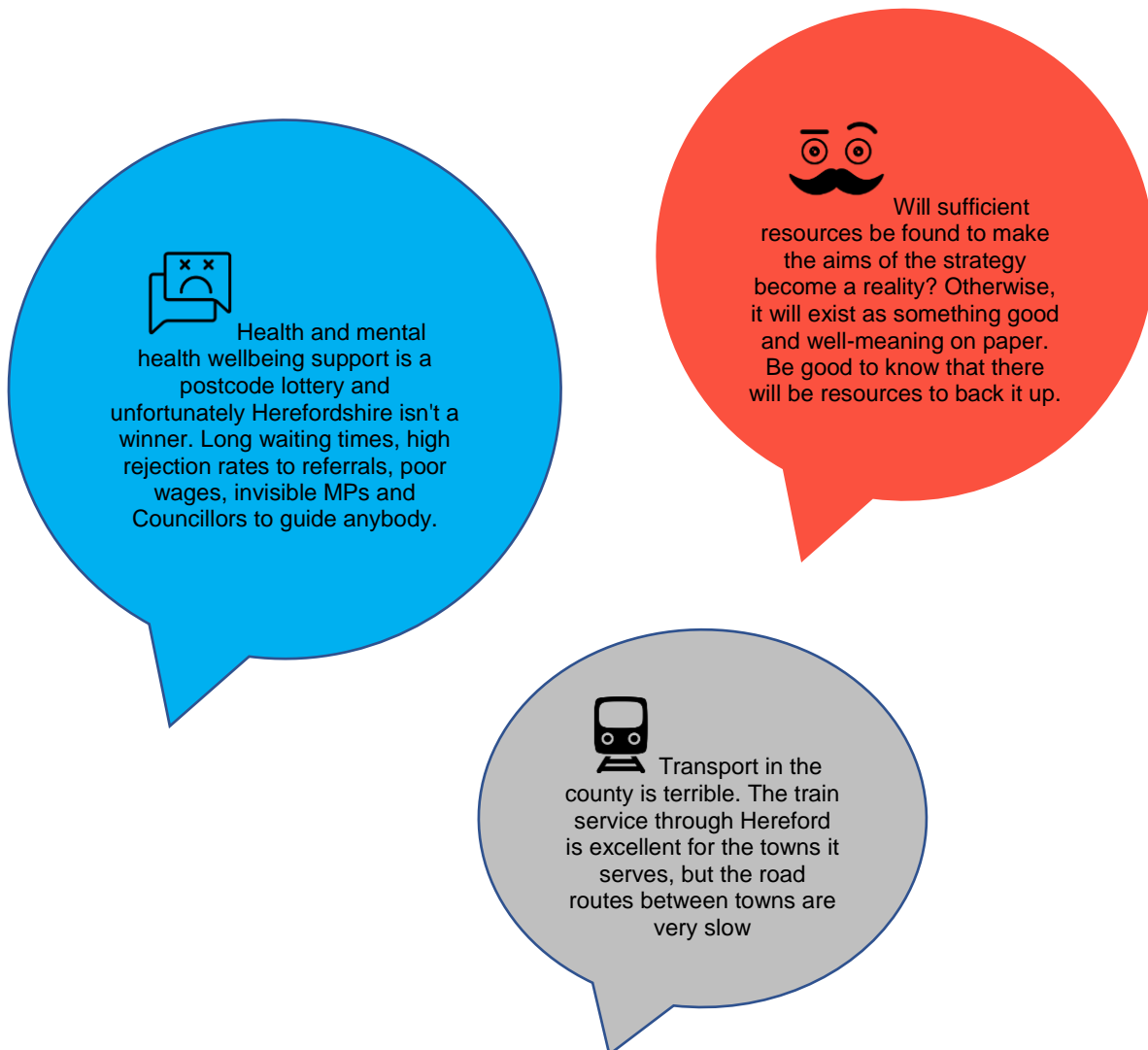
Obesity is a huge issue and can be the cause of multiple health and wellbeing issues. Confidence to walk in safe traffic free environments would be a catalyst to healthier lifestyles

The state of the roads, and pavements so far in the last few weeks 2 people that I know have had very nasty falls which could have been a lot worse on our local road/ pavement due to the condition of the road/ pavement and lack of lighting. We are awaiting our first death due to a lack of good roads, lighting and signage to reduce speed and visibility.

#### 4.15 Is there anything else you would like to add? (Q15)

By far the most common themes emerging from the 371 comments provided in response to this question can be summarised as:

- Complaints about, or suggestions for improvements to, services.
- Disillusionment with the Council / NHS / government and/or cynicism about the process, and scepticism as to whether the priorities are achievable and what, if anything, will actually be done, or improve.
- Complaints about, or suggestions for improvements to, public transport, roads, infrastructure.



## 5.0 Summary of Findings from the face-to-face sessions

The workshops encompassed 4 activities:

**Activity A** – People were asked to look at each priority and identify how important each of them were to them.

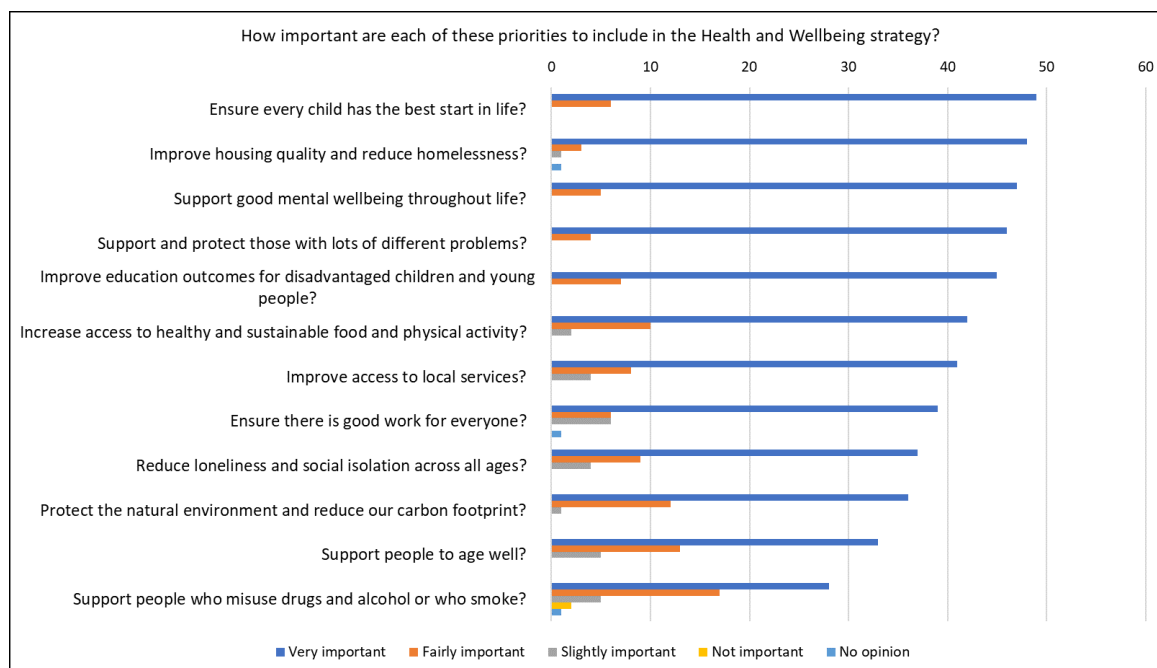
**Activity B** – People were asked to vote for their top 3 priorities and were asked why they had chosen them and why they were important to them.

**Activity C** – People were asked what they felt was missing from the priorities and why these issues should be included.

**Activity D** – People were asked what key message they would take back to the people writing the strategy and organising services.

Adaptations to the workshop format were made based on the time available, the size and nature of the group. In addition, given the short timescales attached to the consultation where it was not possible to bring groups together face-to-face workshops were delivered online, or Peer Research methodology was used, where an individual from that community is recruited to complete the research with peers.

The graph below shows a summary of how important each of the priorities were across all of the seldom heard groups consulted.



The graph shows that for seldom heard the groups the priorities seen to be of greatest importance were:

1. Ensure every child has the best start in life
2. Improve housing quality and reduce homelessness
3. Support good mental health throughout life

Support people who misuse drugs and alcohol received the least overall support and the most variation. Comments suggest that this is primarily because there was a view that people needed to take responsibility for their own actions (particularly in relation to smoking). It was felt that support is available if people choose to make use of it.

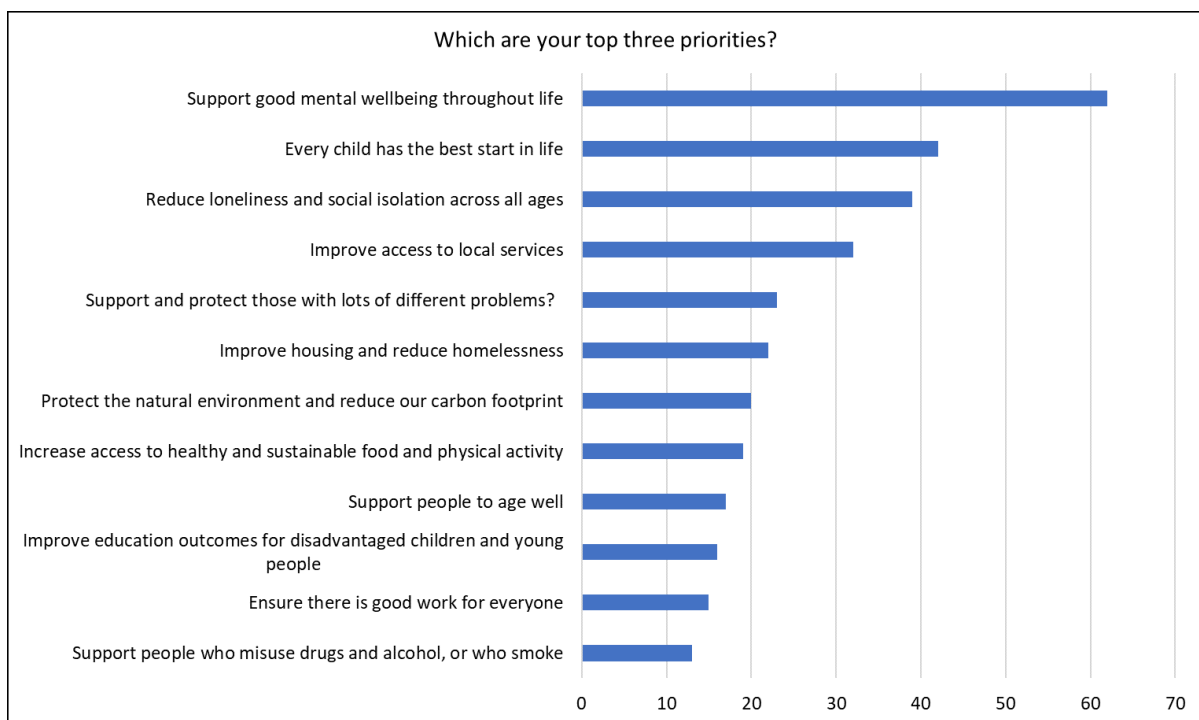
Supporting people to age well was also one of the lowest supported overall, in terms of it being very important. Again, comments from participants suggest there is an element of people needing to look after themselves, and also a view of 'that's just life'.

There were a few of the priorities that participants felt were important in general but the need for it to be in the Health and Wellbeing Strategy was less clear. This was mentioned in relation to the following priorities:

- Protecting the natural environment and reducing our carbon footprint
- Ensure there is good work for everyone
- Improve educational outcomes for disadvantaged children

These views were generally reflected in the following graph where participants had to narrow down their choices and pick their top three priorities that they felt should be a focus.

The graph below shows what the top 3 priorities were across all of the seldom heard groups consulted.



This identifies that across all seldom heard the groups the most significant priorities are:

1. Support good mental health and wellbeing throughout health
2. Every child has the best start in life
3. Reduce loneliness and social isolation

Improve access to local services was highlighted as the next most commonly chosen priority. This one sits slightly below the top three but slightly higher than the rest of the suggested priorities, suggesting that there could be an argument for including this as a top priority.

As discussed above, those priorities that were chosen less frequently likely reflects the view that either:

- it should not be tackled as part of the Health and Wellbeing strategy
- there needs to be more emphasis on people taking responsibility for themselves
- some of these priorities would be outcomes of achieving other priorities e.g. improved educational outcomes for disadvantaged children and young people would likely be achieved if the priority ensure every child had the best start in life was achieved.

## 5.1 Other suggested priorities

All consultees were given the opportunity to highlight any specific issues or services that they felt were not currently reflected in the priorities. These were:

- Access to GPs, Dentists and other health care
- Access to information
- Transport
- Community Safety
- Supporting people through the cost-of-living crisis
- Childcare
- A stronger focus on preventative services

These areas are discussed in more detail below.

### 5.11 Access to GPs and Dentists and other health care services

**Access to GPs** came up at nearly every session with the difficulty in getting through to speak or see a GP adding to the stress people were feeling. Additional issues raised were long call waiting times and also where appointments were offered and whether these could be accessed by public transport.

**Access to dentists** was also raised as an issue in that people found it very difficult to get an NHS dentist and get appointments for routine check-ups and for treatment when problems occurred. This had resulted in many people having to access emergency dentistry services.

There were concerns about how difficult it was to access local **sexual health services**. This was specifically raised by young people and the women's equality group.

**Health care professionals for specific service users** such as care leavers, veterans, was also suggested as good way to support people accessing health care. For example, a nurse or mental health professional specifically trained or experienced in being in the care system or dealing with combat stress. The aim being to have someone who would be more likely to understand the barriers to accessing health care, and able to quickly and empathetically direct the service user to the most appropriate health service. Note: There is a veteran specific mental health nurse service which is reported to be highly valued.

Concerns were raised around **specific mental health services** such as CAMHs (Child and Adolescent Mental Health Services) and specific mental health services for people

experiencing Combat Stress and PTSD. The concerns were around lack of availability in general, long waiting lists, and specifically gaps in services at certain points or stages in their lives/recovery. For example, the CAMHS service stops at 17 years and 6 months but the adult mental health service does not start until aged 18 years. Specific mental health support for medication reviews, and support for mental health related to alcohol and substance misuse were raised as examples of when it is difficult to access mental health support.

### **5.12 Access to information**

Access to information came up during many of the sessions, and was perceived to create a real barrier in people being able to help themselves. Not knowing what is available, where to get help, or even where to start looking were all raised as issues. Specific examples were:

Veterans highlighted a lack of knowledge about activities available at weekends to prevent the feelings of loneliness.

Available services such as the Street Pastor scheme which would reassure young people that there was support available when out in Hereford City in the evenings.

### **5.13 Transport**

Transport was commonly raised as a key barrier to accessing services. Limited access to public transport, or community transport, particularly for those living in rural areas, as well as the cost of public transport were specifically raised. Public transport was mentioned as a barrier to education, reducing loneliness and social isolation, accessing GPs and other health services.

Traffic congestion was also mentioned, specifically in relation to Hereford City, in terms of the impact of air pollution and the negative effect this has on health and the environment.

### **5.14 Community Safety**

Community safety issues were raised in several of the sessions but specifically by older people, younger people and for the Gypsy and Romany Traveller community.

The issues younger people raised were specifically about not feeling safe on the streets during the day and night. They spoke about street harassment, such as cat calling and verbal abuse. There was also concern about safety late at night, particularly referring to the recent sexual assaults that had happened in Hereford City, which had left lasting concerns with the young people. Young people were unaware of certain schemes that run alongside the night-time economy with the specific purpose of keeping people safe from harm, e.g. street pastors run by Vennture.

Similarly, older people also felt Community Safety was as a problem. Particularly feeling unsafe when outside particularly at night, and the lack of a police presence was also mentioned.

Hate crime, including racism and attacks on the GRT and LGBTQ+ communities, was mentioned as a concern for a number of groups, with examples including physical and verbal abuse within public services such as schools and in the wider community.

### **5.15 Supporting people through cost-of-living crisis**

The cost of living was raised across many of the groups, many feeling that the situation was frightening and a cause of stress and anxiety. Many consultees said they were not sure how they were going to meet the ongoing financial challenges being faced and felt they needed practical help and support in this area.

### **5.16 Childcare**

Access to affordable, good quality childcare was seen as a barrier to certain aspects of health and wellbeing, such as access to work and as a break for parents/carers for mental health reasons. It was also recognised as a good opportunity for the children attending in terms of meeting their social and development needs.

### **5.17 A stronger focus on preventative services**

There was strong support for the Board to consider taking a much stronger focus on the preventative agenda.

### **5.18 Other issues and common themes**

Other issues and common themes that were raised across the groups were:

- People feeling unsupported and left to cope alone at times of crisis
- The need for better communication between health professionals
- Concerns about health services
- The need for equality and inclusivity

### **5.19 People feeling unsupported and left to cope alone at times of crisis**

The fact that people often feel unsupported at points in their life when support is most needed was highlighted in many of the group discussions. For many people this was as a result of themselves or someone they care for going through a period of poor health. Examples that were given included a lack of support for people caring for those that are at end of life. This appeared to be particularly a problem when a late diagnosis was received as this limited the time available to access any relevant support. However one participant reported caring for his terminally ill brother for 5 years, he said that it was only in his final 2 years that he had been able to find out about support and then access it. They had both found the support (which was available through a charity) beneficial but it would have also been beneficial to them in the previous 3 years and would have meant that they had struggled less.

This lack of support also applied to other scenarios, for example for those who have a neuro-diversity accessing support to obtain a diagnosis can be very difficult and it is very much up to the individual to try to access this. Similarly support for those recovering from trauma is perceived to be scarce.

The impact of people feeling unsupported also leads to other negative feelings. The older people that were consulted perceived that support is not available and therefore said that this made them feel scared and anxious.

## **5.20 The need for better communication between health professionals**

Participants often expressed frustration at the apparent lack of sharing of information and medical history between health professionals. This was particularly frustrating for those with multiple and complex problems.

## **5.21 Concerns about health services**

Some of the concerns related to accessing GP Services (see above) but there were also concerns expressed about the quality of healthcare services. Older people also mentioned concerns about emergency services. They felt that if they needed to call an ambulance there was a likelihood that they would be left waiting for many hours before it arrived. This was a real concern and many reported feeling unsafe and insecure as a result.

## **5.22 The need for equality and inclusivity**

The need for equality and diversity was raised across the groups. It was suggested that this should be an underpinning theme for the strategy. Some participants reported feeling discriminated against within society but also by people working within healthcare services.

Acknowledging and addressing the inequalities that are present across groups of people and the services they access was seen as key to removing the barriers that prevent people from having equal access to services. Being able to access services with the right support in place was seen as fundamental in order to reduce the inequalities experienced by some.

## **6.0 Summary findings from each group**

Below are some of the key issues that each group particularly highlighted, these range from the most serious issues affecting individuals, issues of concern for the population and also what approaches need to be taken or changes made to have the most significant positive impact on their lives.

- Carers – support and understanding for both themselves and who they are caring for, access to suitable housing and pavements being suitable for mobility scooters.
- Care experienced young people – specific support with understanding of their needs and what they have been through, with the knowledge of where to access the right support
- Eastern European church attendees - traffic congestion really affects this group (people interviewed live in South Wye), other issues that particularly affect them were support for children with additional needs and their families and a need for more social care/prevention services.
- GRT – mental health and suicide rates were high priorities that affect this group. Experience of racism is also an issue for the group.
- LGBTQ+ - equality and inclusion and more understanding, particularly around a persons right not to specify gender.
- Older people – concerns were expressed around access to GPs and availability of care in the community.
- People living in social housing – access to GPs, transport and cost of living were the biggest concerns raised by this group.
- People with disabilities – equality, inclusion and support services to make this happen



- People with learning disabilities – recognised the value of face to face social and support sessions, supported by charities.
- Refugees – work, language, housing and childcare were critical issues affecting this group, as well as equality and access to health services, without feeling like they were discriminated against.
- Veterans – access to specialised mental health services, and support to access all other services.
- Women’s – children as a priority in general, equality and support services for domestic abuse were the highest priorities for this group.
- Young people – raised concerns about community safety, access to sexual health services, availability and suitability of mental health services.
- Community Partnership – improve access to primary health services, be more inclusive and equitable, taking a holistic approach to mental health, focus on helping people to help themselves as well as providing support for those who cant. Better working together and communication are key to services more effective.

## 7.0 Detailed notes from each of the group discussions

The detailed findings from the discussions with each group can be found below.

### 7.1 Carers

<b>Name/Profile of Group</b>
<p>Herefordshire Carers</p> <p>A mixed gender and mixed age group of carers - predominantly female.</p> <p>Approximately 25 in attendance – the consultation was part of a wreath making workshop organised by Herefordshire Carers.</p>
<b>Top priorities of group and rating of each priority</b>
<p>Priorities identified in order of popularity were:</p> <ul style="list-style-type: none"> <li>• Every child has the best start in life (4 votes)</li> <li>• Reduce loneliness and social isolation across all ages (4 votes)</li> <li>• Improve housing and reduce homelessness (3 votes)</li> <li>• Support and protect those with lots of different problems (1 vote)</li> <li>• Protect the natural environment and reduce our carbon footprint (1 vote)</li> <li>• Support people to age well (1 vote)</li> </ul>
<b>Reasons for selecting priorities</b>
<p><b>People reported feeling lonely and isolated as carers</b> and also feeling unsupported. The role of Herefordshire Carers in giving people the opportunity to socialise was seen as invaluable. Some people reported feeling abandoned and left to cope alone. This has a considerable impact on health and wellbeing.</p>

Despite the fact that many carers were caring for older people the importance of **ensuring that 'every child has the best start in life' was seen as fundamental**. This was seen as ensuring the foundations were in place and that children felt supported and able to reach their potential.

The comments in relation to the need to improve housing related to the need to ensure that properties are sufficiently adapted for people living with a disability or illness.

### Missing Priorities

**A specific focus on dementia** – it was felt that dementia can get lost in a general heading of 'mental health' and a specific focus is needed to support people with dementia and also their carers. It was suggested that Herefordshire should become a dementia friendly city.

**Improve pavements for people in wheelchairs** – the state of the pavements prevents people from being able to go out.

**Improved communication between agencies** – people reported the need to repeat medical history to different professionals due to the apparent lack of ability to share medical notes. This was particularly difficult for those with multiple and complex needs and also in terms of crisis.

**More support for people with a neuro – diversity** – it was felt that there was insufficient support available for those with a neuro-diversity. In particular people struggled to receive support prior to diagnosis and also to actually obtain a diagnosis. It was felt that this impacted on people of all ages.

**Specific support is needed for those at the end of life** – one person reported feeling completely unsupported when caring for their partner at end of life.

### Key issues highlighted by the group

The most significant comments related to a lack of support available. For carers this was particularly concerning if they, themselves become ill i.e. who would replace their role as carer?

### Any other relevant comments

- Carers often feel vulnerable due to a lack of support and the fact that they are carrying the responsibility of caring for someone else.
- Sometimes carers are caring for more than one person in their family and may also be experiencing health issues themselves.

## 7.2 Care experienced young people and care leavers

### Name/Profile of Group

Consultation with care experience young people and care leavers.

Due to absences due to sickness and time constraints, evidence from previous ad-hoc consultations and information collated as a result of groups with Care Leavers which occurred this year, has been used.

The groups were brought together to discuss the Care Leavers Offer and/ or consultation for the Corporate Parenting Strategy and/ or Pathway Planning for Care Experienced Children and Young People and Care Leavers.

### **Top priorities of group and rating of each priority**

The general consensus around priorities are:

- loneliness
- mental health services
- best start in life in order to give support to prevent children and young people coming into care
- but access to internet and transport to access the priorities are hugely impactful.

### **Reasons for selecting priorities**

### **Missing Priorities**

### **Key issues highlighted by the group**

Quotes from engagements

- We need help at all times, parenting is just not 9 to 5 Monday to Friday – this impacts on us doing well in life. I am lonely and I know a lot of us are
- I can't get to appointments in Hereford – or if I can I can't get home – buses are crap and there isn't a train in B
- I want to be live near my family, friends and near my school – we don't have enough housing options
- I have been promised counselling but I have been waiting for ages
- I like my foster mum, she loves me like her own children, she does not treat me differently – they have given me what my birth family couldn't
- We don't like too many changes of social workers – this impacts on us doing well in life
- It would be nice to have a nurse for care leavers – I find it hard to go to the doctors,
- We need to be kept in the loop about our entitlements – this doesn't happen
- We need Memory boxes – life story work for all children – if we know our story our mental health can be supported properly

<ul style="list-style-type: none"> <li>• We want apprenticeships programs coz sometimes normal education is hard for us”</li> </ul>
<b>Any other relevant comments</b>

**7.3 Eastern European attendees at Our Lady’s Church**

<b>Name/Profile of Group</b>
<p>A mix of Eastern European and British people attending Mass at Our Lady’s Queen of Martyrs Church, Hereford City.</p> <p>A mixed gender group of people, older people and younger families</p> <p>14 people spoken with</p>
<b>Top priorities of group and rating of each priority</b>
<p>Each individual voted for their top three priorities those with the most votes as being in the top 3 were:</p> <ul style="list-style-type: none"> <li>• Every child has the best start in life</li> <li>• Protect the natural environment and reduce our carbon footprint</li> </ul>
<b>Reasons for selecting priorities</b>
<p>Congestion and traffic pollution was an issue raised by a number of people, which is unsurprising as the church is based on the Belmont Road which often experiences traffic congestion.</p>
<b>Missing Priorities</b>
<p>Services for families of children with additional needs were identified, right the way through from early diagnosis and support, the education they receive and the support that is provided when children/young people are not able to receive mainstream education and end up in Pupil Referral Units.</p>

Social care, community care and prevention resources were all highlighted as missing and would no doubt have a positive impact on many of these priorities.
<b>Key issues highlighted by the group</b>
<b>Any other relevant comments</b>
Better communication between agencies was highlighted as a need.

#### 7.4 Gypsy and Romany Traveller Community

<b>Name/Profile of Group</b>
<p>20 people from the GRT community were interviewed via a peer researcher from within the community.</p> <p>Interviewees were mixed gender ranging in age from 23-75.</p>
<b>Top priorities of group and rating of each priority</b>
<p>Each individual voted for their top three priorities. There were four clear priorities that all participants supported:</p> <ul style="list-style-type: none"> <li>• Supporting good mental wellbeing throughout life</li> <li>• Ensuring every child has the best start in life</li> <li>• Improving education outcomes for disadvantaged children and young people</li> <li>• Increasing access to healthy and sustainable food and physical activity</li> </ul> <p>None of the other priorities considered a priority by this group.</p>
<b>Reasons for selecting priorities</b>
<p><b>Supporting good mental wellbeing throughout life</b> – Good mental health is at the core of everything and it means people can get / stay in work. People are still ashamed to say they have mental health problems whilst other people think it is the ‘norm’ now so they don’t address it. Mental health has got worse since COVID.</p>

<p><b>Ensuring every child has the best start in life</b> – the role of parents / support for parents needs to be considered in this priority. Children’s lives are complex – how can we ensure children are allowed to be children.</p> <p><b>Improving education outcomes for disadvantaged children and young people</b> – this was about ensuring that children / young people are not disadvantaged and labelled as a failure early in their lives as this sets the tone for adulthood. This was about equality of opportunity.</p> <p><b>Increasing access to healthy and sustainable food and physical activity</b> – main focus was on access to healthy food. People felt they needed help to know how to cook healthily and on a budget rather than going to the chip shop.</p>
<p><b>Missing Priorities</b></p>
<p>Racism</p>
<p><b>Key issues highlighted by the group</b></p>
<p>Group saw a strong link between many of the priorities job = house = fitness= mental health improves</p> <p>The priority ‘Support and protect those with lots of different problems’ is difficult to prioritise because it covers so many of the other areas.</p>
<p><b>Any other relevant comments</b></p> <p><i>Mental health isn’t normal yet this day and age its made to be normal. In the GRT community the death rate from suicide are at an all time high more then any other ethnic minority.</i></p>

## 7.5 LGBTQ+

<p><b>Name/Profile of Group</b></p>
<p>Members of the International LGBTQ+ group.</p> <p>Attended by 2 female members (12 were expected).</p>
<p><b>Top priorities of group and rating of each priority</b></p>
<p>Due to the nature of the group individuals chose not to do the rating of each priority but instead collectively reached consensus that the top 3 priorities for the group were:</p> <ul style="list-style-type: none"> <li>• Every child has the best start in life</li> <li>• Support good mental wellbeing throughout life</li> </ul>

<ul style="list-style-type: none"> <li>• Improve housing and reduce homelessness</li> </ul>
<p><b>Reasons for selecting priorities</b></p>
<p>It was recognised that all priorities are important but the three selected are those considered fundamental. It was noted that people from the LGBTQ+ community may have poor mental health as a result of experiencing prejudice etc, this was therefore seen as particularly important. As parents those present prioritised the needs of children above all else.</p> <p>Those present were also aware of poor living conditions of family members and felt that social housing stock should be improved.</p>
<p><b>Missing Priorities</b></p>
<p>Although there weren't any specific priorities highlighted it was felt that the approach of healthcare professionals implementing the strategy was very important. Members of the group had experienced prejudice from healthcare professionals and therefore would like them to be educated about the LGBTQ+ community to ensure that this doesn't happen in the future. In particular it was considered that there should not be a need to specify gender and that if a person does not want to be referred to as male or female this should be respected.</p> <p>It was also noted that there are very few public toilets in Hereford City which prevents people from staying in Town for long.</p>
<p><b>Key issues highlighted by the group</b></p>
<p>Inclusivity was the key issue highlighted - those present wanted there to be no discrimination against people regardless of gender, sexuality, race, age, disability, socio economic background etc.</p>
<p><b>Any other relevant comments</b></p>
<p>The importance of communities supporting each other and the need to educate people in terms of inclusive approaches.</p>

## 7.6 Older people

<p><b>Name/Profile of Group</b></p>
<p>Age UK ICT training group</p> <p>A mixed gender group of older people who have enrolled on an ICT training course.</p>

9 people attended

### **Top priorities of group and rating of each priority**

Due to the nature of the group individuals chose not to do the rating of each priority but instead collectively reached consensus that the top 3 priorities for the group were:

- Improve access to local services
- Reduce loneliness and social isolation across all ages
- Support people to age well

### **Reasons for selecting priorities**

The group reported that one of the main issues causing concern is **access to local GP services**.

**Accessing information and advice** was also seen as a significant problem. For example one member of the group had cared for his terminally ill brother for 5 years. He said that it was not until the 12 months prior to his death that he was made aware of support that was available which would have been useful to them both in the previous years. He also said that it was due to contacting a relevant charity that he was able to access support, as opposed to receiving information through the statutory services. It was felt that there needed to be better communication between health care professionals and that information about support for carers and for those living with illness needed to be more readily available.

The group also said that often older people felt lonely and if living alone may not speak to anyone for several days. The importance of social groups that offered people the opportunity to socialise was also mentioned. For example attendees reported feeling a sense of cohesion as a result of being part of the training group.

Concern was also raised about older people living in their own homes without adequate support. It was felt that there is inadequate care available to older people and part of supporting people to 'age well' should be to ensure that this support is available.

### **Missing Priorities**

**Access to health services and specifically GPs** was seen as a significant problem by the group. They felt that this should be included as a separate priority.

**Community Safety** was also seen as a problem. The group reported sometimes feeling unsafe when outside particularly at night. The lack of a police presence was also mentioned.

**Opportunities for people to socialise**, for example community projects which provide a focal point and a reason for people to come together – needs greater emphasis in the priorities as this is seen as key in supporting people to 'age well'



<b>Key issues highlighted by the group</b>
The most significant issue highlighted by the group was access to GP services. Attendees reported having to wait several days for a GP appointment. They felt that this has negative impact on their health but also makes them feel unsafe and unsupported and impacts negatively on their wellbeing.
<b>Any other relevant comments</b>
<p>The importance of charities and volunteers in providing services was recognised.</p> <p>There were significant concerns relating to health and social care and people generally feeling worried about the future when they may need support services.</p> <p>It was also perceived that the lack of affordable homes making it difficult for people to buy their own home and pushing people into the private rental market which is often expensive.</p> <p>Other comments were also made about the need to clear drains and generally ensure that the environment is cared for.</p>

## 7.7 People living in social housing

<b>Name/Profile of Group</b>
<p>A mixed gender group of mainly older people who living in social housing owned by Connexus Housing.</p> <p>9 people attended</p>
<b>Top priorities of group and rating of each priority</b>
<p>Each individual voted for their top three priorities. There was one clear priority that came out with many choosing it within their top 3:</p> <ul style="list-style-type: none"> <li>- Support good mental wellbeing throughout life</li> </ul>
<b>Reasons for selecting priorities</b>
<p><b>Support good mental wellbeing</b> was thought by the majority of the group but not all, that it was a very important factor and one that impacted across all the rest of the priorities.</p>
<b>Missing Priorities</b>

**Access to health services and specifically GPs** was seen as a significant problem by the group. They felt that this should be included as a separate priority. There was concern highlighted that risks were that people were attending to see a GP as a solution to social isolation. The LIFT programme previously run through GPs was an excellent service but now stopped.

**Access to services/Transport** was also felt to be an issue with how expensive it is to use and the fact that it is less frequent and accessible as it previously was. Historically the bus service has almost come right up to the door to pick up residents of the one of the Housing Association properties but this does not happen anymore. There is also a lack of community transport. Many do not have the skills/ability to use the internet.

**Cost of living** was a concern, particularly around heating homes, costs of buying healthier food which was typically more expensive, and cost of activities to promote physical activity and reduce social isolation. This also added more risk to those children living in disadvantaged households.

**Key issues highlighted by the group**

**Any other relevant comments**

The group highlighted the role having pets have in helping mental health, creating routines for people, getting them out and about, and as a companion for people. A concern was when pets are not allowed in rented properties, and the negative impact this has.

There was concern around the traffic congestion in the city, particularly on the impact it has on air pollution. The bypass was suggested as a solution for this.

**7.8 People with disabilities**

**Name/Profile of Group**

Making it Real Board

A mixed gender group of people with disabilities.

12 people attended, there was limited time for discussion, roughly 30 minutes and this was finished with a fire alarm ending the meeting.

**Top priorities of group and rating of each priority**

After explaining all the priorities, the group discussed those that they had stronger opinions on. Those discussed were:

- Support good mental wellbeing throughout life
- Every child has the best start in life – but linked with improving educational outcomes for disadvantaged children and young people
- Access to local services, particularly support services for disabilities
- Protect the natural environment and reduce our carbon footprint including sustainability
- Improve housing and reduce homelessness

### Reasons for selecting priorities

The group particularly felt that **access to support services** (or not being able to) directly impacts on people with disabilities. Access for people with disabilities should be embedded across all aspects of services.

All priorities were seen as important and some very much interlinked, such as **Every child having the best start in life and improving educational outcomes for disadvantaged children**. It felt inequalities were still very much present in the systems such as schools against minority groups such as GRT. There was concern that there were not many support services out there such as children's centres/sure start centres. There was concern that families were required to fight for services for disabled children. Opportunities needed to be offered for children outside of school to provide positive safe opportunities for them, including transport and not too expensive.

There would be less risks from **Environmental flooding** if rivers were dredged.

### Missing Priorities

It was acknowledged that services needed to **work together more** and that budgets should be shared across teams/organisations for better outcomes for children, but that this required leadership from above, e.g. Chief Executive down.

### Key issues highlighted by the group

There was potential to link with the 7 priorities identified in the Autism Strategy for Herefordshire, however it was identified that this Health and Wellbeing strategy sat higher than that one.

Other key issues highlighted were that these were all connected.

Sharing resources was an opportunity.

Minimising inequality

<p>Acknowledging that most expensive is not always the best</p> <p>Any terms used within the strategy needed to be fully explained, e.g. environment.</p> <p>Commissioners should be told about changes in contracts from those who sub-contract e.g. changes to staff contracts without the commissioners being told. Better contract monitoring.</p>
<p><b>Any other relevant comments</b></p>

## 7.9 People with Learning Disabilities

<p><b>Name/Profile of Group</b></p>
<p>A mixed gender group ranging from 30 – 60 all attend Echo.</p> <p>6 people attended (one remotely)</p>
<p><b>Top priorities of group and rating of each priority</b></p>
<p>Each individual voted for their top three priorities. There were 4 clear priorities that came out with all participants choosing it within their top options:</p> <ul style="list-style-type: none"> <li>• Support good mental wellbeing throughout life</li> <li>• Every child has the best start in life</li> <li>• Reduce loneliness and social isolation across all ages</li> <li>• Supporting people to age well</li> </ul> <p>Increasing access to healthy and sustainable food and physical activity, good work for everyone, protecting the natural environment and reduce our carbon footprint and accessing services were not considered a priority by this group.</p>
<p><b>Reasons for selecting priorities</b></p>
<p><b>Missing Priorities</b></p>
<p><b>Key issues highlighted by the group</b></p>

<p>The accessibility of buildings / services for people in wheelchairs was raised as a concern.</p> <p>The value of face-to face services and group support sessions like Echo run. The group saw the value of digital participation but really valued coming together as a group.</p> <p>Loss of the shared life scheme.</p>
<p><b>Any other relevant comments</b></p>

### 7.10 Afghan & Syrian Refugees

<p><b>Name/Profile of Group</b></p>
<p>Two all female groups were run one of Afghan women and one of Syrian women between the ages of 20 – 40</p> <p>One all male session was run with 4 participants one of whom provided translation support – attendees were between the ages of 25 - 45</p> <p>All those that participated were attendees of the City of Sanctuary support group.</p> <p>In total 12 people attended</p>
<p><b>Top priorities of group and rating of each priority</b></p>
<p>Each individual voted for their top three priorities. There were three clear priority that came out across the groups</p> <ul style="list-style-type: none"> <li>- Ensure there is good work for everyone</li> <li>- Support good mental wellbeing throughout life</li> <li>- Improve education outcomes for disadvantaged children and young people</li> </ul> <p>Supporting people who misuse drugs and alcohol and smoke, increasing access to healthy and sustainable food and physical activity, reducing loneliness and social isolation across all ages. Supporting people to age well and accessing services were not considered a priority by this group.</p>

<p><b>Reasons for selecting priorities</b></p>
<p><b>Ensuring there is good work for everyone</b> – This priority was selected as access to work was seen as a big barrier for this group (see below for the specific challenges they face.) The group also felt that there was a very strong connection between having work and good mental health.</p> <p><b>Supporting good mental wellbeing throughout life</b> – The group felt that if you had poor mental health then life was very difficult to deal with and that this impact on all aspects of your life.</p> <p><b>Improve education outcomes for disadvantaged children and young people</b> – This priority was selected as the group felt that if you educated children well that this would mean they would be more likely to have good jobs that paid well and were less likely to experience poverty. The groups saw a strong link between poverty and poor health.</p>
<p><b>Missing Priorities</b></p>
<p>Support for new mums.</p>
<p><b>Key issues highlighted by the group</b></p>
<p>Language as a barrier to accessing services specifically doctors and dentists. They need translation support for health appointments. For the women improving their English language skills allows them to give wider help back, help them to understand rights and prevents abuse.</p> <p>All the men in the group were struggling with mental health issues and didn't know where to get help. They said they would prefer group help to share experiences with other refugees in their situation.</p> <p>Men were struggling to find work, previous military experience and driving. Trying to find work but their qualifications are not recognised here, nor are their driving licences. Poor mental health for women was about being isolated due to the language issue and being away from their friends and family.</p> <p>Issues with poor quality housing accommodation (Connexus) and having to wait a long time to get maintenance issues resolved.</p> <p>They need one point of contact that can advocate for them and help them to navigate their way through the system. Particular help is need with filling in forms.</p> <p>Language is a big barrier, more intensive ESOL courses would help them get them into work sooner. Currently only 1 day a week.</p> <p>Having no childcare is a barrier, a creche to support language classes would be helpful.</p>
<p><b>Any other relevant comments</b></p>



## 7.11 Veterans

<b>Name/Profile of Group</b>
People attending the Veteran Support Centre in Hereford.  A mostly male, but 1 female drop in workshop. Mostly of working age, but a couple were of pensioner age.  7 people attended
<b>Top priorities of group and rating of each priority</b>
It was a drop in workshop due to the nature of how people attended the Veteran Support Centre. Groups of people were spoken to together often overlapping with the next set of people arriving. Most managed to pick their top three priorities. There was not a clear consensus of what was a top priority. Other than marginally more votes for:  <ul style="list-style-type: none"><li>- Improve access to local services</li></ul>
<b>Reasons for selecting priorities</b>
After much discussion around the <b>protect and support those with lots of different problems</b> , the veterans felt that they themselves fell into that category as they felt they often had many different challenges in life, with very little support. Many had experience themselves of friends with mental health issues, alcohol or substance misuse problems, physical difficulties as a result of being in the armed forces which had a knock on effect on their ability to find and remain in work, their families lives and their housing situation. There are also difficulty accessing some services and benefits if multiple complexities are at play such as mental health issues and alcohol/drug misuse may lead to less services being involved or unable to claim certain benefits.  <b>Access to services</b> was identified as it was a particular challenge in a variety of ways, challenges identified were around:  <ul style="list-style-type: none"><li>- cost of parking and transport as a barrier to accessing services.</li><li>- PIP benefits were not specifically designed to recognise the challenges of coming out of the armed forces, as mental health is not always recognised.</li><li>- Accessing a blue badge for parking</li><li>- Not enough specialist support for veterans, difficulty in filling in forms, needed medication reviewed.</li><li>- Information about what is available is not easy to find “knowing is key”</li></ul>

Support around <b>mental health</b> was a big one, particularly around combat stress which is very specific to veterans, PTSD and anxiety. This has a knock-on negative impact on ability to use transport and hold down jobs and relationships.
<b>Missing Priorities</b>
Preventative services to stop problems before they start.
<b>Key issues highlighted by the group</b>
There is no de-training on exiting the armed forces, therefore that adaptation into civilian life can be extremely difficult.
<b>Any other relevant comments</b>
<p>The importance of charities and volunteers in providing services was recognised. Some of the services they provide such as short breaks for respite run through the Royal British Legion for veterans provided opportunities to have breaks with people who had similar experiences (respite and reducing social isolation); and specialist mental health support such as Combat Stress, the Warrior Programme, therapy that provided friends for life, befriending phone calls, buddy checks.</p> <p>Very much feel forgotten about coming out of the army, particularly in comparison to refugees that appear to receive many services including free hotels, compared to some veterans that end up homeless due to complex issues not being addressed.</p>

## 7.12 Women's Equality Group

<b>Name/Profile of Group</b>
<p>All female group between the ages of 30 – 65 who belong to the Women's Equality Group.</p> <p>6 people attended</p>
<b>Top priorities of group and rating of each priority</b>
<p>Each individual voted for their top three priorities. There was one clear priority that came out with all participants choosing it within their top 3:</p> <ul style="list-style-type: none"> <li>• Ensuring every child has the best start in life</li> </ul>



There was less consensus amongst the other priorities. Protecting the natural environment was the next most commonly supported priority with 3 votes.

Supporting people with lots of different problems, people who misuse drugs and alcohol and smoke and improving education outcomes for disadvantaged children and young people were not considered a priority by this group.

### **Reasons for selecting priorities**

**Ensuring every child has the best start in life** – It was felt that it was better to invest in education and prevention to ensure that people made better choices about their health and wellbeing and knowing how to manage their health so that they did not end up needing support or crisis interventions later in life.

Group felt it was important that this priority included families, parents / carers, teachers and wider society.

### **Missing Priorities**

- Recognising inequalities
- Access to childcare
- Sexual health
- Support for survivors of domestic violence and abuse including the safety and security of children
- Access to dentists
- Ante-natal care
- Road traffic accidents

### **Key issues highlighted by the group**

Service delivered by NHS for children with acute mental health issues was felt to be poor.

Focus should be on dealing with the cause of issues and ensuring people's basic needs are met – shelter, food etc...

Addiction needs to be cured before mental health issues are addressed – tackling things in the right order.

The most vulnerable people don't have access to online technology so face-to-face support is essential. Also need to consider the link between the internet and it causing mental health issues.

Please to see environment represented but links to health need to be made explicit e.g. impact of pollution on air quality.

### **Any other relevant comments**

People were not in support of the joint county approach of the ICS – felt that Worcestershire would get the lions share and Herefordshire would be the poor relation.

What can be done to alleviate issues of bed blocking – people are ready to be discharged but are not able to be looked after at home?

Care workers need better pay.

Communication with patience under the NHS is very poor and adds to the stress.

### 7.13 Young people

<b>Name/Profile of Group</b>
A mixed gender group of young people attending Hereford Sixth Form College. 8 young people attended
<b>Top priorities of group and rating of each priority</b>
Each individual voted for their top three priorities. There was one clear priority that came out with many choosing it within their top 3: <ul style="list-style-type: none"><li>• Support good mental wellbeing throughout life</li></ul>
<b>Reasons for selecting priorities</b>
<b>Support good mental wellbeing</b> was a very important factor and one that impacted across all the rest of the priorities.
<b>Missing Priorities</b>
Specific services where they felt improvements were needed include: Sexual health and contraception advice and services. Children's social services Child and adolescent mental health (CAMHs) including the transition into adult mental health services. Police patrols, CCTV and information to help keep themselves safe in light of recent Sexual assaults and street harassment (Including hate crimes). Better access to religious resources, such as Hindu Temple

More information about what services are available such as Ventures Street Pastors.
<b>Key issues highlighted by the group</b>
Public transport was a problem for the group as many of them used it and found it challenging.
<b>Any other relevant comments</b>
Cost of living was highlighted in terms of how much it costs to run a house.

### 7.14 Community Partnership

As part of a quarterly Community Partnership meeting, attendees were given the opportunity to take part in this consultation. The format was slightly different from the other workshops, given the time allowed and that those attending were on behalf of specific community and voluntary groups. Attendees were asked to:

A: vote for their top three priorities

B: identify what was missing from the priorities

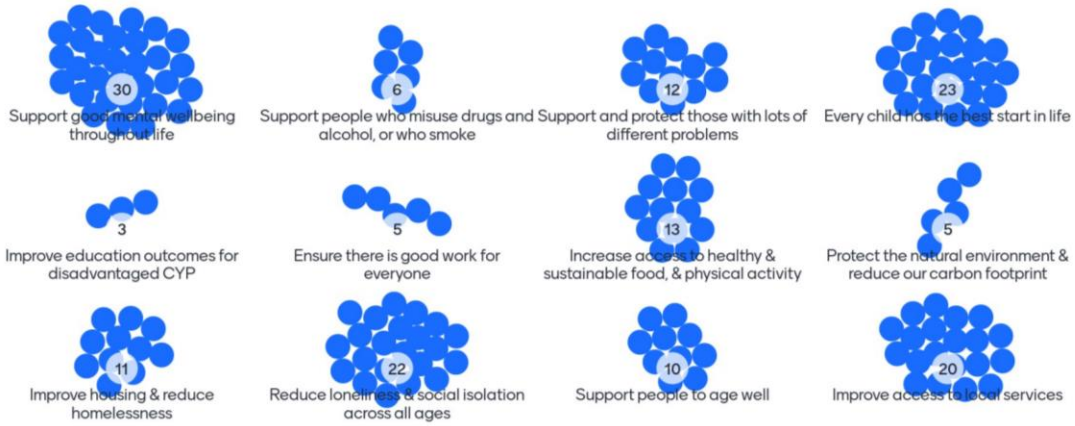
C: agree what key messages should be given to commissioners

54 people voted for their top three priorities, with the following coming out with the most votes:

- Support good mental wellbeing throughout life
- Every child gets the best start in life
- Reduce loneliness and social isolation across all ages
- Improve access to local services

# Please vote for your top 3 priorities

Mentimeter



54

In terms of what was missing from the priorities, the standout issues were: transport, education, digital inclusion, dementia, dental access.

## What is missing from the priorities?

Mentimeter



The summary table below highlights the key points from the session.

Name/Profile of Group
<p>A consultation workshop was undertaken as part of Community Partnership meeting which was attended by approximately 80 people of mixed gender and age. Attendees were professionals mainly working for social care, health and community-based voluntary organisations and community focused public sector workers.</p>
Top priorities of group and rating of each priority
<p>Members of the Community Partnership voted on their top 3 priorities which resulted in 4 clear areas for support:</p> <ul style="list-style-type: none"> <li>• Support good mental wellbeing throughout life</li> <li>• Ensure every child has the best start in life</li> <li>• Reduce loneliness and social isolation across all ages</li> <li>• Improve access to local services</li> </ul>
Reasons for selecting priorities
<p><b>Support good mental wellbeing throughout life</b> – People saw a strong connection between Mental health and many of the other priorities specifically loneliness and isolation. Felt that services were not available and there was disparity of access to services across the county.</p>

Access to services for children was particularly mentioned and the need for better mental health provision in schools and more preventative MH services.

Ensure every child has the best start in life - This was about providing the foundations of a happy and healthy life. Children Centres were seen as central to this as well as work to support parents.

Reduce loneliness and social isolation across all ages - People felt that this has been exacerbated by COVID. The rurality of the county (lack of public transport) was seen as another factor that made this more of a priority. This was a particular issue for those already isolated due to other factors such as language barriers e.g. refugees. It was felt there was a need to reduce the stigma about accessing support for people that are lonely.

Improve access to local services – The rurality of the county and poor public transport infrastructure are key to why this was selected as a priority.

### **Missing Priorities**

**Transport** – Compounds other issues e.g. lack of access to services results in isolation

**Digital inclusion** - Face to face is still really important we are excluding people by pushing the digital agenda. Real need for human interaction. 50% of stroke customers lose ability to use digital devices.

**Education / ETOS** – those not able to access education offers, reasonable adjustments e.g. schools and transport. Specialist education outlets, access to training

**Dentists** - National issue, need to encourage dentists to Herefordshire, prevention is cheaper than emergency care.

### **Dementia**

**Support for families** - In schools and out of schools. Whole family support needs to be normalised so parents can dip in and out throughout all stages of childhood.

**More focus on carers and recognition of the role they play** - Gaps in domiciliary care providers in certain geographic areas. Respite opportunities for unpaid family carers

**Ethnic groups** – The need for translated materials inc. personal medical records

### **Child obesity**

**Prevention** - Be bold enough to direct resources to the preventative agenda.

**Lack of advocacy for vulnerable people** - People with specialist needs do not get access to specialists until they are very ill.

### **Key issues highlighted by the group**

**The need to improve access to primary services** - Less waiting times. Fewer criteria / eligibility barriers

**Transition for children to adulthood** - In school – education and health particularly SEND but also careers advice, options etc...

**Remember the hard to reach and be more inclusive** - This should be a key principle of how you work

**Take a holistic approach to mental health** - Longer term mental health support is needed

**Children are our legacy**

**Education system is not working** – too many leaving with poor or no qualifications resulting in low level jobs – effects on mental health

**Longer term support interventions** - Prevents the revolving door

**Focus on prevention more**

**Avoid duplication of services** - Through open conversations and transparency. Need a much more integrated approach.

**Stronger focus on equality and equity** - Needs to underpin the strategy

**Person-centred care** - Focus on long-term needs of people

**Improve self-reliance** - Equip people with the skills and information to help themselves

**Any other relevant comments**

**Need to work together** - Collaboration is the only way these priorities can be addressed

**Involve the 3rd sector** - VCS can deliver more quickly and cheaply but be aware that the VCS doesn't have the capacity to fill all the gaps without further investment.

**Publication campaign** - If you don't know it exists you can't access it, learn how other services promote their services, Talk Community website not achieving its aims, struggle to find information – would benefit from a tool to filter relevant information. Information needs to be up to date.

**Communication** -Keep communicating in an accessible way. Consider language and more frequent use of Easy Read

## 8.0 Feedback sessions held with the public

To be completed

## **Appendix 1: Supporting narrative on why 12 priorities were identified**

### **1. 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.

### **2. 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.

### **3. 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.

### **4. 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.

### **5. 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.

### **6. 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.

### **7. 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.

### **8. 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.

### **9. 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 small businesses and the agriculture industry. The County has one of the lowest unemployment rates in the West Midlands, 3.4%. However, productivity per hours worked is the second lowest of all economic areas and earnings are consistently the lowest in the region and amongst the lowest in England and Wales. 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.

### **10. Good mental wellbeing across the lifecourse**

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.

### **11. Support people addicted to substance misuse**

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. Herefordshire has made good progress in reducing smoking rates across the county (X% reduction in x 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

### **12. Support vulnerable to lead healthy lives**

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.

Further information on the population of Herefordshire can be accessed via our [Understanding Herefordshire](#) webpages

## Appendix 2: Online survey questionnaire



### Herefordshire Health and Wellbeing Strategy consultation

Herefordshire Council is working with health services, the voluntary sector and other partner organisations, to develop a strategy to improve health and wellbeing in the county over the next 10 years.

Whether you live, work, or receive care in the county, or if you represent an interested group or organisation in the county, we want your voice to be at the heart of the new health and wellbeing strategy. We would like to know your thoughts and views on what should be included.

This survey is open to anyone aged 16 or over.

For your views to be taken into account, please complete this survey by 11 December 2022.

Any information you provide will be kept confidential and used only for the purposes of this consultation. For more information see our privacy notice at [www.herefordshire.gov.uk/directory-record/5880/consultations\\_and\\_surveys\\_privacy\\_notice](http://www.herefordshire.gov.uk/directory-record/5880/consultations_and_surveys_privacy_notice)

Any comments you provide may be put in our report, but we will make sure you cannot be identified. If you want to talk to us about how we use your information you can email [informationgovernance@herefordshire.gov.uk](mailto:informationgovernance@herefordshire.gov.uk).



If you have any queries or would like this questionnaire in an alternative format or language, please contact [HWBS@herefordshire.gov.uk](mailto:HWBS@herefordshire.gov.uk).

## Section 1 - Our priorities

The following is a list of areas that local evidence tells us we should consider for our focus over the next 10 years. We now would like your help to decide which of these should be considered in the final strategy. Further information on the population of Herefordshire can be accessed via our <https://understanding.herefordshire.gov.uk/> webpages.

How important do you think it is that the following priorities for Herefordshire are included in the strategy?

- Q1 Support good mental wellbeing throughout life?** Good mental health and resilience are vital to our physical health, relationships, education, work and to achieving our potential. People with mental health issues can face significant disadvantages throughout their lives. An estimated 24,800 adults in Herefordshire have a common mental health disorder.
- Very important     Fairly important     Slightly important     Not important     No opinion
- Q2 Support people who misuse drugs and alcohol or who smoke?** People who misuse drugs or who are alcohol dependent are very likely to have significantly worse mental and physical wellbeing. Nationally, during the Covid-19 pandemic there was a rise in alcohol and cannabis use, though there has been some progress with local projects that help people with rehabilitation. Smoking also remains a leading cause for differences in life expectancy and smoking in pregnancy increases the risk to health of both mother and baby.
- Very important     Fairly important     Slightly important     Not important     No opinion
- Q3 Support and protect those with multiple complex vulnerabilities?** There are groups of people who have multiple risk factors (such as alcohol and drug use, severe mental illness, homelessness, risk of violence and abuse) that in combination are likely to have a significant impact on their mental and physical wellbeing. Significant levels of coordinated and sustained support is needed for them to live their lives safely, independently and with fulfilment.
- Very important     Fairly important     Slightly important     Not important     No opinion
- Q4 Ensure 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 wellbeing. We have a dedicated Children and Families Team that help families cope with the challenges of raising children, which in turn helps children to thrive. However there are still areas of 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.
- Very important     Fairly important     Slightly important     Not important     No opinion
- Q5 Improve education outcomes for disadvantaged children and young people?** The quality of a child's education is very important to their future life chances. There are significant differences in achievement between disadvantaged children and their peers. All children and young people need an equal chance to do well in education in order to 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.
- Very important     Fairly important     Slightly important     Not important     No opinion

- Q6 Ensure there is good work for everyone?** Rewarding and fulfilling work supports good physical and mental wellbeing. Wages in the county are consistently the lowest in the region and amongst the lowest in England and Wales. We also 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 including those with a poor education, mental health issues and learning difficulties.
- Very important     Fairly important     Slightly important     Not important     No opinion
- Q7 Increase access to healthy and sustainable food and physical activity?** A healthy balanced diet and keeping active are two of the most important ways of staying healthy. Obesity rates in Herefordshire are above the national average, both for adults and children. We know that if people are helped to make better and easier choices with eating and taking exercise, they can improve their all-round health and wellbeing.
- Very important     Fairly important     Slightly important     Not important     No opinion
- Q8 Protect the natural environment and reduce our carbon footprint?** Extreme and unpredictable weather events are becoming more likely, leading to more flooding and an increase in the number and severity of heatwaves. Herefordshire has declared a climate and ecological emergency and has committed to working towards the county being carbon neutral and nature rich by 2030.
- Very important     Fairly important     Slightly important     Not important     No opinion
- Q9 Improve housing quality and reduce homelessness?** Due to the age and type of housing in Herefordshire, we have significant issues with fuel poverty and cold homes, especially in more isolated rural areas. In addition, housing affordability is a longstanding issue, with the cost of living crisis making these challenges worse and which may result in more people being at risk of homelessness.
- Very important     Fairly important     Slightly important     Not important     No opinion
- Q10 Reduce loneliness and social isolation across all ages?** Loneliness can lead to unhealthy behaviours and therefore poorer health, both physical and mental and can increase the chance of early death. In our recent community wellbeing survey 1:10 people said they felt lonely. If people can connect better with each other through local networks and digitally it will improve their wellbeing.
- Very important     Fairly important     Slightly important     Not important     No opinion
- Q11 Support people to age well?** Herefordshire has an ageing population and has increasing rates of dementia and long-term conditions. If people are helped to stay healthy they will remain independent and enjoy a better quality of life for longer.
- Very important     Fairly important     Slightly important     Not important     No opinion
- Q12 Improve access to local services?** Over half of Herefordshire's residents live in rural areas. It's important that there is good access to services, whether that be health and community services, or effective broadband connectivity to help people better connect digitally.
- Very important     Fairly important     Slightly important     Not important     No opinion

Q13 If you had to choose your three top priorities, what would they be?

- Support good mental wellbeing throughout life
- Support people who misuse drugs and alcohol, or who smoke
- Support and protect those with multiple complex vulnerabilities
- Every child has the best start in life
- Improve education outcomes for disadvantaged children and young people
- Ensure there is good work for everyone
- Increase access to healthy and sustainable food and physical activity
- Protect the natural environment and reduce our carbon footprint
- Improve housing and reduce homelessness
- Reduce loneliness and social isolation across all ages
- Support people to age well
- Improve access to local services

Q13a Please can you tell us why you have chosen these as your top three priorities?

Q14 Please tell us about any other health and wellbeing priorities that are not covered above and which you think should be addressed in the strategy?

Q15 Is there anything else you would like to add?



## Section 2 - About You

Q16 Are you answering the questions today on behalf of yourself or on behalf of a group or organisation?

- Myself  A group or organisation

Q16a Please tell us the name of your group or organisation.

The following questions are about you. You do not have to answer these questions but if you do it will help us to better understand how views may vary between different groups of people and areas of the county.

Q17 What is your age band?

- 16 to 24  25 to 44  45 to 64  65 to 74  75 or over  Prefer not to say

Q18 What is your gender?

- Male  Female  Other  Prefer not to say

Q19 How would you describe your ethnic group?

- White British/English/Welsh/Scottish/Northern Irish  
 Other White (please specify below)  
 Any other ethnic group (please specify below)  
 Prefer not to say

Q19a Your ethnic group:

Q20 Do you have a disability, long-term illness or health problem (12 months or more) which limits daily activities or the work you can do?

- Yes  No  Prefer not to say

Q21 Please tell us your postcode (this information will be treated as strictly confidential and will not be shared with any third parties).

**Thank you for taking the time to give us your views, please click on the SUBMIT button below to send us your response.**