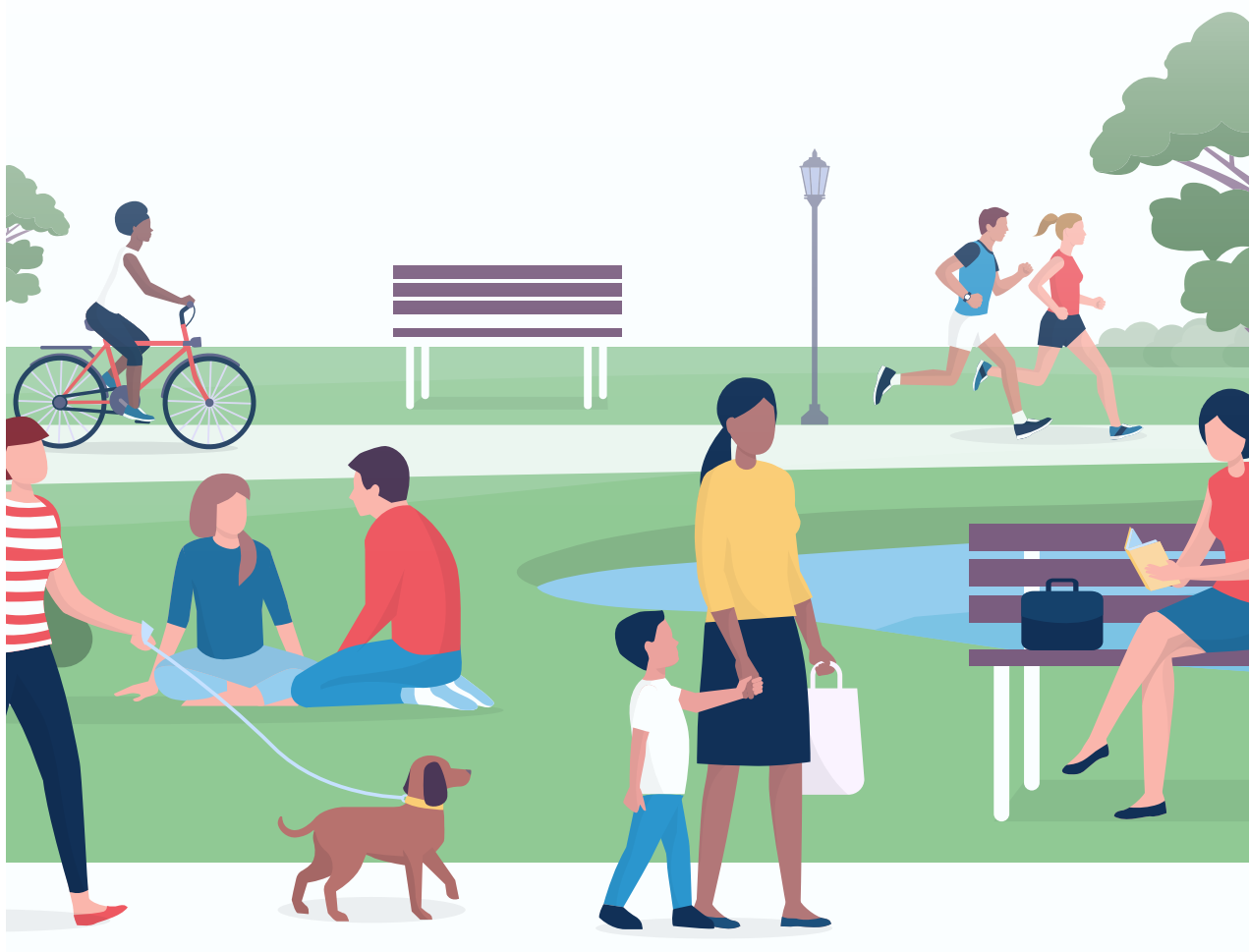


# Herefordshire Joint Local Health and Wellbeing Strategy 2023 - 2033



# 'Good health and wellbeing for everyone'

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| Contents   |    |
| Foreword   | 4  |
| 1.0 Introduction   | 5  |
| 2.0 What makes us healthy?   | 6  |
| 3.0 Our Community  | 9  |
| 4.0 How we developed the Health and Wellbeing Strategy             | 13 |
| 5.0 Our vision   | 14 |
| 6.0 Deciding our priorities  | 19 |
| 7.0 Best Start in Life   | 24 |
| 8.0 Good mental wellbeing throughout life                          | 27 |
| 9.0 Delivering the strategy  | 29 |
| Core Priorities  | 31 |
| Supporting Priorities  | 31 |
| Appendix 1- Summary of delivery at system, place and neighbourhood | 32 |
| Appendix 2 - Provisional High Level Outcomes Framework             | 33 |



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

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

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

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

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

The Health and Wellbeing Board



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

The strategy sets out how the Council and its local partners plan to address the health and wellbeing needs of its population (identified through the Joint Strategic Needs Assessment) and as such, is a key document that is jointly owned and one that promotes collective action to meet those needs. The implementation of the Health and Care Act of 2022<sup>1</sup> and the consequent establishment of the Integrated Care System (ICS) for Herefordshire and Worcestershire provides a timely opportunity for this new strategy to deliver action by any of the partners within the Herefordshire and Worcestershire ICS or more locally within Herefordshire, according to what is most appropriate to the issue.

The publication of the NHS Long Term Plan in 2019<sup>2</sup> also signified a commitment to place-based care, population health and prevention; it is therefore encouraging that as part of the drive to help improve wellbeing, all organisations in the health and social care system, including the Primary Care Networks now have a remit requiring them to have regard for the afore mentioned issues as part of their delivery plans,

This new joined up way of working has enabled Herefordshire and the ICS to align our strategies, commit to those priorities that are jointly owned and contribute to the overall system goals. It is a significant statement of our intent to work together that the Herefordshire HWBS and the Worcestershire HWBSs have been incorporated into the Integrated Care Strategy document<sup>3</sup>.

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

<sup>1</sup> Health and Care Act 2022 ([legislation.gov.uk](https://legislation.gov.uk))

<sup>2</sup> NHS Long Term Plan

<sup>3</sup> Integrated Care Strategy: Herefordshire & Worcestershire Integrated Care System ([hwics.org.uk](https://hwics.org.uk))

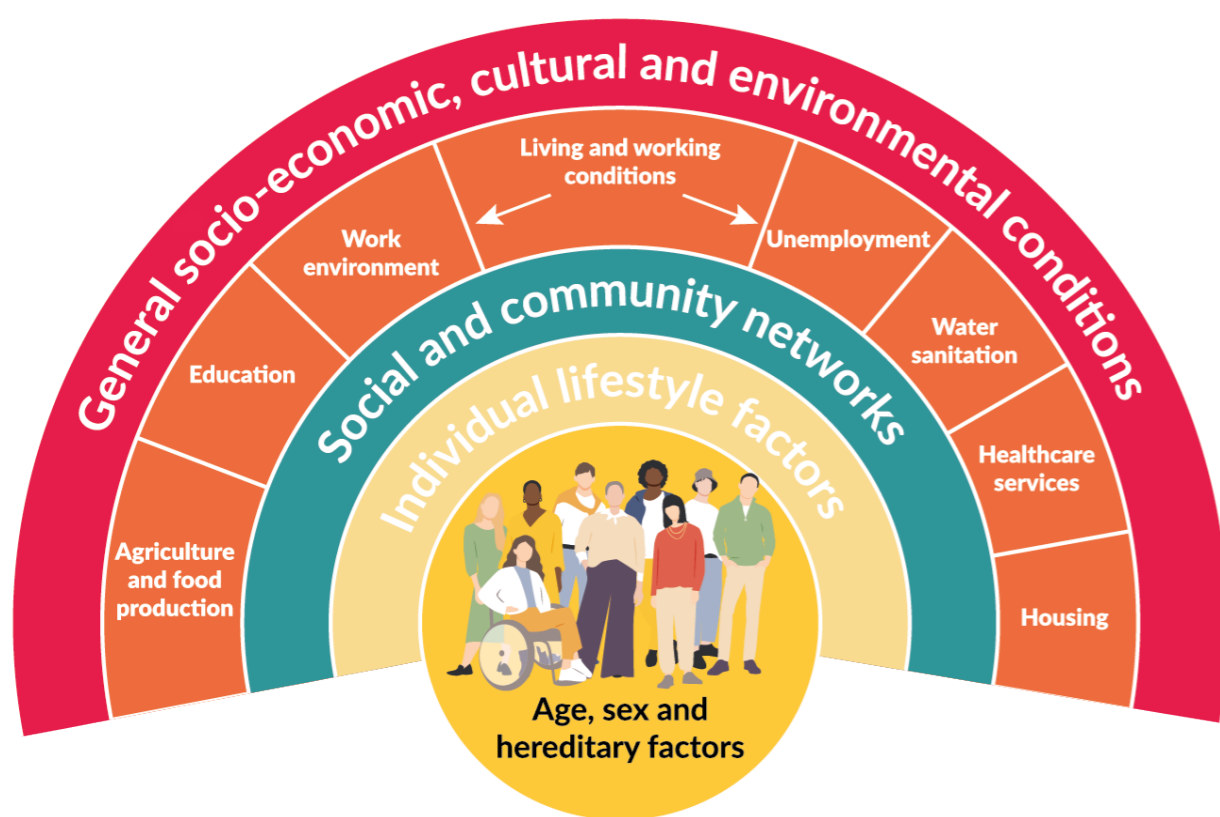
## 2.0 What makes us healthy?

Good health and wellbeing is fundamental for individuals and communities to be happy and healthy, providing the foundations to prosperous societies. The World Health Organisation defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”<sup>4</sup>.

The world around us shapes our health and the wellbeing of society overall – from quality homes that are warm and safe, to stable jobs, clean air, neighbourhoods with green space, and social connections. All of these things impact our health and how long we live. These ‘building blocks’ are collectively described as the wider determinants of health and are unevenly distributed in society leading to differences in outcomes, such as how long we live. The diagram below shows the key factors that influence our health and wellbeing.

Most experts agree that the wider determinants are more important than health care in ensuring a healthy population with research suggesting that only around 15-25 percent of good health is attributable to good quality health care services<sup>5,6</sup>. Understanding the impact of these wider determinants of health is important because it helps us to view health and wellbeing more holistically and to identify opportunities for prioritising our resources, policies and actions as we look to prevent, rather than treat or manage, health need.

Figure 1. Factors that influence health and wellbeing<sup>7</sup>



Many of these factors are also interlinked and interdependent with each other. For example, there is a clear relationship between the local economy and health, with economic growth providing access to employment, in turn facilitating access to better housing and more comfortable surroundings. Secure financial circumstances lead to better material conditions, including adequate food and heating and reduce the likelihood of stress. Income also provides the resources to have a healthy diet and can provide the impetus, to give up health-harming behaviours such as, smoking and excessive alcohol consumption.

<sup>4</sup> <https://www.who.int/>

<sup>5</sup> McGinnis, J.M., Williams-Russo, P. and Knickman, J.R. (2002) The case for more active policy attention to health promotion. *Health Affairs* 21 (2) pp.78-93.

<sup>6</sup> Kuznetsova, D. (2012) *Healthy places: Councils leading on public health*. London: New Local Government Network. Available from New Local Government Network website

<sup>7</sup> Dahlgren G, Whitehead M. 1991. *Policies and Strategies to Promote Social Equity in Health*. Stockholm, Sweden: Institute for Futures Studies



### 3.0 Our Community

Herefordshire is one of England's most sparsely populated counties, with 95% of the land area classified as 'rural' and over half of the population living in these rural areas. The county is well known for its beautiful unspoilt countryside with rolling farmland, hilly uplands and remote rivers and valleys, along with a distinctive heritage. People can experience the 'great outdoors' and be physically active, and there is an abundance of locally sourced food and beverages available.

Whilst our rurality provides welcome opportunities, it also brings with it a number of challenges. Almost all of the land in Herefordshire poses significant 'geographical barriers'<sup>8</sup> to services, meaning greater distances to travel for residents to amenities such as schools, shops and GP surgeries, compared to other parts of the country. This may mean that people have difficulty in accessing services, particularly if they do not have their own transport or where public transport services are not sufficient for their needs.

Generally Herefordshire residents are happy, experience a good quality of life and live longer than people in England overall. The county also has higher levels of healthy life expectancy (the years lived in good health) compared to the national average.

However, whilst life expectancy has increased over the decades, the rise has recently stalled.<sup>9</sup>

There are also disparities in life expectancy across our communities, in that people who are born in the 10% most deprived areas of Herefordshire live 5.4 years (male) and 4.0 years (females) less than their fellow residents who live in the most affluent areas.<sup>10</sup> In keeping with trends nationally cancer and diseases of the circulatory system (such as heart disease and stroke) are the most common causes of premature deaths in Herefordshire. Between them, they accounted for almost three-fifths (58%) of all deaths before the age of 75 in 2021.<sup>11</sup>

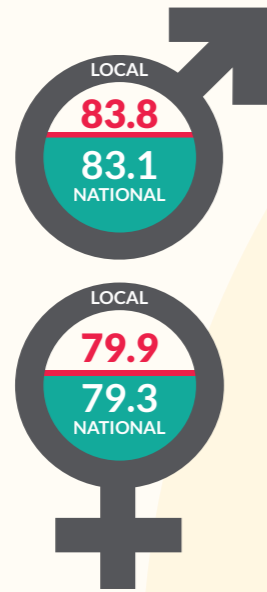
Herefordshire has an older population than nationally, with around a quarter (26%) of the resident population aged 65 or over, compared with 19% in England & Wales.<sup>12</sup> This trend is predicted to continue which presents a number of challenges, such as an increase in demand for health and social care, but against a landscape of continuing financial constraints. As more people live longer the demand will continue and therefore it is important that we find ways of helping people to live as healthy adults and to be healthier in old age.

The following page summarises some of the key challenges and opportunities across our county.

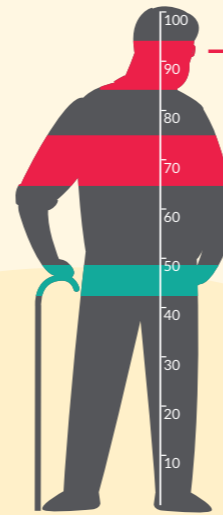
<sup>8</sup> The Indices of Deprivation 2019 - Findings for Herefordshire  
<sup>9</sup> Local Authority Health Profiles - Data - OHID (phe.org.uk)  
<sup>10</sup> Herefordshire. JSNA.2021  
<sup>11</sup> Mortality Profile - data - OHID phe.org.uk  
<sup>12</sup> 2021 mid-year population estimates. ONS

# What is life like in Herefordshire?

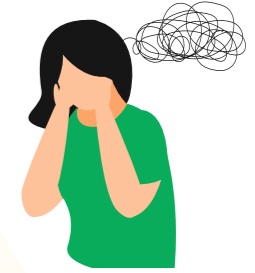
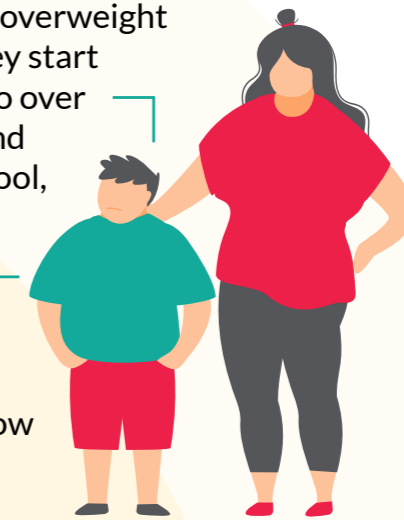
Life expectancy for men and women better than nationally but the gap is narrowing. Also, males born in most deprived areas can expect to live **5.4 years less**, and females **4.0 years less**, than those in least deprived areas



Herefordshire's population is ageing more rapidly than nationally with implications for wellbeing, the economy, and demand for health and social care services



**1 in 4** children overweight by the time they start school, rising to over **1 in 3** by the end of primary school, and **2 in 3** adults

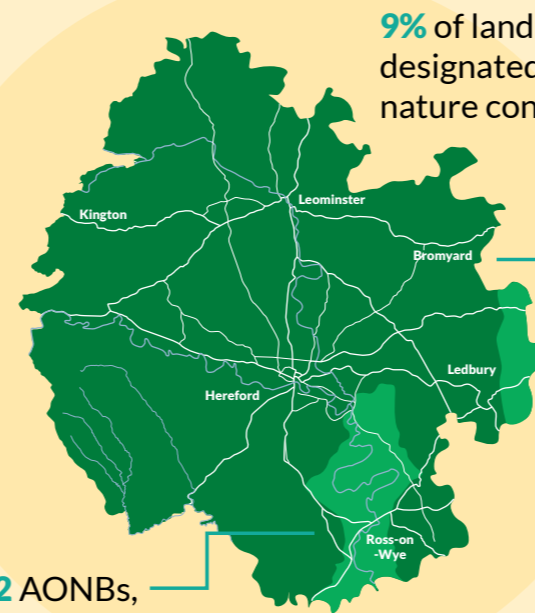
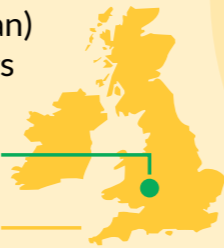


Social mobility 'cold spot'. Herefordshire ranked **271 out of 324** local authorities

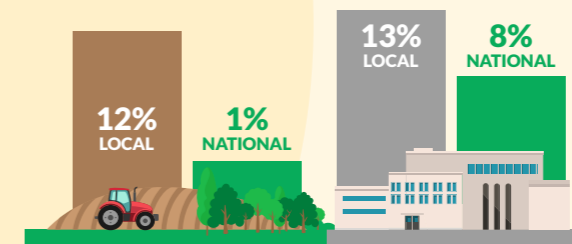
**1 in 4** 5 year-olds show signs of dental decay

Labour productivity is amongst the lowest in the country, with a low-wage, low-skill economy that acts as a barrier to economic growth and social mobility

Average (median) weekly earnings £454 vs £536 England



Higher employment in agriculture and manufacturing than nationally



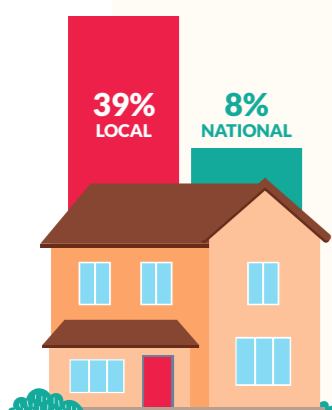
Skills gaps: nursing and social care consistently in high demand.

Lower levels of qualifications amongst resident population

**39.4% NVQ4+ vs 43.6% GB**



Built pre-1900



The nature of housing stock means that fuel poverty, excess cold are higher than the national average

Consistently **2nd worst affordability** in West Midlands



Detached houses



Abundance of natural resources is a protective factor for mental and physical wellbeing



Small population scattered across a large rural county has implications for access to services, education and jobs.

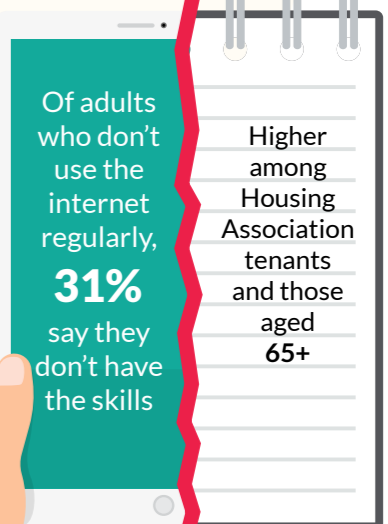
**95% of land area classified as rural**

**4th lowest population density in England**

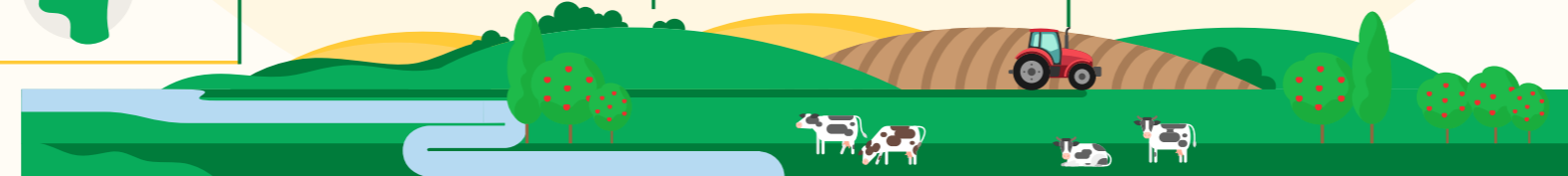
**185,600 residents scattered over 842 sq miles**

A good place to live with strong, cohesive communities: **87%** satisfied with their local area, and **82%** say they belong to their local area strongly

Digital divide affects access to information and services – **c.17,000 adults** don't use the internet regularly



However, climate emergency declared in 2019 - excess loading of phosphate in the Wye



### 3.2 COVID-19 recovery

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

However, the pandemic has also had a serious negative impact on our health and wellbeing, affecting outcomes across all ages. It has been well documented that at the height of the pandemic there were interruptions to and access difficulties to health and support services, such as primary care, diagnostics and substance misuse services. For example, in Herefordshire routine breast screening was paused between March and August 2020 and there was a national pause in sending cervical screening invites between April and June 2021<sup>13</sup>.

Although we have started to collect evidence and data on the effects of Covid-19, the longer term repercussions for our health, both physically and mentally, will not be fully known for some time. Work is already underway to address problems in the health care system; access to diagnostic services, the wait for cancer treatment and for elective care, and reducing the wait for urgent care services, are some examples of the issues that are being addressed<sup>14</sup>.

We know that the pandemic has shone a light on some of the health and wider inequalities that persist in our society and that COVID-19 has disproportionately impacted many who already face disadvantage and discrimination; for example, those living in the most deprived areas within Herefordshire were 1.5 times more likely to die with Covid-19 than those living in more affluent areas. We know that children's development; social contact, education and life experiences were all affected, especially those children living in more deprived areas. There is also emerging evidence that suggests that the pandemic has negatively impacted children's mental health.<sup>15, 16</sup>

We continue to see the health, social and economic impact from Covid-19, including a spiraling cost of living crisis which, has made life very difficult for many people. We therefore have an opportunity and an obligation within the scope of this strategy, as part of the Covid-19 recovery process, to identify actions that will firstly, continue and promote the positive dimensions of life and community that we have seen during the pandemic; and secondly, to tackle the widened inequality gaps that exist across health, education and employment, housing and other key areas of life that affect wellbeing.

## 4.0 How we developed the Health and Wellbeing Strategy

Our journey to develop the strategy has involved a sequence of steps, starting with having a vision for the future, setting some ambitions for what we would like Herefordshire to look like, then setting out the principles that we felt should underpin its development. The practical steps taken have involved the HWBB engaging with our wider stakeholders, including our communities and collating all the available data about the factors that have the greatest impact on the health and wellbeing of our residents.

Once we had collected all the information available to us we then formulated an initial list of potential priorities that would be the focus of the strategy. These priorities were determined by taking account of need, impact, effectiveness, inequalities and how the HWBB could add value to existing work to achieve better outcomes through the strategy.

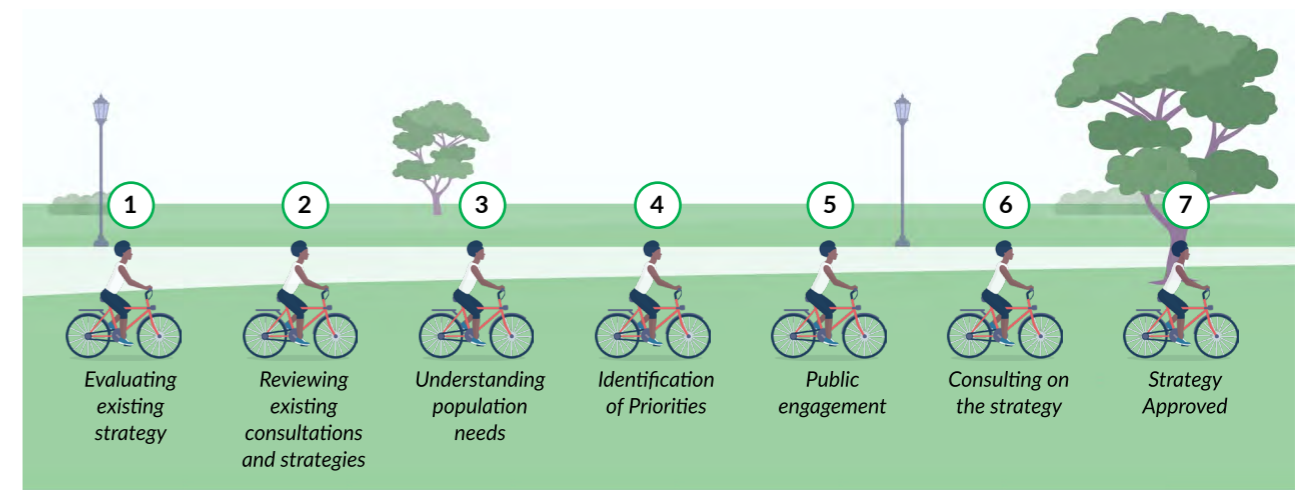


Figure 2. How we have developed the strategy

### 4.1 Involving our residents, communities and partners

A central part in developing our strategy was the involvement of our communities and partners. In winter 2022 we undertook a public consultation on the proposed priorities for the strategy. This involved three approaches, including an online survey, engagement activities with partners and face to face to sessions with 14 seldom heard groups. We have used the information and feedback from this engagement activity to shape and develop the strategy.

A detailed report on the consultation can be found at [www.herefordshire.gov.uk](http://www.herefordshire.gov.uk).

<sup>13</sup> Director of Public Health report 2020: Impacts of Covid-19 ([herefordshire.gov.uk](http://herefordshire.gov.uk))

<sup>14</sup> Herefordshire and Worcestershire Integrated Care Strategy, 2023

<sup>15</sup> The Impact of Covid-19 on Learning: A review of the evidence. Education Endowment Foundation, May 2022

<sup>16</sup> Children and Young Peoples' quality of life Survey, Herefordshire Council, 2021

# 'Good health and wellbeing for everyone'

## 5.1 Our Ambitions

Our vision is supported by our four ambitions that describe the type of place we as partners, aspire Herefordshire to be in 10-years time, recognising the wide range of factors that shape our health and wellbeing:

### 1. Thriving Communities

Our communities will foster wellbeing and resilience, where children and young people feel safe, loved, valued, and grow up with the confidence and skills to be the best that they can be. There will be a sense of belonging for people of all ages through meaningful connections where people know and trust each other, feel welcomed and represented, and are empowered to shape their local communities.

### 2. Healthy and Sustainable Places

People will grow, learn, live and work in environments that prioritise health and wellbeing where the healthy choice is the easy choice. Our neighbourhoods will be designed to create healthier and safer environments where there will be greater opportunities to be physically active and access healthy and affordable, locally produced food. More people will live in good quality and affordable homes that are adequately heated and protected from environmental hazards such as flooding. Other environmental risks like air and river pollution will be managed and minimised so that people can safely experience the great outdoors and benefit from it.

### 3. Opportunity for all

There will be improved access to quality education and fair employment opportunities, with those who come from disadvantaged groups able to get jobs that pay a living wage,

which enables them to improve the standard of living for themselves, their families and their community. There will be a progressive and inclusive local economy that creates the right jobs for people and thus plays a key role in aiding greater social mobility and closing the inequalities gap

### 4. Healthy People

People will be empowered to take control of their health to lead healthy lives by reducing risky behaviours. Everyone will have equitable access to the information, services and preventative support they need, enabling them to access the right service at the right time and reducing avoidable use of public services. This will include utilising technology and digital solutions to support self-care.

## 5.2 Our principles

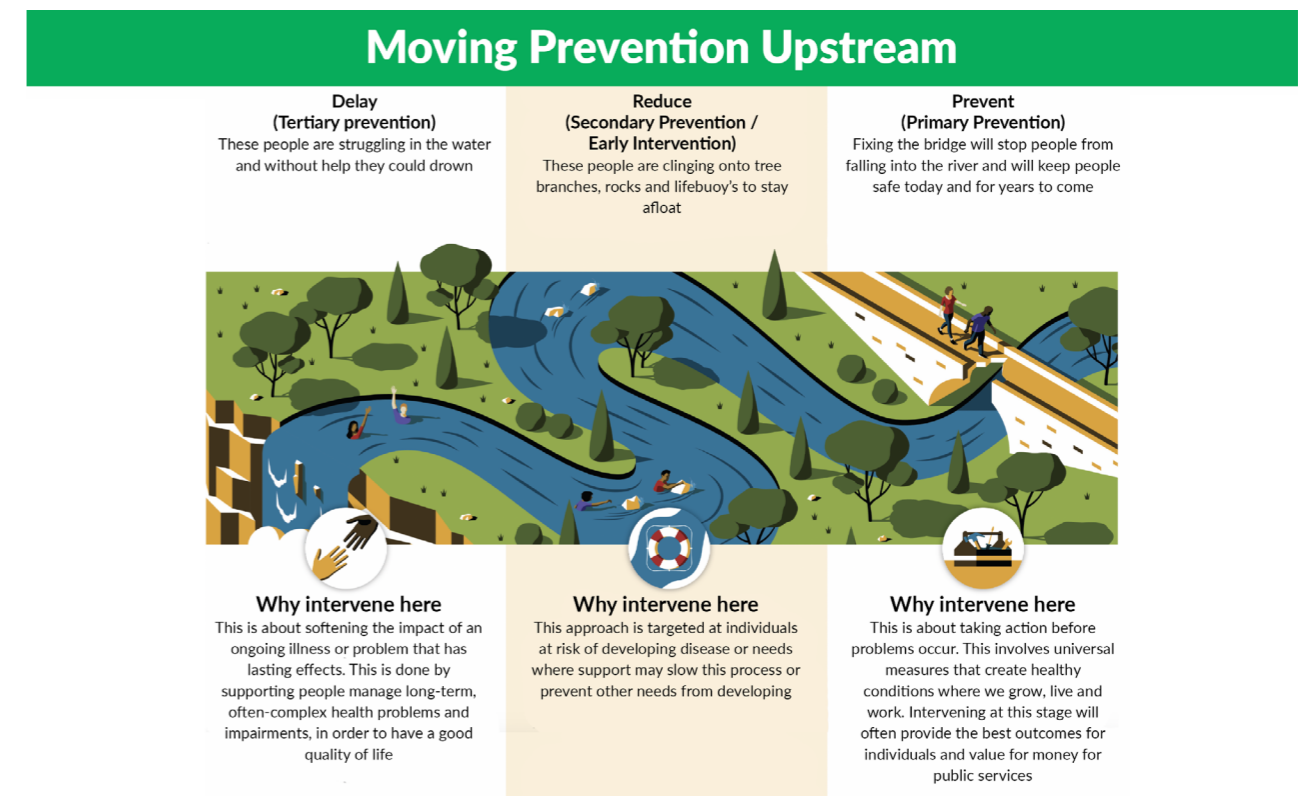
Our intention is to make this strategy an effective, living document and one that over the course of its 10 year lifetime is able to steer a course towards consistent improvement in the wellbeing of Herefordshire residents. At the heart of enabling this to happen we have identified some principles that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

## Prevention first approach

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

Prevention and early intervention are critical to the long-term sustainability of our health and wellbeing system and are an investment in the future economically, morally and socially. Whilst there is no universal definition of prevention, it can normally be described in terms of three levels, as illustrated in the diagram below.

Figure 3 - Diagram showing the different levels of prevention.



Source: Adapted from Prevention Means Progress. Resilient Wisconsin. <sup>17 18 19</sup>

Whilst recognising the value and importance of having healthcare or emergency support when needed, ultimately our goal is that we prevent problems where people become unwell, or depressed, or unable to cope with daily life.

## Working with Communities

Our ambitions cannot be achieved by any single agency and if we are to effectively address systemic inequalities we need to make use of all the resources in the system. It must be tackled through co-production and collective action, not just with our professional partners, but with our communities. This means citizens and communities will be at the centre of change; people with

<sup>17</sup> Source: Prevention Means Progress. Resilient Wisconsin. [www.preventionmeansprogress.org/prevention-policies-research/](http://www.preventionmeansprogress.org/prevention-policies-research/)  
<sup>18</sup> Prevention | Local Government Association  
<sup>19</sup> Social Care Institute for Excellence Prevention in social care - SCIE



lived experience are expected to be involved in our actions, from the developmental stages, through to the delivery of our actions.

We call this approach the ‘community paradigm’ which in Herefordshire we want to develop through our ‘Talk Communities’ project; this enables a different way of working with individuals, communities and the voluntary sector, recognising that local communities have the knowledge, skills and assets to know how best to respond to challenges and to thrive. This requires a shift in thinking about our relationship with communities; from seeing ourselves as needing to “provide to” communities to empowering communities to be part of the solution, encouraging the development of community networks, listening and working together.

### Reducing Health Inequalities

Health inequalities are unfair and avoidable differences in health across the population and between different groups of people.<sup>20</sup> A range of individual characteristics and societal factors have been identified as contributing to health inequalities, including deprivation, vulnerable or inclusion health groups, protected characteristics or where people live. Figure 4 summarises how life expectancy varies across Herefordshire

There is clear evidence that reducing health inequalities improves life expectancy and reduces disability across the social gradient. Tackling health inequalities is therefore core to improving access to services, health outcomes and improving the quality of services and the experiences of people. We recognise that together, we need to deliver effective interventions, break the cycle, mobilise communities and ensure the most vulnerable children and adults are protected.

### Recognising and valuing our workforce

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



**Spotlight - Talk Community**

Herefordshire Council has adopted and developed Talk Community across the county, which is the Council’s approach to working in collaboration with communities to bring people together in Herefordshire including the community leaders, businesses, residents and the council to play their part in making Herefordshire a better place to live and work. Building on the excellent community assets and groups already in place to work in partnership to enable people to stay well for as long as possible.

<sup>20</sup> Health disparities and health inequalities: applying All Our Health - GOV.UK (www.gov.uk)



**Spotlight - The Better Care Fund**

The Better Care Fund (BCF) programme, launched in 2015 establishes pooled budgets between the NHS and the council to support Herefordshire’s health and social care system to successfully deliver the integration of health and social care and is crucial in supporting people to live healthy, independent lives, through joining up health, social care and housing services seamlessly around the person. This programme is underpinned by 2 core objectives, to:

- enable people to stay well, safe and independent at home for longer
- provide people with the right care, at the right place, at the right time

### Integrated way of working

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

### Evidence informed

We will use the best available evidence from research and the community voice to inform decision making. Programmes will be developed based upon needs assessments, population health data and local intelligence. This will enable us to make decisions about the best use of resources and ensure that any programmes are effective for the resources invested.

### Outcomes focused and continuous improvement

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

## 6.0 Deciding our priorities

### 6.1 What does being a priority mean?

The members of the HWBB came together to agree on the following key features, though not all of these may be applicable for all actions:

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

### 6.2 Our core and supporting priorities

Having taken into account the views and comments from residents and partners and what we know about the issues from our Herefordshire data, the central focus of the strategy at the beginning of this ten year period will be:

1. 'Best start in life for children'
2. 'Good mental wellbeing throughout life'

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

All of the six supporting priorities have a role in reducing inequalities by addressing the wider issues that affect health, including housing, employment, and crime. Employing community-based approaches need to be driven by partnerships at a place level involving the council, health services, the voluntary sector, police, public sector employers and businesses. As part of plans to review the progress of the strategy during the 10 year term, there will be opportunity, if deemed appropriate, to switch our focus more to the other priorities for a period of time. Below is a summary of why the supporting priorities are important:

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

**Inequalities Fact:** 12% of adults over 18 say they don't use the internet regularly: this figure increases significantly for residents living in the most deprived locations (19%), residents aged 65+ (25%), and residents with no formal educational qualifications (41%).<sup>21</sup>

<sup>21</sup> Herefordshire Council, Health & Wellbeing Survey, March 2023, p.41



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Figure 4 Life Expectancy by birth across selected wards and bus stops in Herefordshire (OHID Fingertips)

**Support people to live and age well:** Our ageing population means that we will have increasing rates of dementia and individuals with long term conditions. Smoking, poor diet, inactivity and harmful alcohol use are leading causes of preventable ill health as well as being key drivers of the life expectancy gap between people living in the most and least deprived areas in Herefordshire. The county has higher levels of child and adult obesity compared to the national average. Whilst rates of smoking have reduced over recent years, approximately 25,000 people still smoke.

**Good work for everyone:** Rewarding and fulfilling work supports good physical and mental wellbeing. It fairly rewards peoples' efforts, enables them to earn a decent living wage and provides opportunity for personal development and financial security. Low wages are a significant issue in Herefordshire, with earnings being consistently the lowest in the region. This impacts upon families who are affected and consequently on their ability to give children the care and nurture they need to thrive. We are also seeing a consequence of increasing ill health with more people reporting poor health as their reason for no longer participating in the workforce which can impact economic growth.<sup>22</sup>

**Inequalities Fact:** There are barriers for certain groups of people being able to access good quality jobs that are suitable for their needs and circumstances e.g. those with poor educational attainment or language barriers, or those with mental health issues or learning difficulties.

**Support those with complex vulnerabilities:** There are small groups of people who are subject to multiple risk factors (alcohol and drug use, severe mental illness, homelessness, violence and abuse), that in combination are likely to have a severely adverse effect on their mental and physical wellbeing and how long they live. Often these vulnerabilities stem from negative childhood experiences, but the impact of trauma can be experienced at any age and can prevent people from thriving and being able to function.

**Improve housing / reduce homelessness:** Housing is a major factor in shaping our health. There are well established links between poverty and homelessness or unsuitable housing which impacts mental health. This is another issue that has an impact on children of all ages and adversely affects their potential to thrive. Due to the age and nature

of Herefordshire's housing stock, we have significant issues with fuel poverty and cold homes, especially in more isolated rural areas.

**Inequalities Fact:** People who experience rough sleeping over a long period are, on average, more likely to die young than the general population. They also face a higher likelihood of dying from injury, poisoning and suicide

**Reducing our carbon footprint:** The global climate crisis is also an unfolding health crisis, as we see the increasing problems of flooding and poorer air quality. It is also likely that we will see an increase in the frequency and severity of heatwaves which will lead to a rise in the number of heat-related deaths. The changes in our climate also pose a threat to our ability to produce food on a sustainable basis.

22 Is poor health driving a rise in economic inactivity?. The Health Foundation. 2022





**Our Principles**

- Prevention first approach
- Community Empowerment
- Integrating services
- Evidence informed
- Reducing inequalities
- Outcomes focused
- High quality workforce

Figure 5 – Illustration showing strategy ambitions, core and supporting priorities

## 7.0 Best Start in Life

### 7.1 What do we mean?

Best start in life will mean that children have access to all the means that ensure adequate levels of physical and emotional provision which enables them to fulfil their potential. For this strategy we are referring to the 0-5 year age group. However, we also recognise the importance of nurture in the 5+ years, especially during the times of major transition, for example starting school or moving up to secondary education where the quality of support is of equal importance.

### 7.2 Why is it important?

The early years of a child's life have a huge impact on their future development and physical and mental wellbeing. We know that the foundations for virtually every aspect of human development start from preconception and what happens from this point forward has lifelong effects on many aspects of health and well-being, from obesity, heart disease and mental health, to educational achievement and economic status<sup>23</sup>. There is also emerging evidence that the impact of adverse childhood experiences (ACE's) has a significant and profound negative effect on a child's ability to think and learn, as well as their ability to form positive relationships with others later on in life.

Children in Herefordshire generally thrive and rates of child poverty are lower than the national average. However there are some areas of concern where we want to see improvement:

- The proportion of babies who die at or within a month of birth has risen in the last decade and is currently amongst the highest in England.<sup>24</sup>

- The rates of smoking in pregnancy are above the national rate and present a significant risk for the health of babies at birth and for their mothers.<sup>25</sup>
- Breast feeding provides an excellent start for babies, but only 55% of babies are breastfed at 6-8 weeks of age.<sup>26</sup> Mothers under 21 or who live in deprived areas are much less likely to start.
- Although take-up of childhood vaccines are better than nationally, coverage for those offered at age 2 and 3 years 4 months have fallen since 2015-17 and have been below 95% target for several years.<sup>27</sup>
- More than 1 in 4 children are already overweight or obese by the time they start primary school, a higher proportion than nationally. There is a long-standing pattern of levels of obesity doubling by Year 6.<sup>28</sup>
- The oral health of young children is consistently poor compared to nationally, with 1 in 3 five year olds showing signs of tooth decay.<sup>29</sup>
- The number of children with an Education, Health and Care Plan has continued to rise. In general these children don't do very well at school compared to their peers nationally.
- The proportion of children in care is significantly higher than England and has increased over recent years.<sup>30</sup> This means that a disproportionate number of children will have experience of the care system, with the associated risks to their life chances and wellbeing.

Creating supporting environments for families where children can thrive and where parents and carers have access to support requires a whole system approach and should underpin any actions. We want to promote communities and environments that support children to make

healthier choices and which will ensure that our children thrive and achieve. Many of the areas of concern mentioned above are more prevalent within the poorer communities, therefore we recognise that some children, young people and their families will need additional support and we are committed to working together to provide joined up services to enable these children and young people to reach their full potential.

There is continuing statutory work with children and their families to provide additional support for those families that need it the most. Herefordshire Council are engaged with Ofsted and partners' to implement an improvement plan that aims to improve outcomes for children.

To have a lasting impact on the future and lifelong physical and emotional health and wellbeing of children and reduce health inequality, there is a need to work in partnership with a range of other public services, private sector, voluntary and community organisations and of course children and young people themselves, along with their families and caregivers to address the social determinants

of health. This strategy presents an opportunity to take a holistic view of the needs of children and through the HWBB, to bring together all key agencies and partners who can add value and impetus to the existing services and help escalate a path towards improvement.

### 7.3 What are we already doing?

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

Some examples of community programmes that support children and families include:

- Active Families
- Family Coach pilot project
- First Steps for under 21s
- Oral Health Programme
- Holiday activity programme – Here for Herefordshire Holidays
- Children Health and Advice Team

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

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

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

<sup>23</sup> Marmot M, Fair Society, Healthy Lives. The Marmot Review.2010

<sup>24</sup> Fingertips Child and Maternal Health - Data - OHID (phe.org.uk)

<sup>25</sup> Fingertips, OHIDhttps://fingertips.phe.org.uk/

<sup>26</sup> Fingertips Public health profiles - OHID (phe.org.uk)

<sup>27</sup> Fingertips Child and Maternal Health - OHID (phe.org.uk)

<sup>28</sup> National Child Measurement Programme. Child and Maternal Health - OHID (phe.org.uk)

<sup>29</sup> DfE via LAIT (local authority interactive tool)

<sup>30</sup> DfE, via Fingertips Public health profiles - OHID (phe.org.uk)

## 7.4 How will we make a difference?

We have established four overarching outcomes from which we have identified relevant outcome indicators (listed in Appendix 2) to be delivered through this strategy:

1. Children enjoy good health and wellbeing  
*For example, we will reduce the levels of obesity and improve the oral health of children*
2. Children are protected from harm at home and in their community  
*For example, we will develop and broaden access to our early help and prevention offer across our communities*
3. Children are able to achieve their early development milestones  
*For example, children achieving good communication skills and in receipt of their full early years entitlements*

4. Parents are well-supported during pregnancy and post-birth and able to access appropriate information, resources and services  
*For example, a greater proportion of pregnant women have a healthy pregnancy and are supported in relation to stopping smoking and being a healthy weight*



## 8.0 Good mental wellbeing throughout life

### 8.1 What does it mean?

Mental wellbeing can be described as 'feeling good and functioning well'; When you have poor mental health, ways of thinking, feeling and reacting become difficult and sometimes impossible to cope with.

### 8.2 Why is it important?

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

Whilst findings from the 2021 Herefordshire Community Wellbeing Survey indicate that the average mental wellbeing scores for adults in the county are above the England average, prevalence estimates from 2017 suggest that 24,800 adults in Herefordshire have a common mental health disorder.<sup>31</sup> Results from the 2021 Herefordshire Children and Young People Quality of Life Survey revealed a quarter of primary aged children have low to medium mental wellbeing scores, rising to nearly half in secondary aged pupils.<sup>32</sup>

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

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

### 8.3 What are we already doing?

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

<sup>31</sup> [Fingertips.phe.org.uk/mental-health/profile/common-mental-disorders](https://fingertips.phe.org.uk/mental-health/profile/common-mental-disorders)

<sup>32</sup> [Fingertips.phe.org.uk/profile/MH-JSNA/data](https://fingertips.phe.org.uk/profile/MH-JSNA/data)

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

Some examples of current activity that support mental health are listed below:

- Mental Health First Aid Training
- Mental Health in Schools Programme
- Improving Access to Psychological Therapies (IAPT)
- The Herefordshire and Worcestershire Wellbeing and Recovery College
- The Cart Shed charity - woodland based activities based on an occupational therapy model.
- Safe haven - Herefordshire mind. They also do a wide range of things from activity groups art space, music clubs and peer support groups.
- Based therapy in a farm environment caters for people with mental health issues, anxiety depression, school refusals, and learning disabilities
- Men's Shed - a practical club in a Workshop for men that make mend and refurbish things increasing social interaction, reducing mental health isolation.
- The CLD Trust - provides counselling services, Strong Young Minds, an early intervention programme for young people wellbeing champions

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

We have identified four overarching outcomes from which a range of relevant outcome indicators (listed in Appendix 2) will be delivered through this strategy:

1. People feel satisfied with life and have a positive sense of personal wellbeing  
*For example, more people will be better equipped with the social and emotional skills to manage their lives and to be able to cope with life's challenges*
2. Individuals and families are able to access appropriate mental health information and services  
*For example, there will be increased access to, better experience of and better outcomes from services that support mental health for children and adults*
3. People feel safe from harm in their community  
*For example, we will develop resilient communities that recognise and prevent the potential impacts of experiencing trauma such as domestic abuse, violence, addiction and discrimination*
4. People feel connected to their community  
*For example, we will reduce stigma around mental health, loneliness and isolation to enable people to look after themselves and each other*

## 9.0 Delivering the strategy

If we are to achieve our ambition to improve health and wellbeing and reduce health inequalities in Herefordshire, we need to share our collective resource and act as one voice. Delivering the changes needed identified in the strategy will challenge us all and will require a 'whole system approach' that brings partners, communities and individuals together toward a common purpose.

The Health and Wellbeing Board will maintain strategic oversight of the strategy, with One Herefordshire Partnership monitoring progress against the outcomes identified. Health and Wellbeing Board members will act as champions for the areas for collective action across Herefordshire. Whilst the strategy focuses on two core priorities, its scope is wide and delivery will require a "health in all policies" approach, advocating for health considerations to be incorporated into decision making across different sectors, policy and service areas.

Following the publication of the strategy, delivery plans will be developed for each of the two priorities co-produced with partners, communities and those with lived experience, together with a dashboard that will be subject to monitoring and review. Actions will be guided by the framework identified in figure 6.

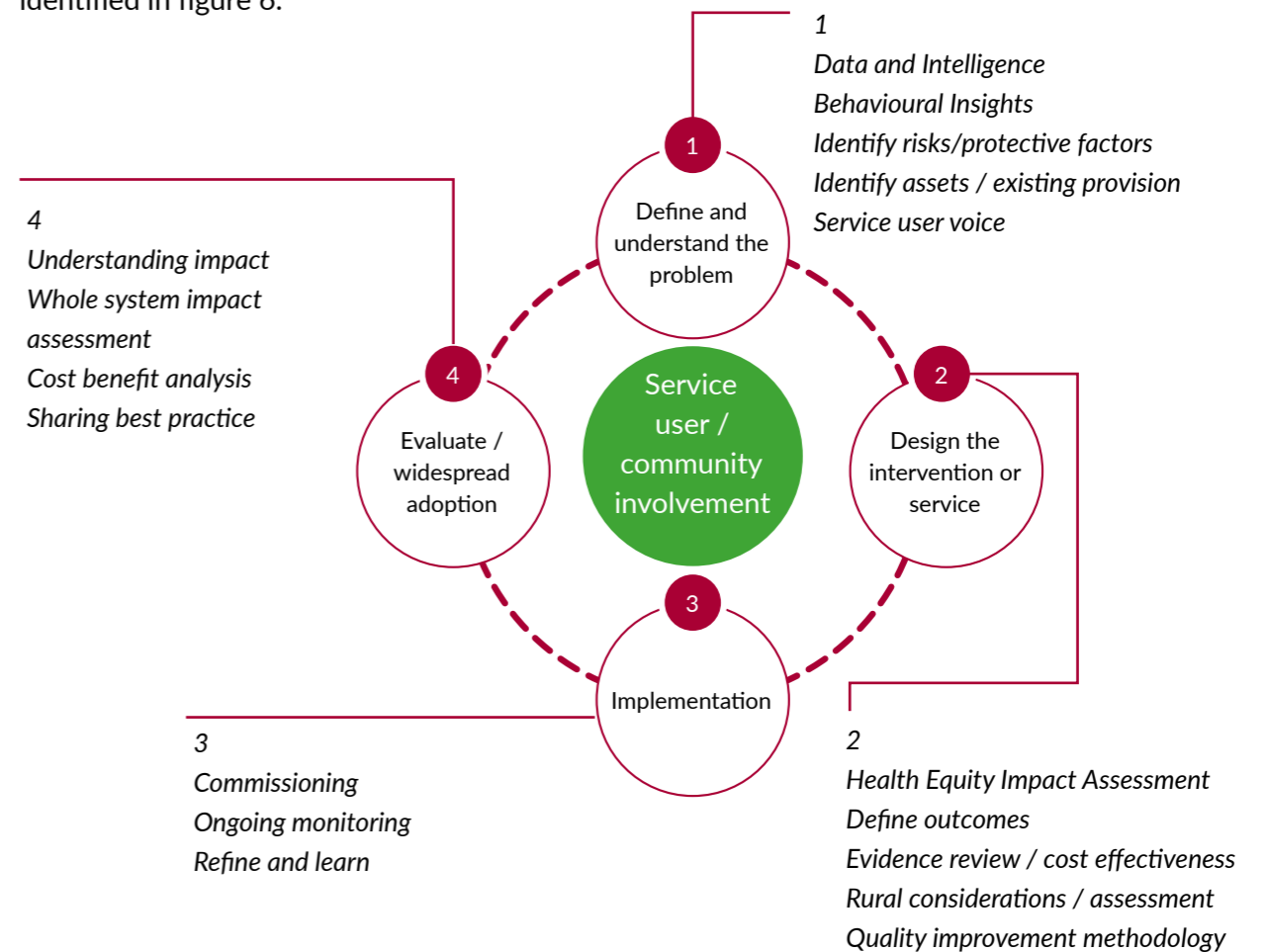


Figure 6. A framework to guide the development and implementation of actions

A high level outcomes framework based on areas where Herefordshire needs to improve or support our ambitions with this strategy can be found in appendix 2

### Spotlight – 'Self-Led SilverCloud' programmes

The SilverCloud programmes set up through the Herefordshire and Worcestershire 'Now We're Talking' website are designed to help people improve and maintain wellbeing by changing the way they think and feel about things. There are several free programmes to pick from including positive body image, panic, covid-19, depression, anxiety, stress and many more. The programmes take 6-8 weeks to complete and ongoing support is available via email or phone from a qualified practitioner.

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

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

### 8.1 Refreshing and reviewing the strategy

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



## Core Priorities

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

## Supporting Priorities

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

The work on tackling health inequalities is co-ordinated through the 'Place Inequalities Group' and the 'Health Inequalities, Prevention and Personalised Care Board' across the ICS.

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



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

### Integrated Care System (ICS)

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

### One Herefordshire Partnership (1HP)

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

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

### Primary Care Networks (PCN)

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

## Appendix 2 – Provisional High Level Outcomes Framework

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

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

| Supporting Priority Outcomes   |  |
|--|--|
| Indicators   |  |
| Reduce the number of homeless people   | Improve social mobility  |
| Improve the completion rates of drug and alcohol treatment programmes        | Increase diabetes diagnosis rates  |
| Reduce the smoking prevalence across all ages                                | Reduce Admission episodes for alcohol specific conditions - under 18's         |
| Reduce the average household consumption emissions estimate in Herefordshire | Reduce the number of young people not in education, employment or training     |
| Reduce the proportion of adults who have excess weight                       | Reduce the rate of households owed a duty under the Homelessness Reduction Act |
| Reduce the proportion of adults and children who are inactive                |  |



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[www.herefordshire.gov.uk/family-support/health-wellbeing-strategy](http://www.herefordshire.gov.uk/family-support/health-wellbeing-strategy)

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