Herefordshire Council

AGENDA

Health and Wellbeing Board

Date: **Tuesday 20 May 2014**

Time: **3.00 pm**

Place: **Council Chamber - Brockington**

Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

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If you would like help to understand this document, or would like it in another format or language, please call David Penrose, Governance Services on 01432 383690 or e-mail dpenrose@herefordshire.gov.uk in advance of the meeting.

Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairman	**Councillor GJ Powell**	**Herefordshire Council**
	Councillor CNH Attwood	**Herefordshire Council**
	Helen Coombes	**Director of Adults Wellbeing**
	Jo Davidson	**Director for Children's Wellbeing**
	Mr P Deneen	**Healthwatch**
	Elizabeth Shassere	**Director of Public Health**
	Dr Andy Watts	**Clinical Commissioning Group**
Non-voting	**Jacqui Bremner**	**Representative of a Carers' Organisation (Currently Herefordshire Carers Support)**
	Shaun Clee	**2gether NHS Foundation Trust**
	Richard Garnett	**Herefordshire Business Board**
	Brian Hanford	**NHS England**
	Claire Keetch	**Third Sector Board**
	Alistair Neill	**Herefordshire Council**
	Derek Smith	**Wye Valley NHS Trust**
	Supt. Sue Thomas	**West Mercia Police**

AGENDA

		Pages
1.	**APOLOGIES FOR ABSENCE** To receive apologies for absence.	
2.	**NAMED SUBSTITUTES (IF ANY)** To receive any details of Members nominated to attend the meeting in place of a Member of the Committee.	
3.	**DECLARATIONS OF INTEREST** To receive any declarations of interests of interest by Members in respect of items on the Agenda.	
4.	**MINUTES** To approve and sign the Minutes of the meeting held on 26 March 2014.	5 - 8
5.	**UNDERSTANDING HEREFORDSHIRE REPORT 2014** To receive the Understanding Herefordshire Report 2014.	9 - 50
6.	**HEALTH AND SOCIAL CARE SYSTEM** To receive a presentation on the Health and Social Care System, to include: • Better Care Fund Submission. • Herefordshire Clinical Commissioning Group's 5 Year Plan.	51 - 52
7.	**THE CARE BILL - IMPACT ANALYSIS AND UPDATE REPORT** To receive an impact analysis and update report on the Care Bill 2013-14.	53 - 74
8.	**ADULT WELLBEING PEER CHALLENGE** To receive a presentation on the Adult Wellbeing Peer Challenge.	75 - 76
9.	**WORK PLAN (TO FOLLOW)** To note the Board's Work Plan.	77 - 78

HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health and Wellbeing Board held at Council Chamber - Brockington on Wednesday 26 March 2014 at 2.30 pm

Present: **Councillor GJ Powell (Chairman)**

Councillors: Ms J Bremner, Coombes, Mrs J Davidson, Dawson, Paul Deneen, Mrs C Keetch, Mr A Neill, Supt Ivan Powell and Ms E Shassere and Mrs J Sinclair

In attendance: Mr M Bhalla and Councillor AJW Powers

24. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor CNH Attwood, Mr S Clee, Mr B Hanford, Mr D Smith and Mr A Watts.

25. NAMED SUBSTITUTES (IF ANY)

Mr A Dawson for Mr D Smith and Mrs S Doheny for Mr B Hanford.

26. DECLARATIONS OF INTEREST

None.

27. MINUTES

The Minutes of the meeting held on the 28 January were approved and signed as a correct record.

28. BETTER CARE FUND SUBMISSION

The Director of Adults Wellbeing presented a report on the Better Care Fund (BCF) Submission, and highlighted the following issues:

- That the initial submission, made on the 14 February, had been well received and that the next iteration would be submitted on the 4 April. Since the initial submission, progress had been made in three areas: governance, additional potential areas for pooled funding, and the non-recurrent nature of current funding streams.
- That the guidance that had been received had changed throughout this process and had shifted in emphasis. April 2014 was no longer the final submission date, but a staging post. There would be another submission date in June, and there were indications of further submissions to be made in September and January 2015.
- That there was a requirement within the submission to state the vision for 2015/16, and this was included in the report, together with the five key transformational priorities.
- That it had been acknowledged that more work was needed in certain areas of the submission, and this would be the main focus over the next 12 weeks.
- That the Health and Wellbeing Board would take the leadership of the Better Care Fund Governance in order to provide the residents of the County with a way of influencing the process.

In reply to a question from the Chairman, the Director said that the initial document had been peer reviewed by both the Local Area Team and the Association of Directors of Adult Social Services (ADASS) as part of the submission process. The submission had been well received, although there had been an issue raised around the assessment of acute pathways.

The Director of Children's Wellbeing added that a review of the Terms of Reference, Membership and Work Programme of the Health and Wellbeing Board would be undertaken over the next month in order to ensure that both were fit for purpose in the light of the submission and the likely increase in the BCF requirements.

In the ensuing discussion, the following points were made:

- That it was encouraging to see that plans were not being made in silos.
- That the housing sector was not presently represented on the Board.
- That a Joint Commissioning Board would be set up between the Clinical Commissioning Group and the Council in order to make better informed commissioning decisions and use of resources.
- A day would be set aside to ensure that the BCF priorities met with the needs of the county as represented by the Systems Leaders Group.

RESOLVED:

THAT:

(a) The next iteration of the Better Care Fund (BCF) submission be agreed for submission to NHS England on the 4th April 2014;

(b) Sign off of the submission would be through a meeting of the Chief Officer Clinical Commissioning Group, Director of Adult Well Being Herefordshire Council, Chair of Health and Wellbeing Board on 2nd April 2014

(c) The proposed governance arrangements for the programme of activities associated with the BCF in 2014/15 be agreed

(d) The terms of reference for the Health and Wellbeing Board be reviewed to ensure that they reflect the requirements of the BCF.

29. PUBLIC HEALTH COMMISSIONING STRATEGY

The Director of Public Health reported that work was in hand on setting the Public Health commissioning strategy. Once it had been finalised, it would be brought back to the Board for information.

30. HEREFORDSHIRE CLINICAL COMMISSIONING GROUP (HCCG) - TWO AND FIVE YEAR PLANS

The Board received a presentation on the Herefordshire Clinical Commissioning Groups (HCCG) two and five year plans.

The Chief Financial Officer, HCCG reported that the two year plan would be put before the Group's Board next week and asked that Health and Wellbeing Board members provide feedback on the plan by next Monday. The formation of the five year plan was

an iterative process which would be finalised in June in order to fit in with the NHS national planning requirements.

The following areas of the two year plan were highlighted:

- The 8 Key strategic Work areas aimed at delivering system change. These had captured all the CCG planning over the next five years and reflected the move from a CCG to a systems wide plan.
- The work streams that would provide links to the Better Care Fund and joint future commissioning plans;
- That the Health & Wellbeing Modernisation Programme Board had been developed that would have final approval of the Five Years Strategic Unit plan, and would deliver the Unit Plan, including where it was involved with the Better Care Fund. It included all senior Health and Care leaders in the system, and would review progress against delivery and lead the annual refresh of plans going forward.
- The financial allocations for the CCG for 2014/15 and 2015/16, together with the financial challenges and their mitigations for delivering financial sustainability.
- The key metrics and outcome measures.

The Chief Financial Officer went on to present the Five Year Plan, and highlighted the following areas:

- The key interventions and objectives designed to deliver change.
- The three strategic system partner themes which included Integrated Services, Community Services and Medical Services. These were supported by six strategic system partner priorities.
- There were ten joint initiatives under the six priority areas that would progress the work of the CCG, and had been laid out as an interlocking jigsaw.

Several Board Members expressed concern that there was little reference to any priorities for addressing the health and wellbeing needs of children and young people, particularly in the five year plan. As this sector of the community represented the future health and wellbeing of the population, it was essential they were clearly included.

RESOLVED:

That

a) **the presentations be noted; and;**

b) **The two and five year plans be considered by the Children's and Young Peoples Partnership Board.**

31. WORK PROGRAMME

The Board noted its Work Programme.

RESOLVED: That the Work Programme be updated as part of the overhaul of the structure of the Board.

The meeting ended at 15:50 **CHAIRMAN**

Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
MEETING DATE:	**20 MAY 2014**

TITLE OF REPORT:	**UNDERSTANDING HEREFORDSHIRE 2014**
REPORT BY:	**DIRECTOR OF PUBLIC HEALTH**

1. Classification

Open

2. Key Decision

This is not a key decision

3. Wards Affected

County-wide

4. Purpose

4.1 To review the report and evidence base, and be advised of proposals for future review/development.

5. Recommendation

THAT: The evidence base (consisting of Understanding Herefordshire and linked evidence base) be noted, and used to inform future planning, decision making and commissioning.

6. Alternative Options

There are no alternative options.

7. Reasons for Recommendations

7.1 To ensure that future decisions on service priorities, planning and commissioning take full account of the evidence available.

8. Key Considerations

8.1 Understanding Herefordshire provides a single integrated assessment of the health and well-being needs of the people of Herefordshire, bringing together the statutory requirement to produce a Joint Strategic Needs Assessment and the previous State of Herefordshire reports (developed over the last decade).

8.2 *Understanding Herefordshire* provides a high level summary with electronic links to the underlying evidence provided throughout the document, where more detail and supporting strategies can be found. The integrated evidence base is available at www.herefordshire.gov.uk/factsandfigures and maintained by the local authority

research team with contributors from public health, quality and improvement team (children's and adults' services), housing, spatial planning and transport strategy and sustainable communities teams as well as Herefordshire's Clinical Commissioning Group, Herefordshire Voluntary Organisation Support Services and the Local Nature Partnership.

Understanding Herefordshire is a summary of the needs of the County as a whole but analysis has been carried out for smaller areas where possible and major geographical differences are mentioned as appropriate. Area profiles are available for localities, GP practices, wards, market towns and smaller areas within them.

9. Community Impact

9.1 The evidence base informs the development of key strategic plans and commissioning decisions within the County.

10. Equality and Human Rights

10.1 Understanding Herefordshire considers inequalities in opportunities and outcomes wherever the evidence is available. This is particularly relevant for health inequalities.

11. Financial Implications

11.1 There are no financial implications arising from the recommendations of this report.

12. Legal Implications

12.1 None

13. Risk Management

13.1 Understanding Herefordshire (and its associated web-based integrated evidence base) mitigate the risk that priorities and commissioning decisions are not based upon assessment of need. However this requires the evidence to be used to inform decisions.

14. Consultees

14.1 The integrated needs assessment reference group contributed to and challenged the narrative summary of 'Understanding Herefordshire 2014'. The group is led by the strategic intelligence team with representatives from the local authority (public health, transport, housing, forward planning, sustainable communities and the adult and children's improvement team), the clinical commissioning group, Herefordshire Voluntary Support Services and the local nature partnership.

15. Appendices

15.1 Appendix A – Understanding Herefordshire 2014

16. Background Papers

16.1 None identified.

Understanding Herefordshire 2014

An integrated needs assessment

DRAFT Version 0.4, May 2014

www.herefordshire.gov.uk/understandhere

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About this document

The ***Understanding Herefordshire*** report provides strategic intelligence for commissioning and business planning for the whole county, to help determine priorities for resource allocation for a sustainable future; regardless of which organisation you are part of. It is an integrated assessment of the health and well-being needs of the *people* of Herefordshire, bringing together the statutory requirement to produce a *Joint Strategic Needs Assessment* and the previous *State of Herefordshire* reports (developed over the last decade). It is essential to understand the *place* – such as the local economy and environment – in which people live, learn and work as part of understanding their quality of life. Individual determinants of health and quality of life include a person's age, gender and hereditary factors but there are also the social, economic and environmental determinants of health which include lifestyle factors, social and community influences, living and working conditions, activities, the built environment and the natural environment.

The diagram below shows these determinants of health and well-being and demonstrates the interdependences between different aspects. As the chief executive of Public Health England puts it, "**everything is connected in some way** and helping to identify the best value interventions will support moving resources around the system." With this in mind, *Understanding Herefordshire* highlights some of the opportunities for joint working between organisations and communities in Herefordshire to meet the health and well-being needs of our population in the context of significantly reduced funding.

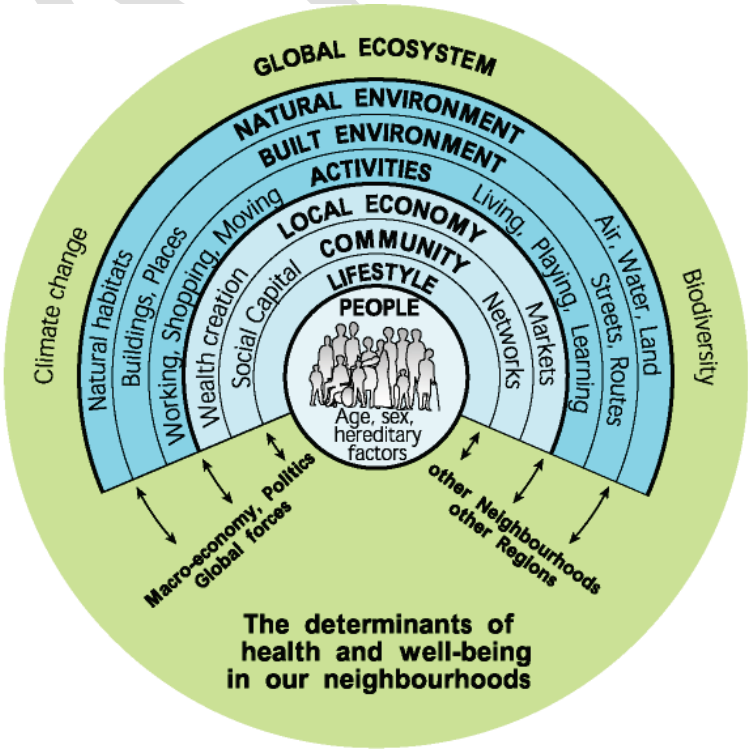


Fig 1: The health map (Barton, H. and Grant, M., (2006); *A health map for the local human habitat,* Journal of the Royal Society for the Promotion of Public Health

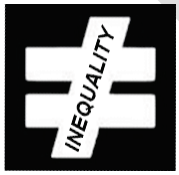
This document is a high level summary with electronic links to the underlying evidence provided throughout the document, where more detail and supporting strategies can be found. The integrated evidence base is available at www.herefordshire.gov.uk/factsandfigures and maintained by the local authority strategic intelligence team with contributors from other areas of Herefordshire Council, Herefordshire's Clinical Commissioning Group, Herefordshire Voluntary Organisation Support Services, Healthwatch Herefordshire, Herefordshire Carers' Support, the Local Nature Partnership and others.

Understanding localities

This document is a summary of the needs of Herefordshire as a whole, but wherever possible the analysis has been carried out for smaller areas and is available by following the **electronic links** to the underlying evidence base. Major geographical differences have been mentioned here where appropriate, but for a fuller understanding of a particular locality *Understanding Herefordshire* should be used alongside the *Key Findings about Herefordshire Localities* available at www.herefordshire.gov.uk/aboutlocalities. Also available online are statistical profiles of particular areas, including localities, GP practices, wards, market towns and smaller areas within them. Profiles of key statistics from the 2011 Census for wards are also available.

Understanding inequalities

Analyses of different groups within the population or geographic areas can highlight where there are inequalities in terms of health and well-being outcomes. This is denoted by the following symbol in the margin.



About Herefordshire

Geography and infrastructure

Herefordshire is a predominantly rural county, with the 4th lowest population density in England. It is situated in the south-west of the West Midlands region bordering Wales. The city of Hereford, in the middle of the county, is the centre for most facilities; other principal locations are the five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington.

Herefordshire has beautiful unspoilt countryside; distinctive heritage; remote valleys and rivers. The River Wye divides the county, flowing east from the Welsh border through Hereford city before turning south into the Wye Valley Area of Outstanding Natural Beauty. The Malvern Hills AONB, rising to 400m, borders the east of county, and the south-west is dominated by the western reaches of the Black Mountains with altitudes of more than 600m.

Unlike other rural counties, which have large areas with no residents, Herefordshire's 82,700 homes and 184,900 residents are scattered across its 842 square miles – which poses a particular challenge for service delivery and access. Almost all its land area falls within the 25 per cent most deprived in England in terms of geographical barriers to services; the Golden Valley in the south-west and the Mortimer locality in the north-west are particularly affected. Compounding the physical access issue, access to broadband, mobile phone services and other service infrastructure is an issue for some residents and businesses in rural areas.

With only four railway stations, the transport network is mainly comprised of rural 'C' or unclassified roads leading off single carriageway 'A' roads. The main road links, which all pass through Hereford, are the A49 trunk road (running from north to south), the A438 (east to west) and the A4103 towards Worcester.

In general the county has a relatively large proportion of employment in sectors that tend to attract lower wages such as 'wholesale and retail' and 'agriculture', which affects the overall productivity of the county (as measured by a low GVA). Self-employment is more common than nationally, particularly in 'agriculture', 'arts, entertainment and recreation, and other service activities' and 'construction'. Low wages and relatively high house prices mean that the affordability of housing is a key issue for the county – both to buy and rent, so there is consistently high demand for social housing.

Population and changing demographics

The current (mid-2012) resident population is 184,900, having grown – entirely due to migration – by six per cent (10,000 people) since 2001 (compared to eight per cent nationally). This doesn't include 3,000 students living away from home during term-time who may well use local services when home. The population estimate also does not include approximately 3,000 temporary seasonal workers from Eastern Europe each year. Latest demographic trend-led projections suggest that, if recent trends were to continue, the population would reach 205,400 by 2031 – 11 per cent higher than in 2012. This would equate to 0.6 per cent per annum – slightly higher than observed during the last decade (0.5 per cent). Initial indications are that the current intention to build 16,500 new homes between 2011 and 2031 would more than satisfy this level of population growth. However, further work is planned to ascertain whether this would still supply enough labour to support realistic economic growth.

The county has an older age structure than England & Wales as a whole, with 22 per cent of the population aged 65 years or above (40,800 people), compared to 17 per cent nationally. This includes 5,500 residents aged 85 and over. There is a similar proportion of under-16s (17 per cent) than nationally (19 per cent). Despite rising numbers of births during the last decade, the number of children living in the county fell by seven per cent between 2001 and 2012 to 31,500 people. However, the number of under-fives has been rising since 2006. A spatial analysis of the proportion of under 20 year olds in the population by Census output areas across Herefordshire (see **Fig. 2**) show that the highest proportion of young people are found in south Hereford, Leominster, Credenhill and in some areas of Ross-on-Wye. The highest concentration of young people overall is found in south Hereford.

Despite an overall net in-migration of under 18s and their families each year – both from elsewhere in the UK and overseas (three-year rolling averages of 200-300 a year), the total number of under 20s living in Herefordshire has been falling consistently. This was because of the high numbers of births seen in the 1980s and early 90s – children who were becoming adults during the 2000s. There weren't enough births and migrant children during the 2000s to compensate for these children moving out of the age group – so the total number fell. However, the 2011 census confirmed that increased immigration in the latter part of the last decade slowed the rate of this fall.

The population under 20 in the county has consistently fallen

Herefordshire has a lower proportion of younger working age adults, from the age of 16 to the early forties, compared with England & Wales as a whole, but has a higher proportion

of older working age adults (from the mid-forties to the age of 64). There was a sharp increase in the number of 16 to 64 year olds during the middle of the decade, largely due to international migration. However, since 2008 numbers have been gradually declining due to relatively lower migration levels and since 2010 by the post-war 'baby-boomers' moving into retirement age. County residents not born in the UK are more likely to be in employment and are less likely to have no qualifications than the UK-born resident population.

Residents born outside the UK are more likely to be in employment and less likely to have no qualifications than those UK-born

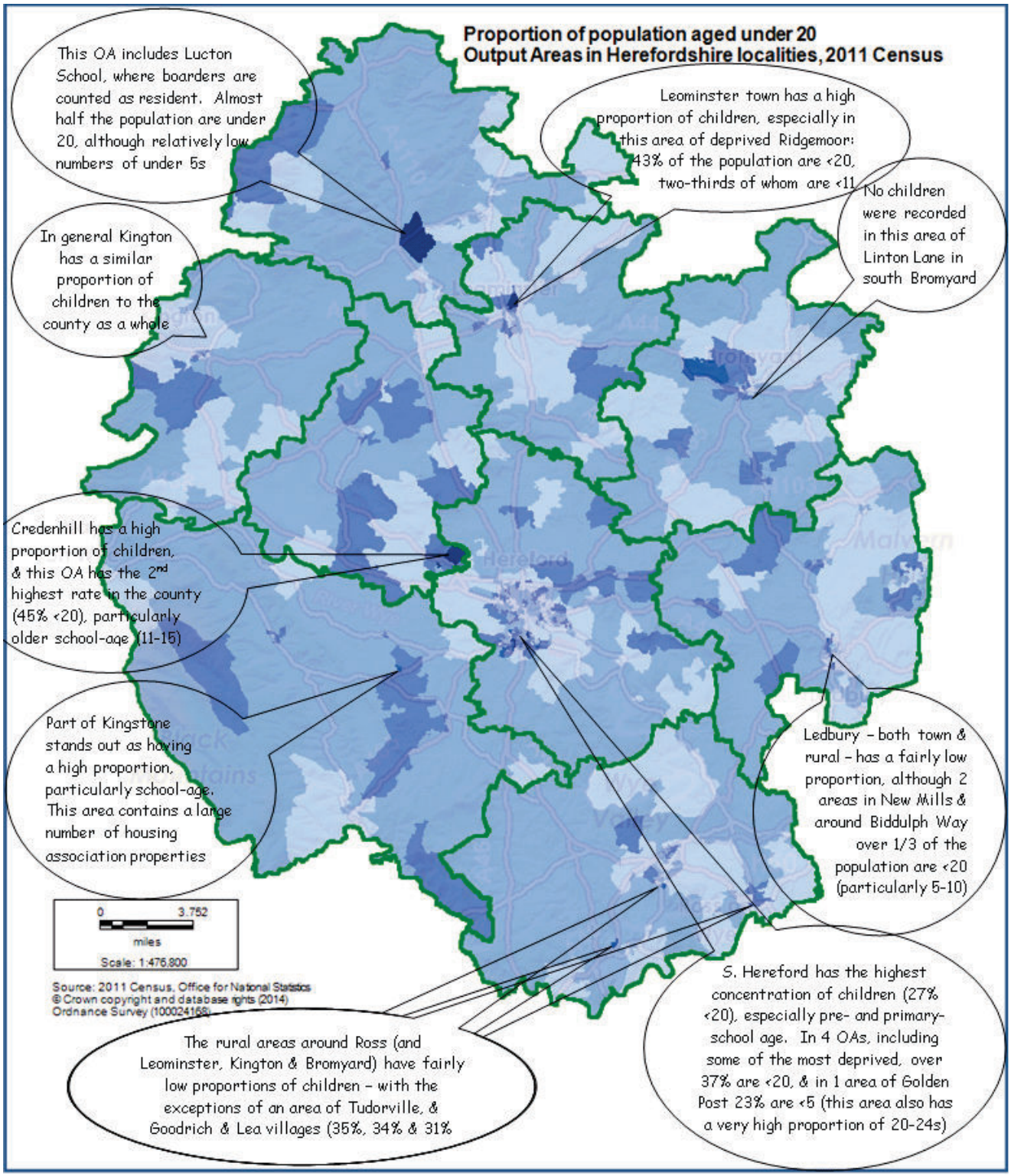
Net migration increased from both elsewhere in the UK (net in-flow of 300 people) and overseas (1,000 people) in 2011-12, although remained lower than prior to the recession. As every year, this included net in-flows of most age-groups – the only notable exception being 800 18 to 20 year-olds moving to other parts of the UK (a net 'loss' of 14 per cent of the population of this age-group each year). The people most likely to leave the county for somewhere else in the UK are 19 year-olds, whilst 22 year-olds are the most likely of all ages to move here – coinciding with starting and finishing university. After being responsible for a reversal of the declining trend in the number of young adults (16-34) during the last decade, international migration is still driving the growth in the county's population: on average 70 per cent of migrants are from overseas. Having fallen by five per cent from 2001, since 2005 the number of 16-34s has increased by 14 per cent (+4,500 people).

19 yr olds are most likely to leave the county for other parts of the UK and 22 yr olds most likely to move here

In January this year, Bulgarian and Romanian nationals gained free employment rights in the UK - whereas before they were restricted to either self-employment or temporary jobs via, for example, the Seasonal Agricultural Workers Scheme. It is too early to assess what impact the changes have had on migration from these countries, but so far there has been no evidence of any increased demand on public services so far. There was concern in the agricultural sector about the impact on the supply of seasonal labour, but early responses to this year's farm survey this doesn't seem to have been realised yet.

More information on the ethnic make-up of Herefordshire's population (including Gypsy and Irish Travellers) was made available with the 2011 Census data and was described in last year's *Understanding Herefordshire* report and is available online.

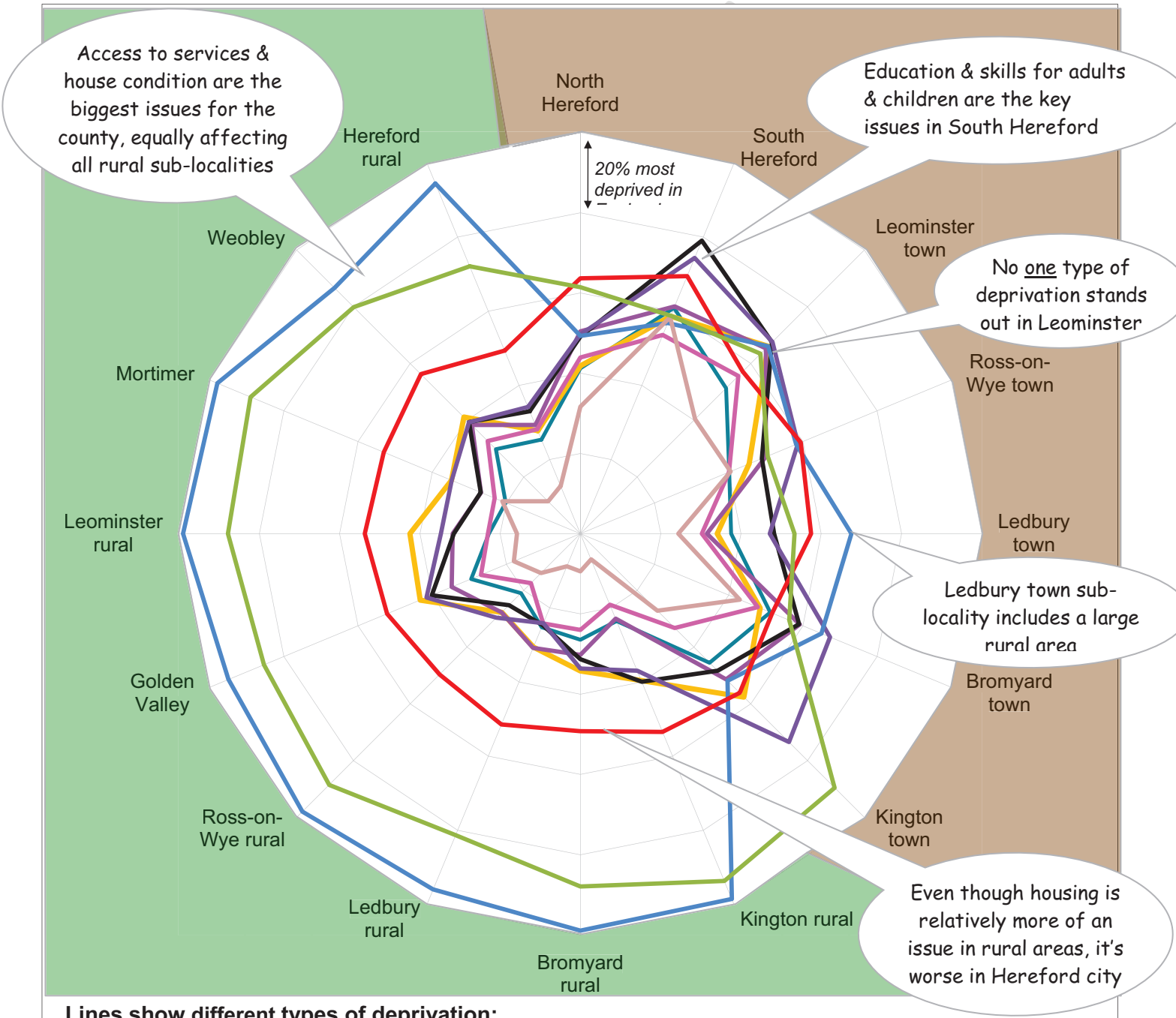
Fig 2: *Proportion of population aged under 20 by output area in Herefordshire*



Overview of inequalities and deprivation

As a whole, Herefordshire has relatively low levels of overall, multiple deprivation. In general people are healthy, live longer compared with nationally, and have positive experiences of the things that affect their lives and well-being. However, some areas of south Hereford, Leominster and Ross are amongst the 25 per cent most deprived in England and have become more deprived relative to other areas. Different types of deprivation affect different areas – the diagram below shows how the issues vary around the county.

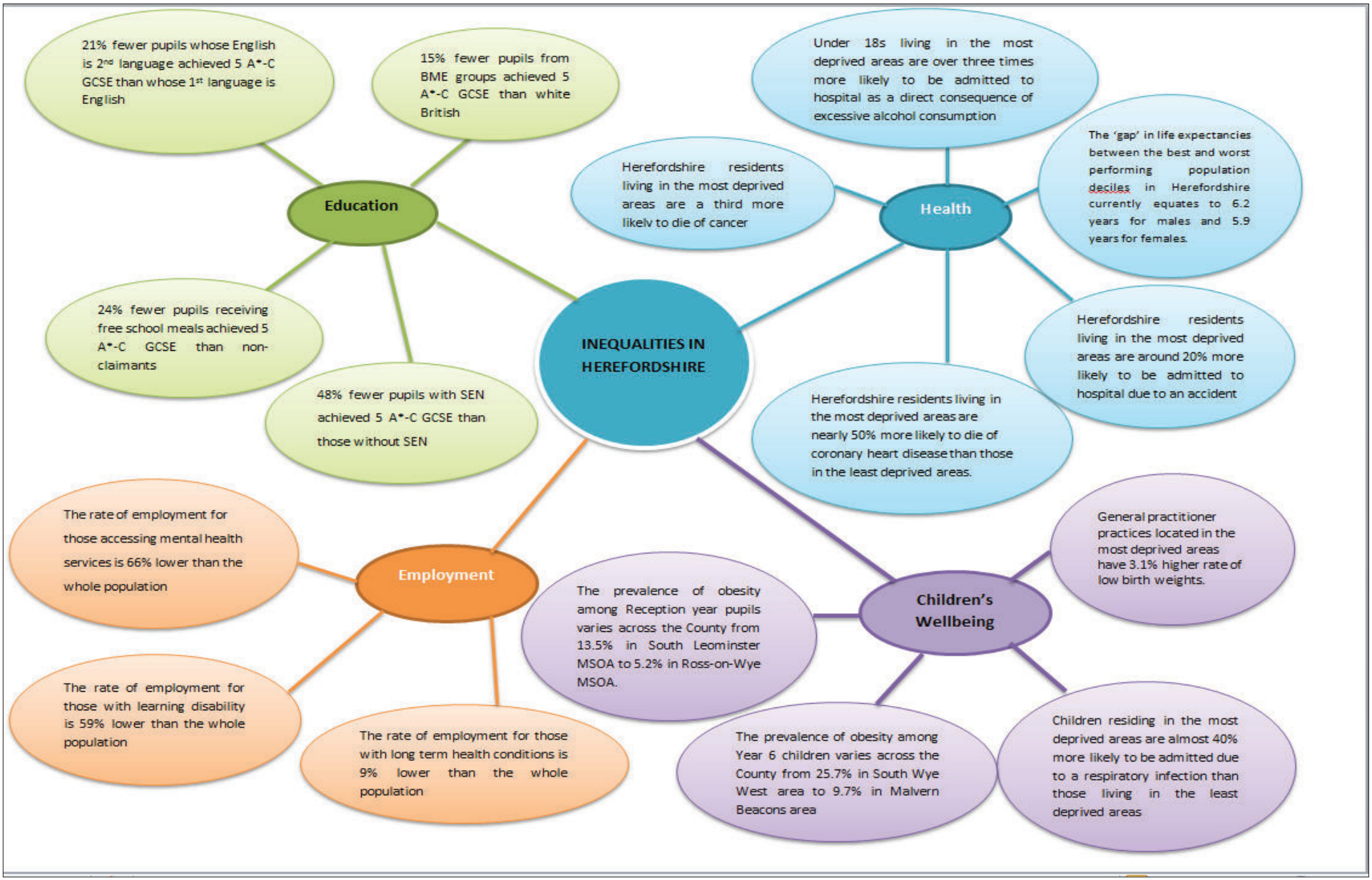
Fig 3: *Spider chart showing different types of deprivation by locality in Herefordshire*



Living in areas classified as deprived isn't the only factor that affects individuals' life chances, however – and not everyone who lives in these areas will have these experiences. People with particular characteristics are also getting a raw deal in some aspects of their lives than their peers. For example, the health and education outcomes of children looked after by the local authority; the employment of adults using secondary mental health services and those with learning disabilities. The diagram in **Fig. 4** shows which areas and groups have poorer health and well-being outcomes.

Evidence indicates there are certain groups who require or make extensive use of a number of services from different providers. For example, in a sample of 108 child protection cases in 2012, domestic abuse was present in 52 per cent of cases. Further work is required to understand how individuals and families interact with the range of services in place to help, to enable early, effective intervention – particularly better coordination and integration to help those in need, who often have to negotiate a complex system of organisations to get support.

Fig 4: *Diagram showing inequalities in health and well-being outcomes in Herefordshire*



Residents' views about life in Herefordshire

When they were last asked, in the *2012 Quality of life survey*, most Herefordshire residents were satisfied with their local area as a place to live (91 per cent) and their own home (94 per cent). The majority (69 per cent) felt that people from different backgrounds get on well together – although this had fallen since 2008 and was more likely amongst rural residents. However, 20 per cent felt there was a big problem with people not treating each other with respect and consideration.

In the same survey, the top three residents' priorities for the council (from a list of 6) were: create a successful economy, improve health and social care and raise standards for children and young people. Views on what's important and what needs improving to make a local area a good place to live prioritised: affordable decent housing, job prospects, road and pavement repairs and public transport; with some variation across localities. In qualitative research testing these and potential changes to public services (*Your Community, Your Say, 2012*) with residents, health services, public transport and policing were high priority and public toilets, street lighting, cultural facilities and services and planting schemes were less important. Road and pavement repairs and public transport were identified as most in need of improvement. There were mixed views about the importance of maintaining public rights of way and street cleaning, although general consensus suggested that these services could be better delivered at a local level.

The council's budget consultation in late 2013 received over 700 responses from individuals and organisations. As in 2012 there was strong opposition to reductions in support to the voluntary and community sector, which was perceived as doing a good job and providing good value for money and essential services, particularly in preventing people needing council intervention. The importance of public transport in helping people remain independent was also stressed (see the transport section for more), as were the roles of libraries and culture & the arts. Two-thirds of relevant comments were opposed to triggering a referendum by increasing Council Tax by five per cent.

When residents were asked for their views about public services in 2012 there were higher levels of satisfaction compared to 2008 for the police (69 per cent), local dentist (80 per cent) and the way Herefordshire Council runs things (51 per cent). Satisfaction with GPs, local hospital and the fire and rescue service remained high (80 per cent+). However, only a little over a quarter of respondents agreed that the council provides value for money, only slightly more than in 2008. Perceived inefficiencies and overpaid

and ineffective management have been strong themes emerging from the last two annual budget consultations and the *Your Community, Your Say* engagement events.

Starting well: birth to age 5 years

There are currently 9,800 children aged five and under, a four per cent increase since 2001. This population is forecast to remain at a similar level until 2023, when they will start a slow decline – reaching 9,200 (- 6.1 per cent) by 2031.

The *child health profile* for young children shows that for some aspects Herefordshire fares better than rates for England:

- Significantly lower rate of women smoking during pregnancy at 11.2 per 100 maternities compared to 13.2 in England as a whole.
- Lower infant mortality rate in Herefordshire (4.1 deaths per 1000 live births) than regional and national rates and decreasing in line with national trends.
- Lower prevalence of obesity in Reception year (8.6 per cent) than nationally (9.6 per cent) although this varies across the county with higher levels in south Leominster and Ross-on-Wye area and lower levels in Greater Ledbury and some areas of Ross-on-Wye.
- Significantly lower rate of child poverty (14 per cent) than nationally (21 per cent) but there are still approximately 4,360 children living in low income families.

However there are areas where there is a need to improve outcomes for young children, namely:

- Immunisation rates within the first year are comparable to national and regional coverage at 94 per cent, thereafter progressively worse within a child's second year with considerably lower rates than elsewhere for immunisation within the fifth year.
- Higher rates of tooth decay in children aged five years, ranking 13th out of 14th comparator local authorities (2011-12 data).
- Breast feeding initiation rates are marginally lower than the average for England at 74 per cent and ranks 8th out of 15 comparator local authorities. Rates of breastfeeding at 6-8 weeks are similar to national levels at 47 per cent, which are considered to be relatively low anyway.

The biggest challenge for Herefordshire is to address the within county inequalities that are observed for some health outcomes – for example, GP practices located in the most deprived areas have higher proportion of low birth weights (ranging from 5.7 to 8.8 per cent).

There was an increase of nearly 5 percentage points in total hospital admissions of children (0-19 years) in 2012-13 with approximately 40 per cent being emergency admissions. There has been a sharp growth in the number of admissions of children aged under five (23 per cent) and 5-9 years (18 per cent) over the last two years. Viral infections (all sites) are the most common specific cause of hospital admissions among children under five years (11 per cent of total admissions). Acute upper respiratory infections (including acute tonsillitis) account for a further 10 per cent of admissions.

In 2013 Herefordshire 55 per cent of children aged 5 achieved a '*good level of development'* which was better than the national average – comparison with previous years isn't possible due to changes in the measurement thresholds. Both boys and girls in the county performed above the national average. Attainment inequalities still exist with only 14 per cent of children with special education achieving the required threshold, 34 per cent of those on free school meals (36 per cent nationally) and 32 per cent of children with English as an additional language (EAL) compared with 44 per cent nationally.

55% of children aged 5 achieved a 'good level of development'

INEQUALITY

Developing well: realising children and young people's potential

There is an overall trend of lower numbers of children and young people in the county; however this masks differences for particular age groups: the numbers of 16-19 year olds rose by nine per cent respectively from 2001, whilst there are currently almost 3,000 fewer school-age children than there were then (12 per cent fall). The number of 20-25 year-olds increased by 3,000 – more than a third - mainly due to the natural 'cohort effect' of there being more teenagers turning 20 than 24 year-olds turning 25 after 2004, but also due to immigration.

Considering the different age-groups, the forecasts suggest that the numbers of primary school aged children has fallen over the years but is predicted to rise by 2021 – although still below 2001 levels. The number of secondary school age children has also fallen since 2001 but is expected to remain about the same or fall slightly again. The population of late teens (16 to 19s) is higher than in 2001 but has been declining since 2008 and forecast to fall again as today's 7-10 year-olds grow up. Numbers of 16 – 19s will then start to increase reaching 8,100 by 2030 (slightly lower than currently). A decline in the number of 20-24s is likely – from the current high of 11,500 to 8,500 by 2025, followed by an increase to 9,300 by 2031. However, this is the age group most dependent on trends in immigration, so one of the most difficult to predict.

The different trends (recent and future) for specific age groups highlight the different challenges for particular services for children. Maternity and early years' services have had to adapt to rising numbers, whilst overall there is a surplus of school places caused by falling numbers, which is not likely to be reversed in the near future.

Education

56% of pupils achieved 5+ A*-C GCSE inc. English and Maths - 5 percentage points below the national rate

- The percentage of children reaching the desired threshold for key stage 1, was similar to national trends.
- 70 percent of children reached the desired level for English, Maths and Reading at Key Stage 2, five percentage points lower than the national average; with boys in Herefordshire achieving three percentage points below their peers nationally and girls six percentage points below. The county is one of the lowest performing among comparator areas.
- In 2013, 56 per cent of Herefordshire pupils achieved 5+ A*-C GCSE (or equivalent) including English and Maths. This is nearly five percentage points below the national average and lower than 8 out of 10 statistical neighbours.
- Herefordshire has a larger gap than nationally between English as an Additional Language (EAL) students and non-EAL learners across nearly all educational outcomes. The increasing numbers of pupils having English as an additional language has a direct resource implication for schools, necessitating specialised language staff to ensure that these youngsters progress to their full potential. Evidence suggests that EAL pupils tend to struggle in the early years, however once they have an understanding of the English language, make accelerated progress compared to their English-speaking colleagues.

- Overall, students in key stage 5 ('A' levels and level 3 qualifications) perform well with a higher percentage achieving at least two substantial level 3 qualifications than pupils nationally. In 2013 Herefordshire was the highest performing area amongst statistical neighbours for this measure.

Herefordshire was the highest performing of its statistical neighbours at A-level or level 3

The percentage of young people who are not in education, employment and training (so-called 'NEET') fell in 2012 from 7.7 per cent to 6.2 per cent bringing it in line with the regional and national figures, with the latest figure (as of January 2014) being similar at 6.7 per cent. However much work has been done recently to reduce the percentage of young people whose status was 'not known' in the county, resulting in a positive fall in the percentage of 'not known' from 10.1 per cent at the end of 2012 to a current figure (Jan 2014) of 3.5 per cent.

Child health

Hospital admissions for 5-9 years have increased by 18 per cent over the last two years but have remained static for those aged 10+ years over the same period. Rates of admissions from the most deprived areas of the County are significantly high relative to all other areas; the most deprived quartile of population accounted for 35 per cent of total admissions. Children residing in the most deprived areas are almost 40 per cent more likely to be admitted due to a respiratory infection than those living in the least deprived areas. There is currently have a significantly high rate of hospital admissions due to unintentional and deliberate injuries in young people aged 0-14 years (118.1 per 10,000 population in 2012/13) and one of the highest rates within our comparator group.

Children from the most deprived areas are 40% more likely to be admitted to hospital due to respiratory illness than the least deprived

Almost 15 per cent of hospital admissions of young people aged 15-19 years are pregnancy related (including medical abortion procedures). The teenage conception rate in Herefordshire is 28 per 1,000 girls aged 15 to 17 years for 2009 to 2011, which has fallen by over 25 per cent since the period 1998-2000 in line with other areas. Local teenage conception rates are consistently lower than national and regional rates. However Herefordshire has a high rate of chlamydial infection among young people relative to most other West Midlands authorities.

The most frequent **cause of death** for children aged 5 to 16 years between 2001 and 2012 was transport accidents (20 out of 58 deaths), although the rate of children overall who were who were killed or seriously injured in road traffic accident was lower than the England average. Transport accidents was also the most common cause of deaths for those aged 17 to 19 years over the same period: 20 of all 40 deaths for this age group. Overall, child mortality rates (aged 1 to 17) are slightly higher than nationally but this is not statistically significant. The second most common cause of death for children and young people aged 5 to 19 years was intentional self-harm, resulting in less than 10 deaths. The rates of hospital admissions for self-harming for all those under 17 years old are on a par with the rate for England.

Herefordshire has a significantly lower prevalence of **obesity** among Year 6 pupils (16.5 per cent) than nationally (19.0 per cent). This prevalence varies across the county from 25.7 per cent in South Wye West to 9.7 per cent in Malvern Beacons area. South Wye West has a significantly high rate relative to the County average.

Whilst **alcohol misuse** can present health problems for all age groups, the risks are far more dangerous in young people as their bodies are still growing and alcohol can interfere with their development. Research has shown that alcohol may leave young people vulnerable to long term damage leading to conditions such as cancer of the mouth and throat, sexual and mental health issues, liver cirrhosis and heart disease. Alcohol attributed admissions for under 18's in Herefordshire have shown a decreasing trend between 2010-11 and 2012-13, however they are still significantly higher than the England average and compare poorly against other areas (ranked 266 of 326 local authorities). Furthermore a young person is over three times more likely to be admitted due to binge drinking if he/she lives in the most deprived areas of the county than his/her equivalent from the least deprived areas.

Children from the most deprived areas are over three times more likely to be admitted to hospital due to binge drinking than the least deprived

Children in need

The broader concept of '*a child in need'* (CIN) introduced by the Children Act 1989 is if the child is unlikely to achieve a reasonable standard of health or development without the provision of services by a local authority; likely to be significantly impaired, or further impaired, without these services; or if he/she is a disabled child. Herefordshire's has the highest rate compared to its statistical neighbours and higher than the national rate of children becoming in need, children subject to child protection plans and children becoming looked after. This rate has been increasing over the past five years, consequently the numbers of children in these categories have also increased. The number of children in need, including looked after children and children with protection plans, has been increasing over the past 5 years. The numbers are shown below.

Fig 5: *Diagram showing numbers of children in need in Herefordshire (June 2013)*

Neglect and abuse accounts for 68% of the initial reasons for children being in need or looked after

The most common initial reason for a child becoming in need or looked after is abuse and neglect, accounting for all 68 per cent of all looked after children cases reviewed in 2012. Domestic violence abuse is the most prevalent type of abuse and neglect for both children in need and looked after children accounting for 30 per cent and 68 per cent of all cases respectively. There is no single data base in the county that allows for those children exposed to domestic violence abuse to be identified. The West Mercia Women's Aid and the Police estimate that around 300-400 children are exposed to domestic violence per month (*where some of these are likely to be the same children*).

Outcomes for *looked after children* are very poor in Herefordshire compared to their peers nationally and in comparator areas. The percentages for children who had their dental and annual health assessment seem to have dropped from 2012 to 2013. Since 2011 none of the approximately 200 looked after children in the county have had an up to date immunisation status or a development assessment, according to reported figures. At all key stages looked after children perform worse than their peers.

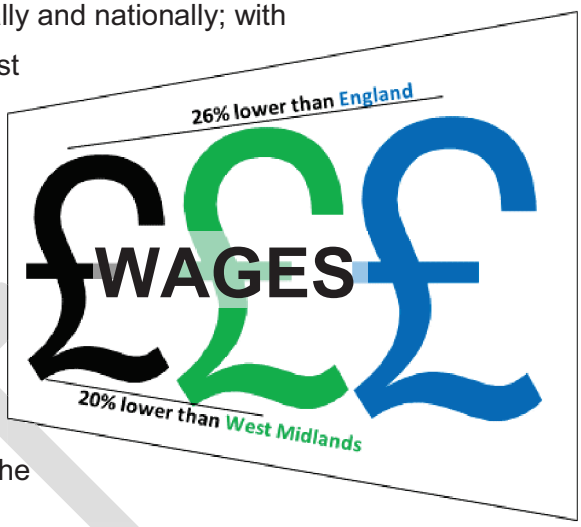
In addition to the above, the children's integrated needs assessment includes analyses of profiles of vulnerable children as defined by legislations and policies and these included homeless children, children exposed to domestic violence abuse, disabled children, young carers, young offenders, Gypsy Roma Travellers and care leavers. Key findings of these were:

- The county's homelessness rate is the second highest compared to statistical neighbours, with over half of households labelled homeless having dependent children (equating to a total of 201 in the first three quarters of 2013-14)
- Based on data modelling, Herefordshire has approximately 1,000-1,810 children experiencing some form of disability. 5 per cent of children in need are as a result of their disability. There is no mandatory data base recording disabled children in Herefordshire
- There are 311 young carers registered with the Carer's support. The majority are aged between 11-15 years and over half look after their mothers
- There were about 113 people aged between 10-17 who entered the youth justice system for the first time
- There are currently 255 Gypsy, Roma Travellers aged under 20 known to the local authority. Education attainment is noted to be improving in Herefordshire for this group.

Working well: economic development

Economic development

Herefordshire's economic output is low compared to regionally and nationally; with persistently low wages. However there is currently no robust evidence to explain why wages in Herefordshire do not seem to be increasing in line with regional and national trends. Possible explanations are the types of employment by industry sector in the county (high proportions in low value sectors), the volume of employment opportunities, the gender pay gap and relatively higher level of self-employment compared with nationally - the earnings for whom are not fully known as they are not incorporated into the standard measure for earnings.



Increased housing provision and population growth is predicted to mean increased demand for **jobs** in 2031 – uncertainty over economic conditions makes it difficult to predict how many jobs there will be to meet this demand, although regeneration projects in Hereford City have the potential to create thousands of new jobs. In 2012 the number of business closures was still higher than start-ups, meaning that the number of businesses operating in the county continued to decline. Herefordshire still has a greater number of businesses per head of population than across England but a lack of recovery in business start-ups post-recession means this difference is getting smaller.

Transport has a key role to play in terms of supporting economic growth in Herefordshire through the provision and maintenance of transport infrastructure and services which provide access for businesses and services in the county. Transport modelling has shown that without a relief road in place there will be increasingly high levels of cars in Hereford city centre and congestion will worsen. Without a reduction in congestion in Hereford, development and growth in areas such as the Hereford Enterprise Zone will be limited because of problems accessing the site. A western relief road will reduce traffic on the A49 close to the city centre and therefore provide the opportunity to introduce sustainable transport measures on the road corridor. This is because there will be less cars and more room making it possible to prioritise these modes more. Cycle lanes and better bus provision could be introduced in the road corridor. Analysis shows that currently 10,000 car journeys of less than 5km are made each day during the morning and afternoon peak periods. Between 2008/09 and 2012/13 overall vehicle flows along the A49 have decreased by three per cent and on other radial 'A' road routes in Hereford

by five per cent his could be a result of the economic downturn as well as the council's Destination Hereford project which encourages people to reduce their short distance journeys by car in favour of more sustainable forms of transport.

The overall employment rate increased over the last decade and was in the top twenty per cent nationally in 2011 (this hides a reduction since 2008). People accessing secondary mental health services were considerably less likely than the population as a whole to be in employment – their rate of employment was 66 percentage points lower. The picture was similar for those with a learning disability (59 percentage points lower).

The last decade has seen an increase of 1,200 more working age residents (16-64) who are self-employed (+7 per cent) - in 2011 the county self-employment rate (15 per cent) was in the top five per cent nationally. There was a disproportionate increase in the number of people in the county working part-time (up to 30 hours) over the last decade, increasing by 23 per cent compared to just 6 per cent for full-time (3,900 and 2,600 more people respectively). In 2011 the rate of part-time working (23 per cent) was in the top ten per cent nationally. Both the increase in part-time working and underemployment (reported nationally) can be attributed to the recession. Nationally the proportion of people that are underemployed i.e. those wanting more hours, has increased considerably since 2008 for both people working full-time and part-time. The increase in part-time working is forecast to continue and may be partly increased by incentives under Universal Credit.

The recession has had less of an effect on unemployment levels than might have been expected given its length and depth. The number claiming Jobseekers Allowance decreased over the last year – possibly affected by changes to the sanction regime i.e. benefit being removed for non-compliance. Unemployment remains low (1.8 per cent in January 2013) compared with the West Midlands (3.7 per cent) and England (2.9 per cent). In Herefordshire twice as many people claim an out-of-work benefit due to poor health than because they are unemployed and actively seeking work.

Around a fifth of households in Herefordshire live in poverty[1] (14,500 households), a similar proportion to nationally and regionally. Income deprivation mostly occurs in the urban areas of Herefordshire, including Hereford City, Leominster and Ross-on-Wye, but also to a lesser extent the market towns of Kington and Bromyard. Smaller pockets also

1 A household is considered to be in poverty if its net income (after housing costs and taxes) is less than 60% of the national average (median).

occur in more rural areas. Rural households are also likely to face additional costs associated with transport and heating the home, which have increased at a higher rate than inflation – in 2013 minimum income requirements were estimated to be at least 10 per cent higher for residents of villages than for the population as a whole. Couple pensioners had the greatest difference with income requirements being 25 per cent higher. Across the UK an increasing proportion of children live in poverty, although Herefordshire typically has lower rates of child poverty than nationally.

The link between poverty and households being out-of-work is shown by the areas with the highest rates of poverty having the highest rates of claiming for out-of-work benefits. These same areas are those where most households will be affected by the various changes to the welfare system. Some households in these areas will be subject to a whole raft of changes including the implementation of universal credit, changes to housing benefit, reductions in support for Council Tax and changes to disability benefits. It is not just those on out-of-work or disability benefits that will be affected by changes to welfare. Those in work will also see changes to tax credit entitlements. In all, changes to tax and welfare payments over the coming years will result in more people living in poverty with those at the bottom end of the income scale most affected. Overall the economic impact of welfare changes in Herefordshire are estimated to be a loss of £43 million annually – approximately one per cent of total economic output. Per head of population (£385 per year) this is less than the national average (£448). It is difficult to define exactly which households in the county will be most affected, but they are likely to be those at the lower end of the income distribution who are eligible for housing and council tax benefit, those claiming incapacity and disability benefits, lone parents, couples with no children and those with low literacy and low financial literacy.

The effect of welfare changes is now starting to be seen in an increase in need for support locally; in particular the use of sanctions and delays in benefit processing has created a demand for 'crisis' support. The criteria for the local welfare provisions scheme introduced by Herefordshire Council in April 2013 has limited support provided under this scheme as the policy explicitly chooses to not bypass DWP sanctions or 'top-up' benefits when the DWP can provide benefit advances for those in need. Those seeking support are frequently referred directly to food banks by social workers, housing associations, Citizens Advice Bureau and others and are generally provided support without a more holistic assessment of their need. Hereford City food bank and the Citizens Advice Bureau have both seen an increase in demand for their services over the last year, a reflection of the increase in demand and the provision available. The number of food parcels given out by the Hereford City food bank in the first three months of 2014 was

over double the number given out in the same period of 2013 – around two fifths of these were reported as being related to benefit issues.

Work between Herefordshire Council and third sector providers is ongoing to ensure that provision is joined up so those in greatest need get the necessary support. Herefordshire Council is currently reviewing the Local Welfare Scheme, in consultation with third sector providers and others, to ensure those in greatest need get the necessary support. Looking at food aid specifically, national research suggests that those in greatest need of support do not always turn to food aid for a number of reasons including perceptions and availability of information about provision and feeling that it is degrading or shameful.

Qualifications and skills

The 2011 Census shows that qualification rates are very similar to those across England. In contradiction, the most recent data from the Annual Population Survey shows Herefordshire to have a greater proportion of residents without qualifications. Looking in more detail at the Census data there are some noticeable differences by age: generally speaking younger county residents are less well qualified than older residents when compared to England as a whole.

The proportions of residents (aged 16-64) with no qualifications and those with up to level 2 decreased from 2001, whilst the proportions with level 3 and 4 and above has increased – a trend that was also seen nationally. The most extreme changes were at either end of the qualification spectrum.

Analysis of qualification rates by country of birth shows that generally speaking non-UK born residents have higher qualification rates than those born outside the UK. For example those born in the Americas or Caribbean had the highest proportion that were qualified at level 4 or above (49 per cent compared to 27 per cent of the UK born population).

Herefordshire has a similar rate of enrolments on higher education courses (36 per cent) as across the UK and around 40 per cent of graduates return to work in the county - a further two per cent find work elsewhere in the Marches. Enrolment rates were considerably lower in the most deprived areas of Herefordshire: 14 per cent in Belmont and 16 per cent in St Martin's and Hinton ward.

In 2013 14 per cent of employers in the county had vacancies, twice as many as in 2011 (6 per cent) and similar to the proportion across England (15 per cent) and the other Marches LEP areas (Shropshire 12 per cent and Telford and Wrekin per cent). The most common occupation of vacancies was elementary staff (18 per cent of all vacancies), followed by professionals (13 per cent), administrative/clerical staff (13 per cent) and caring, leisure and other services staff (12 per cent).

23 per cent of vacancies in the county were reported as being 'hard-to-fill', the vast majority of which because of skills shortages. Across England 29 per cent of vacancies were hard-to-fill.

9 per cent of employers in the county reported that employees did not have the required skills to carry out their role - a lower rate than across England (15 per cent), Shropshire (14 per cent) and Telford and Wrekin (18 per cent). 'Technical or practical skills or job specific skills', 'planning and organisation skills' and 'team working skills' were the most common skills that needed improving.

Relatively few employers in the county recruited people straight from education - 22 per cent did so in the last 2-3 years compared to 27 per cent across England, 26 per cent in Shropshire and 31 per cent in Telford and Wrekin – Herefordshire had the 4th lowest rate across England. The proportion of young people that were reported as being poorly prepared for work was highest for those recruited at 17-18 years old from school with around a third of employers reporting this.

Ageing well: people aged 65 years and over

Herefordshire's 39,400 residents aged 65 and over are scattered across the county, although those aged 65-84 are slightly more likely to live in rural villages, hamlets and isolated dwellings than the population as a whole (47 per cent of 65-84s; 43 per cent of all people). The very elderly (85+) are more likely to be living in rural town and fringe areas (Bromyard, Kington, Ledbury, Credenhill, Clehonger): 18 per cent compared to 11 per cent of the total population.

Many older people in Herefordshire are active and well, and many are an asset to the community – reducing the burden on public services by providing large amounts of informal care to friends and family and volunteering for third sector organisations. Rates of limiting long-term illness amongst those aged 65-84 are lower than nationally, and people turning 65 in the county can expect to live longer, and in good health and without a disability, than those elsewhere. Nevertheless, the natural ageing of the population, as the post-war 'baby-boomers' become very elderly, will have continuing implications on the need for care and support as poor health and limiting conditions increase with age.

Future levels of need for traditional social care are unclear, but older people and their carers will need to be enabled to support themselves. In particular, an estimated 3,000 people with dementia could almost double in 20 years. Herefordshire, supports a smaller proportion of older people in social care than the national average, possibly due to residents being healthier and able to self-fund than elsewhere. Herefordshire has a larger rate of 'self-funders' of social care than the national rate: 74 per cent of those receiving nursing care compared with 48 per cent nationally and 68 per cent residential and dementia care is self-funded in the county compared to 45 per cent nationally. There has been a surge in the diagnosis of dementia from a very low rate in Herefordshire resulting in increased demand for care of this group in the population. The estimated diagnosis rate in 2012-13 is 49 per cent.

A national study on older people and loneliness showed that older people had a slightly higher rate of those feeling lonely often, even higher for those aged 80 and over. Those who report feeling lonely sometimes or often are much more likely to report a lower level of satisfaction with their lives overall. People who had been widowed, separated or divorced or those who were in poor health were more likely to report feeling lonely. There was also a strong association found between reported feelings of loneliness and reported limitations in performing daily activities. Limitations in daily activities together with other changes in circumstances such as loss of partner or losing touch with friends as age

increases are likely to contribute to the increase in reported feelings of loneliness in the oldest age groups.

While most people in Herefordshire (60 per cent) had contact with family, friends or neighbours most days of the week, for one in twenty the contact is once a month or less and a similar proportion (five per cent) felt lonely most or all the time (regardless of age or where they live in the county). Those who live alone are most likely to experience this kind of isolation; currently 28 per cent of households comprise one person – half of whom are over 65. The highest proportions of lone pensioner households are found in Hereford and the market towns.

Herefordshire has a lower rate of hospital admissions for falls for over 65s

Herefordshire has a much lower rate of emergency hospital admissions for falls in people aged 65 and over (622 per 100,000) than nationally or regionally (2012-13). This also applies to emergency hospital admissions for hip fractures in people aged 65 and over in Herefordshire. Excess winter deaths for those aged 85 and over in Herefordshire are similar to national figures for the 3 year period 2009 to 2012.

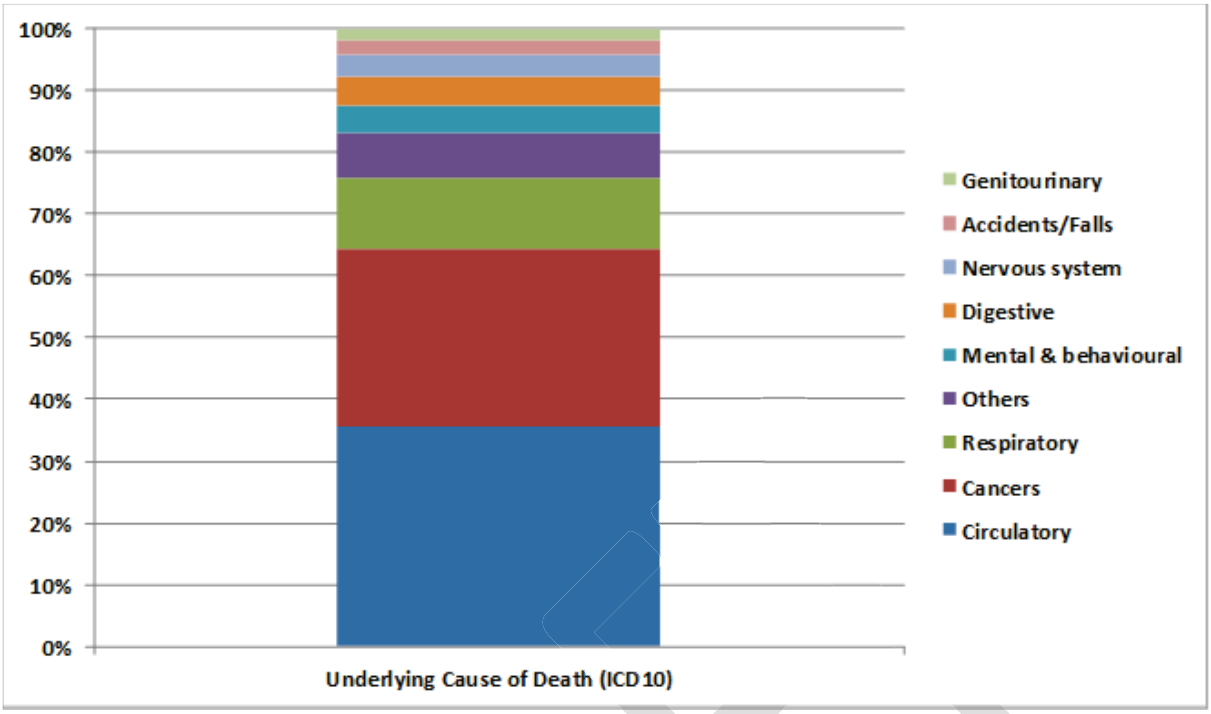
From interview studies, over 60 per cent of people when asked would prefer to die at home when the time comes. However it is also known that patient's preferences can change over time as their illness progresses. Therefore both determining and ensuring a patient's preferred place of death where possible is an important component of care at the end of life. Monitoring actual place of death figures for Herefordshire residents is therefore important but should be interpreted alongside these other less quantifiable measures. Figures from 2004 to 2012 show that Herefordshire has a consistently low hospital death rate of around 34 per cent compared to national figures. Deaths at a person's usual dwelling (home or care home) were relatively high at 45 per cent in 2012. There is also a steady rate of 9 per cent of deaths occurring in a hospice, which is also relatively high compared to other hospices in the West Midlands due to St Michael's Hospice open policy of admitting patients who identify it as their preferred place of dying irrespective of diagnosis.

Being well

This is an overview of the healthy life expectancy, ill-health (morbidity) and premature mortality of Herefordshire's population included in the public health outcomes framework (see the public health outcomes framework tool for more detail and data). The health of people living in Herefordshire is generally better than that of the England average; with higher life expectancies at birth and lower inequalities in local health outcomes. However, even within this context the effects of deprivation produce demonstrable inequalities – residents living in the most deprived areas generally have a shorter average life expectancy at birth and spend a greater part of that life expectancy with a disability when compared with residents of less deprived areas (see Fig. 4 earlier in the document). Smoking related mortality rates are over 40 per cent higher among the most deprived population quartile than in the County overall. Adults (35+ years) residing in the most deprived areas are a third more likely to be admitted to hospital as a consequence of their smoking than the population of Herefordshire overall.

Herefordshire's mortality rate is consistently lower than that of England and Wales (by around 9 per cent in 2012) with approximately 1,900 deaths per year of county residents. Three disease groups account for almost 75 per cent of all mortality in the county; circulatory diseases (such as coronary heart disease and stroke), neoplasms (cancers) and respiratory diseases. Mortality rates are significantly lower in Herefordshire than nationally for all forms of cancer and lung cancer specifically. However Herefordshire experiences significantly higher mortality from strokes compared with England generally. The chart below shows the main underlying causes of death for residents in Herefordshire.

Fig 6: *Underlying cause of death in Herefordshire (2009-13 mortality data)*



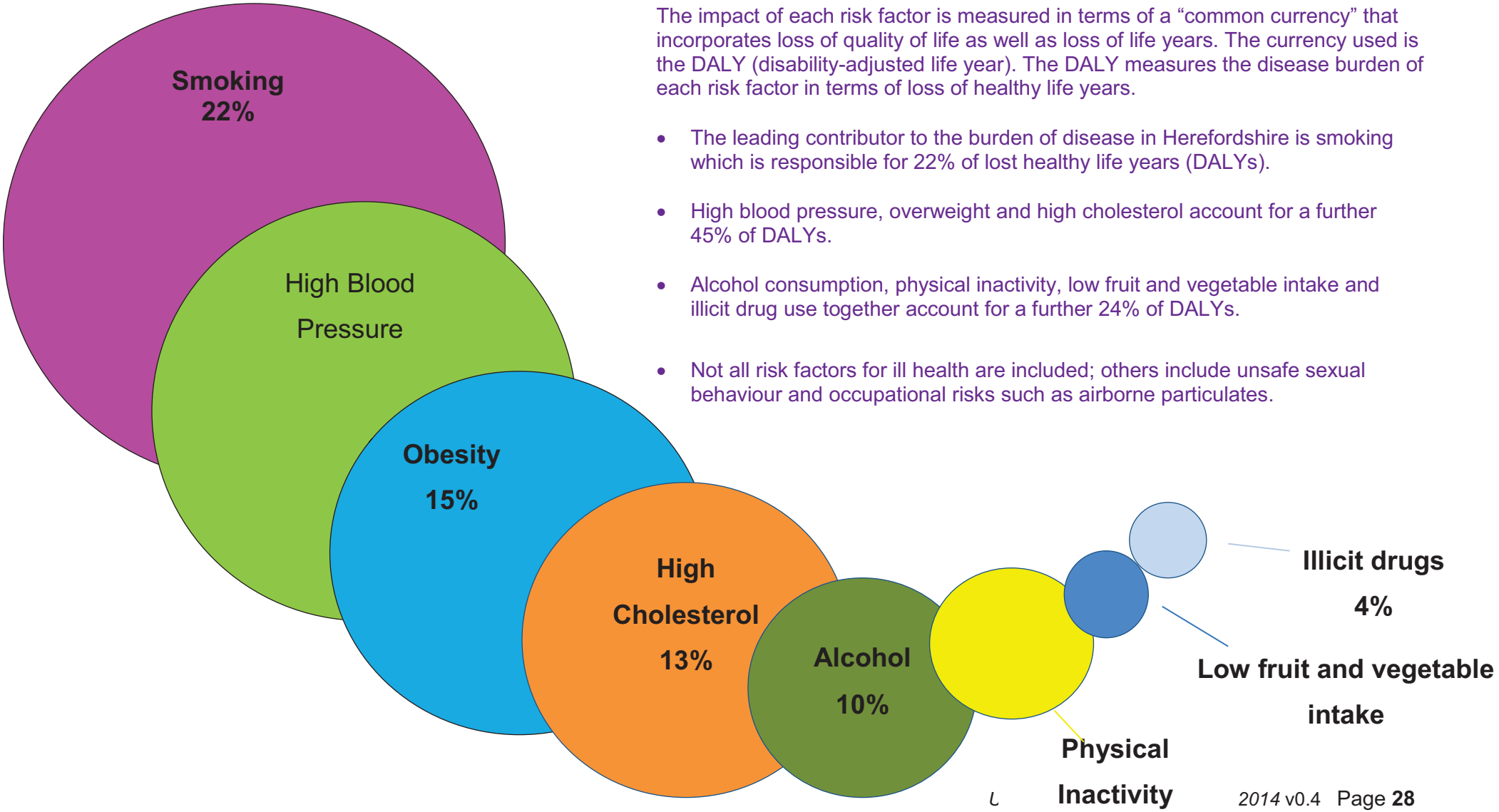
Note: Digestive diseases include intestinal disorders and alcohol-related conditions such as chronic liver disease and cirrhosis. Prominent among other causes of mortality are perinatal deaths, intentional self-harm, senility, diabetes and infectious diseases such as septicaemia.

Almost a third of mortality in Herefordshire during the period 2008-12 was 'premature' (deaths under the age of 75 years), with approximately 350 people who die each year from preventable causes. The main risk factors contributing to early death and the burden of ill health are shown in the 'caterpillar' diagram in Figure 7.

There were approximately 43,450 hospital admissions (excluding transfer admissions) per annum among Herefordshire residents across the five years 2008/09 – 2012/13. Maternity-related admissions account for around 22per cent of all non-elective admissions. Pneumonia and abdominal/non-specific chest pain are the most common causes of emergency admission. Breast cancer and cataract are the most common causes of elective admission. Rates of elective and non-elective admission are significantly higher among the most deprived population quartile of the County. There were around 46,800 accident and emergency attendances by Herefordshire residents at Wye Valley NHS Trust over the last four quarters for which data is available, leading to approximately 11,200 hospital admissions.

Fig 7: Risk factors contributing to the burden of ill-health Herefordshire 2009-13

Source: ONS Mortality Data, 2009-13; The World Health Report 2002, WHO,)



The impact of each risk factor is measured in terms of a "common currency" that incorporates loss of quality of life as well as loss of life years. The currency used is the DALY (disability-adjusted life year). The DALY measures the disease burden of each risk factor in terms of loss of healthy life years.

- The leading contributor to the burden of disease in Herefordshire is smoking which is responsible for 22% of lost healthy life years (DALYs).
- High blood pressure, overweight and high cholesterol account for a further 45% of DALYs.
- Alcohol consumption, physical inactivity, low fruit and vegetable intake and illicit drug use together account for a further 24% of DALYs.
- Not all risk factors for ill health are included; others include unsafe sexual behaviour and occupational risks such as airborne particulates.

Living well: communities and protecting the vulnerable

Vulnerable adults

Vulnerability depends on a person's circumstances – for example someone may be vulnerable if in receipt of social care or a health problem or disability which affects their ability to live independently. These circumstances may not be long-term.

The remote and rural location of Herefordshire creates difficulties in recruiting and retaining social work staff – likely to be exacerbated with increased demands in 2014-15 and 2015-16. This is encountered across the wider social care workforce resulting in care cost and quality challenges. Despite this 47 per cent of social care users have as much social contact as they would like according to the 2012-13 adult social care survey which is higher than national and regional rates (43 and 42 per cent respectively). However much lower proportions of adult carers (who provide unpaid care) report this – just 28 per cent said they have as much social contact as they'd like in 2012-13, much lower than nationally and regionally (41 and 40 per cent respectively). Most people receiving social care in Herefordshire are happy with the service they receive (65 per cent) which is similar to nationally and comparators, with over 80 per cent saying that the social care services they receive have made them feel safe and secure (2013-14 provisional figures). Herefordshire has lower than national average rates of delayed transfer to care from hospital to social care and in the lower quartile nationally (March 2014).

Recent research based on national prevalence rates estimates that there are 2,000 people in the county with **autism**, 90 per cent of whom are male. People with autism have a wide spectrum of need with many requiring no support at all. The number of adults with autism, who also have a learning disability, is estimated to be between 600 and 900. Information about need amongst children is collected locally. As at January 2013, 124 children were 'statemented' as having autism as their primary category of need, and a further 43 had autism as a secondary need. Further work is needed to understand needs amongst the adult population.

Social capital – volunteering and caring

Herefordshire has high levels of volunteering with 34 per cent of adults reporting that they had given unpaid help to a group, club or organisation at least once a month in 2012 compared to 29 per cent in 2008 and 23 per cent in England overall in 2008 (Quality of life survey). Those living in the most rural parts of the county were more likely to have given any unpaid help and those living in the most deprived areas of the county the least likely to do so. In the latest survey there was no evidence to suggest that volunteering varies by age, or by whether or not volunteers are disabled or whether they have children. The survey found that residents who live in areas in the most deprived areas of the county are more likely not to have given unpaid help in the last 12 months than those in Herefordshire as a whole. There is also an indication that people who live in the more rural areas of the county are more likely to have volunteered at least once a month in the last year, than those in more "urban" areas.

The 2011 Census recorded that 21,000 residents (11 per cent) were providers of at least an hour a week of unpaid care to family members, friends, neighbours or others because of long-term ill-health or disability or problems related to old age – an increase of over 3,000 and one percentage point since 2001. This included 6,700 who were providing 20 hours or more. There is some uncertainty around the true number of carers, as local surveys have found higher rates – from 19 per cent of over 16s in the *Herefordshire Health and Well-being Survey 2011* to 34 per cent of over 18s in the *Quality of Life Survey 2012.* The difference is largest amongst those providing (and reporting) lower amounts of care.

Under the age of 65, women are more likely to be carers – in 2011 those aged 50-64 were the most likely to provide 1-19 and 20-49 hours of care per week (25 per cent and 18 per cent respectively). Over 65s were the most likely to be providing 50+ hours, with no difference in likelihood between genders (5 per cent of both men and women), although in absolute numbers this equates to 970 women and 850 men.

Just over 4,000 carers are currently registered with Herefordshire Carers' Support, including 300 young carers and 750 parents caring for a child with a physical or mental disability. The majority (70 per cent) of registered carers whose age is known are aged 41-80, and most (52 per cent) care for someone over 60. The cared for exhibit a variety of conditions: 56 per cent have physical disabilities, 21 per cent learning disabilities and 23 per cent a mental illness. The single biggest reason for providing care is some form of dementia, but this is still only identified for just over 300 carers.

Safer communities

The majority of Herefordshire residents **feel very or completely safe** (53 per cent) and Herefordshire generally has a **lower rate of crime** per head of population than across England and Wales (49 per 1,000 compared to 64 per 1,000). This is reflected in the individual crime types with only 3 crime types out of 17 ('sexual offences', 'miscellaneous crimes against society' and 'non-domestic burglary') having more offences committed per head of population than across England and Wales. The last three years have seen some convergence, with crime rates in Herefordshire decreasing more slowly than across England and Wales. Crime is **concentrated in Hereford City and the market towns**, particularly Hereford City Centre. This is true for all crime types except 'burglary other' where the highest rate was in rural areas, particularly the Golden Valley. Based on the volume and **cost per crime** 'violent crimes with injury' and 'sexual offences' appear to cost the county the most in terms of preventing crime, the impact on victims and in response to the crime.

The number of sexual offences in the county has increased considerably in the last two years, although this may be due to reporting of 'non-recent offences'. The number of offences compared to other crime types is low, but the cost of these crimes to society (particularly the physical and emotional costs for victims) means that the number is not insignificant.

The **'misuse' of alcohol** in the county has impacts in a number of areas particularly for the police and health services. Alcohol is linked to a large proportion of violent crime and is particularly related to the night time economy. It is also implicated in domestic abuse. The health impacts of alcohol disproportionately affect deprived areas of the county (see 'being well' section. The number of violent crimes with injury and alcohol related assaults reporting to A&E have decreased over the last few years. In 2013 there were significant year on year reductions in both the number of alcohol related attendances at A&E (thirty per cent reduction) and violence against the person offences (5 per cent reduction).

Alcohol related attendances at A&E dropped by 30% in the last year

The number of **domestic violence** and abuse offences and incidents is fairly comparable to other areas of the West Mercia force. However, there has been some increase in both DVA offences and incidents in the last two years, a fact which is reflected in violence against the person offenses. Domestic violence and abuse was highlighted as a concern

in the last *Understanding Herefordshire*. The collection of information by agencies in the county has been improved in the last year as a result of recommendations in the Domestic Abuse Needs Assessment. There are however still some gaps in our understanding of the breadth of domestic abuse and how victims interact with the spectrum of public services in the county.

The number of **antisocial behavior** crimes and incidents in the county has seen a continual decrease in the last three years. The number of ASB incidents recorded by the police however, is still quite large (7,900 in 2012-13 - 15per cent of all incidents). In 2012-13 14per cent of people were fearful of antisocial behaviour in their area. Residents of the most deprived areas were most likely to think ASB was an issue. There is a need to further understand whether ASB is decreasing universally across the county or whether certain hot spots are bucking this trend.

The number of **drug offences** committed in the county has increased at a far greater rate than any other type of crime, although rates remain below those nationally. Drug related admissions to hospital saw a considerable increase in 2012-13 and evidence suggests that drug related mortality is increasing. The number of problematic drugs users (per head of population) is similar to that nationally. The rate of drug users in the county who successfully completed drug treatment was half of that across England for both opiate and non-opiate users - 4 per cent and 19 per cent in Herefordshire compared to 8 per cent and 40 per cent across England. Both rates were lower for Herefordshire in 2012 than in the previous two years.

The number of people **re-offending** over the last three years has been consistently higher than would be expected given the characteristics of the cohort, although not statistically significant.

Herefordshire continues to have a significantly higher rate of first time entrants (aged 10 to 17) to the **youth justice system** compared to the West Mercia rate. More detailed analysis is required to ascertain the reasons for this but higher detection rates and lower rate of community resolutions appear to offer some answers. The use of community resolution is also thought to influence performance throughout the youth justice system.

In a continuation of the general trend in the County over recent years, the number of people killed or seriously injured (KSI) on Herefordshire's roads has continued to decrease. During 2013 numbers of KSI casualties reduced to some of the lowest recorded – the last quarter (October-December) was an exception being a third higher

than the same period in the previous five years. The 61 casualties recorded in 2013 included 5 fatalities and 56 serious casualties resulting from 54 collisions. Child killed or seriously injured casualties (which make up part of the overall figure) also reduced by 40 per cent over our 2005-09 baseline to a total of 6 7 during 2013.

Over the last ten years Hereford and Worcester Fire and Rescue Service have seen a considerable decrease in the number of fires that they attend (-30 per cent) as well as a decrease in the number of false alarms (-11 per cent). The Fire and Rescue Service also recorded a decrease in 'special service' incidents, which includes road traffic collisions, flooding, people and animal rescues and spills/leaks (-20 per cent). This longer term trend hides an increase of fires attended in the last two years (+16 per cent between 2009-10 and 2011-12). In terms of areas of risk the areas of greatest risk are centred on Hereford City. Nationally increased fire risk tends to correspond to areas that are more deprived. This seems to be the case within Herefordshire as well to some extent.

Living well: the place aspect of living

Access to services

Providing services to a scattered population across a large geographic area is a challenge. The *2012 Quality of life survey* found that some residents in Herefordshire find it difficult to access services: one in five find it difficult to use a **post office** (getting there and back); one in four find it difficult to see their **GP** (suitable appointments); just under one in three find it difficult to see an **NHS dentist** (mainly registering with one) and one in four find it difficult to access **public transport** (lack of services at suitable time). A recent consultation on bus service subsidy reduction found that most people showed a preference for reducing services on Sundays and evening services on weekdays and Saturdays. Also notable was the large majority of people who said they wouldn't be interested in volunteering for a community transport scheme where this could provide an alternative for public buses. Most who responded to the survey were bus users – when asked what they would use an alternative to the bus most said there wasn't one or that they would use the car.

83% of residents had access to broadband at home

The majority of county residents (83 per cent) had access to broadband at home; half found it adequate but 44 per cent found it too slow for their needs. Of the 17 per cent without broadband, a quarter wanted it but didn't have a computer or the service was unavailable or not affordable; although more than half did not want it. Analysis of Mosaic data to show likely

preferred ways of obtaining information suggests that the county has a very sizeable population of people who are unlikely to use the internet, for reasons not purely related to lack of broadband service in remote areas.

Housing

Housing is a fundamental requirement for good health and wellbeing; inequalities in a range of health issues can be tracked to the quality of housing. These can range from the effects on the general quality of living and the implications on mental/general health to people rough sleeping when their housing needs are not met or terminal illness or death due to inadequate living conditions.

In Herefordshire, the difficulties in acquiring housing are compounded by having the worst affordability within the West Midlands region with lower quartile house prices equating to 8.6 times lower quartile annual earnings. This puts greater pressure on the affordable housing options that are available across the county and with a high demand against limited supply, there is a substantial shortfall. The Local Housing Market Assessment 2013 identifies that to balance the housing market over the longer term (2011 – 2031) an average of 35 per cent of new homes built would be a viable level of affordable housing. The report recommends a range of tenures to cater for a range of housing needs and a range of circumstances, particularly for those that can afford to pay more than social rents but still cannot access the market. In 2013 – 2014, an additional 116 affordable homes were delivered, incorporating standards such as lifetime homes to enable properties to be adapted to meet the occupants changing needs over time.

171 empty properties were brought back into use in 2013-14

The most efficient use of existing properties is also fundamental and in 2013 – 2014 171 empty properties were brought back into use of which 55 were classed as 'long-term empty' (more than 6 months). A priority for Herefordshire is to provide a range of choices for Herefordshire residents and enable vulnerable people to live independently as long as possible. Advice and support continues to be provided to allow vulnerable people to remain in their homes through council run schemes such as the Handyperson service 'You at Home', which helps to ensure homes are healthy and safe thereby supporting independence for longer. Of the homes delivered, the needs of all vulnerable groups, particularly older persons, those with learning and physical disabilities and mental health issues will need to be addressed. Further work is being undertaken to identify and address specific needs.

A study of the housing and support needs of older people in Herefordshire recognised the current level of home ownership (nearly 80 per cent) and equity in the older people's market and the potential to use new housing developments suitable for older people as a driver to rebalance the housing market. There is a need for a much more diversified housing market that provides a range of housing choices for older people, including 2 bedroomed properties to purchase, that are attractive to those who are under-occupying, mixed tenure extra care housing, more specialist housing provision for people with dementia and learning disabilities and a growth in the level of sheltered housing for sale and shared ownership. It is also recommended to enhance the provision of technologies such as telecare and floating support to allow people to remain independently in their own homes.

A separate accommodation and needs assessment for Gypsies and Travellers is near completion to update the 2008 assessment which identified the need for 83 pitches (2008-2012) and 26 pitches (2012-2017). To date 49 pitches have been delivered against this figure. In addition, funding was successfully acquired in 2013 to update and refurbish 53 council owned pitches. The assessment of accommodation needs is currently being updated.

The introduction of an Allocations Policy in 2014 aims to ensure that affordable housing in Herefordshire will be allocated to those in the greatest need. A priority for Herefordshire is to work together to provide comprehensive information and advice about the care and support and broader housing options that are available to residents, and this will be supported by the introduction of a new web based Enhanced Housing Options advice tool which provides an action plan for residents based on their own specific circumstances. This will empower residents to make their own housing, training and employment decisions and will release council resources to be directed to those in greatest need. The Allocations Policy will also support recent legislative changes to discharge the council's duty to secure accommodation without requiring the applicant's consent. Making a homeless application will no longer be a direct route into affordable housing and a more flexible approach can be used to finding housing solutions.

In 2013 the housing solutions team worked with 1,130 households at risk of homelessness of which 756 (67 per cent) were prevented from becoming homeless. For 374 households prevention was not possible and they applied as homeless of which 248 were accepted as statutory homeless[2]. The number accepted as homeless was a slight

[2] https://www.gov.uk/homelessness-data-notes-and-definitions

increase on the number in 2012 (245) and 2011 (245), but much larger than previously (171 in 2010 and 187 in 2009) – the rate of homelessness (3.23 per 1,000 households in 2012-13) was notably higher than nationally (2.37). Fewer homelessness cases were due to parents/other or relatives/friends no longer willing to accommodate the applicant (to 37 per cent in 2013 compared 39 per cent in 2012) and more because of termination of an assured short-hold tenancy (26 per cent in 2013 compared to 17 per cent in 2012). Domestic abuse accounted for a smaller proportion in 2013 (13 per cent) than in 2012 (15 per cent).

The last decade has seen a large increase in the number of concealed families i.e. those that live in household containing more than one family such as children who have a spouse, partner or child living in the household and those containing a number of unrelated families. Their existence can be used as an indicator of housing demand as this group will include those interested in future household formation, used for planning purposes. In 2011 there were 836 concealed families, an increase of 87 per cent on 2001 (unconcealed families increased by five per cent). Nationally there was a 70 per cent increase. The increase could be due to a combination of rising property prices in relation to earnings and increased migration following the expansion of the European Union (the 2011 Census shows that a relatively large proportion of people in the white non-British ethnic group live in some form of shared housing). The most common type of concealed family was couples with no children, accounting for 49 per cent of concealed families. Lone parent families with dependent children were the family type most frequently concealed (five per cent of this family type were concealed).

Energy efficiency in all residential dwellings has improved to above the national average, but although the standard of insulation has improved this is counterbalanced by increases in fuel prices. This is reflected in an increase in the percentage of households experiencing fuel poverty in the country (from 21 per cent in 2006 to 24 per cent in 2011). A new measure of fuel poverty based on just those on low income who experience high fuel costs, shows Herefordshire to have one of the highest rates of fuel poverty nationally (15 per cent of households - top 10 per cent of local authorities). The causes of fuel poverty (low income, poor energy efficiency and energy prices) have been linked to living at low temperatures, which in turn has been found to lead to a range of negative health outcomes.

Volatility in energy prices poses a challenge for households and businesses. Although both appear to be taking greater advantage of renewable energy and energy efficiency schemes locally than nationally, and homes are on average more efficient, there are still

considerable opportunities for improvement. For example in 2011 just over half of all houses had below the recommended level of loft insulation. Furthermore, half of households in the county were assessed as being suitable for solar photovoltaics, but only 3 per cent had them installed by the end of 2013 and the rate of installation in 2013 was a third of what it was in 2012. Take up of domestic energy efficiency measures under the new Green Deal initiative is very low – just under 900 households *nationally* have had measures installed. More homes (385 in Herefordshire) were treated under the Energy Company Obligation, designed to help the most vulnerable and hard-to-treat homes, although this represented a lower rate than nationally (5 per 10,000 households locally compared to 21 across Great Britain).

Environment and transport

The county's **natural and historic environment** is important for residents, businesses and tourism. Access to local green space and nature areas improves public health and wellbeing and can be a useful tool for education. The proportion of wildlife and geological sites in positive management and favourable condition has improved considerably over the last five years, but the latest data shows a reversal of this trend (52 per cent in 2012-13) as a result of no funding for activity in the last year.

Emissions of CO_2 are greater in Herefordshire (8.0 tonnes of CO2 per head) than across the UK (6.9)

The amount of household waste produced in Herefordshire has fallen by 17 per cent since 2002-3, however the proportion of waste landfilled (57 per cent in 2011-12) remains relatively high compared with other unitary councils where the average proportion was 35 per cent. Whilst Herefordshire has a recycling rate that is close to that nationally more goes to landfill because less is diverted from landfill to energy from waste plants or to composting. The development of a new energy from waste plant means that in future a smaller proportion will go to landfill.

Generally speaking the county has low levels of **air pollution**, although there are still air quality management areas in Hereford, Leominster and Pencraig. Emissions of carbon dioxide decreased in 2011 (in line with the national trend), but emissions per head of population in the county (8.0 tonnes of CO_2) remained above those nationally (6.9). Water quality in parts of the rivers Wye and Lugg is such that measures are required to ensure that protected species are not adversely affected in the long term, in particular while enabling development to take place. A nutrient management plan is currently being developed to address the issue.

The provision of sustainable transport infrastructure to encourage modal shift to more sustainable forms of travel such as walking and cycling has many benefits. This includes increasing activity levels and improving the environment by taking unnecessary car journeys off the road.

The national census undertaken in 2001 and 2011 reveals that Herefordshire resident's choice of mode to get to work has remained largely the same in the ten years. The proportion of residents who cycle to work was 4 per cent in both years. Herefordshire has one of the highest rates of cycling compared to similar rural authorities (ranked sixth out of 48) and Hereford City ranks highly against urban districts of a similar size (ranked fifth out of 59). The proportion of residents choosing to use the bus to get to work has decreased from 3 per cent in 2001 to 2 per cent in 2011.There are opportunities through the council's Destination Hereford project to increase the number of people walking, cycling, car sharing and using public transport through its behavioural change campaign.

There are a lack of transport options for many rural communities and high car ownership levels. The last decade has seen a 15 per cent increase in household car ownership, although this is not reflected in traffic flows of recent years with volumes in Hereford City and wider county having decreased. The proportion of people working from home in Herefordshire increased over the decade from 15 per cent in 2001 to 17 per cent in 2011. Of those who did travel to work there has been no change in the proportion who travelled by car (58 per cent) or on foot (12 per cent) between 2001 and 2011 - however there has been a decrease in those who travel by bus/coach (3 per cent in 2001 compared to 2 per cent in 2011). There are still potential economies of scale through the integration of transport for health, social services and education, particularly for dispersed populations. There are also opportunities to increase the number of people car sharing through the 'Park and Share' schemes which currently provide 34 dedicated sites across the county covering 343 spaces. Despite road traffic being forecasted to increase in the future, more efficient vehicles are expected to reduce average driving costs and emissions. The council have installed ten electric vehicle charging points around the county to encourage the use of electric vehicles in the future.

Recommendations for filling the gap in our evidence base

This report and the underlying evidence should be used as a basis for business planning and intelligent commissioning. Recommendations for filling the gap and improving our evidence base are as follows:

- Mental health needs assessment (2014-15)
- A joint community needs assessment by the local authority and key partners in the public, independent and voluntary sectors to identify the strengths and resources available in the community to meet the needs of children and families. A focus on the capabilities of the community – citizens, agencies and organisations can provide a framework for developing and identifying services, gaps in provision and early intervention solutions to building communities that support and nurture children and families. In the long term, all partners can develop a community strategy underpinned by an asset based approach to building social capital so that children and families may access wider support networks and reduce their dependency on public services.

For further information, please contact Herefordshire Council's Strategic intelligence team on 01432 261 944 or e-mail researchteam@herefordshire.gov.uk

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Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
MEETING DATE:	**20 MAY 2014**

TITLE OF REPORT:	**HEALTH AND SOCIAL CARE SYSTEM**
REPORT BY:	**Director of Adults Wellbeing**

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To receive a presentation on the Health and Social Care System, to include:

- Better Care Fund Submission.
- Herefordshire Clinical Commissioning Group's 5 Year Plan.

5. Recommendations

THAT: The report be noted

Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
MEETING DATE:	**20 MAY 2014**

TITLE OF REPORT:	**THE CARE BILL - IMPACT ANALYSIS AND UPDATE REPORT**
REPORT BY:	**DIRECTOR FOR ADULTS WELLBEING**

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 The purpose of this report is to:

a) identify where Herefordshire Council currently stands in relation to preparations for the Care Bill

b) analyse what the implications of the Care Bill are for Herefordshire

c) outline the implementation plan for meeting the requirements of the Care Bill

5. Recommendation

THAT: The report be noted, subject to any comments the Board wishes to make.

6. Alternative Options

There are no alternative options.

7. Reasons for Recommendations

7.1 The Care Bill will introduce a new legal framework for adult social care which puts the wellbeing of individuals at the heart of an integrated care and support system. The legislation will be effective from 1 April 2015 (2016 for certain funding provisions).

The Bill introduces a number of new duties for local authorities and will have significant implications across the whole of adult social care, and beyond – particularly in relation to finance, IT systems and workforce.

8. Key Considerations

8.1 As the Care Bill both consolidates existing legislation and introduces new duties for local authorities, an initial priority has been to conduct a systematic stocktake to understand our current position in relation to each clause set out in the Care Bill and to identify what we must put in place to be compliant with the new legislation. This analysis forms the basis of the report.

8.2 The changes required by the Care B ill must also be considered within the context of the existing financial and demographic pressures facing the adult social care and support in Herefordshire.

9. Community Impact

9.1 The Care Bill will have wide ranging community impacts, both for residents who are or may become in need of care and support and also for the local care and support market. As the regulations and guidance underpinning the Care Bill are not yet available, it is not possible at this point in time to specifically identify what those impacts will be.

10. Equality and Human Rights

10.1 By simplifying the care and support system, the Care Bill intends to ensure that all those in need of care and support are treated equally and with respect. Of particular significance is the aim of the Bill to ensure Carers are treated as equally as the person they care for.

11. Financial Implications

11.1 The Care Bill will have significant financial implications for Herefordshire Council. These are discussed in section 3.2 of the report

12. Legal Implications

12.1 When the Care Bill comes into effect in April 2015 (April 2016 for certain funding reforms), a number of new statutory duties and requirements will be placed on the local authority. The most significant of these requirements are outlined in section 1.3 of the report.

13. Risk Management

13.1 As the Care Bill will introduce a number of new statutory duties and requirements for local authorities, there will be significant risks for the council in failing to meet these new statutory requirements.

13.2 The initial impact analysis and systematic stocktake that has been undertaken to understand out current position in relation to each clause set out in the Care Bill and to identify what we must be compliant with the new legislation has highlighted three areas of highest risk:

- Financial implications – both the cost of implementing the Care Bill and also the costs of potentially more people being entitled to local authority support
- IT systems implications – the existing IT infrastructure, in particular the case management system, is not able to support the requirements of the Care Bill in its current format
- Workforce implications – the Care Bill will create increased pressures on

workforce capacity (particularly for assessments) and will also necessitate considerable learning and development across the whole adult social care workforce.

13.3 The risks and implications relating to these three areas, and an overview of the initial steps being taken to manage those risks are discussed in section 3 of the report.

14. Consultees

14.1 A range of officers within Adult Wellbeing have helped inform the clause-by-clause stocktake which forms the basis of the report.

15. Appendices

15.1 Appendix 1 - The Care Bill - Impact Analysis and Update Report.

16. Background Papers

16.1 None identified.

Herefordshire Council

Appendix A

The Care Bill

Impact Analysis and Update Report

Version No: 1.0
Issue Date: 02.05.2014

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Author
0.1	01/05/2014	First Draft of report	Alison Hotchen
0.2	01/05/2014	Amendments suggested by Steve Vickers and Donna Etherton	Alison Hotchen
1.0	02/05/2014	Report approved by Helen Coombes. Watermark removed etc…	Alison Hotchen

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Summary

The Care Bill will introduce a new legal framework for adult social care which puts the wellbeing of individuals at the heart of an integrated care and support system. The legislation will be effective from 1 April 2015 (2016 for certain funding provisions).

The Bill introduces a number of new duties for local authorities and will have significant implications across the whole of adult social care, and beyond – particularly in relation to finance, IT systems and workforce.

This report has been written to:

a. identify where Herefordshire Council currently stands in relation to preparations for the Care Bill
b. analyse what the implications of the Care Bill are for Herefordshire
c. outline the implementation plan for meeting the requirements of the Care Bill

1 BACKGROUND

1.1 Purpose

1.1.1 The purpose of this report is to:

a. identify where Herefordshire Council currently stands in relation to preparations for the Care Bill
b. analyse what the implications of the Care Bill are for Herefordshire
c. outline the implementation plan for meeting the requirements of the Care Bill

1.2 Background to the Care Bill

1.2.1 The Care Bill sets out to consolidate over a dozen different pieces of legislation that have developed over the last 60 years into a single law. If the Care Bill is enacted then from 1 April 2015 adult social care will have a new legal framework which puts the wellbeing of individuals at the heart of an integrated care and support system. In particular the Bill aims to:

- Reform how care and support is funded
- Rebalance the focus of care and support on promoting wellbeing and preventing or delaying needs
- Simplify the care and support system and processes
- Clarify entitlements to care and support
- Provide for the development of national eligibility criteria
- Treat carers as equal to the person they care for
- Provide new guarantees and reassurance to people needing care

1.2.2 The Bill is currently progressing through legislature. It has recently completed all stages in the House of Commons and is now returning to the House of Lords for consideration of final amendments. Following agreement to the final amendments the Bill will progress to Royal Assent; this is currently anticipated to be June 2014.

1.2.3 The regulations and guidance providing much of the important detail that will underpin the Care Bill are due to go to public consultation in May 2014 and then published in October 2014. There is expected to be around 20 sets of regulations to support the Care Bill and interpreting and embedding these locally will be a significant task.

1.2.4 Subject to the passage of the Care Bill, the majority of the new legislation will come into effect in 2015. A number of new statutory duties and requirements for local authorities are set out in the new legislative framework and there will be significant risks for the council in failing to meet these new statutory requirements.

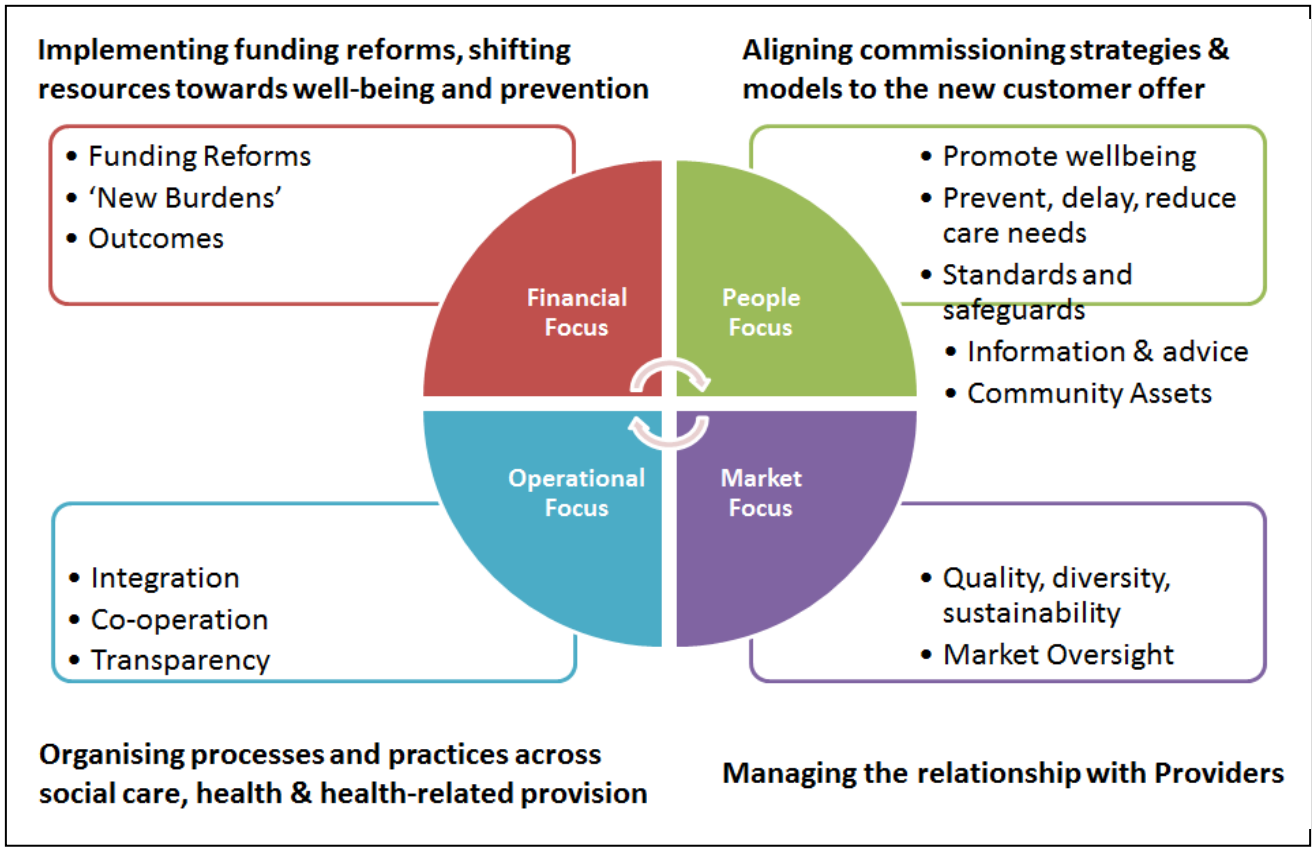
1.2.5 A summary of the key requirements for Local Authorities that the Care Bill will introduce and the proposed timescales for when the legislation comes into effect are outlined in Table 1 below:

Table 1: Key requirements and timescales:

New duties on **prevention and wellbeing**	**From April 2015**
New duties on provision of **information and advice**	
New duty of **market shaping**	
National **minimum eligibility threshold**	
New duties regarding **assessment for carers and self-funders**	
Statutory requirements around **personal budgets and support plans**	
Statutory requirement to offer **deferred payment agreements**	
New **charging framework**	
Safeguarding, including Statutory Safeguarding Adults Boards	
Introduction of a **capped charging system**	**From April 2016**
Introduction of **care accounts**	
Extended **means test**	

1.2.6 As outlined in Diagram 1 below, the provisions in the Bill can be broadly clustered into 4 themes - financial, operational, market and people.

Diagram 1: Themes of provisions in the Care Bill



1.3 Significant provisions

1.3.1 **The care cap** – a cap of £72k will be introduced on the costs that people of state pension age and older have to pay to meet their assessed eligible care needs. The total cost of meeting a person's eligible needs (which could be paid by the person, by the council, or a combination of the two) will count towards the cap, rather than the person's financial contribution only. A lower cap (which is to be confirmed) will apply for working age adults and those who turn 18 with eligible needs will receive free care and support to meet those needs. People in care homes will remain responsible for their living costs if they can afford to pay them.

1.3.2 **Care accounts** – self funding individuals with eligible needs will have a care account which shows their total accrued costs that count towards the cap. Following assessment and identification of eligible needs, the council will be required to set up, monitor and review an individual's care account and produce annual individual care account summaries. It is anticipated that the introduction of care accounts will incentivise self-funding individuals to approach the council for assessment so as to trigger the start of their care account and towards the care cap.

1.3.3 **Amended means test threshold** – financial support will be provided to more people to help them with care home costs. This will help people with their care home costs if they have up to £118,000 (including the value of their home) rather than only those with up to £23,250 as happens currently.

1.3.4 **Minimum eligibility threshold** – a new single national eligibility framework for all services will be introduced and replace the current banding system with a minimum threshold for eligible needs. The proposed level of the threshold is expected to be equivalent to "substantial" in the current system. Herefordshire currently provides support to adults assessed as having substantial needs or greater – therefore the impact of this provision locally will greatly depend on the exact detail of the threshold criteria, which is yet to be published. Any changes to eligibility criteria may necessitate re-assessment of all existing service users.

1.3.5 **Prevention and wellbeing** – prevention and wellbeing are a cornerstone of the Bill. The council will have a duty to provide or arrange for the provision of services that prevent, reduce and delay needs for care and support. This is a general duty that applies to all local people – applying equally to carers and those with care needs. Prevention is not just about what the council does itself, but also how it works with other local organisations to build community capacity.

1.3.6 **Information and advice** – the council will be required to establish a comprehensive information and advice service about the types of care and support available in the local area (including independent financial advice); how they can be accessed and how concerns over others' wellbeing can be raised. Information and advice should be made easily accessible to all citizens, not just those with assessed care and support needs.

1.3.7 **Assessments** – the Bill strengthens the local authority's duty to provide an assessment to anyone who appears to need care and support, regardless of their financial circumstances. Carers will be entitled to an assessment regardless of the level of need for the cared-for and the local authority will have a duty to meet carers assessed eligible needs. The Care Bill updates the requirements of the assessment process, such as the necessity to include an outcomes focus. The Care Bill provisions relating to assessments are likely to result in an increased demand for assessment and changes to the entire assessment process and recording procedure.

1.3.8 **Safeguarding** – local authorities and parts of the health, care and support system will have a clear framework to protect vulnerable adults at risk of abuse or neglect. It will be a legal requirement of each local authority to set up a Safeguarding Adults Board. The Safeguarding

Adults Board will have a statutory duty to arrange safeguarding adults reviews to establish facts and ensure lessons can be learnt from any safeguarding incidents.

1.3.9 **Deferred payment agreements** – there will be a new legal right for people to defer paying for their care costs, meaning they will not have to sell their home during their lifetime. The council will pay the care costs during this time and then reclaim the costs incurred on the sale of the property after the person has died. The council will be able to charge administration costs and interest payments. Currently councils have discretion to choose whether they offer deferred payments, but under the Care Bill they will have a duty to provide them. Whilst in Herefordshire we currently do have a deferred payment scheme in place, how this will need revising to be Care Bill compliant will depend on the details contained within the guidance and regulations.

1.4 Link with Better Care Fund

1.4.1 The Care Bill and Better Care Fund are inextricably linked – greater integration of health and social care services is essential to improving services, managing demand and reducing long-term budgetary pressures, including the costs arising from the Care Bill. This fundamental link is reflected in the Government's identification of £185m implementation funding for the Care Bill provided within the Better Care Fund.

1.4.2 The Care Bill is fundamentally about people – those with care and support needs now and in the future and those caring for them. The duties and provisions in the Bill are all intended to refocus care and support services and systems on the people that use them, rather than the processes and structures of the organisations providing them. Therefore, services and systems must be redesigned with the person at the heart – integration, as supported through the Better Care Fund, is integral to this and is reflected in the inclusion within the Bill of a duty of integration.

2 CURRENT POSITION

2.1 Methodology

2.1.1 As the Care Bill both consolidates existing legislation and introduces new duties for local authorities, it will have significant but varying impacts and implications upon the duties and functions provided by Adult Wellbeing – i.e. there will be things we are already doing and should continue doing, things we will need to change and entirely new things we will need to introduce.

2.1.2 An initial priority has therefore been to conduct a systematic stocktake to understand our current position in relation to each clause set out in the Care Bill and to identify what we must put in place to be compliant with the new legislation. A summary of this analysis is set out in Table 2 and a full clause-by-clause analysis included as Appendix 1. Please note, Appendix 1 is a working document continually being developed as the clauses are scrutinised in further detail.

2.1.3 It should be noted that as the Bill is still progressing through legislature and therefore may still be subject to change, the stocktake will be reviewed and revised accordingly. Also, as the regulations that will provide further detail around certain clauses, such as the new eligibility threshold, are not expected to be published until the autumn of 2014 there therefore remains gaps in our knowledge and understanding of the impact of the Bill.

2.2 Clause-by-clause stocktake

2.2.1 Based on the stocktake the clauses have been prioritised in terms of risk, as outlined in Table 2.

2.2.2 The prioritisation of clauses will be reviewed and revised regularly to reflect any changes to the Care Bill and any additional information obtained through further analysis.

Table 2: Care Bill clause prioritisation table

Responsibility	Clause	Adapted from LGA table			Date required	Risk	Herefordshire Council Position Statement 1 – requires significant work / decision 2 – partially met / some additional work required 3 – Minor or no change
		New in law and practice	New in law but not in policy	Modernises existing law			
Adult safeguarding	42 43 44 45 46 + S2		X		Apr 15	1	Establish formal board complete with governance, funding review to be undertaken. Training plan to be devised. KPI's to be revisited
Carers assessment	10	X			Apr 15	1	New format template required. Potentially large increase in number of assessments
Eligibility	13	X			Apr 15	1	Until new criteria is finalised this is an unknown risk
Assessment	9 11 12		X		Apr 15	1	Large increase in the number of assessments to be carried out. Unknown at this stage the impact of self funders
Personal budget	26		X		Apr 15	1	Introduction of new IT systems and processes. Unknown at this stage the impact of self funders and carers
Transition from childhood	59 60 61 62 63 64 65 66 67		X		Apr 15	1	Current practices to be improved. New protocol has been introduced and working party has been established to embed into practice. (Need to ensure all service groups are included)
Charging	14			X	Apr 15	1	Consideration required regarding HC position, once decision has been taken risk can be adjusted
Delegation	78	X			Apr 15	1	Consideration required regarding HC position, once decision has been taken risk can be adjusted
Cap on care costs	15 16	X			Apr 16	1	Introduction of new IT systems and accompanying processes. Unknown at this stage the impact of self funders
Independent personal budget	28	X			Apr 16	1	Introduction of new IT systems and processes. Unknown at this stage the impact of self funders and carers
Care account	15	X			Apr 16	1	Introduction of new IT systems and accompanying processes. Unknown at this stage the impact of self funders

Responsibility	Clause	Adapted from LGA table			Date required	Risk	Herefordshire Council Position Statement 1 – requires significant work / decision 2 – partially met / some additional work required 3 – Minor or no change
		New in law and practice	New in law but not in policy	Modernises existing law			
Care and support plans	25		X		Apr 15	2	Impact of increased number of assessments undertaken may effect
Duty to meet needs	18			X	Apr 15	2	Low impact expected, may have an operational resourcing issue. Requires further analysis
Direct payments	31 32 33			X	Apr 15	2	Training and development of processes
Duty to meet carers needs	20	X			Apr 15	2	Resource implication as increased number of assessments. Clear guidance required on what carers can access
Advocacy	68 69	X			Apr 15	2	Contract is in place for advocacy services covering both children and adults, an increase in value may be required to meet new requirements.
Prevention	2		X		Apr 15	2	Some IT resource may be required to evidence outcomes. Needs to link in with clauses 4 and 5
Information and advice	4			X	Apr 15	2	IT resources may impact on aspirational delivery. Basic criteria to meet Bill can be rated risk 3
Market shaping	5		X		Apr 15	2	Market position statement in place. IT resources may impact on aspirational delivery
Financial assessment	17			X	Apr 15	2	Potentially large increase in number of assessments. Ensure documentation includes new thresholds. Potential IT resource issue
Deferred payments	34 35 36	X			Apr 15	2	Potentially large increase in number of applications. Potential IT resource issue
Continuity of care	37 38	X			Apr 15	2	Requires some work particularly around neighboring authorities
Steps to take	24		X		Apr 15	2	Introduction of new IT systems and processes. Unknown at this stage the impact of self funders and carers
Review and care and support plan	35		X		Apr 15	2	Impact of increased number of assessments undertaken
Power to meet needs	19			X	Apr 15	3	Low impact expected
Exception for immigration	21			X	Apr 15	3	Low impact expected

Responsibility	Clause	Adapted from LGA table			Date required	Risk	Herefordshire Council Position Statement 1 – requires significant work / decision 2 – partially met / some additional work required 3 – Minor or no change
		New in law and practice	New in law but not in policy	Modernises existing law			
Exception for NHS	22			X	Apr 15	3	Low impact expected
Exception for housing	23			X	Apr 15	3	Low impact expected
Recovery of charges, transfer of assets	70 71			X	Apr 15	3	Low impact expected, may have a resource issue in the future with an increased number of deferred payments being approved
Delayed discharges	73 S3			X	Apr 15	3	Little impact expected
Mental health after-care	74 S4			X	Apr 15	3	Little impact expected.
Registers	76			X	Apr 15	3	Little impact expected – but where is this held?
Provider failure	49 50 51 52 53		X		Apr 15	3	Local provider information required for all services, not just commissioned. Needs to link in with 4 and 5
Cross border placements	S1	X			Apr 15	3	Need to assess the likely impact of this
Wellbeing principle	1		X		Apr 15	3	Some work required to embed principle into documentation
Human rights act	48		X		Apr 15	3	Need to ensure this is incorporated into all contracts ongoing
Prisoners	75		X		Apr 15	3	Low impact
Co-operation – general	6 7			X	Apr 15	3	Low impact (unless including IT solutions)
How to meet needs	8			X	Apr 15	3	Low impact
Ordinary residence	39 40 41	X			Apr 15	3	Little impact expected
Choice of accommodation	30		X		Apr 15	3	Little impact expected
Integration	3		X		Apr 15	3	Little or no impact on current processes , some relationship building required

2.2.3 Comparisons of Herefordshire Council's clause-by-clause stocktake with analyses conducted by other councils (e.g. Hammersmith and Fulham / Kensington and Chelsea / City of Westminster, Oldham, Bromley, Manchester, Shropshire, Nottinghamshire) indicate that the impacts identified for Herefordshire and the clauses requiring prioritisation are broadly in-line with other local authorities.

2.2.4 Whilst Herefordshire Council is not ahead of other authorities in terms of preparations, our progress can be described as broadly in line or a month or so behind the majority of local authorities. A survey undertaken by the County Councils Network in February 2014 identified that all 30 councils that responded had begun local preparations for the Care Bill, with 77% indicating that preparations are at an early stage. Development of internal briefings, conducting gap analyses and establishing project management were examples of specific actions being undertaken by other authorities.

2.2.5 The same survey identified that many authorities considered it difficult to move beyond the early preparation stages since many key details of the local implementation framework will not be clear until draft regulations and statutory guidance are produced later in 2014. However, due to the tight timescales it is imperative that the council does make preparations to implement the Bill, even though some of the precise details are not yet known.

3 IMPACT ANALYSIS

3.1 Overview

3.1.1 The significant implications of the Care Bill for Herefordshire are:

- Potential additional costs in the region of £1.9m in 2016/17 for Herefordshire (top level calculation using national estimates – may be an underestimate)
- Increased demand for assessments for both self-funders and carers, which will generate significant workforce capacity and financial pressures
- Potential increase in the number of people becoming entitled to local authority support due to the raising of the means test capital asset threshold
- Our IT systems, particularly case management system, will need investment and development to ensure they support the requirements of the Care Bill
- Considerable learning and development will be required across the whole adult social care workforce
- A decision will be needed on what services the council will charge for

3.1.2 The changes required by the Care Bill must also be considered in the context of key financial and demand risk factors that are already affecting adult social care in Herefordshire. This includes demographic factors, particularly the ageing population of the county and the increase in younger adults with complex disabilities. The combined impact of demographic change and the new legislative requirements of the Care Bill present a significant challenge that will require a council-wide response.

3.2 Financial implications

3.2.1 The financial implications of the care bill are wide ranging and encompass the introduction of a cap on care costs, a significant increase in the capital assets limit (below which people are entitled to local authority funded care), the extension of current deferred payment arrangements and the requirement to provide assessments for carers in their own right. Whilst a full detailed

analysis of the potential additional costs is not yet complete a top level calculation using national cost estimates indicates this could be in the region of £1.9m in 2016/17 for Herefordshire, however this may be understated as Herefordshire has a higher proportion of self-funders than the national average.

3.2.2 The headlines and national focus to date have been on the introduction of the care cap in April 2016 which will limit the amount clients have to contribute to their care to £72,000 (for people aged over 65). This will undoubtedly have an impact on council budgets as it is estimated approximately 70% of all residential and nursing care beds in the county are occupied by self funders (estimated at between 1000 & 1100 people).

3.2.3 The impact on social care budgets will be two-fold as many of these self-funders will be using their savings to fund their care. The initial financial impact will be created by a surge in demand from self-funders who apply to have their eligibility assessed so that a care account can be created and their expenditure towards the cap can be recorded and tracked. Using high level national estimates this may create a pressure in the region of £600k, and may impact in part in 2015/16 as local authorities can undertake early assessments in the six months prior to implementation on 1st April 2016.

3.2.4 Of more urgent concern as a budget pressure for 2016/17 is the raising of the capital asset threshold from the current threshold of £23k to £118k. A number of people currently funding their own care are likely to fall below the new higher threshold and, if their needs are eligible, will immediately become entitled to local authority support. The number of people this may affect is not currently known (there is no current requirement to track this information) and work is required urgently to evaluate the potential cost pressure.

3.2.5 The requirements to undertake assessments for both self-funders and carers is likely to create a significant financial pressure in the year leading up to the introduction of the care cap, and there will be an ongoing requirement for reviews on for an additional number of people as a result.

3.2.6 Other costs will be incurred to meet new training requirements, provision of information and advice and IT systems changes to meet the changes arising from the implementation of the Care Bill.

3.3 IT Systems implications

3.3.1 Robust IT infrastructure will be critical to enabling the council to meet the requirements of the Care Bill. The business and technical programme of work to support the Care Bill is significant, in particular the changes the Bill will necessitate of the existing case management system.

3.3.2 The Care Bill has wide ranging implications for IT and case management systems, such as holding, maintaining and reporting data on groups previously we have had little or no contact with, particularly self-funders; managing increased demand for assessments and changes to assessment (such as the inclusion of outcomes); setting up and monitoring care accounts and producing annual individual summaries; providing information and advice accessible to all; and ensuring case management systems meet the data collection and reporting requirements of the universal eligibility threshold.

3.3.3 Currently Adult Wellbeing uses Frameworki as its case management system. The provider of this system is in the process of developing upgrades and additional systems solutions to enable Frameworki to meet the requirements of the Care Bill.

3.3.4 A key strategic decision is required within the next month to agree what IT strategy the council wishes to pursue to ensure we have a case management system that can support it in

implementing and meeting the requirements of the Care Bill. A working group, which will report to the Information Management and Technology Board, has been established to analyse the options in depth, particularly the cost implications. Agreement of this IT strategy will be critical in implementing the Care Bill, particularly as it will have financial implications, impacts on operational processes and subsequently on workforce training requirements.

3.3.5 As well as meeting the requirements of the Bill this analysis must also include consideration of broader factors such as:

- Improving data quality
- Ongoing maintenance and review
- Meeting reporting requirements
- Sharing of data between health and care systems
- Provision of advice to citizens
- Developing solutions which support working with all providers, including voluntary and community providers
- Linking systems with Children's services

3.3.6 Part of the work required in the analysis of system requirements to support the Care Bill is also an exploration of the IT solutions available to support the council in meeting the Care Bill requirements, such as online assessments, e-marketplace, pre-paid cards and commitment accounting.

3.4 Workforce implications

3.4.1 The requirements set out in the Care Bill present a number of major operational challenges to Adult Social Care. Managing increased demand for services and assessments and increased client contact within the context of new and updated policies, procedures and processes will have implications both on workforce capacity and the specific workforce skills required.

3.4.2 An increased demand for assessments (and subsequent increase in need for reviews) will be a significant impact of the Care Bill. The County Councils Survey in February 2014 identified that workforce capacity to meet this increased demand is a key concern for all local authorities.

3.4.3 In the context of the Care Bill, the workforce in Herefordshire will need to have the capacity and capability to:

- work within a framework of quality and safety
- work within a framework of outcomes base commissioning
- work with the housing, prevention and continuing care agenda
- work with information, advice and advocacy
- work with and understand the law reform, the models for paying and charging for care, the framework for assessment and eligibility criteria; care planning, personalisation and care markets
- work with and have confidence to work in the context of digital working, learning and information sharing and
- work with integrated models of care and support and multiple change agendas.

3.4.4 The changes instigated by the Care Bill will necessitate considerable learning and development across the whole adult social care workforce in terms of knowledge and information, skills and behaviour, culture and commitment and a shared language and understanding

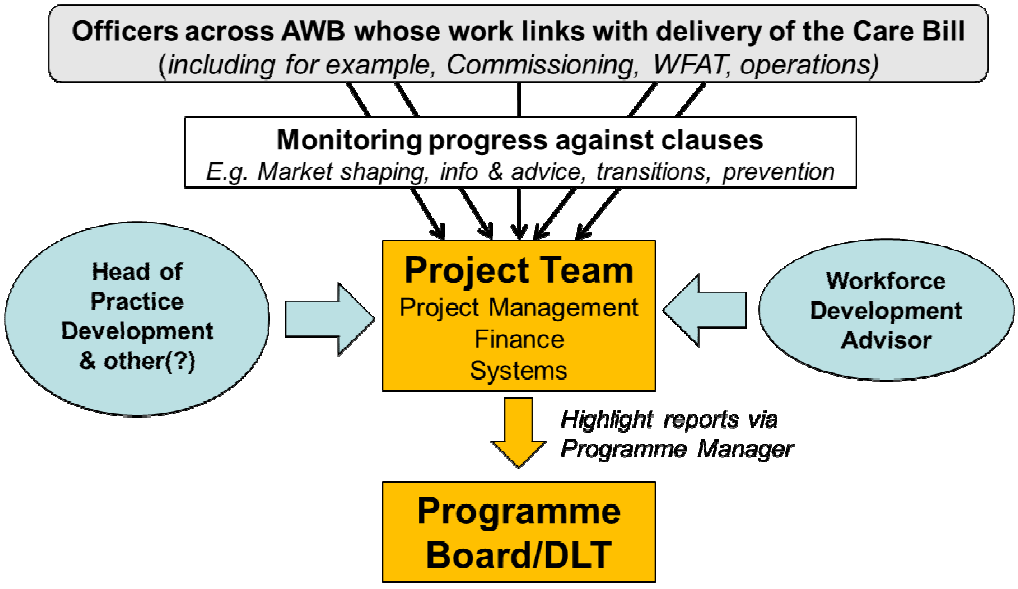
3.4.5 Herefordshire Council has signed up to become an intermediate level pilot site for Skills for Care to pilot the Workforce Capacity Planning Resource and Model. By working through this model the council will be able to work out whether or not it has the right mix and numbers of workers with the right skills and knowledge to implement care and support reform.

4 IMPLEMENTATION PLAN

4.1 Project Structure

4.1.1 Prioritisation of the clauses identifies that those requiring urgent action (those with a risk rating of 1 on Table 2) are predominantly those with significant implications in terms of finance and IT systems. As such, a project team has been established with a view to particularly focus on these areas. Workforce and operational considerations will also link closely with the project team, as outlined in Diagram 2.

Diagram 2: Project Team structure



4.1.2 The Care Bill project team sits within the broader Adult Wellbeing Transformation Programme. Positioning of the project within this programme is advantageous as enables the Care Bill implementation work to fully link with other key projects underway locally, particularly the Better Care Fund which sits as another project within the Transformation Programme.

4.2 Core workstreams (Finance and IT Systems)

4.2.1 Within the core focus of the project group on finance and IT systems, specific workstreams will be developed following further scrutiny and scoping of those clauses identified as a priority with significant implications.

4.2.2 The workstreams developed to implement the new social care funding arrangements and changes to IT systems will need to:

- Identify / estimate the numbers of self-funders locally (*work already underway)*
- Estimate the amount of time it will take to assess self-funders prior to the go live date
- Consider options for proportionate assessments and how to undertake self-funder assessments in order to manage increased volumes
- Assess timescales and costs required to ensure IT and finance systems are configured to establish Care Accounts
- Review IT, finance and practice processes
- Review and refine estimates of the cost of the Care Cap
- Define the IT requirements of the Care Bill and assess the capabilities of existing systems
- Identify IT solutions that may support implementation of the Care Bill

4.3 Assurance and monitoring (for all clauses)

4.3.1 Whilst the Care Bill project team will primarily focus on those aspects of the Bill that have significant financial and IT systems implications, it is imperative that all other requirements of the legislation are not forgotten.

4.3.2 It is proposed that clauses identified as 1 or 2 in terms of risk, but not having significant financial or IT systems implications are managed through a "business as usual" approach, with the relevant Care Bill requirements being built into existing projects and areas of work across Adult Wellbeing and monitoring and assurance against these clauses coordinated via the Project Team. For instance, the Care Bill will introduce a new duty on local authorities in relation to information and advice. Rather than instigate a new "Care Bill Information and Advice Project" it will be more effective use of resource to ensure that existing commissioning activity in Adult Wellbeing in relation to information and advice ensures that the Care Bill requirements are complied with as part of that wider piece of work.

4.3.3 Those clauses which have been identified as needing no or very little action by the local authority (i.e. those with a risk rating of 3 on Table 2) will still require monitoring, review and may potentially need resources allocated to ensure compliance with the new legislation. At this stage they have been assessed as requiring minimal resources and are therefore of less urgency.

4.4 Budget and resources

4.4.1 A sum of £458k has been identified within the better care fund for 2015/16 to support the implementation of the care bill, but this has not be confirmed and agreed yet with the CCG. This funding does not meet the anticipated increase in financial burdens for local authorities in providing care for an increased number of people.

4.4.2 An additional £183k capital investment funding for IT changes from the Information Management and Technology (IM&T) budget.

4.4.3 We currently have no additional funding and resources specifically identified, although there have been indications nationally about a one-off contribution to local authorities in the region of £100k being made available. However, no formal notification of this has yet been received.

4.4.4 A dedicated project manager has been allocated to the Care Bill project.

4.5 Communications

4.5.1 Communication will be critical in effective implementation of the Care Bill and is being considered in two ways:

a. Internal communication to raise awareness of the Care Bill, ranging from council-wide briefings to specific activities among operational staff to highlight changes to operational practice.

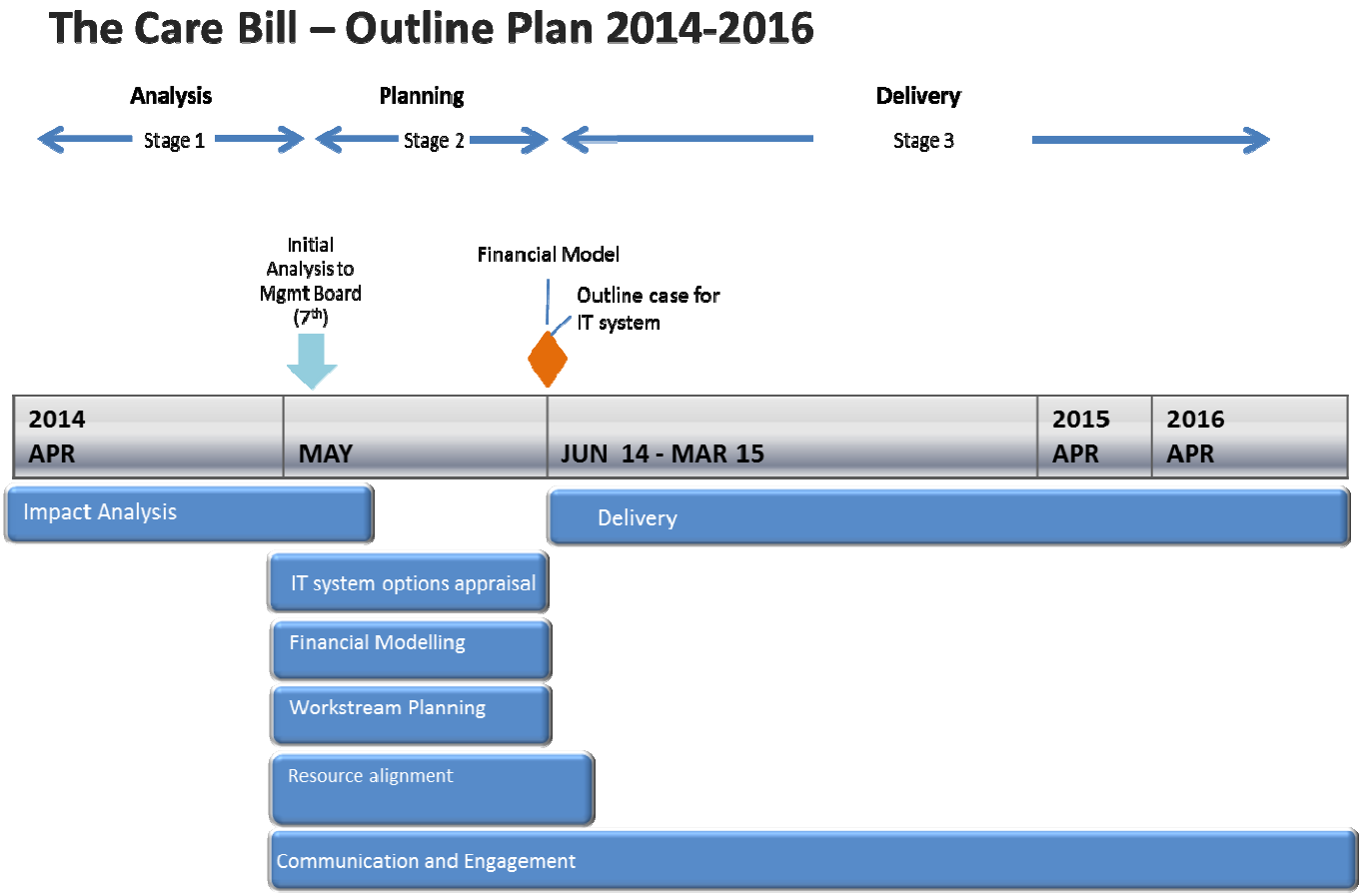
b. External communication with partner organisations and the wider public, particularly keeping people updated and making sure they are informed of their rights

4.5.2 A detailed communications plan will be drawn up following final completion of the impact analysis and establishment of the project workstreams. This plan will include:

- Ensuring that communications activities locally tie in with national communications campaigns
- Utilising our involvement in regional networks to co-develop resources and campaigns
- Tapping into existing local communications channels, both internal and external – work on scoping and mapping these channels is already underway.
- Planning public consultations for any aspects of the Bill which may represent a fundamental change

4.6 Outline plan

Diagram 3: High level time plan



Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
MEETING DATE:	**20 MAY 2014**

TITLE OF REPORT:	**ADULT WELLBEING PEER CHALLENGE**
REPORT BY:	**Director for Adults Wellbeing**

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To receive a presentation on the Adult Wellbeing Peer Challenge.

5. Recommendations

THAT: The report be noted

Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
MEETING DATE:	**20 MAY 2014**

TITLE OF REPORT:	**HEALTH AND WELLBEING BOARD WORK PLAN**
REPORT BY:	**Director of Children Wellbeing**

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

County-wide

Recommendation

That: The report be noted

Purpose

1 To seek the views of the Board and finalise the forward plan.

Reasons for Recommendations

2 The report is for information only

Appendices

3 Health and Wellbeing Board Work plan (to follow)

Background Papers

- None identified.