

Herefordshire Health and Wellbeing Strategy

Be Well, Keep Well, Live Well



Introduction

Working with our partners, we aim to make Herefordshire a vibrant county where good health and wellbeing is matched with a strong and growing economy. Our health and wellbeing strategy therefore links with the county's economic strategy so that we can secure the long term goals articulated in our vision for the future:

“Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.”



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Foreword

The population of Herefordshire is living longer but we could make even more improvements in health and wellbeing if we promote healthier lifestyles and organise our care differently. Members of the Health and Wellbeing Board understand they need the commitment and contribution of many organisations and groups, including the public, to make these changes in order to create better outcomes for everyone.

The Health and Social Care Act 2012 sets out proposals for significant change to the way health and social care services are organised and delivered in England. The Act calls for local authorities to establish a Health and Wellbeing Board which is required to identify health and wellbeing priorities for the county and ways to address them.

The board is also responsible for developing a joint strategic needs assessment which informs the Health and Wellbeing Strategy.

This strategy will provide direction for decision makers across health, social care and the wider partnerships to determine the commissioning and provision of high quality services to improve the health and wellbeing of Herefordshire's population. Working together will be essential for those who need to commission health and social care and for those organisations responsible for housing, transport, the economy and the environment, as they also have a significant impact on health and wellbeing.

This five year strategy seeks to achieve long term changes in the overall health and wellbeing of the population through an incremental transformational approach. It is supported by an implementation plan linked to the priorities, indicators, and outcomes identified in this strategy.

Safeguarding is everyone's business so we need to ensure that this strategy includes safeguarding as a cross-cutting theme. Our local children's safeguarding board has a key role in scrutinising and challenging the work of agencies individually and collectively to ensure that the welfare of children is central to service delivery. The Care Act 2014 made protection of adults and adult safeguarding boards legal requirements.

The board is made up of representatives from Herefordshire Council, Healthwatch, Herefordshire's Clinical Commissioning Group and the voluntary sector.

Voluntary sector:

“We can engage people on the frontline just like professionals can – with a small amount of support around skill development and knowledge”

Why we need a health and wellbeing strategy

- set the strategic direction for the council and partners to improve the health and wellbeing of the population over the next five years and beyond;
- identify shared priorities, outcomes and commitment for improving health and wellbeing and reducing health inequalities;
- provide an overarching framework for commissioning and service planning across local health, social care organisations and voluntary bodies;
- influence the commissioning of services beyond health and social care to other areas such as housing and education;
- add value to the existing strategies in place across partner organisations;
- provide an overarching framework to support transformational change and innovation given the current economic climate and the changing needs of the local population;
- enable the board members to hold each other to account for delivery of the priorities;
- identify short, medium and long term actions across partner organisations;
- help to measure progress to ensure the population of Herefordshire is healthy, resilient, and caring from cradle to grave.

There are many other local plans and strategies led by organisations represented at the board which are important in their own right. A list of these is found in Appendix A.





Our vision – what we want for the future

“Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.”

To achieve this we need to:

- keep people well (prevention)
- get people better (treatment or secondary prevention)
- help people cope (care or tertiary prevention)

We will know that we have succeeded when we can evidence the following outcomes:

- all children have the best start in life as children, continuing through adolescence and early adulthood;
- all children and adults have active and independent lives for as long as possible;
- all children and adults have improved emotional health and wellbeing throughout their lives;
- all children and adults live in sustainable and supportive communities;
- all children and adults experience a better quality of life for longer no matter where they live.

The impact of this over the next ten years will be that Herefordshire people will:

- be resilient; lead fulfilling lives; be emotionally and physically healthy and feel safe and secure;
- have a better quality of life for longer no matter where they live;
- be well for longer no matter what their age;
- be supported locally through increased community resilience, capacity and local co-ordination;
- have access to integrated, personalised physical and mental health and social care that promotes independence;
- have access to a programme of care that manages, detects and prevents long term conditions and frailty;
- have access to high quality safe and effective urgent and emergency care.



Translating the vision into practice

There are two key elements of the strategy; the strategic framework and the implementation plan.

The **strategic framework** includes our vision, principles and aspirational outcomes for the future. It also outlines the role of board members and how business is conducted in a changing and challenging health and care environment. The board members are committed to the transformation of the entire system across Herefordshire which impacts and influences the health and wellbeing of local people. We recognise this is not easy and requires determination, long term commitment and difficult decision making.

The **implementation plan** specifies priorities identified from information in the joint strategic needs assessment, the National Outcomes Frameworks for the NHS, adult social care, public health and children's services, and is endorsed by feedback from consultation with the public and local stakeholders.

The priorities are translated into key headings around population groups, topics and wider determinants and categorised into short, medium and long term actions. This has been developed with consideration to the actions in the emerging Economic Master Plan as we recognise the strong links between health and wellbeing and economic recovery.



The local context

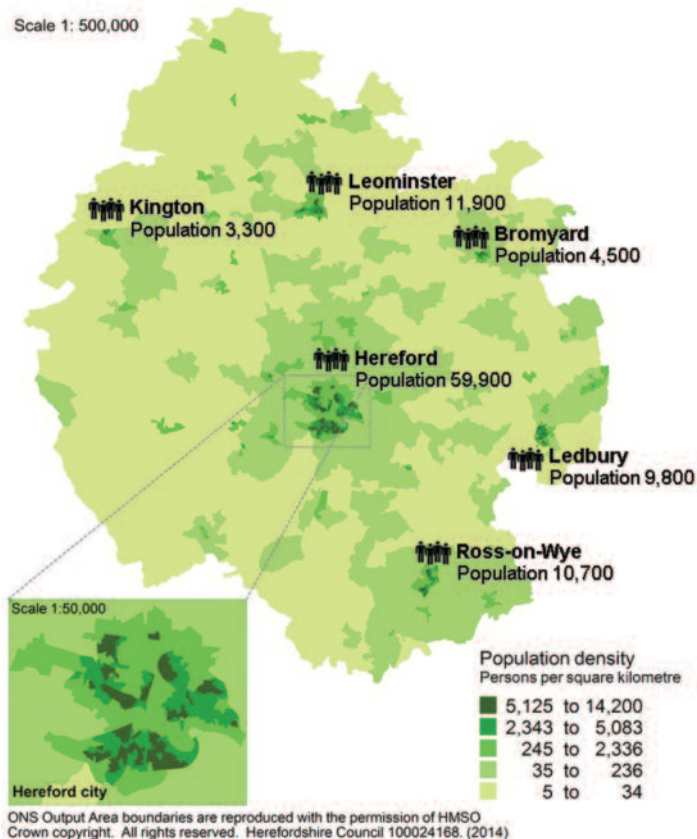
We are not starting from scratch; there is a wealth of information about the local population in key documents such as the Joint Strategic Needs Assessment (JSNA) - Understanding Herefordshire, that provides a high level picture and analysis of the needs of the population.

This includes data about influences on health and wellbeing such as housing, education and lifestyle. The JSNA brings data on these health determinants together into one document acting as a single source of objective intelligence. This information plays a vital role to inform evidence-based commissioning. We have completed two more indepth needs assessments around mental health and children and young people.

We also use information from the outcomes frameworks for the NHS, adult social care, public health and children and young people which gives us a better understanding about the needs of the population of Herefordshire .

Herefordshire – the place and the people

Herefordshire is a large rural county in the south west of the West Midlands region bordering Wales. The city of Hereford is central to the county and there are five other market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington. It is a great place to live and bring up a family and people are proud of their Herefordshire roots.



There are some special points to note:-

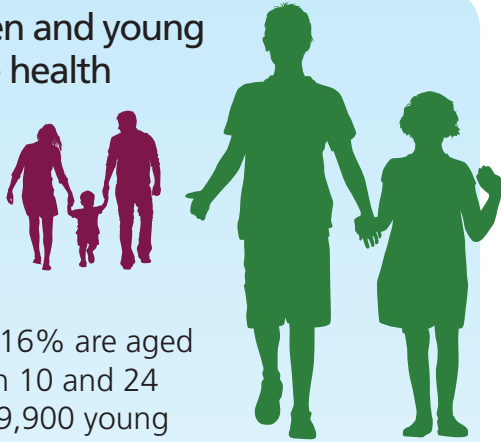
- Herefordshire is sparsely populated with 82,700 homes and 186,100 residents scattered across 842 square miles.
- It has beautifully unspoilt countryside with remote valleys and rivers.
- Almost all its land area falls in the 25% most deprived in England in relation to geographical barriers to services.
- Self-employment is more common and the average wage is lower than other areas.
- Affordability of housing is an issue so the demand for social housing is high.
- Access to services is a major problem in such a large and sparsely populated area.
- Broadband coverage is 83% however many users find it too slow.

Population health

The population in 2013 was 186,100 and has grown by six per cent since 2001 through migration only



Children and young people health



Of this, 16% are aged between 10 and 24 years (29,900 young people)



- The prevalence of the misuse of stimulants is 7% versus 24% nationally
- 15% of hospital admissions for 15-19 year olds are pregnancy related



- The rates of chlamydia diagnosis are higher than other West Midlands areas

- There is a mixed picture for educational attainment: primary school attainment has improved but achievement at A level is not increasing



Adult Health

- The prevalence for drug misuse is 7% compared to 24% nationally



- Levels of physical activity are declining across all population groups. (An inactive person spends 38% more days in hospital than an active person and uses 5.5% more GP visits, 13% more specialist services)

- Rates of limiting long term illness amongst those aged 65-84 are lower than national average and life expectancy is good



Older people's health

- There are a smaller proportion of older people in social care than the national average with 74% who receive care paying for this themselves, compared to 48% nationally, and 68% paying for residential care compared to 45% nationally



- The figures for dementia amongst those aged 65 and above are estimated to rise to 5048 by 2030 which is similar to the English average of 7%

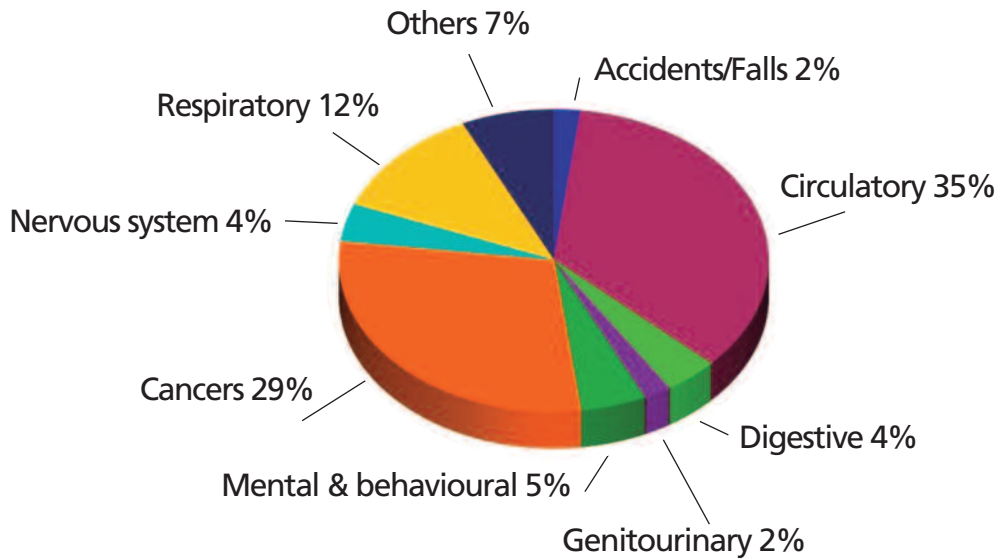


- Public transport is a challenge in a rural county such as Herefordshire on a number of levels. It is estimated that 21% of rural households have to travel at least 2.5 miles or more to visit their GP or other health services



Common causes of death in Herefordshire

The most common causes of death in Herefordshire are circulatory and respiratory disease and cancers. Approximately 350 deaths per year are from preventable causes.

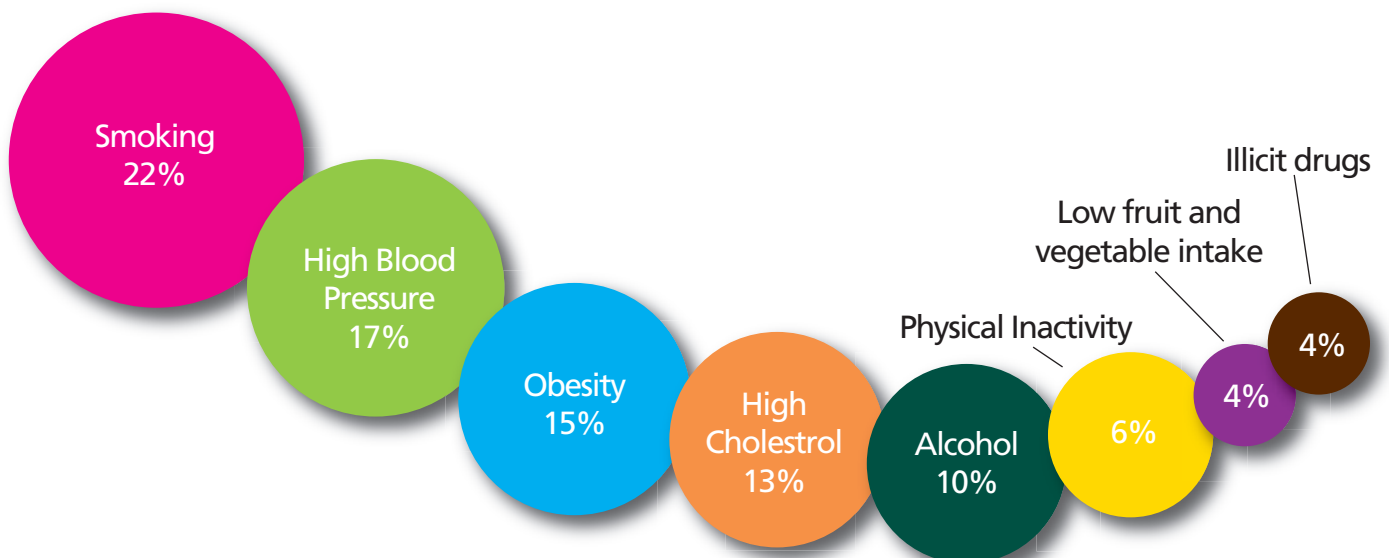


Modifiable risk factors

The main risk factors contributing to early death and the burden of ill health are shown in the caterpillar diagram below.

The leading contributor to the burden of disease in Herefordshire is smoking followed by high blood pressure then overweight and high cholesterol.

Most cardiovascular disease and around 30% of cancers are caused by lifestyle risks such as smoking, poor diet, low levels of physical activity and excessive drinking. Not smoking reduces the risk of respiratory disease by up to 95% and eating recommended levels of fruit and vegetables can reduce the risk of cancer.





Our case for change - the rationale

Over the past few decades the health of the population has generally improved but there are still too many avoidable deaths and preventable conditions. There are also marked differences in the health of some groups and between geographical areas.

The pathway to good health starts before conception and continues throughout life. There are key stages during the life course when health and wellbeing can be enhanced. Our strategy takes a life course approach spanning childhood, adolescence, adulthood and older age. It is widely accepted that investment in the early years of children's lives provides real potential to reduce health inequalities within a generation. The first 1001 days from conception to age two cannot be underestimated in terms of future influence. Throughout the strategy we see the role of family and carers as crucial in providing a holistic and caring approach to health and wellbeing. A whole family approach is important for all children and we are committed to this as a key feature in this strategy.

Working with the public and actively involving individuals and communities will help us plan better services and activities that are usable and effective. We already have examples where patients using health services, and groups using community activities, are making changes to their lives that improve their physical and mental health.

Reducing health inequalities

Herefordshire is a sparsely populated rural county so isolation, loneliness and lack of access to services and support can result in health inequalities. We recognise the need to work together with communities to make sure the most vulnerable are more able to enjoy good health.

Other vulnerable groups include the homeless, carers, people with learning disabilities, travelling families, returning veterans and forces families, non English speaking communities, women and men experiencing domestic abuse and sexual violence, families with multiple needs, children with disabilities, those living in poverty, young people not in education, training or employment and young offenders.

Locally, as in many places, services are overstretched, resources are scarcer and public demand is becoming greater. These factors together with the increasing ageing population, widening inequalities and increasing number of people with long term conditions are creating an unsustainable future for the entire population but also for the public purse.

There are strong links between ill health and long term unemployment and this is more acute for some groups of people. Mild to moderate mental health problems are the most prevalent causes of health related worklessness. The Economic Development Strategy supports the drive for creating a better place for residents to live driven by a stronger economy and reducing poverty encouraging businesses to invest. Locally the high number of small businesses and medium growth have contributed to the areas resilience at a time of change. The key aims of the strategy are for:

- Sustained business survival and growth
- Increase in the number and range of jobs
- A skilled population to meet future work needs
- Enhance the county's infrastructure for enterprise to flourish

Models of care already exist for supporting people with long term conditions and we want to capitalise on this in Herefordshire. We must also take a concerted approach to prevent conditions occurring at all, so that we keep people well. In Herefordshire local people are expressing a desire to take more control of their health and when asked “what keeps you well”, they talk about low level activities such as going swimming, reading, daily dog walking and talking to other people.

In Herefordshire we are adopting a new approach which recognises and values the assets of local communities with prevention as a strong theme.

In summary our challenges are:

- Herefordshire is a remote and rural location with a dispersed population resulting in problems around access to resources.
- The overall scale of the county and the population is small – this limits resources and makes it difficult to find capacity for delivering change.
- We are a large rural area with dispersed and hidden inequalities.
- The population is ageing faster than the average for England – creating demand and unsustainable pressures on services and service models.
- Rural inequalities may be hidden but greatly affect population health and wellbeing.
- Current services in primary care, hospital care and social services are overstretched.
- Our service infrastructure is fragile.
- Public transport is a challenge, making access to services more difficult.

We can create something better together...

Investing to save:

- For every £1 spent on health volunteering programmes we can expect a return of between £4 and £10.
- Identification and advice for harmful/hazardous drinkers can save £4.30 for every £1 spent
- For every 100 alcohol dependent people treated with early intervention support, 18 accident and emergency (A&E) and 22 hospital admissions could be prevented.
- One alcohol liaison nurse costing £60,000 could prevent 97 A&E visits, 57 hospital admissions saving £90,000.

Local GP:

“We need to integrate third sector capability into primary care”

Our approach

Our approach involves working together to create a new relationship with Herefordshire citizens so that we:

- help people take care of themselves better, by asking people what they need, then helping them make that happen;
- support communities to grow, so that they can support people better;
- change people's expectations, so that they can be realistic about what is available, who will provide it and how it will be paid for.

We have a long history of joint working in Herefordshire and we now have a much better understanding of how we can work more effectively together. We recognise that for some of our most important issues such as mental health and wellbeing, children's health and older people's health, working on a common purpose with input from the voluntary and community sector, will accelerate improvements.

Patient:

“It's not about curing – it's about educating me”



Agreeing our priorities

To assess our local needs and determine our priorities for the Health and Wellbeing Strategy the board members have used the following:

- data from the Joint Strategic Needs Assessment – Understanding Herefordshire, the Children’s Integrated Needs Assessment and the Mental Health Needs Assessment;
- feedback from local expert stakeholders and the public;
- information and indicators from the National Outcomes Frameworks for the NHS, adult social care, public health and children and young people where we are worse than the national average;
- national guidance from the Secretary of State including the NHS Mandate.

Involving people

To engage and involve the public and local expert stakeholders in the development and ranking of priorities in the strategy, we used four approaches:

1. a token voting system (whereby people were able to choose three out of the seven priorities identified);
2. a public facing web page on the council’s website with the priorities and background;
3. direct feedback taken from key stakeholder groups about the priorities identified with opportunity for addition of groups/foci;
4. engagement with community development groups, the voluntary sector and vulnerable groups on how to stay healthy, what helps us maintain our health, what prevents us from being healthy and what we can do to help the wider community maintain good health.



These four approaches told us that Herefordshire people are:

- modest but proud communities;
- strong and resilient communities;
- used to managing through difficult times;
- people help each other – those needing care are helped to stay at home;
- used to doing things for themselves;
- highly committed individuals;
- lots of dedicated people giving above and beyond;
- people with a strong sense of identity;
- involved in lots of activity in the communities;
- people want to be a good neighbour;
- partnership working is great – people want to improve things;
- passionate about Herefordshire and feel a real tie to the land.

The findings of the engagement and consultation can be found in full at Appendix D.

A number of common themes emerged from the consultation and these have helped to inform this strategy and influenced the priorities.

As a result of the consultation we re-ordered the priorities.

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Things that people think are important to help them stay healthy and well

socialisation
networks
physical activity
talking to others
support groups
social media
outdoor environment
sense of purpose
healthy diet
personal interests
local GP

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.....

The skills and support that people provide to others in the community



How these skills could be used to support others



Our agreed priorities

1 - Mental health and wellbeing

and the development of resilience in children, young people and adults

2 - For children

starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health, pre-school checks, children with disabilities, young offenders, young people not in education, employment or training, looked after children

3 - For older people

quality of life, social isolation, fuel poverty

4 - Impact of housing

fuel poverty and poverty and the impact on health and wellbeing

5 - For adults

long term conditions, lifestyles (alcohol, weight, active lifestyles, smoking prevention, mental health)

6 - Special consideration

reducing health inequalities - people with learning disabilities, carers, returning veterans and armed forces families, the homeless, non English speaking communities, women - domestic abuse and sexual violence, families with multiple needs, those living in poverty, travelers

7 - Hidden issues

alcohol abuse in older men and women and young mothers

These priorities are underpinned by five themes:

- prevention – keeping people well
- self help and helping others to stay well
- working with the voluntary sector, pastoral support network, the community and parish councils
- access to high quality secondary care, education, employment
- reducing health inequalities

When commissioning decisions are taken, these underpinning themes will need to be considered.

Priority one

Mental health and wellbeing and the development of resilience in children, young people and adults

It is important because:

- one in four adults will have a diagnosable mental health condition at some point in their lives;
- people with mental health problems or learning disabilities are less likely to be in employment;
- one in ten children (three in every class) aged between five and sixteen years will have a clinically diagnosable mental health problem;
- 50% of those with lifetime mental illness will experience symptoms by age 14 years.

The evidence tells us there is a strong economic and social case for improving mental health. For every pound invested:

- social and emotional learning programmes result in returns of £84;
- school based interventions to reduce bullying result in returns of £14;
- parenting interventions for families with conduct disorder result in returns of £8;
- early detection of psychosis results in returns of £10 in year two;

(Source - Knapp et al, 2011)

- social networks have a significant impact on the health and wellbeing of people, and are a powerful predictor of mortality with evidence that adequate social relationships can help improve survival rate;
- a primary social network of three or less is a predictor of mental health disorders.

(Source - Fisher B (2011) Community Development in Health - A Literature Review)

What are we already doing

CASE STUDY

Supporting healthier lifestyles

A 40 year old British female living with mental ill health for the past 20 years needed help to lose weight, become fitter, quit smoking and cut down on alcohol to support improvements in her mental ill health. A health trainer provided one to one support to help her. She stopped drinking and increased her confidence after losing weight following a conversation on diet. This conversation encouraged her to make small changes like changing fizzy pop for water, cutting out snacks and crisps – these small changes had a big impact on her life. She's now training so that she can start her first paid job for over ten years.

What will be different in the future?

We plan to deliver:

- public awareness on keeping well using the Five Ways to Wellbeing;
- large scale programmes on emotional health and wellbeing for children, parents and older people;
- locality based social networks across Herefordshire that create greater community capacity and support across parish councils, pastoral support networks and the community;
- a targeted programme for carers and parents during pregnancy and early years;
- a school based programme on emotional health and wellbeing supported by the local school nursing service;
- early identification of those people in greatest need or at risk of developing a mental health condition, who are supported to build self-confidence and change behaviours;
- a pathway approach across the life cycle for children's mental health covering prevention and treatment;
- a workforce trained to support behaviour change based on motivation, identifying those people that are ready to and want to change;
- new models of integrated care that include prevention and self-help provided more locally at a primary care level;
- high quality and accessible hospital care and treatment for those who need it most.



Priority two

For children, starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health, pre-school checks, children with disabilities, young offenders, young people not in education, employment or training, looked after children.

It is important because:


- we need to keep all children safe;
- in the UK there are more than 5000 deaths each year in children under 19 years;
- the high rates of children and young people living in poverty in one area of Herefordshire has not changed for five years;
- smoking in pregnancy figures are higher than the national average;
- rates of breastfeeding and immunisations at two and five years for some programmes are lower than the national average;
- the pre-school PHONICS assessment results are lower than the national average;
- there are higher than average rates of tooth decay amongst young people;
- there are higher than average rates of hospital admissions in relation to unintentional injuries in children 0-14 years;
- there are higher than average hospital admissions due to alcohol among 10-24 year olds;
- children's education and their attainment is important to their long term health;
- children's education attainment needs to be improved, particularly for specific groups like those eligible for free school meals.

The evidence tells us that giving children the best start in life will be immediately beneficial to mother and child and to their longer term health and wellbeing.

Experiences in early childhood (pre-birth to eight years) and in early and later education, provide important critical building blocks for the entire life course. There are important stages when real differences can be made in a child's life, these are during:

- pre-birth and pregnancy
- at 22 months
- 5-7 years
- adolescence
- before 6-8 weeks of age
- pre-school
- when problems first emerge





What are we already doing

- Herefordshire's Families First programme provides co-ordinated, targeted, intensive support to help turn around the lives of some of the county's most challenging and disengaged families.
- Transforming and expanding the health visiting service to deliver the healthy child programme for 0-5 year olds.
- Significantly increasing the number of disadvantaged two year olds accessing nursery places.
- Delivering smoking cessation programmes in schools.
- Improving uptake of neonatal hearing screening and MMR immunisation.
- Improving our safeguarding services.
- Improving education outcomes at each key stage.

Resident:

“Herefordshire's a great place to bring up children”

What will be different in the future?

- targeted programmes for the most vulnerable families and young parents to ensure children and parents have access to a minimum core offer of the healthy child programme;
- young person friendly primary care;
- a joint action plan for the first 1001 days of a child's life across the children's partnership;
- access to high quality and effective parenting programmes;
- a core offer on a health and wellbeing programme for all school aged children led by school nurses;
- a countywide school-based programme on emotional health and wellbeing for children in school;
- targeted services, with key workers, to reduce the number of children and families requiring intensive statutory services, including residential placements;
- children, young people, families and carers will access clear, high quality information and advice to enable them to take more control over their lives;
- a more integrated approach that combines children's centres, midwifery, health visiting and school nursing; to improve the health, wellbeing, developmental and educational outcomes of children;
- increased numbers of children that are ready for school at the end of the Early Years Foundation Stage (EYFS) to make a successful transition to school, with children rated as achieving a good level of development in the top quartile nationally;
- improved availability and quality of information accessible on mental health and wellbeing to children, young people and their families;
- reduced rates of re-offending and repeat anti-social behaviour by children and young people;
- a restorative justice strategy for the county and embedded practice within youth justice and children's homes settings;
- identified, prioritised and supported young people not in education, employment and training (NEET), including those who are young parents;
- a straightforward integrated pathway of provide multi-disciplinary support to disabled children and young people from 0 to 24 years;
- the educational attainment gap for vulnerable groups will be reduced.

Priority three

For older people – quality of life, social isolation, fuel poverty

It is important because:

- different types of deprivation affect different areas;
- 23% of residents are aged 65 years and over (compared to 17% nationally);
- the number of 85 year olds is set to double (to 11,700) by 2031 which means the social care and health demand will rise;
- this growth will continue, especially amongst the over 65 year olds, with projections predicted of over 30% by 2031;
- rates of dementia are increasing as the population ages and this links to the need for appropriate housing;
- access to services and housing conditions are the biggest issues for the county affecting the towns and the rural areas;
- one in five households live in poverty;
- one in 20 people report feeling isolated;
- social isolation is equivalent to the health effects of smoking 15 cigarettes a day or consuming more than six alcoholic drinks daily. It is more harmful than not exercising and twice as harmful as obesity.

(Source - Holt-Lundstadt J et al (2010) Social Relationships and Mortality Risks)

What are we already doing

The Better Care Fund in Herefordshire brings commissioners and providers together to commonly agree on a model of integration that brings services closer to people who need them. It aims to provide co-ordinated, consistent and high quality services across organisational boundaries.

There are four main elements:

- integrated personal budgets;
- fully mobilised integrated urgent care pathways sitting alongside a redesigned community health service;
- a co-commissioning operating model;
- a prevention and early intervention programme.

This work is being driven through the joint commissioning board and the system transformation programme which is about wider system change across the entire health and social care economy. Primary care is at the heart of this with a drive to develop a model of community based teams across four localities with GP practices providing wraparound care and support for the practice populations.

CASE STUDY

The virtual ward from a patient's perspective

Alan lives with COPD and heart failure. Over a period of 18 months he ended up in hospital 15 times, usually via an ambulance at night in the emergency department. A typical stay in hospital would be 6-7 days. The 16th time Alan needed help in an emergency, instead of being rushed to hospital, he was introduced to the virtual ward, where he was treated at home by local doctors and specialist staff. As a result, he was given a care plan, advice and help on managing his illness and medication, plus regular support from specialists and help for his main carer – his wife.

What will be different in the future?

- greater uptake of affordable warmth programmes, especially in those groups that require them most and in areas of greatest need;
- additional housing that is appropriate for changing need and demand;
- services and care organisations working more proactively together to avoid over reliance on hospital care;
- for those receiving healthcare, a much stronger focus on keeping well after discharge in relation to housing and lifestyles;
- a new model of community and hospital care;
- care plans for every older person in residential and nursing home care;
- a wellbeing programme for older people that promotes socialisation and activity;
- a countywide network of walking programmes aimed at older people to keep them well and active;
- countywide prevention programmes that support lifestyle changes delivered locally through the voluntary sector;
- pastoral support provided through faith-based organisations linked to health and social care services.



Priority four

Impact of housing – fuel poverty and poverty and the impact on health and wellbeing

It is important because:

- access to services and housing conditions are the biggest issues for the county, affecting both the towns and the rural areas;
- one in five households lives in poverty;
- people in less affluent areas are likely to spend more of their life living with a disability;
- the homelessness rate is the second highest in the region;
- housing is crucial to good health and will become increasingly important in promoting the health and wellbeing of older people as the population ages;
- good standards of housing, where people can live safely and well, can reduce ill health, increase mobility and support discharge from hospital. This is especially important in the private rented sector where homes may be in worse repair and be less energy efficient;
- for vulnerable groups such as older people, those with mental health problems, disabilities and families with children who have multiple needs, access to decent quality housing will help to reduce health inequalities.

What are we already doing?

- Keep Herefordshire Warm is an energy advice and referral service run by Marches Energy Agency.
- A preventative housing pathway is in place for older people, helping people make their housing decisions in older age, enabling older people to stay at home.
- We are developing a mix of housing that meets the needs of older people.
- Information, advice and self-assessment tools are in place for older people (HOOP tool, My new home and my Future checklists and First STOP Housing advice service).
- First contact alert and signposting service for staff entering older people's homes and spotting risk factors (for example, cold home, slips and trips, no smoke detector).

Resident:

“People who live here are passionate about Herefordshire and feel a real tie to the land”

What will be different in the future?

There will be:

- greater uptake of energy efficiency grants;
- greater uptake of home improvement schemes, especially insulation;
- a high profile public awareness campaign to promote Stay Warm Stay Well;
- the development of a multi agency estates strategy across health and social care that identifies new ways of using existing buildings;
- a strong focus on the impact of housing on mental health.





Priority five

For adults – long term conditions, lifestyles (alcohol, weight, active lifestyles, smoking prevention, mental health)

It is important because:

- the three main diseases that people die from in Herefordshire are circulatory diseases, cancers and respiratory diseases;
- there are more deaths from strokes in Herefordshire than in other areas;
- poor lifestyle risks around smoking, diet, physical inactivity and excessive alcohol consumption greatly increase the risk of ill health.

Many of the long term health conditions people have such as diabetes, obesity and cardiovascular disease are preventable by making better lifestyle choices, particularly in relation to diet, physical activity, smoking and excessive alcohol use.

We want to ensure people look after themselves and their families: too many people spend too great a proportion of their life with preventable illness. This is even more of a burden for some of the vulnerable groups.

What are we already doing?

- We have a number of innovative projects to encourage more cycling such as Cycling Ambassadors and Shirley's wheels.
- These projects, coupled with Bikeability and adult cycle training, work at the individual level and will, over time, make a difference.
- Herefordshire Council has introduced 20mph zones within high volume traffic areas such as Hereford city centre and in residential areas around schools.
- The CCG is a national demonstrator site for diabetes prevention.
- Helping to build a movement of behaviour change for health through local lifestyle services.
- Promoting messages providing the right information on smoking, healthy eating, physical activity, sexual health, mental wellbeing.

Locally we are bringing together a number of key issues which are interdependent and likely to have a better impact if we tackle them collectively. There is evidence that there are links between road safety, active travel and health. For example, reduced traffic speeds can result in fewer road casualty accidents and less costs to the NHS. Studies also highlight some additional benefits from reduced traffic speeds such as improved walking and cycling environments and health benefits associated with a more active lifestyle.

Herefordshire Council's Destination Hereford project, funded by the Department for Transport's Local Sustainable Transport Fund, was launched in 2011 with the aim of reducing short distance journeys by car in favour of increasing walking, cycling, car sharing and public transport use. The project contains six scheme elements :

1. Travel Awareness
2. Workplace Travel
3. School Travel
4. Personalised Travel Planning
5. Hereford Active Travel Schemes (HATS)
6. Rural Access

What will be different in the future?

There will be:

- a programme to support inactive people to become more active;
- Herefordshire residents looking after themselves and taking a lead role in keeping themselves well;
- expanded NHS Health Checks programme to target vulnerable groups such as travellers and the non-English speaking communities and NHS Health Checks incorporated into pre-employment check lists;
- a workplace based health improvement programme;
- implementation of the 20's Plenty programme;
- a joint approach between the healthy lifestyles team, the active travel team, road safety and the teams working in parks, leisure and green outdoor spaces;
- workforces trained to support behavior change based on motivation and self help identifying those people that are ready to and want to change;
- an integrated healthy lifestyle system that covers messaging, brief advice and intensive support;
- identification of and support for people who are inactive, to achieve 30 minutes of activity a week;
- earlier identification of those people in greatest need or at risk of developing conditions so that they can be supported to change behaviours;
- new models of integrated care that include prevention and self-care at a primary care level;
- high quality and accessible hospital care for those who need it most;
- a stronger focus on keeping well for people once they have been discharged from healthcare.

CASE
STUDY

Addressing weight management in a hospital setting

Being overweight and obese increases the risk of health problems such as coronary heart disease, type 2 diabetes plus many other health conditions. Pre-operative assessment in Wye Valley NHS Trust is in place to ensure that anyone having an operation receives high quality care. An assessment is carried out by a specialised team beforehand. Obesity can adversely affect patient outcomes and many patients present for surgery with additional problems caused by obesity.

A patient attended the assessment clinic with a body mass index (BMI) of 41 (morbidly obese) and a smoker. The patient was advised and supported at the clinic to change their lifestyle prior to their operation. The following year the patient returned having lost a large amount of weight with a body mass index of 36 and had stopped smoking. The patient's husband also lost weight and stopped smoking.



Priority six

Special consideration – people with disabilities and those with learning disabilities, reducing health inequalities, carers, returning veterans and armed forces families, the homeless, non-English speaking communities, women - domestic abuse and sexual violence, families with multiple needs, those living in poverty, travellers

It is important because:

- the life expectancy of the population is generally good but lower in less affluent areas (smoking, alcohol and obesity are key risk factors in causing ill health and early death and tend to cluster together);
- overall, Herefordshire has lower levels of multiple deprivation but there are geographical inequalities in South Hereford, Leominster and Ross-on-Wye which have an impact on health;
- in addition to specific inequalities there are some groups who have poorer health outcomes such as the homeless, children with disabilities, looked after children, and people with learning disabilities;
- there is a lower proportion of adults in the county aged 16 to mid-forties;
- the international migrant population is driving the growth in the county's population;
- research shows that people living in areas with high levels of social deprivation are less likely to use outdoor spaces for recreation.

Health and wellbeing is also adversely affected by a combination of factors such as unemployment, poverty, and low educational achievement: these can prevent people from leading healthy lives and are often present in areas with high levels of deprivation.

What are we already doing?

- Herefordshire has a strong community development approach with an active partnership of local support. Staff working in the council and the voluntary sector have experience in community development, promotion of healthy lifestyles, active travel, the environment, greenspace and recreation management.
- There is a pro-active pastoral support network in place
- Domestic violence support
Herefordshire has commissioned a new domestic and abuse support service with a focus on prevention, including education and awareness. This service will provide support to men as well as women and children.
- There is a new safeguarding children's post co-located in the Multi-Agency Safeguarding Hub (MASH) team to ensure joined up working.
- The Community Safety Partnership has funded domestic violence and abuse training for frontline operational staff.
- A pilot voluntary perpetrator programme has been run by Herefordshire Housing.

Support for carers

Herefordshire has thousands of carers who provide invaluable care and support to vulnerable adults across the whole county. The council is committed to supporting them to fulfil their caring role, and is working with carers and partner agencies to commission preventative services that meet carers' needs and promote their health and wellbeing.

Herefordshire Carers Support is commissioned to provide information, advice and guidance to all carers across Herefordshire and to provide a voice for carers.

The council also commissions a service that provides carers with a break from their caring responsibilities.

What will be different in the future?

- We will target our work on healthy lifestyles to those living in areas of deprivation.
- We will include promotion of active safer travel to ensure that those who use greenspace and the outdoors least are encouraged to access these areas.
- We will support more carers in Herefordshire by commissioning an innovative, person-centred carers' health and wellbeing service that provides carer-focused support.
- We will produce a commissioning learning disability strategy.



Priority seven

Hidden issues – alcohol abuse in older men and women

It is important because:

- there were over 400 alcohol-specific (caused exclusively by alcohol consumption) admissions in 2013/14 among Herefordshire residents;
- death rates for chronic liver disease in females rose in 2014 which indicates excessive alcohol misuse.

What will be different in the future?

- A new alcohol and substance misuse service will be launched across partnerships.
- A strategy will be developed to respond to the issues surrounding alcohol and substance misuse: prevention, intervention and re-integration.
- Recovering substance misusers will be re-integrated across the county through the development of networks of opportunities with people who use services, voluntary organisations, not-for-profit organisations and local businesses.
- Community support will be developed that is based on the premise that everyone has something to offer to their community and can receive from it in return.
- There will be targeted information provided for GPs.





Prevention and wellbeing

Many of the conditions that are now more prevalent in our population such as cardiovascular disease, diabetes, and obesity are preventable. At every stage of our life a wide range of factors influence our health and wellbeing. We want people of all ages to live a long and healthy life so that we concentrate much more on prevention to keep people well for longer.

We will support people to take an active role in their own health and wellbeing to ensure positive behaviour change so that the lifestyles they lead prevent disease occurring at all. This means encouraging people to participate in lifestyle checks, taking up more activity, reducing alcohol drinking levels, taking care of their emotional health and wellbeing. We will proactively identify those who have a long term condition such as diabetes, obesity, heart disease, liver disease, and some cancers and work with them to support a healthier way of life so they stay well for as long as possible. The main risk factors contributing to early death and the burden of ill health for Herefordshire are shown in the diagram on page 9.

At the heart of all our priorities is the need to prevent ill health and promote wellbeing. Herefordshire faces an epidemic of inactivity with low fitness levels resulting in more deaths than smoking, diabetes and hypertension combined. In the UK only 39% of men and 29 % of women meet minimum requirements. If we were able to change this, the NHS would reap significant benefits. There could be 30% to 50% reduction of risk in the development of common chronic conditions and improvements in the successful treatment of the same conditions.

There is a wealth of evidence that shows an active life is essential for physical and mental health and wellbeing. Taking regular physical activity is one simple way for people to take control of their current and future health; being active at any age from birth to death improves quality of life and increases chances of remaining healthy and independent.

There is increasing evidence that there are links between adult obesity levels and travel behaviour. One indicator is that countries with the highest levels of cycling and walking generally have the lowest obesity rates (Bassett, D et al., 2008; Morris, J 1994).

Benefits to mental health, like physical benefits, appear to be significant. For example, increased walking appears to reduce long-term cognitive decline and dementia, a major issue for an ageing population (Erickson, K.I et al., 2010). Herefordshire has beautiful countryside and an abundance of open green space. This is a real asset on many levels: exercising outdoors is associated with better mental health. However there are some challenges with accessibility.

Transport is a key issue in Herefordshire and addressing this together with road safety, access to services, physical activity, active travel and healthy lifestyles, is likely to have a greater impact than addressing it in isolation.



Moving forward - how will we change things?

We plan to deliver the strategy by building on the network of community based activity that is already delivered by local people on a day to day basis. We will move from traditional approaches around delivery of services to one which utilises the assets of the community such as self-help groups, patient groups, pastoral support networks and parish councils to create a cultural shift towards self-help.

We will work collectively across our partnership structures forming a strong alliance, with local communities, with our rich and diverse voluntary sector, our local church groups, playing to the strengths of Herefordshire. This involves harnessing as much community support as possible, taking every opportunity to promote health, foster feelings of self-worth and wellbeing and reduce health inequalities.

For people to take more control of their own health and wellbeing they need skills, knowledge, reliable information and support to do so. We will work with people who use services, the public and patients to co-develop models of care. More and more people are expressing a desire to take control in the management of their health and healthcare especially those with one or more long term conditions.

This will require a change in working relationships and practice and a cultural shift, with patients as experts in their own rights taking more of a role in decision making. With the ever increasing demand on public services and workforces we need to use the expertise of specialist practitioners and staff wisely encouraging people to self-manage their conditions and to live independently for as long as possible.

Improving the health of the county relies on local assets:

Local people

People in Herefordshire already do a huge amount of community based work providing one to one support, leading social networks and creating community groups. These are part of the rich social fabric that makes Herefordshire a great place to be. There are thousands of people in the county contributing to community life through volunteering, community leadership, and caring, mostly for no financial reward but because they are motivated to do so and are deeply caring. These activities and roles provide additional support for existing services and enable individuals and communities to take more control of their own health and wellbeing.



Volunteering, pastoral support and communities

In many parts of the county there is a strong community spirit and a sense of pride felt by residents. In addition, there is a vibrant, diverse and proactive voluntary sector with approximately 34% (estimated 50,000) of the population engaged in some kind of volunteering role.

This is an invaluable resource with a reservoir of people spending time, often unpaid, doing things that either benefit people (individuals, groups, close relatives) or the environment. They play a crucial and important role in promoting and supporting the health and wellbeing of individuals and groups.

The community of adult and young carers have a strong presence in the county (although young carers are often less visible) and are vitally important both to the individual people they care for but also as an essential support structure to health and social care services. Therefore it is crucial that we look after the individual health needs of carers. We need to ensure that support is in place to meet their needs, for example providing access to lifestyle support or through the provision of additional carer friendly support to the person being cared for.

The culture of caring in Herefordshire has long standing historical routes. There is a strong caring ethos in place in many communities, particularly in the rural localities with grassroots projects and volunteering activities that just happen without any formal structures or processes.

The community development partnership plays a leading role in reaching out to communities and is working with the public sector to identify how to grow, support, promote and make best use of the social capital within Herefordshire. All partners recognise the potential and the value of better collaborative working between health and communities at a very local level.

Vicar:

“We have ready made community support in place – they are called vicars”



Parish councils and the Diocese

Parish councillors volunteer their time to help make their community a better place, often serving as a bridge between what happens at a county council level and what happens within their parish. Although they have limited powers, a parish council is often seen as a voice of authority in their area as well as a catalyst for change.

Locally our parish councils reach and work with many of the isolated individuals and communities across Herefordshire providing a valuable network of support. There is opportunity to:

- communicate key messages to the public through existing vehicles such as parish newsletters and websites;
- sponsor local events or activities designed to engage the public in solutions;
- invite representation as the 'voice of the people' when planning services;
- suggest ways in which decisions made by Herefordshire Council can be implemented on a local level, bearing in mind that each parish has unique attributes;
- help find ways to identify issues in the community that can promote early prevention and/or escalation avoidance, e.g. a 'community watch' scheme

There is a strong and diverse and proactive multi faith community that provides support to families and people in need. The Diocese of Herefordshire in particular is playing an active role working alongside isolated people in rural communities, offering a wide range of activities including lunch clubs, IT and computer classes, coffee mornings, voluntary run libraries and pastoral visiting schemes. At the last count they carried out 5700 visits per month offering a listening ear and support. They have a network of community buildings which are at the centre of community activity.

Some of our community assets

- Skills, knowledge, social competence and commitment of individual community members.
- Friendships, intergenerational solidarity, community cohesion, neighbourliness in a community.
- Local groups and community and voluntary associations ranging from formal organisations to informal mutual support networks.
- Local groups and community and voluntary associations (formal and informal).
- Physical, environmental and economic resources in a community.
- Assets from external agencies – public, private and third sector.
- Access to pharmacy, primary care, information points, information hubs, schools community centres, churches.

What are we already doing?

- Developing a Directory of Services in the community and voluntary sector.
- Developing models of community support with a focus on Local Area Co-ordination.
- Developing a scheme of cross-county community support and co-ordination.
- Joint work with the Diocese of Hereford's national 'Combating Loneliness' conference.
- Supporting the good neighbour scheme.
- Successfully bid for the DCLG funded 'Delivering Differently in Neighbourhoods' project in the Golden Valley led by Herefordshire Council, exploring the rural GP practice as central in a model for support to combat social isolation as well as providing low level intervention in communities which reduces pressure on primary care.

What will be different in the future?

- Parish councils will take a leading role in promoting health and wellbeing.
- The ideas of Herefordshire's patients and residents will be constantly reviewed and used to inform our thinking.
- People will be helped to take care of themselves better, communities will be helped to grow so that they can support people; people's expectations will be changed.

Dean of Hereford:

“sometimes we need to stop and reboot”



Multi-agency transformation – making the change

Transforming the way we do things is high on the agenda of all the public and voluntary sector organisations across Herefordshire, both in terms of the care provided but also in the approaches taken to make changes. This is not something unique to Herefordshire but there are some factors that make it more urgent. We believe that working collectively on a common agenda for the future will result in stronger future service delivery and benefit the residents of Herefordshire.

We know that low income, old age, and poor lifestyle choices lead to greater health and care needs. If nothing is done to prepare for the changes ahead, services will struggle to maintain good standards of care for everyone and our communities will feel the consequences.

There is a very strong case for a much more person and community-centred approach to health and wellbeing and healthcare. Giving people a greater say in their lives, enabling them to take control over what happens to them and finding their own solutions is one of the keys to the sustainability of future services. In addition the quality of community life, social support and social networks are major influences in individual and population health at a physical and wellbeing level. We want people to live independent healthy lives, taking control of their own health and supporting each other.

We need to make significant changes to the way all of our services are commissioned and delivered with the goal of improving the health and wellbeing of the entire population and ensuring those who need care receive the highest quality care possible. We can only achieve this by working collaboratively with partners and the public.

Our multi-agency transformation programme brings together the following areas of work:

- **Supportive communities**

- builds on the assets that already exist in communities and strengthens them to improve community wellbeing and provide a greater range of resources and support for individuals and families

- **Collaborative communities**

- develops locality based approaches with multi-disciplinary support around GP practices to provide better care

- **Urgent care**

- develops an integrated urgent care pathway based on improved patient outcomes and aligns all existing urgent care services in the community and in hospital

- **Acute care**

- reviews and re-designs secondary care services to ensure patients have access to the most clinically safe and effective healthcare





Through this multi-agency transformation programme we will:

- make better use of our staff, our organisations and our physical assets in our local communities to support local people's health and wellbeing;
- bring services and programmes for adults and children together where there are inefficiencies and duplication so they are more effective;
- develop and deliver proactive, large scale preventative programmes together with targeted care that supports self help, prevention and promotes recovery and resilience;
- place people and communities at the heart of our plans for integration focusing on GP registered populations;
- ensure that we deliver co-ordinated, personalised care using the latest technology to enable care and support outside of hospital.





What will we work on first?

We recognise that all the priorities in the strategy are important, however the top three identified by the public and our stakeholders have been identified as immediate priorities. Working collaboratively across organisations can increase the pace and scale of change required. This model has been demonstrated in recent years in the quit smoking approach. Working across a whole system accelerated the changes in behaviour and led to reductions in smoking and better health outcomes. This approach will be adopted for the top three priorities chosen by Herefordshire people:

1. Mental health and wellbeing
2. For children
3. For older people

The consultation process identified mental health as the number one priority for Herefordshire. Good mental health is essential throughout the life cycle: one in four of us will experience mental health problems at some point in our lives. Although it is relatively common we don't always get the balance right between treatment, care and prevention. Paying attention to all three in a co-ordinated, consistent, and persistent way by working collaboratively, sharing expertise and making the best use of finite resources will result in improved mental health outcomes for children, adults and older people in Herefordshire.

We will adopt a whole child and whole family approach promoting mental health and wellbeing from birth through adulthood and into older age improving access to interventions and support when it is needed. We will make better use of the voluntary, and community based resources as well as the resources in our workforces and through the use of new technology.

Taking a whole system approach will enable us to maximise our resources, skills, and expertise to focus on the promotion of emotional health and wellbeing, prevention of mental ill health, targeted intervention and recovery through co-ordinated care and treatment.



Health and wellbeing board commitments

Actions

- Commission mental health services based on need ensuring prevention, treatment and care packages are in place for children, adults and older people.
- All organisations will initiate a change programme that promotes Five Ways to Wellbeing.
- A change programme will be developed across partners on the Health and Wellbeing Board that promotes and encourages physical activity for the wider population.
- All organisations will initiate a change programme that increases the uptake of physical activity for all service users and patients.
- The voluntary sector and community based organisations will promote physical activity across all groups.
- We will create a public awareness campaign that encourages the 184,100 residents of Herefordshire to walk more in their everyday lives.
- All carers will actively encourage the people they care for to move more.
- All dementia services will include physical activity in their care plans.
- All care plans will include an element of physical activity for the patient and carer.
- A falls prevention training programme will be developed across all sectors caring for older people or those discharged from hospital.
- An emotional health and wellbeing programme will be developed with education providers.
- A parenting programme will be developed for all new mums and dads.
- Leads are currently being identified for the actions.



What will success look like?

We will see:

- a visible increase in the number of people walking across Herefordshire;
- a visible increase in the number of physical activity groups/programmes that start across all sectors of the population – children and young people, adults, older people;
- an increase in the number of people participating in physical activity;
- high visibility on the Five Ways to Wellbeing;
- physical activity indicators included in contracts and service specifications;
- a wider range of volunteers engaged in physical activity delivery;
- a reduction in the number of falls taking place in the elderly population over a period of time;
- an increase in awareness of children and young people's emotional health and wellbeing in schools;
- an increase in the number of parents participating in parenting programmes;
- an increase in the visibility of mental health awareness in schools;
- mental health awareness increased across the population.



Appendix A

Plans and strategies

Herefordshire Joint Strategic Needs Assessment - Understanding Herefordshire 2014

Children's Integrated Needs Assessment - 2014

Mental Health Needs Assessment - 2015

Herefordshire Corporate Plan

Herefordshire Children and Young People's Plan - 2015

Herefordshire Five Year Plan - CCG

Long Term Conditions Strategy for Herefordshire 2013-2016

People with Dementia and Their Carers Strategy - 2013

Herefordshire Community Safety Strategy 2014-2017

Herefordshire Older People's Housing Strategy and Pathway (2015)

Appendix B

Outcomes and indicators

Priority	Outcomes	Indicators
1. Mental health and wellbeing and the development of resilience in children, young people and adults	all children and adults will have improved emotional health and wellbeing throughout their lives	<ul style="list-style-type: none">• wellbeing reported by children and young people• postnatal depression rates• rates of self-harm• number of domestic abuse incidents• referrals to CaMHS services• social isolation – percentage of adult social care users who have as much social contact as they would like• social isolation – percentage of adult carers who have as much social contact as they would like• self-reported wellbeing – low worthwhile score• self-reported wellbeing – low happiness core• self-reported wellbeing – high anxiety score• reduced levels of unemployment• 16-18 year olds not in education, employment or training

Outcomes and indicators

Priority	Outcomes	Indicators
<p>2. For children starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health, pre-school checks, children with disabilities, young offenders, young people not in education employment or training, looked after children</p>	<p>all children will have the best start in life as children, continuing through adolescence and early adulthood</p> <p>all children and adults will have improved emotional health and wellbeing throughout their lives</p> <p>all children and adults will experience a better quality of life for longer no matter where they live</p>	<ul style="list-style-type: none"> • percentage of children achieving a good level of development at the end of reception • percentage of children achieving the expected level in the national phonics screening check • percentage of children achieving the expected level in the phonics screening check with free school meal status • first time entrants to the youth justice system • 16-18 year olds not in education, employment or training • percentage of offenders who re-offend • breastfeeding initiation • breastfeeding at 6-8 weeks • smoking status at time of delivery • under 18 conceptions • excess weight in 4-5 and 10-11 year olds • hospital admissions caused by unintentional and deliberate injuries in children 0-14 • hospital admissions caused by unintentional and deliberate injuries in children 0-4 • emotional wellbeing of looked after children • number of looked after children • newborn hearing screening • chlamydia detection rate (15-24 year olds) • tooth decay in children aged 5

Outcomes and indicators

Priority	Outcomes	Indicators
3. For older people quality of life, social isolation, fuel poverty	<p>all adults will have active and independent lives for as long as possible</p> <p>all adults will have improved emotional health and wellbeing throughout their lives</p> <p>all adults will live in sustainable and supportive communities</p> <p>all adults will experience a better quality of life for longer no matter where they live</p>	<ul style="list-style-type: none"> • fuel poverty • social isolation – percentage of adult social care users who have as much social contact as they would like • social isolation – percentage of adult carers who have as much social contact as they would like • self-reported wellbeing - low satisfaction score • self-reported wellbeing – low worthwhile score • self-reported wellbeing – low happiness score • self-reported wellbeing – high anxiety score • injuries due to falls in people aged 65 and over • injuries due to falls in people aged 65 and 80+ • hip fractures to people aged 65 and over • hip fractures to people aged 80+ • estimated diagnosis rate for people with dementia

Outcomes and indicators

Priority	Outcomes	Indicators
4. Impact of housing fuel poverty, and poverty and the impact of health and wellbeing	<p>all children and adults will have active and independent lives for as long as possible</p> <p>all children and adults will live in sustainable and supportive communities</p> <p>all children and adults will experience a better quality of life for longer, no matter where they live</p>	<ul style="list-style-type: none">• reduce the percentage of households spending more than 10% of income on fuel• increase the percentage of residents who volunteer once a month

Outcomes and indicators

Priority	Outcomes	Indicators
<p>5. For adults long term conditions, lifestyles (alcohol, weight, active lifestyles, smoking prevention, mental health)</p>	<p>all adults will have active and independent lives for as long as possible</p> <p>all adults will have improved emotional health and wellbeing throughout their lives</p> <p>all adults will live in sustainable and supportive communities</p> <p>all adults will experience a better quality of life for longer, no matter where they live</p>	<ul style="list-style-type: none"> • smoking prevalence – general population • smoking prevalence – inequalities • percentage of physically inactive adults • successful completion of drug treatment • recorded diabetes • smoking prevalence • alcohol-related admissions to hospital (male) • alcohol-related admissions to hospital (female) • cumulative percentage of the eligible population aged 40-74 offered and received an NHS health check

Outcomes and indicators

Priority	Outcomes	Indicators
<p>6. Special consideration reducing health inequalities – carers, returning veterans and armed forces families, the homeless, non-English speaking communities, women – domestic abuse and sexual violence, families with multiple needs, those living in poverty, travelers, people with learning disabilities and physical disabilities</p>	<p>all children will have the best start in life as children, continuing through adolescence and early adulthood</p> <p>all children and adults will have active and independent lives for as long as possible</p> <p>all children and adults will have improved emotional health and wellbeing throughout their lives</p> <p>all children and adults will live in sustainable and supportive communities</p> <p>all children and adults will experience a better quality of life for longer, no matter where they live</p>	<ul style="list-style-type: none"> • healthy life expectancy at birth (male) • healthy life expectancy at birth (female) • life expectancy at birth (male) • life expectancy at birth (female) • life expectancy at 65 • percentage of children achieving a good level of development at the end of reception • smoking prevalence – general population • smoking prevalence – inequalities • successful completion of drug treatment (opiate users) • successful completion of drug treatment (non opiate users) • tooth decay in children aged five

Outcomes and indicators

Priority	Outcomes	Indicators
7. Hidden issues Alcohol abuse in older men and women and young mothers	<p>all children and adults will have improved emotional health and wellbeing throughout their lives</p> <p>all children and adults will live in sustainable and supportive communities</p> <p>all children and adults will experience a better quality of life for longer, no matter where they live</p>	<ul style="list-style-type: none">• reduce the number of alcohol-related hospital admissions



Appendix C

Principles

Vision

“Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure”

Sustainable services - the board and its partners will work together to provide a unified service for everyone, through consistent good quality shared care and managed networks. Services will be financially viable, safe and sustainable and affordable for everyone.

Working together - publicly funded services will be delivered in conjunction with family, friends and the community to ensure the right service is delivered, at the right place and time needed. The Health and Wellbeing Board will facilitate the provision of care as close to home as possible and ensure easy access to acute hospital services when needed. Services will protect people’s safety, independence and dignity.

Information and support - people can do many things to help themselves and their families to stay healthy, but there will be times when extra support is required. Information and advice will be available from a wide range of sources, easily and quickly, when and where people need it so that they can make informed decisions about what they need to do to remain healthy.

Five ways to wellbeing - Five ways to wellbeing will be used by the board and its partners to support wellbeing in the county by enriching people’s lives through cultural opportunities, altruism and volunteering.

Personal responsibility - people should be responsible for their own health and wellbeing and should try to stay fit, well and independent for as long as possible. The board and its partners recognise, actively promote and support the contribution made by family, friends, the community and other services in helping people to achieve good health and wellbeing, with support from professional services when required.

A lifecourse approach - there are differences in people’s health and wellbeing that start before birth and accumulate throughout life. It is important to work with people during their lives to improve their healthy life expectancy. A vital part of this is sustaining a healthy workforce for the county.

The ladder of intervention - health and wellbeing issues will be addressed where possible through the ladder of intervention which is a means of integrating lifestyle choices and enforcement action into a single strategy for improving health and wellbeing for the people of Herefordshire.

Appendix D

Feedback from consultation with key groups

How do you stay healthy and look after your wellbeing?

*Good socialisation – being with others Exercise – physical, mental well-being & social inclusion – eg
Ramblers ‘walk & talk’*

Talk to other people in similar situations via support groups/HCS/social media

Facebook/Twitter

Being outside – walking

Strong supportive family connections

Work providing purpose, routine, place in society, financial resilience

Accessed the Council’s health trainer service

Faith & church

Socialising/eating out (use Carers I count card discount)

Tea with friends every week!

Talk to someone you can trust

Giving to others

Interests – clubs, voluntary work

What does Health & Wellbeing mean to you?

Good physical and mental good health

Exercise

Good Food

Connect with others

Purpose/aim/meaningful activity

Safety: protection from physical and emotional harm

Sense of self/identity/self-efficacy

Self-esteem

Access to good health services

Ability to access short breaks/carers breaks

Feeling happy & confident

Appendix D

How do you keep yourself well?

Exercise

Good diet

Having pets – affection, responsibility

Control – feeling in control

Healthy eating & exercise – HAVE FUN

Walking/meditating/sitting down & crying

Family

Talking to friends and visiting friends

Good self-awareness

Healthy diet

Gardening

Access to the outdoors/natural environment

What do you do to support the health & wellbeing of your family and friends?

Socialising

Physical exercise – team sports – social

Laughter and fun

Good healthy food – having family meals together

Creating/setting boundaries

Being prepared to step in when needed

Make sure all relevant health checks received

Family time

For children in particular – encourage outside play – support skills

Keeping in touch with family & workgroups



Appendix D

What kind of support do you give to others?

Personal Care

Emotional support and security

Financial support

Social skills

Time

Education

Listening to their views

Transport (of people and items)

Advocate

Signposting (services) through personal experience

Co-ordinate pastoral care at church

Company

Fun/humour

How could you use these skills to support others in your area?

Church – regular visits. Supportive communities

Do things together – joint projects & interests

Being aware of those that might not be able to have access to above

Broaden activities to community

Volunteer

Social interaction – interest groups

Setting up friendship groups for all ages

Good neighbour schemes in your community

See if my neighbour would like to do something with me

Encourage others to come with me while I walk the dog

Open door to others encourage self-help

Asset based community development – value each other, what is already there and building on it

Bright Stripe offer advice – eg walking for health – find a walking partner/befriending

For mental well-being – introduce a Book Club & neighbourhood schemes

Build trust between specific communities/minorities/individuals and professional support services/providers

Travellers/Easter Europeans, addictions substance users, families, older people, older single men, adults, all ages

Lead walk and social element and encourage new walk leaders

Run interest groups eg gardening



Appendix D

Focus group of young people (adolescents) on edge of exclusion

What does health & wellbeing mean to you?

Being Safe

Being Happy

Regular exercise

Eating enough food

Shelter

Keeping fit and healthy

Social groups

Being active

Sleeping well

Socialising

Living a life with good physical and mental health

Keeping Fit and taking care of myself

Confidence

Being happy & social, confident and content

How do you stay healthy and look after your wellbeing?

Go out on my bike and meet friends

Sleep a lot

Balanced diet – mostly

Good friends

Walking keeps me fit

Run

Wide circle of friends

5 a day

Smoking to de-stress

Eating proper meals

Walking places instead of getting the bus

Gym

Talking to friends

If I feel depressed I have counselling at school

Exercise good – riding bike everywhere – run places

Play football

Not letting people put me down

I have poor health as I don't look after myself

I try to spend time with my friends and talk a bit

Appendix D

What kind of support do you give others?

Make sure they eat

Tell them to get a coat if they're cold

Advice and support – my opinion

Supportive in a crisis

Don't socialise

Mental stability

Listening

Praising people

Help with homework

Volunteer at Close House

If they have a problem I will try and help them out

Someone to sit and talk to

Someone to trust

Keeping people happy

Give advice

Let people stay the night if they have nowhere to go

Tell them to eat right and exercise

People's drug use is their own private business

Knowledge

Feed them

Being a supportive friend





hvoSS



NHS
Herefordshire
Clinical Commissioning Group

Wye Valley **NHS**
NHS Trust

healthwatch

www.herefordshire.gov.uk