Herefordshire Council

AGENDA

Cabinet

Date:	**Thursday 23 July 2015**
Time:	**2.00 pm**
Place:	**The Chamber, Shire Hall, St Peter's Square, Hereford, HR1 2HX**

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

For any further information please contact:

Ruth Goldwater
Tel: (01432) 260635
Email: ruth.goldwater@herefordshire.gov.uk

If you would like help to understand this document, or would like it in another format, please call Ruth Goldwater on (01432) 260635 or e-mail ruth.goldwater@herefordshire.gov.uk in advance of the meeting.

Agenda for the Meeting of the Cabinet

Chairman	**Councillor AW Johnson**
Vice-Chairman	**Councillor PM Morgan**
	Councillor H Bramer
	Councillor JG Lester
	Councillor GJ Powell
	Councillor PD Price
	Councillor P Rone

AGENDA

Pages

PUBLICINFORMATIONFIREINFO OCT 14

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

To receive any declarations of interest by Members in respect of items on the agenda.

3. MINUTES 7 - 10

To approve and sign the minutes of the meeting held on 11 June 2015.

4. UNDERSTANDING HEREFORDSHIRE - THE JOINT STRATEGIC NEEDS ASSESSMENT AND HEREFORDSHIRE HEALTH AND WELLBEING STRATEGY 11 - 130

To note and use Understanding Herefordshire as the overall evidence of need to inform business planning, decision-making and commissioning and to note the Herefordshire Health and Wellbeing Strategy that has been approved by the Health and Wellbeing Board.

5. CHILDREN'S SAFEGUARDING UPDATE 131 - 168

To inform Cabinet of the letter dated 24 March 2015 from the Department for Education (DfE) lifting the intervention notice and to provide an update on the progress to date on the Ofsted improvement plan.

6. END OF MAY CORPORATE PERFORMANCE AND BUDGET REPORT 169 - 190

To invite cabinet members to consider performance for the first two months of 2015/16 and the projected budget outturn for the year.

The Public's Rights to Information and Attendance at Meetings

YOU HAVE A RIGHT TO: -

- Attend all Council, Cabinet, Committee and Sub-Committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Cabinet, Committees and Sub-Committees.
- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage).
- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, Committees and Sub-Committees and to inspect and copy documents.

Public Transport Links

- The Shire Hall is a few minutes walking distance from both bus stations located in the town centre of Hereford.

RECORDING OF THIS MEETING

Please note that filming, photography and recording of this meeting is permitted provided that it does not disrupt the business of the meeting.

Members of the public are advised that if you do not wish to be filmed or photographed you should let the governance services team know before the meeting starts so that anyone who intends filming or photographing the meeting can be made aware.
The reporting of meetings is subject to the law and it is the responsibility of those doing the reporting to ensure that they comply.

FIRE AND EMERGENCY EVACUATION PROCEDURE

In the event of a fire or emergency the alarm bell will ring continuously.

You should vacate the building in an orderly manner through the nearest available fire exit and make your way to the Fire Assembly Point in the Shire Hall car park.

Please do not allow any items of clothing, etc. to obstruct any of the exits.

Do not delay your vacation of the building by stopping or returning to collect coats or other personal belongings.

The Chairman or an attendee at the meeting must take the signing in sheet so it can be checked when everyone is at the assembly point.

HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Cabinet held at Shire Hall, St Peter's Square, Hereford, HR1 2HX on Thursday 11 June 2015 at 2.00 pm

Present: **Councillor AW Johnson (Chairman)**
Councillor PM Morgan (Vice Chairman)

Councillors: JG Lester, GJ Powell, PD Price and P Rone

In attendance: **Councillors JM Bartlett, WLS Bowen, BA Durkin, TM James, RI Matthews, AJW Powers, Mr A Neill, Ms H Coombes, Mrs J Davidson, G Hughes, Robinson and Claire Ward**

Officers: **Mr A Neill, Ms H Coombes, Mrs J Davidson, Mr G Hughes, Mr P Robinson, Ms C Ward**

78. APOLOGIES FOR ABSENCE

Apologies were received from Councillor H Bramer.

79. DECLARATIONS OF INTEREST

There were no declarations of interest.

80. MINUTES

RESOLVED: That the Minutes of the meeting held on 19 March 2015 be approved as a correct record and signed by the Chairman.

81. FINANCIAL OUTTURN 2014-15

The chief financial officer presented the report, which sets out how the council delivered an underspend compared with budget. This includes significant improvements in Adults and Wellbeing spending compared with previous years when the Directorate had overspent.

Capital schemes of £78m have been delivered. The pension fund deficit has increased by £52m to £211m. A revised payment profile will be agreed following the actuarial valuation in March 2016. An increase in reserves was reported.

Responding to the Independent group leader, the chief financial officer confirmed that the reported outcomes were satisfactory. In response to an observation by the Liberal Democrat group leader, the chief financial officer explained that the £6m loan in respect of the Energy from Waste scheme was included in the capital outturn, as PFI assets are now included in the council's balance sheet.

The leader of It's Our County commended officers for this outturn and requested that in future reports more detail was included on the proportion of expenditure covered by capital grants per scheme. It was confirmed that this would be possible, and further clarified that there has been an increase in borrowing as some schemes are "spend to save". In some cases, there are rental arrangements in lieu of debt repayments, which in revenue terms results in a saving.

In response to a further question from the leader of It's Our County regarding the projected rise in the financing requirements, it was confirmed that this was in relation to debts; borrowing will increase although this is mitigated by the plan to dispose of assets.

RESOLVED THAT:

(a) the financial outturn for 2014/15 be noted;
(b) the movements in reserves be noted and approved; and
(c) the treasury management outturn report be recommended to Council for approval.

82. QUARTERLY PERFORMANCE REPORT

The assistant director, place based commissioning, presented the report which sets out performance by directorate. It was noted that paragraph 18 of the report should refer to Ledbury and not Ludlow as stated.

Achievements highlighted included the refresh of the health and wellbeing strategy, improvements in secondary education and improvements in road maintenance.

The Deputy Leader thanked officers for work on the Master's House in Ledbury, which has created a fantastic asset.

In response to a question from the Independents group leader, it was explained that there had been joint work between Herefordshire and engagement with local Members of Parliament.

The leader of It's Our County asked about funding that was designated for emergency work in relation to Colwall School. It was confirmed that there was revenue funding allocated to all schools and that Colwall was the only school to benefit from a capital grant application.

The leader of It's Our County commented on achievements in Adults and Wellbeing which include compliance with the Care Act and future risks identified, and asked if there would be detailed regular performance monitoring reports. It was confirmed that there would be quarterly reporting on the Care Act and it is hoped that by the end of July there would be confirmation of whether phase 2 of the Act would proceed, and Members will be briefed on this.

The chairman of the General Overview and Scrutiny Committee commended the new records centre, describing it as good value for money and an asset for the county. However, he expressed concern over the schools estate,that schools are too small and in need of updating, with limited budget being an additional factor; it is hoped that this would be reviewed through the Overview and Scrutiny Committee.

The chairman of the Health and Social Care Overview and Scrutiny Committee referred to refuse sacks and bin collections mentioned in the report, commenting that more and more domestic rubbish is being dumped and that this needs taking into consideration.

RESOLVED THAT:

Performance for 2014/15 be noted.

83. CORPORATE PERFORMANCE AND FINANCE BUSINESS PLANNING PROCESS

The report was presented by the assistant director, place based commissioning, and the chief financial officer.

The process was set out for developing the corporate forward plan for the next four years, in recognition of the link between the corporate plan and finance.

The implementation timeframe includes a period of consultation with the view to seek approval by Council in February 2016. A key point is understanding engagement in developing plans and through public consultation.

With the new administration, the strategy would be extended into 2019/20. The paper sets out the projected savings required in this period and the current year amounting to £42m, which would now be significantly more difficult without making substantial changes in how services are delivered.

The report shows how funding is reduced with growing pressures. There is an increasing number of older people, with 31% of the population estimated to be over the age of 65 by 2030, increasing demand for services. The proportion of the overall budget for adult care is therefore estimated to increase, as it has over the past five years. Assumptions set out in the report are felt to be realistic. More information will be available from the budget in July and comprehensive spending review in October. Consultation and engagement with new Cabinet Members, the public and other stakeholders including local MPs is key in establishing how to achieve targets.

The Green group leader referred to some of the report's assumptions, in particular the public's view on paying more in council tax and whether this could be revisited. She further asked about the achievability of the rate of new homes to be built by 2020 and whether there was a contingency plan. It was confirmed that the rate assumed for home-building was 500 houses per year, and would be dependent on the Local Development Framework being adopted as well as the county's infrastructure.

In response to the leader of It's Our County's request for quarterly reporting on growth and a question on how this report relates to the economic master plan for the county, the chief executive explained that forward plans would be brought to Cabinet in coming months and that the master plan is not intended to repeat what is happening in the county.

The gathering of reliable data including growth indicators was noted as critical.

The chairman of the Health and Social Care Overview and Scrutiny Committee noted the number of planning permissions granted that had not commenced development, with concern that land-owners were banking land.

The Liberal Democrat group leader commented on the increased financial demands on the council with growth in housing.

In response to a question regarding the increase in the pension deficit from the Cabinet Member for Infrastructure, the chief financial officer confirmed that it is normal to be paying such debt over a long term, 21 years. The amount repaid each year is revised based on actuarial valuations. Responding to the Liberal Democrat group leader regarding the pension deficit, the chief financial officer explained that the value of assets has increase significantly by about 8% but the value of obligations had increased by 19%, mostly due to increased life expectancy. More detail is set out in the council's draft accounts on the website.

RESOLVED THAT:

(a) the approach outlined in the report to developing the corporate plan and medium term financial strategy be agreed; and
(b) the timescale for future budget monitoring and performance reports be noted.

The meeting ended at 14:50 **CHAIRMAN**

MEETING:	**Cabinet**
MEETING DATE:	**21 July 2015**
TITLE OF REPORT:	**'Understanding Herefordshire' - the joint strategic needs assessment and Herefordshire Health & Wellbeing Strategy**
REPORT BY:	**Director of adults & well being**

1. Classification
Open

2. Key decision
This is not a key decision

3. Wards Affected
County-wide

4. Purpose

4.1 To note and use Understanding Herefordshire as the overall evidence of need to inform business planning, decision-making and commissioning.

4.2 To note the Herefordshire Health and Wellbeing Strategy that has been approved by the Health and Wellbeing Board.

5. Recommendation

THAT:

(a) the evidence base be noted (consisting of Understanding Herefordshire and the underpinning data), and used to inform future planning, decision making and commissioning; and

(b) the health & wellbeing strategy be noted and published

6. Alternative Options

6.1 There are no alternative options to producing Understanding Herefordshire; it incorporates the joint strategic needs assessment which the council has a statutory duty to produce. The Health & Wellbeing Board has been established under the provisions set out in the Health & Social Care Act 2012 and is a key strategic leadership forum that drives ongoing improvements in health and wellbeing across Herefordshire. The Board has a duty to agree and publish a joint health and wellbeing strategy setting out ambitious

outcomes for improved health and wellbeing across Herefordshire.

7. Reasons for Recommendations

7.1 'Understanding Herefordshire' our population needs assessment is produced to ensure that future decisions on service priorities, planning and commissioning are based on what we understand about the key issues and long-term challenges in Herefordshire. It is a resource for use by the public sector, voluntary sector and the independent sector to inform decision making to ensure the needs of the population are responded to. As an evidence base it can be used to inform the process for budget decision making and obtaining funding to meet need in the county (from government, the EU and investment by the private sector in the county).

7.2 We have developed a health and wellbeing strategy based on the needs assessment and through engagement with a wide range of stakeholders and communities we have developed a health and wellbeing strategy. This sets out the vision and strategic direction for public sector partners in collaboration with the independent sector, voluntary sector and communities to improve the health and wellbeing of the population over the next five years. It provides an overarching framework for commissioning and service planning across the local public sector system. The health and wellbeing strategy sets out the vision and the five year approach to providing and commissioning the shared priorities for improving the health and wellbeing and reducing health inequalities in the population. It provides an overarching framework for commissioning and service planning across local health, social care and voluntary.

8. Key Considerations

8.1 Understanding Herefordshire 2015 provides a single integrated assessment of health and wellbeing needs of the people of Herefordshire, meeting the statutory requirement to produce a joint strategic needs assessment (JSNA) to inform corporate business planning and commissioning intentions across the council. The full evidence database forming and underpinning Understanding Herefordshire will be available on the facts and figures website. The JSNA and informs the health and wellbeing strategy, which has recently been approved by the health & wellbeing board and is attached at Appendix A.

8.2 The health and wellbeing strategy has been developed through extensive engagement with a wide range of stakeholders including communities and voluntary sector groups. The seven priorities identified in the strategy will be monitored by the health and wellbeing board to ensure that progress is made on delivering outcomes.

8.3 The JSNA summary report (attached at Appendix B) provides a comprehensive picture of the county in 2015. The analysis is data led and highlights some of the challenges and opportunities to make improvements to the health and wellbeing of the population in three main areas: adult social care, children, and economic growth, thus reflecting corporate priorities. In developing the report, wider determinants of health (housing, transport and so on), and health inequalities were consistent themes.

8.4 The report focused on these key areas for several reasons:

I. Herefordshire's economic growth is still slow several years after the economic downturn at the end of the last decade, impacting negatively on resources and assets that the community at large have at their disposal. At a time when there is significant pressure on public finances and organisations need to deliver statutory services at a reduced cost and improve the outcomes for the population, it is essential that the best use of collective resources is made and this is a key part of the council's corporate plan priorities. The two are inter-linked.

II. Given the aging structure of the county, enabling residents to be independent and lead fulfilling lives by improving outcomes for all adults is a priority, particularly for those who are made vulnerable by circumstance. The overarching vision for adult social care is to fundamentally change the way services are delivered by enabling adults to reduce dependency on the state, supporting them (and their carers if any) to look after themselves better and empowering the community to support individuals' self determination as long as possible. By focusing on improving public health outcomes, strengthening our housing offer and encouraging people to live a healthier lifestyle then demand on adult social care and the NHS will reduce.

III. Herefordshire's overarching vision for looked after children and those with complex needs is the same as for all of Herefordshire's children and young people – *that we keep them safe and give them a great start in life.* Here too the way services are delivered is changing enabling children, young people, families and communities to exercise more choice and control over their lives.

8.5 **Children's**

a) The identification and response to critical issues that affect the development of children and young people so as to make a positive long term contribution to their lives was explored under various topics.

b) Physical health of children needs improvement in terms of uptake of vaccination boosters; a particular concern for Public Health England is low uptake of human papilloma virus (HPV) vaccine for girls aged 12 -

13 years.

c) Obesity in children is increasing, although current rates are not significantly higher than the national figures for under 5 year olds and Year 6 cohorts (10-12 years). There is a clear link between obesity and income deprivation affecting children due to a poor diet of saturated fats, sugars and carbohydrates through consumption of processed foods which are cheaper to purchase.

d) Increase in the number of children that are ready for school at the end of the Early Years Foundation Stage (EYFS) to make a successful transition to school, with children rated as achieving a good level of development in the top quartile nationally. Educational attainment is improving steadily at all key stages with excellent progress at Key Stage 4, in comparison with England. However, the educational achievement gap between children in receipt of free school meals and who have English as an additional language compared with children who do not is wide and wider than the national average (England).

e) The incidence of teenage pregnancy, repeat abortions and sexually transmitted infections (STIs) is high among young people aged under 19 years. The rates of STIs across the county are highest in the most deprived communities in Herefordshire, around three quarters higher than the rest of the county. Re-infection amongst young people is a marker of persistent risky behaviour, suggesting a lack of health information, or understanding of health risks, preventative measures or possibly, the effect of cultural pressures that override practicing safe sex.

f) Emotional wellbeing and mental health of children is a concern. Young people are accessing the Child and Adolescent Mental Health Services (CAMHS), but many fall through the net as they transfer from CAMHS to adult mental health services. The service needs to be more person centred, with clear pathways and easier access to health services. More young women aged 15-19 years self harm than young men.

g) In 2014, 75 juveniles aged 10-17 entered the youth justice system in the county for the first time. Although numbers have declined steadily from 2007, reducing crime in young people is a high priority as potentially, these offenders can be rehabilitated to seek a better way of life. This requires a better understanding of the drivers leading to offending and re-offending. Domestic abuse is the main reason why children have protection plans and/or taken into care. Whilst protection of children and young people has improved, there is limited availability of therapeutic services for children and young people, leaving many with life long emotional and mental problems after the abuse ends.

8.6 **Adults**

a) The main causes of adult mortality in Herefordshire in 2014 were cardiovascular diseases, principally coronary heart disease and stroke (32 per cent), cancers (28 per cent), respiratory diseases (12 per cent). All of these diseases are preventable by making the right lifestyle choices such as not smoking tobacco, drinking alcohol in moderation, engaging in regular physical activity, and a having healthy diet. Evidence shows that people in Herefordshire could make better choices. In 2012, 66 per cent of adults were estimated to be either overweight or obese.

b) Dementia accounted for 7 per cent of all deaths. With an aging population, it is clear that the prevalence of dementia will also increase as age is an indicator of dementia. By 2030, it is projected that Herefordshire will have over 5,000 persons aged 65+ years with dementia, and around 30 per cent of the population aged 90+ years are anticipated to develop the condition.

c) Premature mortality (that is, under the age of 75 years) during 2010 and 2014 accounted for approximately 30 per cent of all age mortality in the county, with cancers and cardiovascular diseases being the main cause of death. Cancers and circulatory diseases account for around 60 per cent of the annual total of years of life lost in the county.

d) In Herefordshire, where a person is born influences how long they live: life expectancy measures at birth show a clear link between low life expectancy and high levels of deprivation.

e) Living well can sometimes be a challenge for the county's residents. The national target is to achieve 75 per cent uptake of influenza vaccine across those aged 65+ years is proving challenging locally (53.9 per cent) and nationally (52.3 per cent). The potential impact of 'flu' and pneumonia on health may be gauged by the current mortality spike being experienced locally with 50 deaths from January to March 2015 alone. A mental health needs assessment in 2014 found that Herefordshire is estimated to have over 14,000 adults with common mental health conditions[1], higher among females across all conditions. Severe and enduring conditions[2] accounted for over 1400 registered patients at the end of 2013/14. There is a potential correlation between an increase in deprivation and propensity to self-harm, with more women self harming than men.

f) There is a pronounced correlation between alcohol-specific (caused exclusively by the consumption of alcohol) hospital admission and deprivation across the county. In 2013/14, around 25 per cent of alcohol related admissions in the county were of adults aged less than

[1] Such as, anxiety, depression, neuroses and phobias, post traumatic stress disorder, obsessive compulsive disorder.

[2] Such as non-organic psychosis, eating disorders, personality disorders, affective disorders, schizophrenia, self-harm.

45 years, 40 per cent were of those aged 45 to 64 years, and 35 per cent were aged 75+ years. 60 per cent of all admissions were among males.

8.7 **Economic Growth**

a) In 2013, Herefordshire was estimated to have 112,400 residents aged between 16 and 64. Just over 75 per cent of the working population are in employment.

b) The manufacturing and retail industries dominate the industrial landscape of Herefordshire. They are fewer in number but employ a large proportion of the working population on a full time basis. Ostensibly, jobs in these industries do not offer much value to the economy in terms of gross value added output (GVAO). Low economic productivity in turn influences how much employees can be paid, and how much they can demand, (creating a so called 'Catch 22' scenario). Therefore, a cause for concern is the low average weekly earnings of £405 compared to neighbouring counties and England. This is reflected in the low disposable income (GDHI) of a large proportion of the county's population, impacting more on women than men as women earn less than their male counterparts.

c) Deeper analyses reveals that there is a shortage of high level skills in the county, and this requires further exploration, particularly in regard to small businesses operating across Herefordshire.

d) The contribution of the self-employed is an important component of the county's economy; however, more forensic analysis is required to understand the economic components of self employment and small businesses/enterprises in the county, and their contribution to Herefordshire's overall economic growth.

e) Herefordshire's agriculture (as part of the land based sector [agriculture and forestry]) accounts for 80 per cent of land use, 9 per cent of economic activity (GDP) and 9 per cent of employment opportunities (few 'employees' but high numbers of 'self employed'). This sector is also perceived as offering some opportunities for the county to generate improved economic growth and wealth in that it is vital to developing renewable energy and eco-system services. The Marches LEP strategic economic plan identifies food and drink, agri-technology, visitor economy and environmental technologies and services as four (out of seven) business sectors that are important to the area. The farming community is changing and diversifying into

other more profitable businesses such as conversion of barns into holiday lets and farm shops, and unused or unusable land for recreational purposes such as quad-biking or camping. Dairy farming is declining, and fruit farms are expanding into the soft fruits market which relies heavily on seasonal migrant workers from 'new Europe' to pick the fruit in order for the sector to thrive. The long term impact of changes to the farming industry for Herefordshire's total economy is unknown.

f) Herefordshire's rich natural environment is an income generator that attracts visiting scientists for its biodiversity and millions of visitors annually. Tourism is important to Herefordshire's economic development with 'Visit Herefordshire' contributing an estimated £415.8 million to the economy by attracting over 5 million visitors. Sustaining tourism is therefore essential to the economy.

g) The evidence provided in this chapter points to a domino effect. To reverse the decline and boost economic growth in the county, Herefordshire needs to determine what sectors it wants to develop and promote, what employment it wants to create and what kind of businesses it wants to grow. Sustainable development is dependent on a clear understanding of what drives the local economy.

8.8 Wider Determinants of Health

a) Positive differences in Herefordshire's adult social care system, the health economy or increased life expectancy cannot be realised unless the wider determinants of health are addressed.

b) Transport and travel needs to be viewed more broadly as it presents challenges for many of Herefordshire's population, given the health inequalities and widely dispersed nature of the population living in both urban and rural communities.

c) There is an urgent need for mixed tenure of housing, and affordable housing for people who do not own their own homes, or have life limiting conditions. Housing is a real challenge for people migrating to the county for work (for example, the shortage of nurses has meant the NHS recruits from abroad) but the lack of an affordable rental market creates further challenges on a pressured system. Plans for new housing development in line with projected population growth in the county have been validated after a subsequent evaluation.

d) Herefordshire is a relatively safe place to live with generally low levels

of crime and recorded crimes steadily decreasing. The urban centre of Hereford is the least safe experiencing more crime than the rest of the county. Crime in rural areas is also low. The natural environment lies at the heart of wellbeing. Access to green spaces is key to engaging in physical activity on a daily basis and reducing the risks of acquiring life limiting conditions such as cardiovascular and respiratory diseases.

e) The health and wellbeing strategy has set out seven key priorities which are:

- Mental health and wellbeing (development of resilience)
- Children (starting well, looked after children, neet, young offenders)
- Older people (quality of life, social isolation, fuel poverty)
- Impact of housing (fuel poverty and poverty)
- Adults – long term conditions
- Special considerations – reducing health inequalities
- Hidden issues (alcohol abuse)

9. Community Impact

9.1 '*Understanding Herefordshire'* will increase the quality of the information, data and intelligence to inform integrated commissioning and strategic plans to achieve better outcomes for people who live and work in Herefordshire.

9.2 Members of the public and local expert stakeholders were engaged and involved in the development and ranking of priorities in the health and wellbeing strategy.

9.3 The health and wellbeing strategy will enable partners to collectively focus effort where impact will be greatest on the health and wellbeing of local people.

10. Equality and Human Rights

10.1 The Joint Strategic Needs Assessment (JSNA) 2015 (Understanding Herefordshire) will help improve the quality of the information used to inform intelligent commissioning to achieve better outcomes for people who live and work in Herefordshire. A key part of this is to ensure that inequalities in outcomes for particular groups of people in the county are investigated to ensure that the needs of all people are met wherever possible, particularly

those with protected characteristics.

10.2 One of the key aims of the health and wellbeing strategy is to reduce health inequalities and commission and provide services and programmes based on need ensuring that key groups are involved in the consultation and formation of the strategy priorities.

11. Financial Implications

11.1 For the JSNA, there are no direct financial implications other than more effective use of resources based on need.

11.2 Although there are also no direct financial implications resulting from the health and wellbeing strategy it is anticipated that the future commissioning plans which are informed by this will enable the council to manage demand more effectively which should lead to future savings. These savings will be quantified and reported as individual services are commissioned.

12. Legal Implications

12.1 *Understanding Herefordshire* fulfils the statutory requirement to produce an annual JSNA.

13. Risk Management

13.1 *Understanding Herefordshire* (and its associated web-based integrated evidence base) mitigates 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.

13.2 If the strategy is not published the Health and Wellbeing Board will be failing in its duty to agree and publish a joint health and wellbeing strategy.

13.3 Risk of not implementing the strategy will be mitigated by ensuring a process for the monitoring of progress is agreed and set up with Health and Wellbeing Board members.

14. Consultees

14.1 The JSNA development was overseen by a project group that had representation from all council directorates, and the clinical commissioning group and Herefordshire Voluntary Organisations (HVOSS). All data was analysed and validated within the council's strategic intelligence and then
14.2 approved through management board.

Further information on the subject of the JSNA report is available from Latha Unny, Research & Intelligence Lead, and on the subject of the HWB Strategy - Jo Robins, Interim Consultant in Public Health

The health and wellbeing board strategy was developed through analysis of the data in the JSNA, and an extensive consultation and engagement process across the voluntary sector, NHS providers and commissioners, Health Watch, community groups and other stakeholders. Those involved were also asked to help prioritise where the strategy should focus to ensure that the health and wellbeing board could have most impact. The health overview and scrutiny committee was also involved in the engagement process and the Health and Wellbeing Board has a clear plan for ensuring that progress on priorities is monitored

15. Appendices

Appendix A - Herefordshire Health and Wellbeing Strategy
Appendix B - Understanding Herefordshire (JSNA) Summary Report 2015

16. Background Papers

None identified.

Further information on the subject of the JSNA report is available from Latha Unny, Research & Intelligence Lead, and on the subject of the HWB Strategy - Jo Robins, Interim Consultant in Public Health

Herefordshire Health and Wellbeing Strategy – a great place to live

@HfdsCouncil
hfdscouncil

Herefordshire Council

Introduction

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

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

Contents

Foreword

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

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

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

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

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

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

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

Voluntary sector:

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

Why we need a health and wellbeing strategy

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

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

Our vision – what we want for the future

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

To achieve this we need to:

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

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

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

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

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

Translating the vision into practice

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

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

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

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

The local context

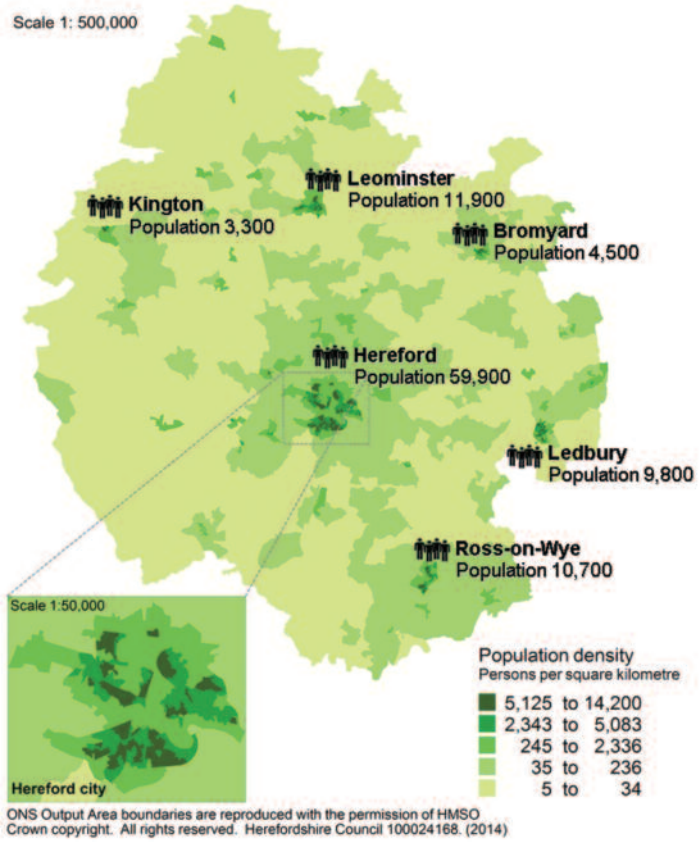
We are not starting from scratch; there is a wealth of information about the local population in key documents such as the Joint Strategic Needs Assessment (JSNA) - Understanding Herefordshire, that provides a high level picture and analysis of the needs of the population.

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

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

Herefordshire – the place and the people

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

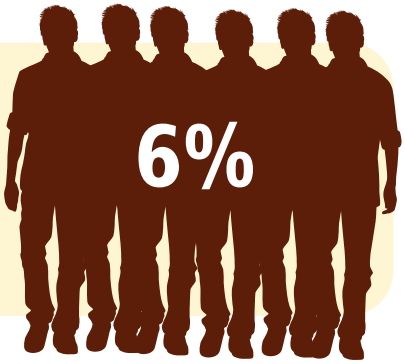


There are some special points to note:-

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

Population health

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



Children and young people health

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

- The prevalence of the misuse of stimulants is 7% versus 24% nationally

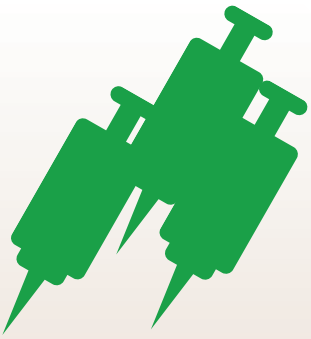
- 15% of hospital admissions for 15-19 year olds are pregnancy related

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

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

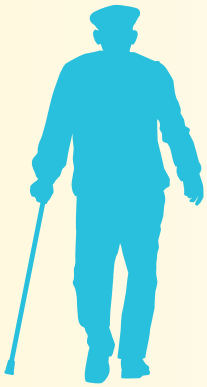
Adult Health

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



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

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



Older people's health

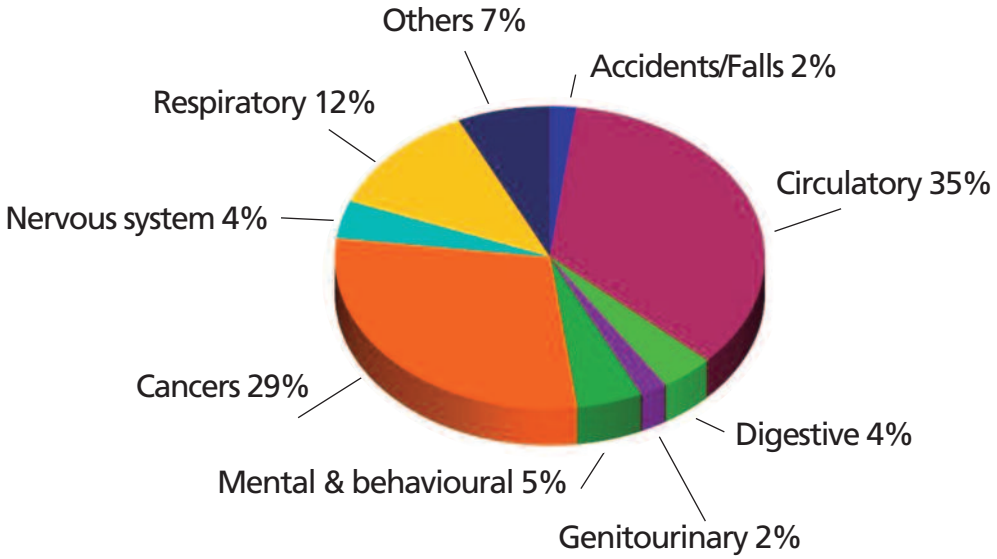
- There are a smaller proportion of older people in social care than the national average with 74% who receive care paying for this themselves, compared to 48% nationally, and 68% paying for residential care compared to 45% nationally

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

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

Common causes of death in Herefordshire

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

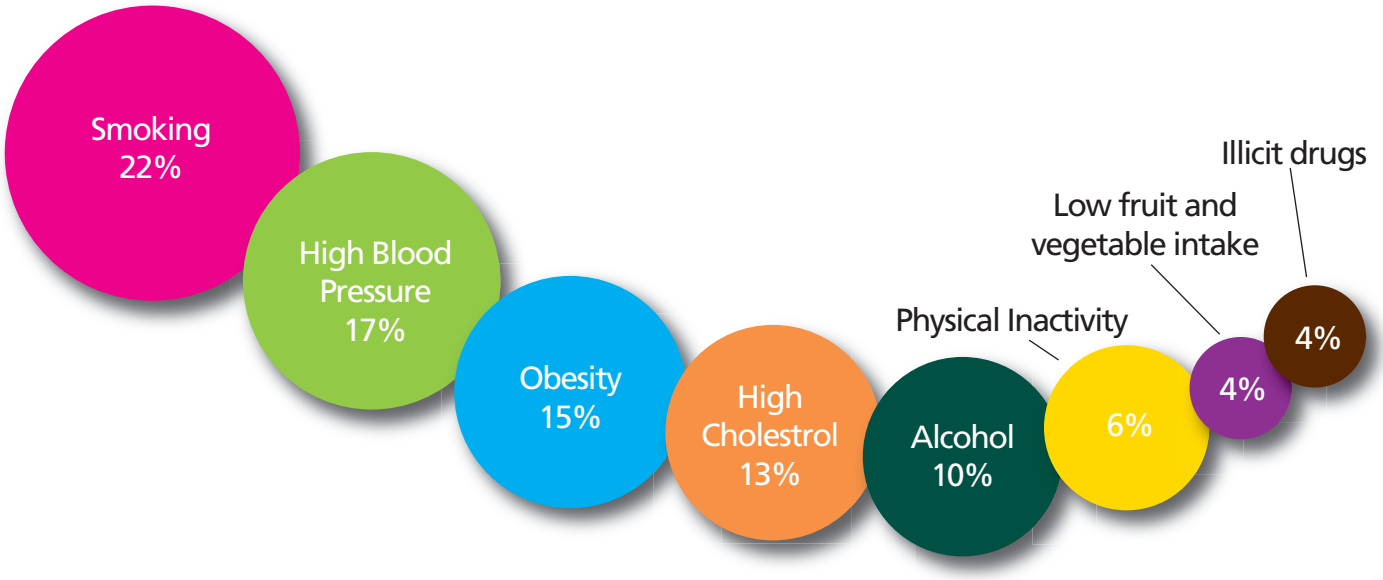


Modifiable risk factors

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

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

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



Our case for change - the rationale

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

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

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

Reducing health inequalities

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

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

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

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

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

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

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

In summary our challenges are:

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

We can create something better together…

Investing to save:

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

Local GP:

"We need to integrate third sector capability into primary care"

Our approach

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

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

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

Patient:

"It's not about curing – it's about educating me"

Agreeing our priorities

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

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

Involving people

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

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

These four approaches told us that Herefordshire people are:

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

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

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

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

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

socialisation

networks

physical activity

talking to others

support groups

social media

outdoor environment

sense of purpose

healthy diet

personal interests

local GP

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

How these skills could be used to support others

Our agreed priorities

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

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

3 - For older people
quality of life, social isolation, fuel poverty

4 - Impact of housing
fuel poverty and poverty and the impact on health and wellbeing

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

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

7 - Hidden issues
alcohol abuse in older men and women and young mothers

These priorities are underpinned by five themes:

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

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

Priority one

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

It is important because:

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

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

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

  (Source - Knapp et al, 2011)
- social networks have a significant impact on the health and wellbeing of people, and are a powerful predictor of mortality with evidence that adequate social relationships can help improve survival rate;
- a primary social network of three or less is a predictor of mental health disorders.

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

What are we already doing

CASE STUDY

Supporting healthier lifestyles

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

What will be different in the future?

We plan to deliver:

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

Priority two

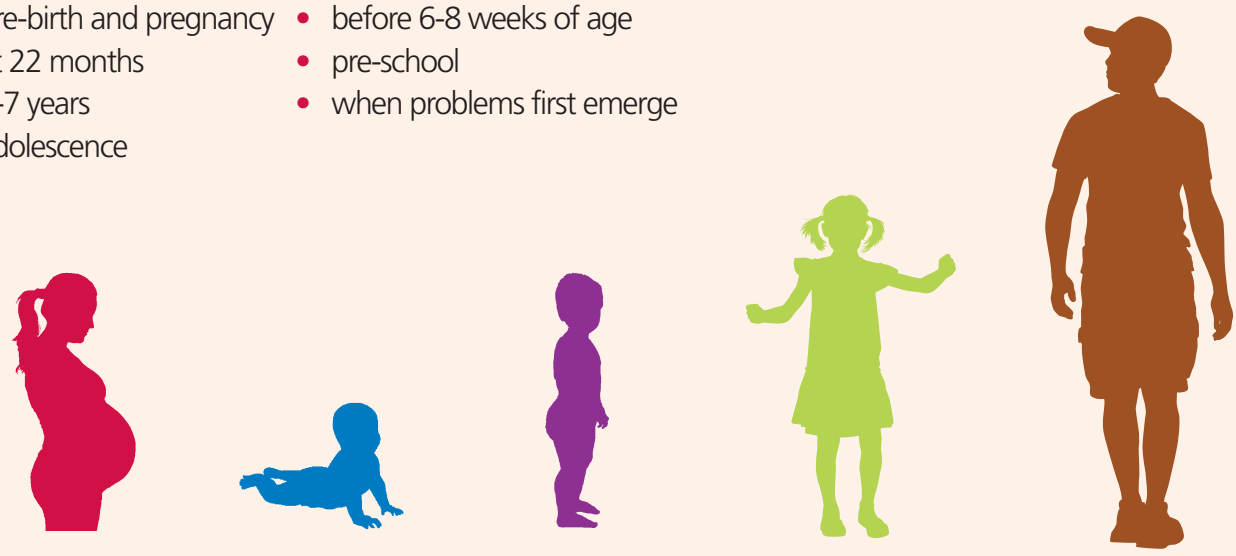
For children, starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health, pre-school checks, children with disabilities, young offenders, young people not in education, employment or training, looked after children.

It is important because:

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

The evidence tells us that giving children the best start in life will be immediately beneficial to mother and child and to their longer term health and wellbeing.
Experiences in early childhood (pre-birth to eight years) and in early and later education, provide important critical building blocks for the entire life course. There are important stages when real differences can be made in a child's life, these are during:

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



What are we already doing

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

Resident:

"Herefordshire's a great place to bring up children"

What will be different in the future?

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

Priority three

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

It is important because:

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

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

What are we already doing

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

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

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

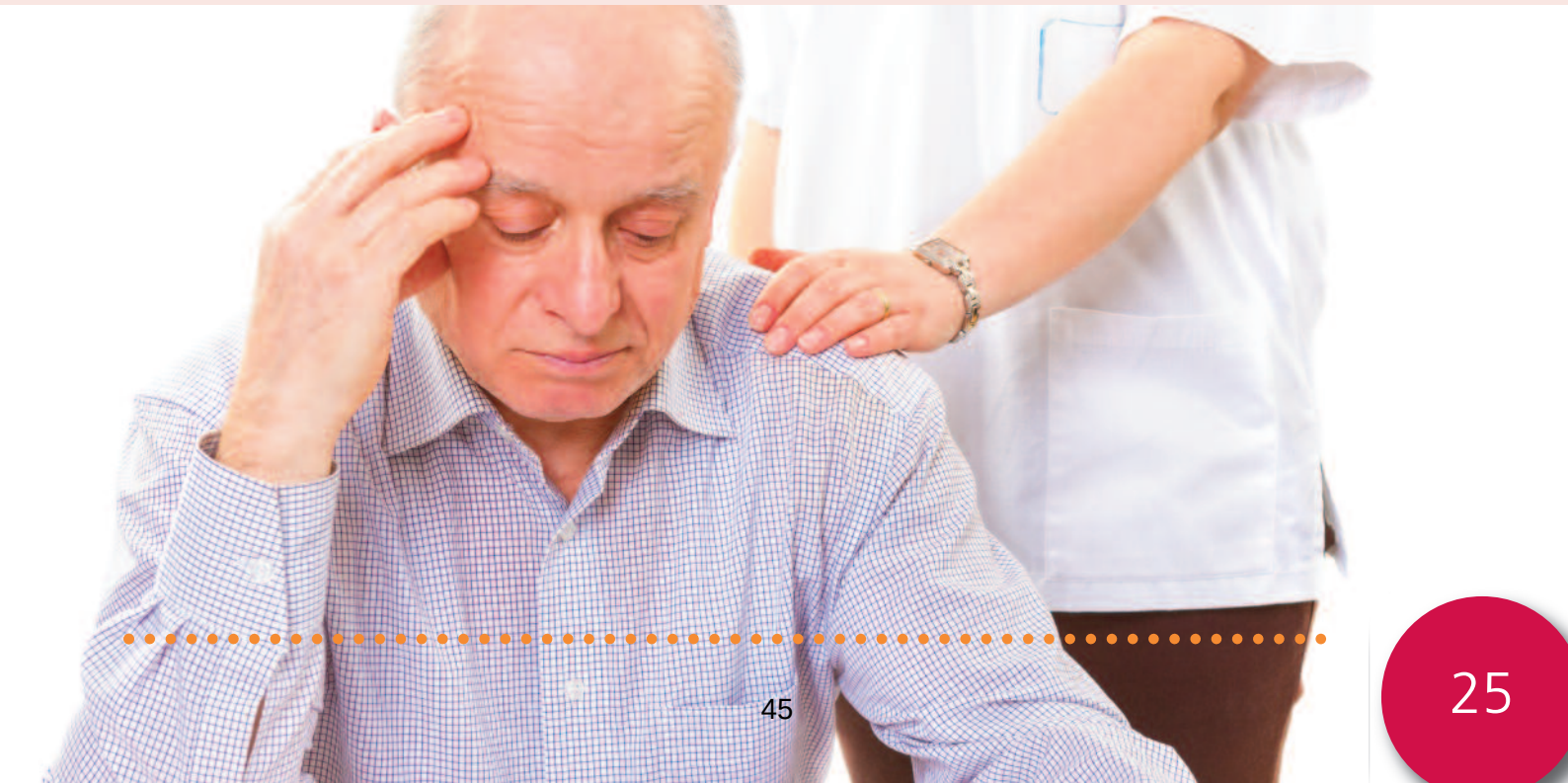
The virtual ward from a patient's perspective

CASE STUDY

Alan lives with COPD and heart failure. Over a period of18 months he ended up in hospital 15 times, usually via an ambulance at night in the emergency department. A typical stay in hospital would be 6-7 days. The 16th time Alan needed help in an emergency, instead of being rushed to hospital, he was introduced to the virtual ward, where he was treated at home by local doctors and specialist staff. As a result, he was given a care plan, advice and help on managing his illness and medication, plus regular support from specialists and help for his main carer – his wife.

What will be different in the future?

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



Priority four

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

It is important because:

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

What are we already doing?

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

Resident:

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

What will be different in the future?

There will be:

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

Priority five

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

It is important because:

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

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

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

What are we already doing?

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

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

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

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

What will be different in the future?

There will be:

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

Addressing weight management in a hospital setting

CASE STUDY

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

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

Priority six

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

It is important because:

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

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

What are we already doing?

- Herefordshire has a strong community development approach with an active partnership of local support. Staff working in the council and the voluntary sector have experience in community development, promotion of healthy lifestyles, active travel, the environment, greenspace and recreation management.
- There is a pro-active pastoral support network in place
- Domestic violence support
  Herefordshire has commissioned a new domestic and abuse support service with a focus on prevention, including education and awareness. This service will provide support to men as well as women and children.

- There is a new safeguarding children's post co-located in the Multi-Agency Safeguarding Hub (MASH) team to ensure joined up working.
- The Community Safety Partnership has funded domestic violence and abuse training for frontline operational staff.
- A pilot voluntary perpetrator programme has been run by Herefordshire Housing.

Support for carers

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

Herefordshire Carers Support is commissioned to provide information, advice and guidance to all carers across Herefordshire and to provide a voice for carers.
The council also commissions a service that provides carers with a break from their caring responsibilities.

What will be different in the future?

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

Priority seven

Hidden issues – alcohol abuse in older men and women

It is important because:

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

What will be different in the future?

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

Prevention and wellbeing

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

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

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

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

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

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

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

Moving forward - how will we change things?

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

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

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

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

Improving the health of the county relies on local assets:

Local people

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

Volunteering, pastoral support and communities

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

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

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

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

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

Vicar:

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

Parish councils and the Diocese

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

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

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

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

Some of our community assets

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

What are we already doing?

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

What will be different in the future?

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

Dean of Hereford:

"sometimes we need to stop and reboot"

Multi-agency transformation – making the change

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

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

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

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

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

- **Supportive communities**
  – builds on the assets that already exist in communities and strengthens them to improve community wellbeing and provide a greater range of resources and support for individuals and families
- **Collaborative communities**
  – develops locality based approaches with multi-disciplinary support around GP practices to provide better care
- **Urgent care**
  – develops an integrated urgent care pathway based on improved patient outcomes and aligns all existing urgent care services in the community and in hospital
- **Acute care**
  – reviews and re-designs secondary care services to ensure patients have access to the most clinically safe and effective healthcare

Through this multi-agency transformation programme we will:

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

What will we work on first?

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

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

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

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

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

Health and wellbeing board commitments

Actions

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

What will success look like?

We will see:

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

Appendix A

Plans and strategies

Herefordshire Joint Strategic Needs Assessment - Understanding Herefordshire 2014

Children's Integrated Needs Assessment - 2014

Mental Health Needs Assessment - 2015

Herefordshire Corporate Plan

Herefordshire Children and Young People's Plan - 2015

Herefordshire Five Year Plan - CCG

Long Term Conditions Strategy for Herefordshire 2013-2016

People with Dementia and Their Carers Strategy - 2013

Herefordshire Community Safety Strategy 2014-2017

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

Appendix B

Outcomes and indicators

Priority	Outcomes	Indicators
1. Mental health and wellbeing and the development of resilience in children, young people and adults	all children and adults will have improved emotional health and wellbeing throughout their lives	• wellbeing reported by children and young people • postnatal depression rates • rates of self-harm • number of domestic abuse incidents • referrals to CaMHS services • social isolation – percentage of adult social care users who have as much social contact as they would like • social isolation – percentage of adult carers who have as much social contact as they would like • self-reported wellbeing – low worthwhile score • self-reported wellbeing – low happiness core • self-reported wellbeing – high anxiety score • reduced levels of unemployment • 16-18 year olds not in education, employment or training

Outcomes and indicators

Priority	Outcomes	Indicators
2. For children starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health, pre-school checks, children with disabilities, young offenders, young people not in education employment or training, looked after children	all children will have the best start in life as children, continuing through adolescence and early adulthood all children and adults will have improved emotional health and wellbeing throughout their lives all children and adults will experience a better quality of life for longer no matter where they live	• percentage of children achieving a good level of development at the end of reception • percentage of children achieving the expected level in the national phonics screening check • percentage of children achieving the expected level in the phonics screening check with free school meal status • first time entrants to the youth justice system • 16-18 year olds not in education, employment or training • percentage of offenders who re-offend • breastfeeding initiation • breastfeeding at 6-8 weeks • smoking status at time of delivery • under 18 conceptions • excess weight in 4-5 and 10-11 year olds • hospital admissions caused by unintentional and deliberate injuries in children 0-14 • hospital admissions caused by unintentional and deliberate injuries in children 0-4 • emotional wellbeing of looked after children • number of looked after children • newborn hearing screening • chlamydia detection rate (15-24 year olds) • tooth decay in children aged 5

Outcomes and indicators

Priority	Outcomes	Indicators
3. For older people quality of life, social isolation, fuel poverty	all adults will have active and independent lives for as long as possible all adults will have improved emotional health and wellbeing throughout their lives all adults will live in sustainable and supportive communities all adults will experience a better quality of life for longer no matter where they live	• fuel poverty • social isolation – percentage of adult social care users who have as much social contact as they would like • social isolation – percentage of adult carers who have as much social contact as they would like • self-reported wellbeing - low satisfaction score • self-reported wellbeing – low worthwhile score • self-reported wellbeing – low happiness score • self-reported wellbeing – high anxiety score • injuries due to falls in people aged 65 and over • injuries due to falls in people aged 65 and 80+ • hip fractures to people aged 65 and over • hip fractures to people aged 80+ • estimated diagnosis rate for people with dementia

Outcomes and indicators

Priority	Outcomes	Indicators
4. Impact of housing fuel poverty, and poverty and the impact of health and wellbeing	all children and adults will have active and independent lives for as long as possible all children and adults will live in sustainable and supportive communities all children and adults will experience a better quality of life for longer, no matter where they live	• reduce the percentage of households spending more than 10% of income on fuel • increase the percentage of residents who volunteer once a month

Outcomes and indicators

Priority	Outcomes	Indicators
5. For adults long term conditions, lifestyles (alcohol, weight, active lifestyles, smoking prevention, mental health)	all adults will have active and independent lives for as long as possible all adults will have improved emotional health and wellbeing throughout their lives all adults will live in sustainable and supportive communities all adults will experience a better quality of life for longer, no matter where they live	• smoking prevalence – general population • smoking prevalence – inequalities • percentage of physically inactive adults • successful completion of drug treatment • recorded diabetes • smoking prevalence • alcohol-related admissions to hospital (male) • alcohol-related admissions to hospital (female) • cumulative percentage of the eligible population aged 40-74 offered and received an NHS health check

Outcomes and indicators

Priority	Outcomes	Indicators
6. Special consideration reducing health inequalities – carers, returning veterans and armed forces families, the homeless, non-English speaking communities, women – domestic abuse and sexual violence, families with multiple needs, those living in poverty, travelers, people with learning disabilities	all children will have the best start in life as children, continuing through adolescence and early adulthood all children and adults will have active and independent lives for as long as possible all children and adults will have improved emotional health and wellbeing throughout their lives all children and adults will live in sustainable and supportive communities all children and adults will experience a better quality of life for longer, no matter where they live	• healthy life expectancy at birth (male) • healthy life expectancy at birth (female) • life expectancy at birth (male) • life expectancy at birth (female) • life expectancy at 65 • percentage of children achieving a good level of development at the end of reception • smoking prevalence – general population • smoking prevalence – inequalities • successful completion of drug treatment (opiate users) • successful completion of drug treatment (non opiate users) • tooth decay in children aged five

Outcomes and indicators

Priority	Outcomes	Indicators
7. Hidden issues Alcohol abuse in older men and women and young mothers	all children and adults will have improved emotional health and wellbeing throughout their lives all children and adults will live in sustainable and supportive communities all children and adults will experience a better quality of life for longer, no matter where they live	• reduce the number of alcohol-related hospital admissions

Appendix C

Principles

Vision
"Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure"

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

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

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

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

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

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

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

Appendix D

Feedback from consultation with key groups

How do you stay healthy and look after your wellbeing?

Good socialisation – being with others Exercise – physical, mental well-being & social inclusion – eg Ramblers 'walk & talk'
Talk to other people in similar situations via support groups/HCS/social media
Facebook/Twitter
Being outside – walking
Strong supportive family connections
Work providing purpose, routine, place in society, financial resilience
Accessed the Council's health trainer service
Faith & church
Socialising/eating out (use Carers I count card discount)
Tea with friends every week!
Talk to someone you can trust
Giving to others
Interests – clubs, voluntary work

What does Health & Wellbeing mean to you?

Good physical and mental good health
Exercise
Good Food
Connect with others
Purpose/aim/meaningful activity
Safety: protection from physical and emotional harm
Sense of self/identity/self-efficacy
Self-esteem
Access to good health services
Ability to access short breaks/carers breaks
Feeling happy & confident

Appendix D

How do you keep yourself well?

Exercise
Good diet
Having pets – affection, responsibility
Control – feeling in control
Healthy eating & exercise – HAVE FUN
Walking/meditating/sitting down & crying
Family
Talking to friends and visiting friends
Good self-awareness
Healthy diet
Gardening
Access to the outdoors/natural environment

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

Socialising
Physical exercise – team sports – social
Laughter and fun
Good healthy food – having family meals together
Creating/setting boundaries
Being prepared to step in when needed
Make sure all relevant health checks received
Family time
For children in particular – encourage outside play – support skills
Keeping in touch with family & workgroups

Appendix D

What kind of support do you give to others?

Personal Care
Emotional support and security
Financial support
Social skills
Time
Education
Listening to their views
Transport (of people and items)
Advocate
Signposting (services) through personal experience
Co-ordinate pastoral care at church
Company
Fun/humour

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

Church – regular visits. Supportive communities
Do things together – joint projects & interests
Being aware of those that might not be able to have access to above
Broaden activities to community
Volunteer
Social interaction – interest groups
Setting up friendship groups for all ages
Good neighbour schemes in your community
See if my neighbour would like to do something with me
Encourage others to come with me while I walk the dog
Open door to others encourage self-help
Asset based community development – value each other, what is already there and building on it
Bright Stripe offer advice – eg walking for health – find a walking partner/befriending
For mental well-being – introduce a Book Club & neighbourhood schemes
Build trust between specific communities/minorities/individuals and professional support services/providers
Travellers/Easter Europeans, addictions substance users, families, older people, older single men, adults, all ages
Lead walk and social element and encourage new walk leaders
Run interest groups eg gardening

Appendix D

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

What does health & wellbeing mean to you?

Being Safe
Being Happy
Regular exercise
Eating enough food
Shelter
Keeping fit and healthy
Social groups
Being active
Sleeping well
Socialising
Living a life with good physical and mental health
Keeping Fit and taking care of myself
Confidence
Being happy & social, confident and content

How do you stay healthy and look after your wellbeing?

Go out on my bike and meet friends
Sleep a lot
Balanced diet – mostly
Good friends
Walking keeps me fit
Run
Wide circle of friends
5 a day
Smoking to de-stress
Eating proper meals
Walking places instead of getting the bus
Gym
Talking to friends
If I feel depressed I have counselling at school
Exercise good – riding bike everywhere – run places
Play football
Not letting people put me down
I have poor health as I don't look after myself
I try to spend time with my friends and talk a bit

Appendix D

What kind of support do you give others?

Make sure they eat
Tell them to get a coat if they're cold
Advice and support – my opinion
Supportive in a crisis
Don't socialise
Mental stability
Listening
Praising people
Help with homework
Volunteer at Close House
If they have a problem I will try and help them out
Someone to sit and talk to
Someone to trust
Keeping people happy
Give advice
Let people stay the night if they have nowhere to go
Tell them to eat right and exercise
People's drug use is their own private business
Knowledge
Feed them
Being a supportive friend

NHS
Herefordshire
Clinical Commissioning Group

Wye Valley NHS
NHS Trust

healthwatch

www.herefordshire.gov.uk

2015

Understanding Herefordshire July 2015

DRAFT

Joint Strategic Needs Assessment 2015

V1.2

Strategic Intelligence Team
July 2015

CONTENTS

UNDERSTANDING HEREFORDSHIRE

Understanding Herefordshire provides a single integrated assessment of health and wellbeing needs of the people of Herefordshire, bringing together the statutory requirement to produce a Joint Strategic Needs Assessment to inform corporate business planning and commissioning intentions across the council. The Joint Strategic Needs Assessment sits alongside and informs the Joint Health and Wellbeing Strategy.

The JSNA provides a comprehensive picture of the County in 2015. The determinants of health and wellbeing include a person's age, gender and hereditary factors as well as the social, economic and environmental determinants of health which include lifestyle factors, social and community influences, living and working conditions, the built environment and the natural environment. Understanding Herefordshire highlights some of the challenges and opportunities to make improvements and changes. Alliances and partnerships need to develop more effectively across sectors and with the community at large if the needs of our population are to be met in the context of significantly reduced funding.

This year's Joint Strategic Needs Assessment summary presents a selection of key issues affecting health and wellbeing in three key areas - adults, children and the economy.

This document is a high level summary with electronic links to the underlying evidence provided throughout the document, where more detail and supporting information or knowledge can be found. The integrated evidence base is available at www.herefordshire.gov.uk/factsandfigures and the site is maintained by Herefordshire Council's Strategic Intelligence Team. Understanding Herefordshire is developed with contributions from other departments within council, Herefordshire's Clinical Commissioning Group, Herefordshire Voluntary Organisation Support Services (HVOSS), and other key partners across different sectors.

ABOUT HEREFORDSHIRE

Key Facts

Land area = 2,180 square kilometres

95% of land area is 'rural' and 53% of the population live in rural areas

2 in 5 living in most dispersed rural areas

Population (mid 2014) estimate = 186,100 residents

Density: average of 85 people per square kilometre

Density varies across county – 13 people per sq. km in North West and south west of county to 5,000 per sq.km in Hereford.

4th lowest population density in England

1/3 of county residents live in Hereford (59,900)

1/5th population live in market towns: Leominster – 11,100, Ross on Wye – 10,100, and Ledbury – 9,200

From 2001-2013**,** the county had a low rate of population growth is 6.4% compared to England & Wales (8.8%) and West Midlands (7.5%)

GEOGRAPHY AND INFRASTRUCTURE

Herefordshire covers a land area of 2,180 square kilometres (842 square miles) (excluding inland water), and is a predominantly rural county (95 per cent), with the 4th lowest population density in England (0.85 persons per kilometre).

Herefordshire 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, and 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 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.

The transport network is mainly comprised of rural 'C' or unclassified roads leading off single carriageway 'A' roads, and four railway stations (Hereford, Leominster, Ledbury and Colwall).

The main road links, which pass through Hereford, are the A49 trunk road (running from north via Leominster to Ross-on-Wye in the south), the A438 (entering the County near Hay-on-Wye in the west to the east via Ledbury to Malvern) and the A4103 towards Worcester. The A44 also provides a west to east route through the north of the county entering the county at Kington in the west, running via Leominster and then Bromyard and onto Worcester in the east.

The M50 and A40 trunk routes across the southern edge of the county linking with the A49T at Ross on Wye. The A417 also provides a route from the M50 in the south near Ledbury, north to Leominster.

POPULATION AND CHANGING DEMOGRAPHICS

The current (mid 2013) estimate of the county's resident population is 186,100, an increase of 0.7 per cent (or 1,200 people) since mid 2012.

This is a similar level of growth to the year before, but doubles that seen in the three previous years (from mid-2008 to mid-2011).

It should be noted that these estimates do not include around 3,100 students living away from home during term time, and few thousand seasonal migrant workers who come to work on the county's farms for a few months and return to their country of origin.

Herefordshire has a much smaller population than its neighbouring English counties but larger than its Welsh unitary authority neighbours. Only 3.3 per cent of the whole West Midlands region's total population live in the county.

At 85 people per square kilometre, Herefordshire has the 9th lowest population density of all 'top tier'[1] local authorities in England and Wales, but the 4th lowest in England only. 95 per cent of Herefordshire's land area is classified as 'rural', and 53 per cent of the population live in these rural areas. A scattered population presents particular challenges for service delivery; 'sparsity' measures give an indication of how widely dispersed an area's population is. Despite other counties having a lower overall population density, no area has a greater proportion of its population living in 'very sparse' areas than Herefordshire. This presents particular challenges for service delivery in the county.

Over half of all residents (98,700) live in areas classified as rural, with two in five (78,900) living in the most rural 'village and dispersed'. In general, the population of rural areas has grown less than urban areas.

Almost a third of the county's residents (59,900) live in Hereford itself, a growth of nine per cent since 2001. This growth is relatively high compared to the six to seven per cent seen in the three largest market towns: Leominster (11,100 people), Ross (10,100) and Ledbury (9,200), where almost one-fifth of the population live.

[1] The 'top tier' of local government includes county councils, unitary authorities, metropolitan districts and London boroughs. As a minimum they are responsible for: education, highways, transport planning, passenger transport, social care, libraries, waste disposal and strategic planning. (see www.politics.co.uk/reference/local-government-structure)

KEY FACTS

51% are females and 49% are males

23% are aged 65 years and over (42,000)

43% are aged 85+ (5,700)

By 2031, 30% will be aged 65 to 84 years (50,300 to 50,500)

By 2031, 39% will be aged 85+ (11,700)

53% of the population are children.

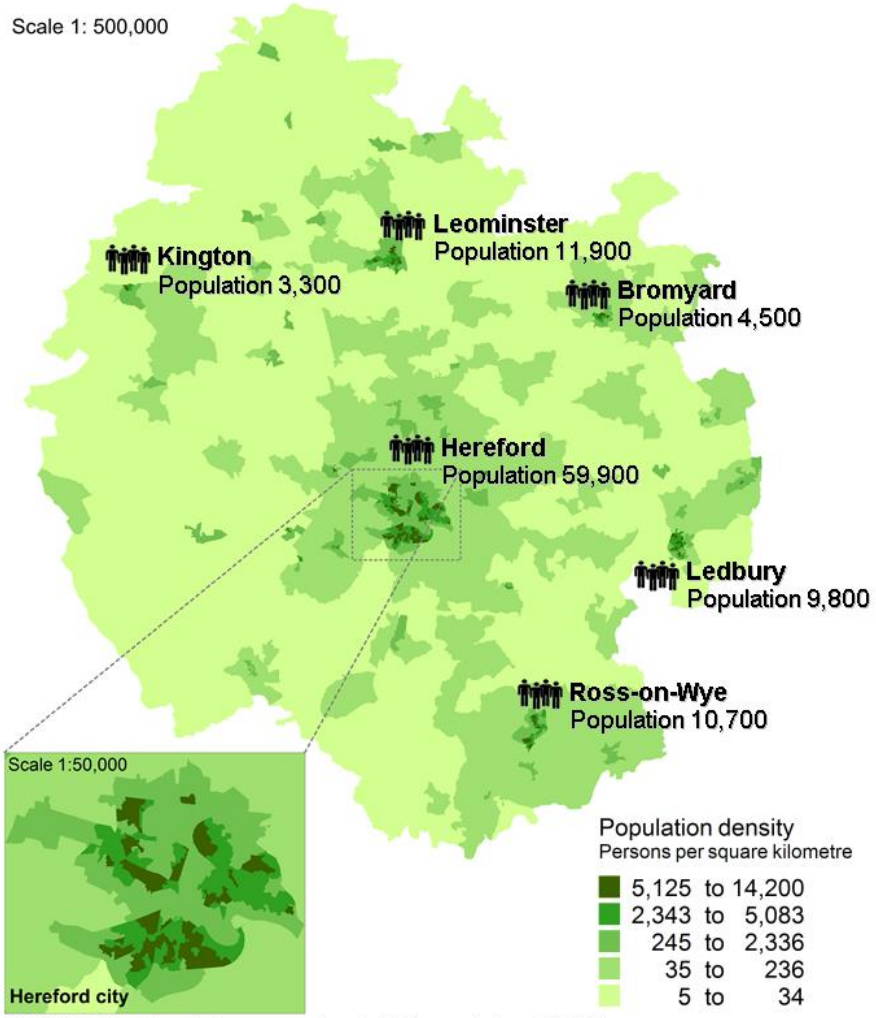
In 2011, 31,400 children (16 years and younger) lived in the county.

60% of people aged 65+ live in rural Herefordshire, more likely in villages, hamlets and isolated dwellings.

54% of people aged 85+ live in rural areas, more likely in rural towns

50% of children aged 16 years and younger live in rural areas.

Figure 1: Population density for Herefordshire



ONS Output Area boundaries are reproduced with the permission of HMSO Crown copyright. All rights reserved. Herefordshire Council 100024168. (2014)

AGE STRUCTURE

There are more females than males in Herefordshire (51 per cent to 49 per cent) and outnumbering males at almost all ages over 40. The difference is more evident in the late seventies – a result of the longer life expectancy of women.

Herefordshire has an older age structure than England and Wales, with people aged 65 and over constituting 23 per cent of the county's population (42,000 people), in comparison with 19 per cent nationally. The number of people aged 85+ in the county has increased by 43 per cent (from 4,000 to 5,700), compared with 29 per cent nationally. It also has a relatively high proportion of older people compared to its statistical neighbours (except for Shropshire).

By 2031, projections suggest that 30 per cent of Herefordshire's population will be aged 65+ in 2031, compared to 23 per cent nationally. In other words, between 50,300 and 50,500 65-84 year-olds (39 per cent more than in 2013) and around 11,700 aged 85+.[2]

In 2011 there were 31,400 children aged 16 years and younger. Numbers of children had been declining in Herefordshire throughout the whole of the last decade despite rising numbers of births and migrants. However, the number of children rose by 200 (half of one per cent) in each of the last two years (2011-12 and 2012-13), and this gradual rise is predicted to continue until 2023.

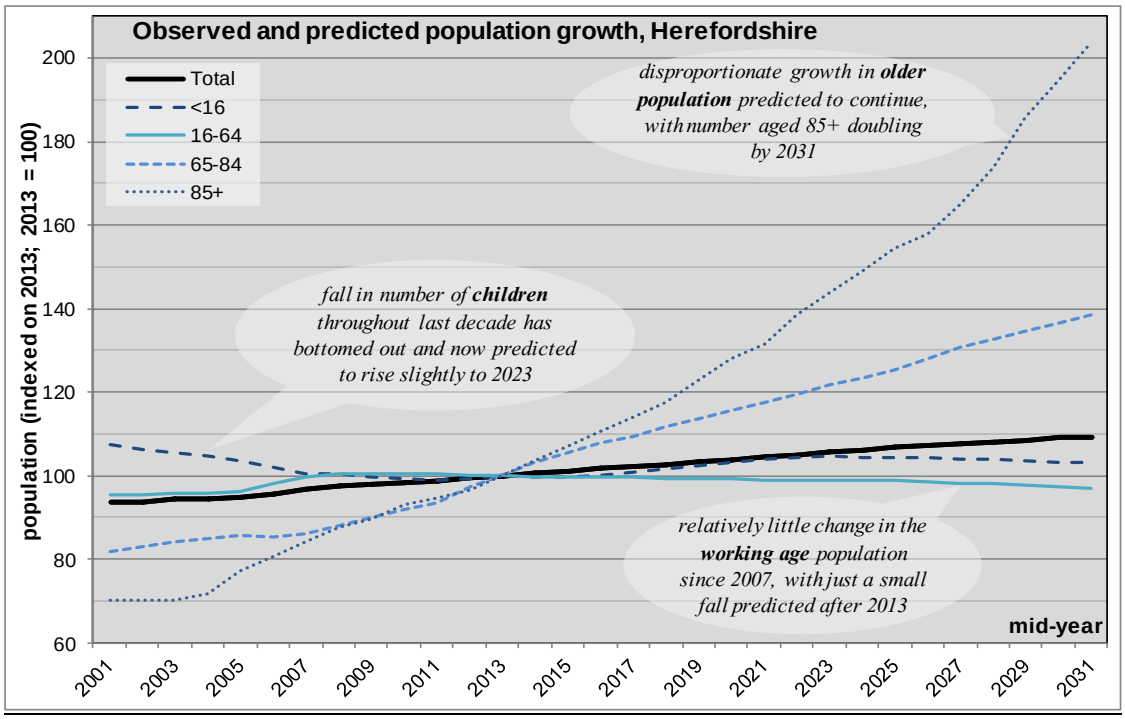
SUB-COUNTY LEVEL

The city has a much younger profile, with relatively high proportions of young adults. 'Rural village and dispersed' areas have relatively more people of older working and early retirement age. The market towns and other areas (which include larger villages like Colwall and Credenhill) have a profile more similar to the county overall, but with relatively high proportions of elderly people. Kington, however, is slightly different to the other towns – with a lower proportion of 30-44 year-olds but slightly higher 16-29 year olds.

A higher proportion (60 per cent) of people aged 65+ live in rural Herefordshire. 54 per cent of people aged 85+ live in rural areas, more likely in rural towns and less likely in villages, hamlets or isolated dwellings than those aged 65-84 years. By the same measure, 50 per cent of Herefordshire's children aged under16 years live in rural areas of the county – slightly below the proportion of the total population (53 per cent).

[2] These are **projections** based purely on birth, death and migration trends. Awaiting the dwelling-led population **forecasts** from GL HEARN**.**

Figure 2: Observed and predicted change in broad age groups, Herefordshire 2001-31



Source: MYEs - Population Estimates Unit, ONS. Crown copyright; Projections – GL Hearn for Herefordshire Council (demographic scenario, 2014).

NATURAL CHANGE: BIRTHS AND DEATHS

Births fell throughout the 1990s, and began rising from 2002. Births rose by 22 per cent from a low of 1,570 in 2002 to 1,900 in 2010 and have plateaued around 1,800 to 1,900 since.

Births to women from 'new Europe', mostly Polish and Lithuanian, accounted for 1 per cent (less than twenty) of all births in the county in 2003, but increased to 11 per cent (almost 200) in 2013. 5,000 residents in 2011 were born in EU countries, with over 3000 born in Poland before migrating to Herefordshire.

DRIVERS OF POPULATION CHANGE

Migration

Net international migration overtook migration from the rest of the UK as the biggest driver of population increase in Herefordshire in 2005-06. Since then, on average, three-quarters of the county's annual total net migration has been from overseas as for the first time, people from countries such as Poland and Lithuania had free rights of movement to the UK.

Migration from elsewhere in the UK is still an important component of demographic change, but it is not the key driver for Herefordshire's population growth. The actual flows (volume or the number of people moving in and out) are still much greater between Herefordshire and the rest of the UK than overseas: over 6,000 a year in each direction. This means people moving into or out of the county tends to remain fairly stable, numbers almost cancelling each other out.

KEY FACTS

Net international migration is the biggest driver of population increase.

Immigration has averaged a net in-flow of 800 people per annum.

For the period 2004/5 to 2012/13, 57% of all international migrants were aged 21 to 39 years. Over half were males (54%).

Annual in-flow accounted for all ages except 18-20 year olds.

Largest flow in and out of the county are young adults in their late teens and twenties, coinciding with leaving for further studies and returning after completing their studies. Others who leave for employment purposes may not return.

The smallest flows in and out of the county are people aged over 75 years.

Prior to 2004, the county's population had been growing by 400 people (0.2 per cent) per year, driven entirely by migration from other parts of the UK, but this more than quadrupled to 1,500-1,900 (0.8 to 1.1 per cent) in the three years following the expansion of the European Union in 2004.[3] Numbers then started to fall again, coinciding with the global recession. The last three years (to 2012-13) have seen some fluctuation, but immigration has averaged about 1,500 people and emigration 700 – an average net in-flow of 800 people per annum.

The county receives annual net inflows of people of all ages except 18-20 year-olds moving elsewhere in the UK – the ages at which young people are mostly likely to be moving away to study. Strong family connections is a reason for staying or returning

In the period 2004-5 and 2012-13, over half (57 per cent) of the international migrants to Herefordshire were aged 21 to 39; and over half (54 per cent) were males. In January 2014, 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 has not yet been possible to assess what impact the changes have had on migration from these countries. There was concern in the county's agricultural sector about the impact on the supply of seasonal labour from new Europe, but this hadn't been realised during the 2014 growing season, according to last year's council farm survey

The largest flows by far - in and out of the county – are of young adults in their late teens and twenties: 2,400 aged 18-29 left the county each year on average over the last five years; 1,900 moved to it. The smallest flows are amongst the over 75s. Analysis shows that 19 year olds are most likely to leave the county, whilst 22 year olds are most likely of all ages to move here – coinciding with starting and finishing university.

Qualitative research for Herefordshire Voluntary Organisations' Support Service (HVOSS) in 2014 confirmed the assumption that young people leave the county for education and alternative employment opportunities to the relatively low-paid and low-

[3] See https://factsandfigures.herefordshire.gov.uk/about-a-topic/population-and-demographics/population-overview.asp

skilled jobs available locally, but also because of a perceived lack of wider social and cultural activities. .

ETHNICITY, IDENTITY, LANGUAGE AND RELIGION

In 2001, 2.3 per cent of the of the county's population were from Black, Asian and Minority Ethnic (BAME) communities. The BAME population increased to 6.4 per cent in 2011, with a younger age profile than the county's population as a whole; 77 per cent are under 45 years old, compared with 50 per cent of the total population. People of 'White: Other' origin (that is, not British; Irish; Gypsy or Irish Traveller) made up the largest single minority group in the county: 3.9 per cent of the population. Gypsy or Irish travellers made up 0.2 per cent of the whole population.

Key facts

- Polish is the most common language after English. Other languages included Lithuanian, Slovak, Hungarian, Russian, and other European languages.
- 2,000 residents (1.1 per cent of children aged 3+) could not speak English well.
- Christianity is the largest religion in the county (68 per cent).
- Buddhism is the second largest religion at 0.3 per cent, [560 people].
- Muslims and Hindus account for 360 and 230 residents respectively.
- 23 per cent of the population report they have no religion.

THE FUTURE POPULATION

Population projections

1. **203,500 by 2031**, based on adjusted demographic trend led projections (annual increase of 0.6 per cent)
2. **204,700 by 2031** if levels of migration were to revert to the higher averages seen over the past 12 years (2001-02 to 2012-13) with an annual average increase of 0.6 per cent.
3. **205,500 by 2031** using economic projections about future growth in the number of local jobs (10 per cent rise from 2013).

Key Considerations

1. There will be a need for a range of housing developments that fulfil the needs of different age populations living in the county or drawn into the county from the UK and abroad (family, older age, vulnerable people, affordable and so on). The subsequent impact of increased levels of housing on the county's infrastructure i.e. roads, schools, health facilities and so on, is crucial to planning.

2. The rural nature of Herefordshire presents unique challenges in service design and delivery, with some residents having to travel considerable distances to access essential services such as hospitals, schools and GP surgeries.

3. Some children from new Europe (and other minority communities) may struggle with learning English as an additional language and evidence shows that children with English as an additional language are less likely to do well in education.

4. Religion might need more analysis. Christianity is a church of diverse denominations with Herefordshire having a predominantly Anglican provision. One of the factors emerging in the agricultural sector is the need to cater for the religious needs of substantial increases in Roman Catholics and Orthodox Christians from new Europe.

5. Further intelligence on the migration pattern of Black, Asian and Minority Ethnic (BAME) communities would be helpful to gauge future growth and needs. Also helpful might be migration of the whole population across the county, within the county.

CHILDREN AND YOUNG PEOPLE: STARTING WELL

The Government's Early Years Policy Statement 'Supporting Families in the Foundation Years' (2011) sets out the Government's recognition of the importance of pregnancy and the first years of life. The Marmot Review (2010)[4] highlighted the importance of the early years in long term positive health and wellbeing outcome in adulthood, and of giving every child the best start in life to reduce health inequalities across the life course. Informed by these policies, the following factors are considered as crucial for achieving normal and positive developmental outcomes for Herefordshire's children and young people.

BREASTFEEDING

A minority of mothers are unable to breastfeed due to maternal health or other reasons. Due to the high nutritional value of breast milk, babies fed on breastmilk for up to six months from birth leads to reduced hospital admissions of infants for respiratory and gastrointestinal infections; a reduced lifetime risk of obesity and Type II diabetes; and reduced risk of sudden infant death. Mothers who breastfeed have a reduced risk of

[4] Marmot M. et al. (2010) Fair Society, Healthy Lives, The Marmot Review

ovarian and breast cancer throughout their lifetime (DH 2007[5]). A key element is to encourage the importance of the nurturing relationship between mother and baby embodied in the act of breastfeeding.[6]

The World Health Organisation (WHO) and the DH recommend exclusive breastfeeding of infants up to the age of six months. In Herefordshire, (2013/14) 46.7 per cent of mothers breastfed their baby for up to 8 weeks, compared to England (47.2 per cent), which is marginally worse.[7] As the Public Health England early years profile shows that there has been no change in the county's trend based on previous years.

Key Considerations

6. UNICEF report a strong economic and for investing in support for breastfeeding: a small increase in rates could make estimated annual savings of least £40 million pounds, with a rapid return in investment on health costs.[8]

7. Consideration to be given to joined up working between mid-wives and health visitors to improve breast initiation, duration and management of breastfeeding difficulties for all mothers of all ages.

8. Targeted pre-natal and early postnatal support[9], using a whole family approach, is particularly successful for teenage mothers and mothers from lower socio-economic group where breastfeeding rates tend to be low. Evidence also confirms a positive association between breastfeeding and parenting capability, particularly among single and low income mothers.[10] The families first and children's centre services would have key roles to play.

9. A better understanding of the local context that results in high drop out rates can potentially help design preventative strategies and implement appropriate interventions.[11] [12]

---

[5] Department for Health (2007) Implementation plan for reducing health inequalities in infant mortality: a good practice guide

[6] Barclay L, Longman J, Schmied V, Sheehan A, Rolfe M, Burns E, Fenwick J (2012) The professionalising of breastfeeding — Where are we a decade on? *Midwifery* doi:10.1016/j.midw.2011.12.011.

[7] Department of Health, Integrated Performance Monitoring Return.

[8] UNICEF, 'Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK' October 2012.

[9] NICE (2014) Guidelines on postnatal care

[10] Gutman L et al (2009) Nurturing parenting capability – the early years, London: Institute of Education, Centre for Research on the Wider Benefits of Learning.

[11] Renfrew, M et al. (2012) Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK

[12] Health and Social Care Information Centre, IFF Research (2012) Infant Feeding Survey 2010:Summary

SMOKING IN PREGNANCY

Babies born to mothers who smoke are often of a much lower weight and more prone to ill health, and smoking is a major cause of premature maternal mortality. According to the Tobacco Health Profiles, for the period 2013/14 the smoking status at the time of delivery was 14.1 per 100 maternities in Herefordshire, a rate significantly worse than 12 per 100 maternities nationally.

Key Consideration

10. As recommended by NICE (2008)[13], newly pregnant women who are accessing maternity services could be assessed for a full health and social care assessment of need, and provided with appropriate support (for example, to quit smoking).

HEATLH PROTECTION: IMMUNISATION & VACCINATION COVERAGE

Immunisation protects children and young people from vaccine preventable infections and communicable diseases.

Mumps, Measles and Rubella (MMR); Meningitis (MenC); Diphtheria, Tetanus and Acellular Pertussis (Dtap); Polio (IPV); and Haemophilus Influenzae type B (Hib)

These are the vaccines given to children to boost protection against a range of diseases.

In 2013-14, Herefordshire exceeded the herd immunity uptake target of 95 per cent at 1st, 2nd and 5th birthdays for Dtap/IPV/Hib. The county is performing significantly less well than England for 2nd birthday and 5th birthday boosters for Hib/MenC, and MMR 1st and 2nd doses

High vaccine coverage induces high levels of population immunity whereas reduced levels may lead to an increase in disease levels and large outbreaks. In 2013, there was a peak in the number of confirmed cases for measles, largely as a result of a school outbreak. The spike in local cases of scarlet fever in 2014 has also been observed country-wide but no specific local cause is yet identifiable. Improving routine programme uptake is preferred over a local catch up programme as the latter is viewed as a large undertaking without guarantee of success.

Hepatitis B vaccination

There are no estimates available for Herefordshire for Hepatitis B vaccination coverage.

Human papillomavirus vaccination (protection against cervical cancer)

For HPV vaccination coverage, the percentage of girls aged 12-13 (Year 8) who have received three doses of the HPV vaccine was 85.1 per cent, lower than the English or West Midlands figures, 86.7 per cent and 89.7 per cent respectively, and lower than the previous year's national average.

[13] NICE (2008) Clinical Guideline 62 Antenatal care: routine care for the healthy pregnant woman

Key Consideration

11. Anecdotal evidence indicates that local health campaigns have reached saturation point and this opens up the opportunity to find innovative ways of educating parents, teenagers and the public on the health protection afforded by vaccines.

12. Attention to socially isolated groups (for example, gypsy and traveller communities) and communities where English is an additional language is essential to ensure county wide vaccine coverage. Access to immunisation services for those with transport and communication difficulties (other than language) also requires attention in terms of improving accessibility to services.

OBESITY

Obesity is a clinical term to describe an accumulation of fat mass to the extent that it may be detrimental to health.[14] For the majority of children excess weight gain is the result of eating more calories than needed and/or undertaking too little physical activity to match calorie intake, with children most at risk being those where one or both parents are overweight or obese.

Latest 'National Child Measurement Programme' data suggests that locally among Year 6 pupils in Herefordshire, the combined rate of obesity and overweight is 31.1 per cent. The prevalence of obesity in the pooled years 2008/09 to 2010/11 among 10-11 year olds is generally estimated to be higher in urban areas than in the rural areas. A potential correlation between childhood obesity and socio-economic deprivation is evident locally in that highest rates of obesity are recorded in relatively deprived parts of the County such as the South Wye area of Hereford City and northern parts of Leominster. See Figure 3 on obesity rates.

Key Considerations

13. Early identification of those children at greatest need or at risk of developing obesity can be achieved using a whole family approach with a key role for health visitors and school nurses to help change eating behaviours.

14. Children with mental health issues and/or disability need targeted support as they are more likely to lead unhealthy lifestyles, take little exercise and also become obese as a result of the treatment associated with their illness.

15. Those living in more deprived areas are likely to have weight problems due to poor nutrition consisting of a high intake of saturated fats, sugars and carbohydrates, usually through consumption of processed foods which are cheaper to purchase (DoH 2013 survey[15]). Understanding attitudes and behaviours can help uptake of local healthy diet and

[14] Obesity is commonly measured using Body Mass Index (BMI), calculated using the following equation: *BMI = Weight (Kg) / Height (m)*^{2}. In England, child BMI is measured at Reception Year (age 4-5 years) and Year 6 (aged 10-11 years) through the National Child Measurement Programme (NCMP), which is a governmentally mandated requirement.

[15] Department of Health

16. Nutrition programmes in low income families and children living in poverty.[16]

17. There is a wider issue of urban planning that may also need considered in relation to present and future the location of fast food outlets in Herefordshire, especially near schools and colleges.

18. A lack of national or local data on current physical activity levels linked to health outcomes among children prevents a more forensic analysis of the current situation or the size of the problem.

Figure 3: Obesity rates of children related to age and geographical location

AGE OF CHILDREN	OBESITY RATES (2013-14)
Reception (under 5 years)	8.1 per cent compared to national prevalence 9.5 per cent – not significant but higher than the comparator group at 7.3 per cent[17]
Year 6 (10-12 years)	16.8 per cent, significantly lower than national prevalence (19.1 per cent) though not significantly different from comparator group prevalence of 15.5 per cent[18]

Source: Strategic Intelligence, Herefordshire Council

CHILDREN AND YOUNG PEOPLE: DEVELOPING WELL

EDUCATIONAL ATTAINMENT

Education is a major determinant of an individual's economic wealth and social wellbeing, and achieving a solid education is the most decisive factor in enabling young people to succeed in higher education and employment. Being 'school ready' at crucial points of the educational cycle lays the foundation for academic success for a child and, supports social and emotional adjustment through the school years.

[16] The Marmot Review (2010)

[17] Comparator group consists of (in descending order of similarity) Shropshire, Wiltshire, and Rutland, East Riding of Yorkshire and East Cheshire unitary authorities.

[18] Note that Herefordshire data for 2013/14 is based on postcode of school rather than (as in previous years) postcode of child measured as no child postcode data was submitted by the local authority.

A Good Level of Development (GLD)

The key performance indicator in the foundation stage is the achievement of a GLD at the end of reception year. In 2014, 60 per cent of pupils assessed for the Early Years Foundation Stage Profile (EYFSP) in county achieved a GLD, comparable to 60 per cent of pupils nationally who achieved the standard.

Phonics Screening

The phonics screening check is a short assessment to make sure all pupils have learned phonic decoding to an appropriate standard (that is, to read quickly and skilfully) by the age of 6. Locally, 70 per cent of year 1 pupils in Herefordshire achieved the threshold measure compared to 74 per cent nationally. In 2014, 8 per cent fewer pupils (53 per cent) receiving free school meals achieved the Year 1 Phonics threshold than did so in England (61 per cent), the gap has consistently been wider than national attainment.

Key Stages

Attainment at key stage levels shows a mixed picture again compared to 2014, but the overall trend is in the right direction. The results of the last academic year (2013-14) were as follows:

- **At Key Stage 1** (2nd and 3rd years of primary school) in reading, writing and mathematics, Herefordshire is showing steady improvement for the period 2012 to 2104, with the local rates close to or the same as England.
- **At Key Stage 2** (end of primary school) steady improvement has been made in the county, at a slightly faster rate but from a lower base (71 per cent to 76 per cent) achieving the combined standard of level 4 in reading, writing and mathematics (L4rwm) compared to England's rate from 75 per cent to 79 per cent for the same period.
- **At Key Stage 4 level**, where pupils are working toward GCSE or other equivalent qualifications, excellent progress made by Herefordshire's pupils. The percentage of students achieving 5* A to C grades has risen, 58.7 per cent, compared to a national decline in performance to 56.8 per cent.

Special Education Needs (SEN)

The total number of pupils with SEN has decreased over the period 2012 to 2014 from 5,067 to 4,382, partly possibly, due the transition of the new SEN Code of Practice, effective from September 2014 which may have affected recording of provision.

Inequalities

- Significantly fewer children who had Free School Meals (FSM) achieved a GLD (34 per cent) compared to nationally (45 per cent). In contrast, 63 per cent of non-FSM pupils achieved a GLD similar to the national figure of 64 per cent.
- At all key stages, 1 and 2 and 4, the gap in attainment between pupils who have FSM and those who do not persists to be wide for the past two years. Those who have FSM are still performing below non-FSM pupils compared to nationally.
- The gap between pupils with English as an Additional Language (EAL) and non EAL pupils achieving a good level of development in the early years foundation stage profile in the county remains over twice that of the national gap, for the period 2012-2014. Whilst the gap in Herefordshire narrowed in

2014, a smaller percentage of pupils who had EAL met the screening check threshold (66 per cent) compared to similar pupils nationally (74 per cent).

- The gap for pupils who have English as an Additional Language (EAL) at KS2 is even greater over the period. In 2014, 59 per cent achieved L4rwm locally compared to 77 per cent nationally. The gap in Herefordshire between EAL and non EAL pupils at KS4 has fallen in consecutive years but it still greatly exceeds the national gap.

Key Considerations

19. The wide gap in attainment between (a) pupils who have access to FSM and those who do not , at all key stages and (b) between pupils who have EAL and those who do not, are trends that need to be reversed. The clear challenge is to provide opportunities and support to children from disadvantaged and socially isolated communities.

MENTAL HEALTH AND EMOTIONAL WELLBEING

In 2014, a **mental health needs assessment (MHNA)** was developed jointly by the Clinical Commissioning Group and Herefordshire council. The report highlighted key barriers to better mental health care for children and young people, such as:

- A paucity of evidence of mental ill health in children younger than the age of 5 , particularly in regard to more severe mental disorders
- Transitional arrangements between CAMHS and adult mental health services (AMHS) needs improving as young people transferring from CAHMS to AMHS fall through the net. Some disorders on the autistic spectrum are not currently provided by AMHS affecting current transitional arrangements.
- A lack of mental health provision in the community which may help reduce referrals to CAMHS which creates pressure on health and social care systems.
- GPs do not receive specific mental health training that could support clinical decision-making in terms of referrals to specialist provision.
- A lack of targeted mental health provision available in schools.

The MHNA (2015) report can be found **here**

TEENAGE PREGNANCY

Although for some teenage pregnancy can be a positive outcome, it more often results in poor outcomes for both the teenage parent and the child, impacting on their physical and emotional health.

In the period 2011-13 the rate in Herefordshire of 25.0 conceptions per 1,000 girls (an average of 81 conceptions per year) was not significantly different from the national rate of 27.6 per 1,000 girls. Among girls aged less than 16 years the conception rate locally was 4.5 per 1,000 girls (an average of 14 conceptions per

year), compared to 5.5 per 1,000 girls across England as a whole, and a mean rate of 4.4 per 1,000 across the CIPFA comparator group.[19]

Termination of a pregnancy represents an emotional cost to the parent and an avoidable economic cost to the NHS. Of the 260 teenage conceptions in 2010-12 approximately 55 per cent resulted in a termination of pregnancy, broadly in line with national and comparator group figures. A fifth of these terminations (approximately 30) were performed on girls aged less than 16 years. Locally, among girls aged less than 19 years, repeat abortions have dropped from 2011 (11.5 per cent) to 7 per cent of all abortions in both 2012 and 2013, compared to an England average figure of around 10-11 per cent.

Key Consideration

20. Teenage conception, termination and repeat abortions for females aged under16 years can be viewed as an indicator of inadequacy or insufficiency in relation to high quality, free and confidential sexual health information, contraception, service access, service provision or ineffective individual use of contraceptive method. These areas require improvement.

CHILDREN AND YOUNG PEOPLE: KEEPING SAFE

DOMESTIC VIOLENCE AND ABUSE

In the year to September 2014 West Mercia Police recorded 1,893 children exposed to incidents and offences. In the last quarter, 122 had been exposed three or more times, representing a 110 per cent increase from the same quarter of the year before. A proportion of the increase in numbers is attributed to improved recording by the police and an identification of repeat victimisation rather than an actual increase.

Between August and November 2014, 355 children were involved in MARAC [20]cases in the previous three months; a 67 per cent increase from the year before. However, in the year to September 2014, there was an eight per cent decline in the maximum number of children involved in West Mercia Women's Aid, averaging at 126 per quarter. The reason for this is under investigation.

Domestic abuse is cited by the council as a primary reason for the application for protection plans and for why children and young people are taken into state care.

Key Considerations

21. Health visitors can play a key role as they lead and support delivery of the Healthy Child Programme (HCP), which has injury prevention at its core, and children's centres are key partners (Department of Health, 2009). Likewise, school nurses can play a key role in ensuring that children are safeguarded when pupils disclose abuse.

[19] The Chartered Institute of Public Finance and Accountancy Nearest Neighbour Model

[20] MARAC – Multi-Agency Risk Assessment Conference, a part of a coordinated community response to domestic abuse.

22. The lack of therapeutic interventions for children and young people exposed to DVA identified in the recent Mental Health Needs Assessment (2014), needs addressing, as early therapeutic intervention can prevent more severe mental health issues from developing in later years.

PROTECTING CHILDREN

Children and young people come into care or are subject to child protection plans for a variety of reasons including physical harm, neglect, sexual abuse, sexual exploitation, parental alcohol and substance misuse, and other issues which prevents parents or others from providing safe care to their child.

Looked after children (LAC)

At the end of April 2015, there were 273 looked after children and young people in Herefordshire. The number of children and young people looked after by the local authority has continued to rise throughout 2014 (12.45 per cent) across the 12 month period. The rate per 10,000 as at 31 January 2015 was 75.07, significantly worse that the all England rate of 60 per 10,000 children. The impact the Southwark judgement[21] on local LAC numbers and trend is unknown.

Children with child protection plans

Herefordshire currently support 156 children who are subject to a child protection plan. Of these, 121 (78 per cent) have been on a plan for less than 12 months. The rate per 10,000 children subject to a child protection plan in Herefordshire as at 31 January 2015 is 43.21. This is within range of the all England rate of 42.1 for 2013-14, and is lower than the West Midlands 2013-14 rate of 44.7. This means that the number of children subject to a child protection plan has dropped.

Key consideration

23. The upward of trend in numbers of LAC may warrant deeper forensic analysis.

ADULTS LIVING WELL AND FOR LONGER

LIVING LONGER

LIFE EXPECTANCY, MORTALITY AND PREMATURE MORTALITY

Life expectancy is a useful indicator of the general state of health of the local population. It is the number of years that a person can expect to live on average in a given population.

[21] Locally, a higher number of young people aged 16+ years are accommodated due to the fact that young people can remain looked after until they reach 18 years as a result of this judgement.

KEY FACTS

HLE across 2010-2012 was - 65.3 years for males, and 66.9 years for females

DFLE at birth was 65.5 years for males and 66.6 years for females.

Mortality rate is 880 deaths per 100,000 population.

Deaths average 1,900 per year (2010-2014)

Key killers in 2014 are:

-cardiovascular disease (32%)

-cancers (28%)

-respiratory diseases (12%)

-dementia (7%)

Deaths for people under the age of 70 years accounted for 30% of all age mortality in the county.

Between 2010-2014, the county lost 7680 years of potential life of which 60% were due to cancers and circulatory diseases.

Across 2010-2012, healthy life expectancy (HLE) at birth in Herefordshire was 65.3 years for males and 66.9 years for females, significantly higher than in England (63.5 years for males and 64.8 years for females).

Across 2010-12 the disability free life expectancy (DFLE) at birth in Herefordshire was 65.5 years for males and 66.6 years for females. Again this was significantly higher than for England (64.1 years for males and 65.0 years for females). Thus, in Herefordshire males can expect to live 82 per cent of their lives without a disability, and females almost 80 per cent.

Mortality

Mortality rates have been consistently falling in Herefordshire since 2007 with an age rate lower than both national and regional rates; of approximately 880 deaths per 100,000 population. There were approximately 1,900 deaths per year on average among Herefordshire residents during the period 2010-2014.

Premature mortality

Premature mortality (that is, under the age of 75 years) accounted for approximately 570 deaths per year on average in Herefordshire during 2010-2014 approximately 30 per cent of all age mortality in the county, with cancers accounting for around 40 per cent of these and cardiovascular diseases a further 20 per cent. This is in line with the overall cause of mortality in England and Wales with these groups accounting for 72 per cent of all deaths in 2013.

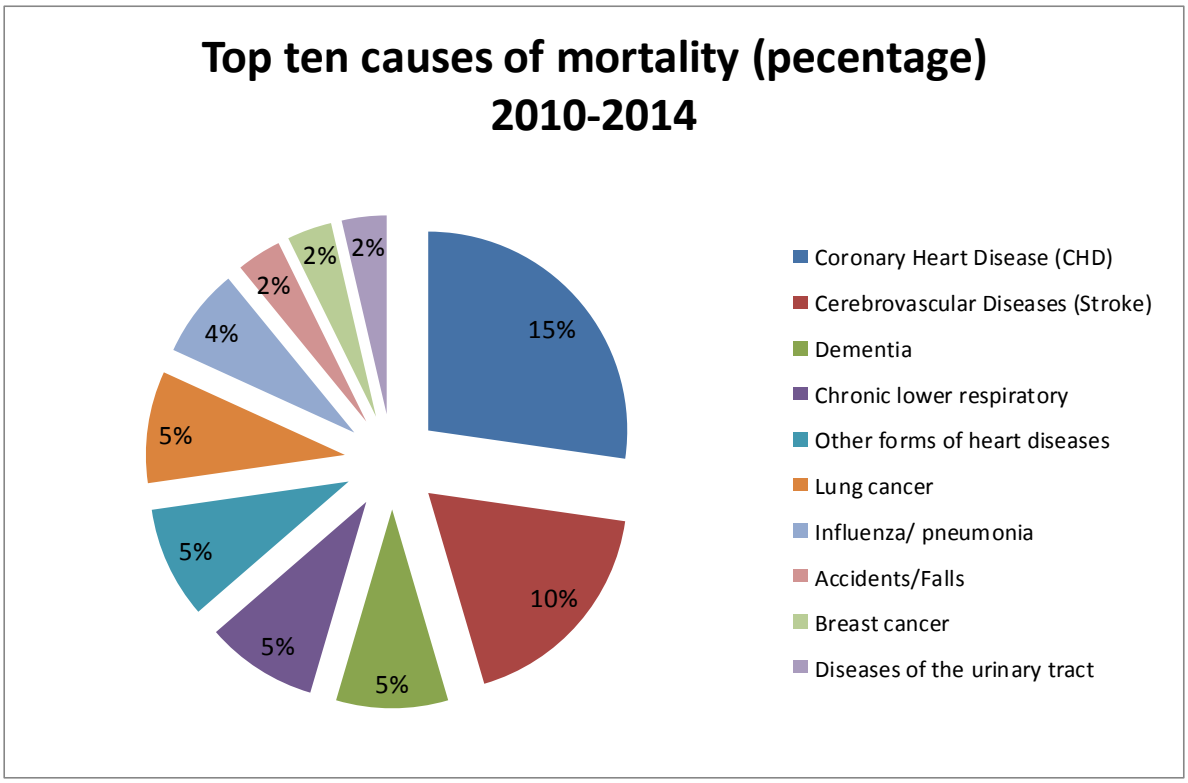
Years of Potential Life Lost

In terms **of Years of Potential Life Lost** [22] there was an average 14.2 YPLL per premature death between 2010-14, with little variation between the sexes (14.1 and 14.5 YPLL for males and females respectively). In total, there were approximately 7680 YPLL per annum in Herefordshire in the pooled five years 2010-2014.

The top then causes of death (mortality) in Herefordshire are illustrated in Figure 4.

[22] Years of potential life lost (YPLL) is a measure of premature mortality. Its primary purpose is to compare the relative importance of different causes of premature death within a particular population and it can therefore be used by health planners to define priorities for the prevention of such deaths.

Figure 4: Top ten causes of deaths in Herefordshire (mortality)



Source: Strategic Intelligence, Herefordshire Council 2015.

Key Consideration

24. In Herefordshire, where a person is born influences how long they live as evidenced above as life expectancy is low in communities experiencing high levels of deprivation. Thus, reducing health inequalities will in turn reduce mortality rates and in turn increase life expectancy for people living in poorer areas of the county.

LIVING WELL: IMPROVING HEALTH AND WELLBEING

MENTAL HEALTH AND EMOTIONAL WELLBEING

Poor mental health has a great social and economic impact, and the effects of mental illness predispose to a range of negative health determinants, which in turn predispose to further mental ill health. The Mental Health Needs Assessment (2014) found that in Herefordshire around 14,520 adults are estimated to have common mental health conditions[23]. Prevalence is higher among females across all conditions at approximately 1.64 female cases to every 1 male. Severe and enduring conditions[24] accounted for a total of

[23] Such as, anxiety, depression, neuroses and phobias, post traumatic stress disorder, obsessive compulsive disorder.

[24] Such as non-organic psychosis, eating disorders, personality disorders, affective disorders, schizophrenia, self-harm.

1,419 patients on the mental health register across Herefordshire practices at end of 2013/14. Herefordshire's average prevalence for severe and enduring conditions is significantly lower at 0.78 per cent, compared to 0.86 per cent nationally.

The MHNA also found that women self harm more than men across most age groups, with a peak in incidence among women aged 15-19 years and for males in the 20-24 age band, although since 2008/09 a discernible trend cannot be identified. The highest number of suicides in men occurred in the age band 40-49 years (similar to the UK age band of 40-44 years) with the highest number of suicides in women occurring in the 70+ category (compared to 30-39 years nationally). For the most recent period, 2009-14, rates of suicide have decreased both locally and nationally, however, rates are highest in agricultural workers, construction workers, the unemployed and retail workers.

The **MHNA (2014)** report highlights key areas for development.

LEARNING DISABILITY (LD)

In 2013/14, Herefordshire had 856 people aged 18 years and over with a Learning Disability (LD) as recorded on GP practice disease registers. The same profiles show that the number of people with LD aged 18-64 in the county and known to the council is 540. In April 2014 the number of those receiving a service commissioned by the council was 594. Of these 528 were aged 18-64 years.[25] People with LD generally have poorer health than the population as a whole, with higher rates of gastrointestinal cancer, coronary heart disease, respiratory disease, mental ill health and dementia, often resulting in high premature mortality compared to non-disabled people.

Key consideration

25. The evidence base for the needs of people with learning disabilities is weak in Herefordshire, and requires improvement.

LONG TERM HEALTH CONDITIONS

This section gives an overview of risk factors that contribute to the burden of morbidity and mortality in Herefordshire.

Risk factors can be categorised as modifiable and non-modifiable. Non-modifiable risk factors are family history, ethnicity and age. Modifiable risk factors include These risk factors increase the risk of adverse health conditions such as hypertension, high blood pressure , and high cholesterol which also risk factors for long term conditions such as cardiovascular disease, diabetes, cancer, and respiratory diseases.

It is estimated that at least 15 million people in the UK are living with one or more long term condition (LTC), and people with at least one LTC are more likely to have risky health behaviours, such as tobacco exposure, obesity, physical inactivity, unhealthy eating, and harmful use of alcohol. Therefore, informed lifestyle choices

[25] The discrepancy in these figures is because that those receiving a LA service do not include those who self-fund, people assessed but not receiving a service, those funded by other councils, those under Continuing Health Care arrangements and so on. Regional and national comparators were unavailable.

KEY FACTS

In 2012, 66% of residents were estimated to be obese or overweight

15,300 adults registered with a Herefordshire GP practice are obese.

26% were estimated to be physically inactive

Across the five year period [2009/10 to 2013/14] the major cause of smoking related hospital admission was lung cancer

Prevalence of respiratory diseases (COPD and asthma) is significantly higher than England in 2013/14,

In 2013, adult smoking prevalence is 17.3% [England's 18.4%]; 27% among routine and manual workers

More males in deprived areas smoke than females.

Quit rates for smoking are significantly lower than national equivalents.

60% of males are admitted to hospital for smoking related conditions, of which 30% of are under 65+

can either prevent their illness or improve their health. The 15 million are estimated to use 70 per cent of health and social care budgets in England. (Department of Health, 2012).

Obesity

In 2012, 66 per cent of adults in Herefordshire were estimated to be either overweight or obese. In total there are approximately 15,300 adults registered with a Herefordshire GP practice who are currently registered as obese with a body mass index[26] of 30+. It is probable that obesity prevalence is generally under-recorded by QOF as it does not reflect the undiagnosed element of obesity within a community i.e. obese patients not presenting to their GPs. Obesity reduces life expectancy by an average of 3 - 10 years for severe obesity (BMI over 40).

A wealth of evidence links overweight and obesity to poor health and social outcomes including: hypertension; coronary heart disease; stroke; type 2 diabetes; premature death (approx. 9 years); osteoarthritis; osteoporosis; depression; various cancers; infertility; asthma; and sleep apnea.

Cardiovascular disease

Cardiovascular disease (CVD) is a general term that describes a disease of the heart or blood vessels (circulatory system) and includes coronary heart disease and stroke. GP register QOF[27] data records significantly high diagnosed prevalence of CVD, approximately 16 per cent in Herefordshire compared to 13.7 per cent for England. People from a more deprived background are at greater risk of CVD than the general population. High cholesterol level is one of the most significant risk factors for CVD, and linked to diets high in certain kinds of fats. Evidence shows that as many as six out of ten adults in England have higher than recommended cholesterol levels. The damage caused by high cholesterol levels can be accelerated if one smokes tobacco which increases the levels of blood clotting and raises blood pressure.

Hypertension is the single biggest risk factor for stroke (where blood supply to part of the brain is cut off), and also plays a

[26] Normal BMI is defined as a value of < 25 kg/m2. The overweight category is >= 25 kg/m2 and < 30kg/m2 for the non Asian population and >= 25 kg/cm2 and < 27.5 kg/cm2 for Asian population. The obese category is >= 30 kg/m2 for the non Asian population and >= 27.5 kg/cm2 for the Asian population.

[27] The Quality and Outcomes Framework (**QOF**) scores GP practices against a number of clinical, disease and administrative areas.

significant role in heart attacks. Risk factors for hypertension include being overweight or obese, lack of physical inactivity, a family history of high blood pressure or diabetes, and being diabetic. Public Health England (PHE)[28] suggests actual local prevalence of hypertension to be 29 per cent but many remain undiagnosed.

Cancer

The two main conditions directly linked to smoking are lung cancer and chronic obstructive pulmonary disease (COPD). Across the five year period [2009/10 to 2013/14] the major cause of smoking related hospital admission in Herefordshire was lung cancer. Smoking also contributes to other conditions such as stroke, heart disease and pneumonia.

Between 2008 and2012, there were around 530 cancer deaths per annum in Herefordshire. The most common causes of cancer-related mortality were lung, urological and upper and lower gastro-intestinal cancers. Cancer accounted for around 2,800 years of life lost per annum in the county. Local standardised data suggest that the highest rates of incidence per 100,000 people are for urological and breast cancer, within both the general population and those aged less than 75 years.

More than 40 per cent of all cancers in the UK are linked to tobacco, alcohol, diet, being overweight, inactivity, infection, radiation, occupation, post-menopausal hormones or breastfeeding for less than six months.

The cancer overview report can be found here.

Respiratory diseases

Prevalence of respiratory diseases such as COPD and asthma as measured by QOF are both significantly higher across Herefordshire relative to England in 2013/14, and it is estimated that the actual prevalence of both is considerably under-recorded. By 2030 POPPI (Projecting Older People Population Information System) forecasts over 1,000 residents of Herefordshire aged 65+ years will have a longstanding health condition caused by bronchitis and emphysema. Persons residing in the most deprived areas are more than twice as likely to die (and also to die prematurely) of chronic lower respiratory disease as those in the least deprived areas, and this variation is statistically significant. Similarly rates of hospital admission due to chronic lower respiratory disease are in excess of 50 per cent higher than expected in these areas.

Smoking tobacco is a known (and modifiable) risk factor for respiratory diseases. More males living in the most deprived areas in Herefordshire smoke than females. More males are admitted to the county's hospital for smoking related conditions than females (over 60 per cent in 2013/14), and around 30 per cent were aged less than 65 years. Quit rates in Herefordshire are significantly lower than national equivalents.

Diabetes

In 2013/14 there were 9,400 persons aged 17+ years diagnosed with diabetes in Herefordshire with an estimated further 2,200 remaining undiagnosed. People with diabetes are at greater risk of heart attack (currently 98 per cent more likely in Herefordshire) or stroke (90 per cent). Diabetes can cause hardening or thickening of the arteries in feet, and this is reflected in the high rate of inpatient episodes for foot care among people with diabetes, in the three years 2010/11 – 2012/13, relative to the national rate.

[28] The Cardiovascular Disease Profile (August 2014) published by Public Health England.

Key Considerations

26. Modelled statistics from Public Health England suggest that only 26 per cent of adults in Herefordshire are physically inactive. Physical activity is an effective for treatment of risk factors for CVD, like obesity, but effects are stronger if accompanied by weight reduction (for overweight individuals) and healthy eating,[29] but *only* if adults engage in regular physical activity several times a week. Otherwise, benefits only last for a few days. This finding supports further evidence that pharmacological interventions are less effective in reducing risk factors for CVD than physical exercise.[30] The range of activities delivered by programmes such as the Council's Destination Hereford project[31], Shirley's Wheels and other schemes target small numbers of people relative to the county's population, but collectively they have a positive impact on the overall health of the population.

27. Given that CVD, cancer and stroke are preventable by choosing safe and healthy lifestyles, future schemes can target the most resistant groups who are obese (BMI 30+), heavy smokers and those who consume excessive alcohol, those with mental health issues and, those living in deprived areas of the county where negative health behaviours are entrenched across generations.[32]

28. Given that elevated cholesterol and hypertension are usually asymptomatic identification and management of hypertension is often overlooked as a preventative measure for CVD. NHS Health Checks aims to identify this risk factor and also assess blood pressure and body mass index. Local statistics (Public Health England) reveal room for improvement on the 47 per cent uptake achieved locally in 2014/15, slightly up from 45 per cent in 2013/2014.

29. Variation across the county for uptake and coverage rates across NHS cancer screening programmes could be reduced by improving early diagnosis and appropriate referrals in GP practices.

---

[29] Thompson et al (2003)

[30] Local Herefordshire council and Sport England (*Get Healthy Get Active*) are jointly funding a programme to develop and test a personalised, integrated pathway into physical activity and sport (Active HERE) over the next three years. See also results of a workshop by Herefordshire CCG [*Patients in Control – Whose health is it anyway? Patient Workshop Case Study Report, Hereford,* (March 2015)] supporting a personalised approach to increase physical activity.

[31] The council's Destination Hereford project funded by the Department of Transport) local sustainable transport fund was launched in 2011 encourages and support active travel such as walking and cycling. The project concluded in April 2015 and awaits full evaluation.

[32] The government document; Healthy Lives Healthy People: A call to action on obesity in England' (HWHL) (2011) highlights the economic burden on both the NHS and the economy as a whole.

30. Targeted intervention programmes for male smokers in the deprived areas the county may help reduce hospital admissions for smoking related conditions in this population, as well as help decrease the levels of passive smoking by those in contact with smokers.

31. Kings Fund[33] found that four unhealthy lifestyle behaviours (smoking, excessive alcohol use, poor diet, and low levels of physical activity) clustered together and were more prevalent in the most deprived populations, [34] and successful interventions relied on adopting a holistic and integrated approach. The same approach would benefit Herefordshire.

32. Improving quit rates amongst existing smokers is a priority, especially pregnant women and young mothers.

33. Services need to be more tailored using new technologies to meet the needs of young people, particularly to prevent the uptake of smoking in children and young people in schools.

34. Carers need special support to cease smoking in alternative ways that doesn't necessarily mean they have to attend smoking cessation or alcohol reduction programmes as caring duties may limit outings.

35. Road safety, active travel and public health are inter-connected, and potential substantial co-benefits can be achieved through a systems approach, such as reducing road casualty accidents, which in turn contributes to reduced health costs, and the burden on the NHS. Studies also highlight some additional benefits from reduced traffic speeds such as an improved environment for walking and cycling and the health benefits associated with a more active lifestyle. Local initiatives (such as Travel to Work, Bicycle Ambassadors, and Hereford Active Travel Scheme, Personalised Travel to Work), have contributed to maximising the health of the population.

Gap in intelligence

Almost 30 per cent of the adult population in Herefordshire is estimated to be eating healthily but a lack of data prevents a local assessment of the impact of barriers to healthy eating such as poor accessibility to affordable healthy foods, (linked to the closure of shops in deprived areas leading to increased cost, poor quality and choice in remaining local shops and, low income and debt).

[33] Kings Fund is a health charity that provides evidence, information and knowledge to help shape policy and practice.

[34] Buck D, Frosini F. Clustering of unhealthy behaviours over time. Implications for policy and practice. The King's Fund. August 2012. http://www.kingsfund.org.uk/sites/files/kf/clustering-of-unhealthy-behaviours-over-time-appendices.pdf

ALCOHOL MISUSE

Excessive consumption of **alcohol** is a major preventable cause of premature mortality, disability and injury contributing to hospital admissions and deaths from a diverse range of conditions including alcoholic liver disease. Approximately 16 alcohol-specific deaths per annum occurred in the five year period (2009/10 to 2013/14), where the underlying cause of death is solely attributable to alcohol consumption.

There is a pronounced correlation between alcohol-specific (caused exclusively by the consumption of alcohol) hospital admission and deprivation across the county, at a standardised rate of 449 admissions per 100,000 across the five years 2009/10 – 2013/14, and around 80 per cent greater than admission levels across the entire county. The admission rate ratio between the most and least deprived quartiles is 3.2, which means that a person residing in the most deprived areas of the County is over three times as likely to be admitted to hospital due directly to alcohol consumption as someone resident in the least deprived areas.

The latest set of Local Alcohol Profiles for England (LAPE) estimate that over 25 per cent of the County's drinking population indulge in increasing or higher risk drinking, and that 20 per cent of all adults binge drink (mid-2009 estimates). In 2013/14, around 25 per cent of alcohol related admissions in the County were of adults aged less than 45 years, 40 per cent were of those aged 45 to 64 years, and 35 per cent were aged 75+ years. 60 per cent of all admissions were among males.

Key considerations

36. There is anecdotal evidence that underpins the statistic that 35 per cent of 75+ are admitted to hospital for alcohol related conditions. Some GP practices report that they are treating older adults for alcohol related conditions suggesting alcohol abuse. This warrants further investigation.

37. Binge drinking is a persistent challenge so greater innovation in tackling this problem in a quarter of the Herefordshire's population is urgently required to address a potential increase in the burden of alcohol related illness.

DRUG MISUSE

Drug related hospital admissions for the period 2008/9 to 2013/14 are slowly declining (197 admissions in 2012/13 to 186 in 2013/14), and it is projected that around 162 admissions will take place in 2014/15. For the period 2001 to 2013, an average around eight drug related deaths per year in Herefordshire, the majority of which resulted from accidental poisoning by and exposure to narcotics and hallucinogens.

Drug offences include the production, supply, possession and permitting the use of premises for these reasons. In 2014, 620 crimes were marked with a drugs flag by West Mercia Police. With 518 offences in the first 10 months of 2014/15, this trend looks set to continue.

Key consideration

38. To strengthen current co-ordinated strategies to reduce drug misuse and drug related offences, particularly in urban settings.

ADULTS – PROTECTING HEALTH

This section provides an overview of health protection priorities in Herefordshire.

IMMUNISATIONS FOR PREVENTABLE DISEASES

Seasonal Influenza

Influenza (flu) is a viral infection affecting the lungs and airways. It occurs most often in winter in the UK and peaks between January and March. People aged 64 years of age with an at-risk clinical condition, those 65 years and over and pregnant women are most at risk of developing serious complications from flu, such as bronchitis and pneumonia. The national target is to achieve 75 per cent uptake across those aged 65+ years, though this is proving challenging locally and nationally as shown below.

Figure 5: Influenza immunisation coverage 65+ years

Vaccination coverage Influenza 65+ yrs	England	West Midlands	Herefordshire
2013/14	73.2	72.4	71.3

©Crown Copyright, Source: Public Health England

The local number of deaths (primarily among the elderly) due to influenza and pneumonia has shown a sharp increase on expected levels for the winter of 2014/15, with 50 deaths during the 3 months January to March 2015 alone, compared to an average of 70-80 deaths per full year during the previous five years (2010-14).

Uptake of flu vaccines in at risk groups aged 6 months to 65 years (excluding pregnant women) is 53.9 per cent in Herefordshire in 2013/14, better than the national rate of 52.3 per cent, leaving room for improvement.

Figure 6: Influenza immunisation coverage <65 years

Vaccination coverage Influenza at risk <65 yrs	England	West Midlands	Herefordshire
2013/14	52.3	52.8	53.9

©Crown Copyright, Source: Public Health England

Tuberculosis. Tuberculosis (TB) is a notifiable disease in the UK. The incidence of tuberculosis (TB) in England is higher than most other Western European countries.[35] During the period 2011-13 Herefordshire had an average of 6 new cases per year, equating to a pooled rate of 3.2 cases per 100,000 population, a rate significantly lower than the national rate of 14.8 per 100,000 population.

SEXUALLY TRANSMITTED DISEASES

Sexually transmitted infections (STI) contribute to contracting other diseases and poor health outcomes. Locally, among those aged 15-24 years, the local rate of diagnosis is 2,360 infections per 100,000 population, and significantly higher than the national rate of 2,016 per 100,000. Re-infection within twelve months is

[35] Public Health England publishes the official statistics on the number of tuberculosis cases reported to the National Enhanced Tuberculosis Surveillance System.

common amongst young women and men aged 15-19 years presenting at genito-urinary management (GUM) clinics with re-infection rates among females across all ages are higher in Herefordshire at 10.0 per cent compared to 6.9 per cent nationally. The rate of acute STI infection is highest in the most deprived communities of Herefordshire with substantially lower rates evident across less deprived population quintile.

In 2013, the uptake rate for an offered a test for Human immunodeficiency virus (HIV) was around 82 per cent, slightly down on 2012. Uptake rate among males was higher at 86 per cent, with 97 per cent among men who have sex with men (MSM), compared to 79 per cent among females. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. For pooled three-year period 2011-13, 12 such late diagnoses were recorded in Herefordshire; a percentage rate of 70.6 per cent greater than the equivalent England figure of 45.0 per cent and the highest rate in the West Midlands across this period.

Further information on incidence rates and screen uptake of STI can be found **here.**

Key Considerations

39. Re-infection with an STI is a marker of persistent risky behaviour, perhaps suggesting a lack of understanding or lack of information on STIs and preventative measures, or the effect of cultural factors that override practicing safe sex. Young women aged 15-19 years of age in particular require targeted support to achieve positive health outcomes into adulthood.

40. The clear link between socio-economic deprivation and high rates of acute STI infection presents opportunities for targeted interventions in more deprived communities of the county.

ADULTS - AGING WELL

FALLS

Falls are the largest cause of emergency hospital admissions for older people (over 65 years) and significantly impact on long term outcomes; for example, falls can be a major precipitant of people moving from their own home to long-term nursing or residential care. In Herefordshire, there were approximately 600 hospital admissions per annum for falls, from 2009/10 to 2013/14. The rate is approximately 1,300 admissions per 100,000 people across the county per year, with a significantly higher rate in the most deprived quartile at 1,530 per 100,000. Local data indicates that significantly more women than men are admitted to hospitals as a result of a fall, and the number of hospital admissions increases with age, and that most falls result in bone. Between 2010-2012, 2 per cent of all deaths were the result of a fall or accident equating to 205 people. Accidents and falls account for 12 per cent of all 'Years of Potential Life Lost' (YPLL).

Key considerations

41. High risk groups (older women and those living in deprived communities) would benefit from early prevention strategies for falls.

42. Better lifestyle choices such as increased physical activity and reduced tobacco and alcohol can help prevent falls by reducing the risk of osteoporosis (thinner and so weaker bones) which is a risk factor for falls.

DEMENTIA

Dementia is an umbrella term for a number of progressive diseases affecting the structure and chemistry of the brain which become increasingly damaged with time. The most common is Alzheimer's disease which accounts for 62 per cent of all dementias in England. Age is the biggest risk factor for dementia in females as women are living longer than males as life expectancy continues to improve in Herefordshire.

In 2014/15, 1428 people had a diagnosis of dementia (GP QOF data, March 2015). By 2030, it is projected that Herefordshire will have 5,048 persons aged 65+ years with dementia based on POPPI[36] forecasts, an increase of 63 per cent from 3,100 in 2015. Around 30 per cent of the population aged 90+ years are anticipated to develop the condition.

Dementia prevalence as recorded by QOF in 2013/14 is 1,113 persons suggesting major under-recording. An enhanced community dementia service, (as part of a multi-agency dementia partnership programme), has helped increase the diagnosis of dementia locally (to over 45 per cent in 2014/15), although the challenge of diagnosis across the population persists.

Key considerations

43. Greater public awareness on symptoms of dementia would help families, carers and practitioners to detect changes in a person's health that may indicate the onset of dementia. Given the aging demographic in Herefordshire, early detection with appropriate support can lead to better outcomes in older age.

44. The MHNA (2014) found that younger people with early onset of dementia have different requirements and they would benefit from specialist multidisciplinary services to meet their needs for assessment, diagnosis and care. There is no dedicated provision for people with early on-set dementia particularly that addresses employment and other issues in Herefordshire.

45. Evidence demonstrates a relationship between Alzheimer's dementia and the spectrum of cardiovascular diseases, (including stroke, an accepted risk factor for Alzheimer's disease). Given that risk factors for CVD are modifiable, adopting healthier lifestyles can reduce the risk of dementia. For example, walking can slow down cognitive decline and improve cognitive functioning in older people with dementia.[37]

46. People with learning disabilities (LD) are more likely to develop dementia earlier in life, therefore, capture of local data and intelligence would help assess needs of this group.

[36] POPPI – Projecting Older People Population Information System

[37] E. B. Larson, L. Wang, J. D. Bowen et al., "Exercise is associated with reduced risk for incident dementia among persons 65 years of age and older," Annals of Internal Medicine, vol. 144, no. 2, pp. 73-81 (2006).

GROWING THE ECONOMY

COMPONENTS OF EMPLOYMENT

This chapter sets out some key statistics and areas that measure economic development and growth.

EMPLOYMENT RATES

In 2013, Herefordshire was estimated to have 112,400 residents aged between 16 and 64. Just over 75 per cent of the working population are in employment.

Between October 2013 to September 2014, 87,700 people (76.6 per cent of working age residents) were in employment (67,300 employees and 19,600 self-employed), an increase of 5,000 from the same period of the previous year (that is, a 3.8 per cent increase in the proportion of the working population employed). In this period, the proportion of employed working age residents was higher than both the West Midlands (69.7 per cent) and England and Wales (72.4 per cent) as it has been historically. Of the total number of residents in employment, 54 per cent were male (of which 82.1 per cent were aged 16-64) and 46 per cent were female (of which 71.2 per cent were aged 16-64).

Wages /Earnings

In 2014, the median[38] weekly earnings[39] for people who work in Herefordshire were **£405.80** (± £51.70) significantly lower than those in the West Midlands region £479.10 (± £9.39) and England £523.30 (± £2.05). Median annualised[40] earnings were £21,160 (± £2,696), also significantly lower than the West Midlands, £24,982 (± £490) and England £27,286 (± £107). The gap between Herefordshire's earnings and those of the West Midlands region and England widened between 2006 and 2013, largely a result of Herefordshire's wages increasing at a slower rate. The gap narrowed in 2014, making Herefordshire's earnings 15 per cent lower than the West Midlands and 22 per cent lower than England's. Also in 2014, women's earnings were 17 per cent lower than men's consistent with previous years' gender pay gap.

The median of total hours worked (including overtime) by those working in Herefordshire was 39.0 hours per week, higher than the number of basic hours, and higher than both the West Midlands and England's median total hours worked of 37.5 hours per week.

[38] The median provides a 'mid-point' figure for earnings rather than the mean (average) which can be skewed by high earners.

[39] The Annual Survey of Hours and Earnings (ASHE) is used to provide median gross weekly pay (£/week) of full time employees on a workplace basis.

[40] Annual salaries are provided by Annual Survey of Hours and Earnings (ASHE) ASHE but they only include earnings of those who are employed in the same job for a year whereas weekly earnings include all workers. Therefore annualised salaries were calculated using median weekly earnings, which includes more employees

KEY FACTS

In 2013, the four industries employing the largest number of people were:

In 2014, Herefordshire has 9,590 businesses /enterprises.

90% of enterprises employ 9 or fewer people. 1% of enterprises employ 250 employees or more.

In 2013, Herefordshire's total GVA was £3,337 million, a decrease of 4 per cent from 2012

GDHI per head in Herefordshire in 2012 was £16,722, lower than the UK by £344.

Herefordshire has more employment in low and medium-low technology manufacturing.

i.e. every member is unemployed or inactive.

UNEMPLOYMENT

At the time of the 2011 Census the unemployment rate (as a proportion of those aged 16-64) in Herefordshire was 4%; lower than across England (6%), the West Midlands region (7%) and The Marches Local Enterprise Partnership area (5%).[41] Current estimates will be available later this year.

SELF EMPLOYMENT & ECONOMIC ACTIVITY

According to the 2011 Census the self employment rate (as a proportion of those aged 16-64) in Herefordshire was 76 per cent, higher than that for England (71 per cent), The Marches Local Enterprise Partnership (74 per cent) and West Midlands region (69 per cent). The higher rate of self-employment, and lower unemployment than other areas, accounts for Herefordshire's higher economic activity rate rather than more people being employees. The census also revealed that a larger proportion of those self employed worked in three main industries categorised as: agriculture and energy; construction; and professional, scientific and technical.

Earnings from self-employment are relatively high £10,600 compared to £10,400 across the West Midlands, although the difference was not statistically significant (from the Annual Population Survey).

The employment rate has increased over the last decade (2001 to 2011) because of an increase in both employee numbers and the self-employed. The numbers in part-time employment saw the biggest percentage increase (+20 per cent) followed by self-employment (+12 per cent) and then full time employment (+7 per cent). However, this conceals more recent trends illustrated with data from the Annual Population Survey which shows a reduction in the percentage of working age people (16-64) who are employees since 2008, with some evidence of recovery from the most recent figures for between 2013 and 2014, while self-employment saw no statistically significant change.

[41] **Note:** this measure of unemployment is not the same as that based on the number of people claiming Jobseekers Allowance. The universal credit programme began roll out in England this year.

ECONOMIC MAKEUP BY HOUSEHOLD

Recent data from the Annual Population Survey (APS), produced in 2014 by the Office of National Statistics (ONS), shows that in general, there are no tangible differences between the county and nationally for all categories of economic make-up.

In Herefordshire, households who are working account for 56 per cent (of the 55,500 households) in the calendar year 2013, compared to 54 per cent in England. Mixed households (employed and unemployed or inactive) make up the next greatest proportion of 28 per cent, similar to England's 29 per cent. The proportion of dependent children that live in mixed households (40 per cent) is greater than the proportion of households that are mixed (28 per cent). So, children are disproportionately represented in mixed households which may be due to work 'inactivity' of adult members due to periods of child care. England presents a similar picture.

Workless households, where every member of the household is either unemployed or inactive, make up 16 per cent of all households, compared to 17 per cent across England.

EMPLOYMENT BY SECTOR & INDUSTRY

According to the Business Register and Employment Survey (BRES) measure in 2013, 11,800 of all employees in Herefordshire (20 per cent) were working in the public sector, in line with regional (20 per cent) and national (19 per cent) trends. A further 83 per cent [42] or 58,100 people were employees in the private sector (compared to regional and national values, estimated at 80 per cent and 81 per cent respectively). These figures have been stable over the past four years.

Within Herefordshire in 2013, the four industries employing the largest numbers of people were Manufacturing (11,500), Health (11,500), Retail (8,300) and Education (6,800). More than half of jobs in the county (one in two) fall into these categories. The proportion of employment in all of these industries (excluding education) is higher in Herefordshire than both West Midlands and England and Wales.[43]

Herefordshire employs a higher proportion of people in its manufacturing industry than England and Wales, at 8 percentage points (pp) higher in the county than across England and Wales. In contrast, a small proportion of local employers fall in the 'administrative and support services' category; 6 percentage points compared to England at 8 percentage points. Even smaller proportions are employed in the 'professional, scientific and technical' and the 'information and communication' industries (3 percentage points each)[44].

A further breakdown reveals that there is more employment in low and medium-low technology manufacturing, [45] whereas medium-high technology manufacturing and high technology manufacturing account for a lower proportion of employment in Herefordshire (23 per cent) than in the Marches (35 per

[42] Public and private proportions do not sum to exactly 100% due to rounding.

[43] Business Register and Employment Survey

[44] According to the 2013 estimate, agriculture, forestry and fishing accounts for less than 100 jobs in the county, making up a lower proportion of employment than across the West Midlands and, England and Wales. This is because farm agriculture is not included for Herefordshire in the BRES.

[45] Eurostat's definition which aggregates industries based on technological intensity (skill levels)

cent), England (40 per cent) and West Midlands (45 per cent).[46] However, low technology, of which a large proportion of Herefordshire's manufacturing is categorised as (48 per cent), includes food and beverages which is a historically strong sector within the county.

Link to wages

The Office of National Statistics (ONS) classify jobs within 'retail', 'manufacturing' and 'construction' industries as elementary occupations that do not attract high wages. Thus, low wages can in part, be attributed to proportional employment in these industries. However, the picture is not so clear as to fully explain why wages are low in Herefordshire and why they are not increasing in line with regional and national trends.

Relationship of size of business to employee numbers

In Herefordshire, there are a total of 9,590 enterprises (overall businesses in 2014). Similar to the national picture, there are fewer enterprises in the county employing large numbers of people than those employing smaller numbers. The majority of enterprises in the county are categorised as 'micro' with 90 per cent employing 9 or fewer employees, whilst less than 1 per cent were categorised as 'large' employing 250 employees or more. A detailed breakdown was not available. (See Figure 8).

Figure 8: Number of enterprises by size (employee number) in Herefordshire, 2014

Size	Enterprise
0 to 4 employees	7,420
5 to 9 employees	1,195
10 to 19 employees	555
20 to 49 employees	265
50 to 99 employees	95
100 to 249 employees	40
250+ employees	20
Total	**9,590**

Source: Office for National Statistics - Inter Departmental Business Register

ECONOMIC PRODUCTIVITY

Gross Value Added or GVA[47] per worker and income from employment represent useful proxies for productivity. In 2013, Herefordshire's total GVA was £3,337 million[48] a decrease of 4 per cent from 2012. This

[46] BRES

[47] Gross Value Added (GVA) is a measure of productivity; it measures the contribution to the economy of each individual producer, industry or sector in the United Kingdom.

[48] Provisional figure

means that overall employee productivity had dropped significantly in the county, whilst regional (36.3 per cent) and national (43.8 per cent) GVA increased by 3 per cent for the same period.

When measured per head of population, Herefordshire's GVA in 2013 was £17,900, highlighting lower levels of economic productivity when compared to both regional (£19,400) and national (£24,000) GVA.

When measuring the contribution to GVA of different industries within the local economy, 'production' (90 per cent of which is manufacturing) is the highest, at 21 per cent. This represents an increase of 2 percentage points from the previous year (2012), and is higher than the United Kingdom (UK) in total (12 per cent). In 2012, industries categorised as 'finance and insurance', 'business services' and 'information and

Communication' made a significantly lower contribution (11 per cent) compared to the UK (17 per cent in total). The proportions of the total GVA that these latter three industries form have dropped a further 3 per cent since 2011. Another measure of the county's economic performance is its Gross disposable household income[49] (GDHI)[50]. GDHI per head in Herefordshire in 2012[51] was £16,722, lower than the UK by £344.

SKILLS AND TRAINING

The Marches LEP survey[52] provides some intelligence that might help understand low wages in the county. The survey found that skills gaps were most prevalent in three broad sectors, categorised as: 'Manufacturing; Trade', 'Accommodation & Transport' and 'Education, Health & Public Sector'. The incidence of skills gaps was also positively correlated with organisational size; the larger the organisation, the larger the skills gap. Both the 'Agriculture & Utilities' and 'Construction' sectors had considerably higher incidences of hard to fill vacancies in the Marches area than was seen nationally, suggesting employers in these sectors had difficulty in finding suitably skilled staff within the Marches area.

Skills shortage vacancies were most acute amongst caring and leisure occupations, skilled trades occupations and elementary occupations, which together account for around two-thirds (69 per cent) of all occupations. Employers report an estimated 10,800 current employees across The Marches have gaps in their skills, this equates to approximately 3.9 per cent of the workforce, lower than the 5.1 per cent for England. The incidence of training staff is strongly correlated with the type of sector; 87 per cent of employers in the 'Education, Health & Public Sector' provided training compared to under half of 'Agriculture & Utilities' employers in The

[49] Gross disposable household income is the amount of money that individuals – the household sector have available for spending or saving. This is money left after expenditure associated with income, for example, taxes and social contributions, property ownership and provision for future pension income.

[50] GDHI is preferred to GVA as a measure of economic welfare, as GDHI is a residence based measure includes other sources of income which are unrelated to current work, such as pensions and investment incomes.

[51] Provisional figure

[52] The Marches LEP survey (2013-14) – a whole UK wide survey that interviewed more than 91,000 employers, of which 1,253 were from The Marches Local Enterprise Partnership (LEP) area. The survey included employers from all industrial sectors as well as public sector organisations and those operating in the third/charitable sector.

Marches over the preceding year. Low and medium-low technology manufacturing industries do not require the more specialist skills found in medium high and high technology manufacturing.

COMPETIVE ADVANTAGE

In 2013, the UK Competitiveness Index (UKCI) ranked Herefordshire 251 of 370 localities in the UK, with a score of 91.5 representing a decrease from its 2010 score of 97.7 and rank of 167, suggesting that Herefordshire does not have the competitive advantage of other counties.

BUSINESS BIRTHS AND DEATHS

The economic downturn (equating to the recession years 2008-10) had a major impact on Herefordshire's economic growth in terms of new business growth. In 2013, there were a total of 810 business births in Herefordshire and 690 business deaths , similar 2008, the first year since the start of the recession, where business births exceeded business deaths. Having recovered more slowly than England as a whole, Herefordshire is reflecting the trend in business births and deaths observed nationally. However, recent figures show that the number of active businesses in Herefordshire did not increase as much between 2012-2013; 1 per cent in Herefordshire compared to 3 per cent each in the West Midlands, and England and Wales.

LOCAL INDUSTRIES AND EMPLOYERS

AGRICULTURE

Herefordshire's agriculture as part of the land based sector (agriculture and forestry)] accounts for 80 per cent of land use, 9 per cent of economic activity (GDP) and 9 per cent of employment opportunities (few 'employees' but high numbers of 'self employed').

The Marches Local Enterprise Partnership (LEP) identifies food and drink, agri-technology, visitor economy and environmental technologies and services as four (out of seven) business sectors that are important to the area. All of these require the land-based sector to be effective. The county's agricultural sector is perceived as offering greater opportunities, such as renewable energy and eco-system services, for the county to generate improved economic growth and wealth in that sector. Recently, however, the agricultural economy has diversified in a number of ways. For example, recent years has seen a decline of apple and pear orchards and an increase of soft fruits that rely on seasonal migrant workers from Eastern Europe, a temporary workforce without which the soft fruit industry would collapse.[53] The steady decline in dairy farming due to high costs of equipment, cattle diseases, and falling milk prices has led to the rise of other more profitable businesses such fishing and hunting; conversion of redundant buildings and disused barns into holiday lets and farm shops, and unused or unusable land for recreational purposes such as caravan parks or camping. The impact on Herefordshire's total economy of this diversification is not yet clear. The agricultural economy is said to have major challenges from supermarkets whose purchasing policies are perceived by farmers to be a major threat to the farming industry.

[53] Hereford Council: Farmers Survey 2014

Key consideration

47. The economic challenge of the land based sector (agriculture and forestry) requires a better grasp of how it has changed and continues to change. If attitudes to wind and solar farms continue to be generally positive, this could boost the economy in terms of the range of businesses it could generate as well as providing renewable low cost energy to other industries. However, impact on the natural environment and the tourist industry would need careful management.

THE MILITARY

The British Army has a military base in Credenhill, Hereford, established as a depot for the Special Air Service (SAS). Herefordshire council has a corporate covenant which demonstrates support for the armed forces community by ensuring that council business does not disadvantage members of the armed forces community compared to any other citizen. This includes employment support for veterans, reservists, service spouses and partners as well as support for cadet units, Armed Forces Day and discounts for the armed forces community.

Key consideration

48. Further data and intelligence is required to understand the impact of the military as a local employer and its contribution to the local economy.

TOURISM

Herefordshire's rich natural environment is an income generator that attracts visiting scientists for its biodiversity and millions of visitors annually. Tourism is important to Herefordshire's economic development with 'Visit Herefordshire' contributing an estimated £415.3 million to the economy by attracting over 5 million visitors. Sustaining and developing the tourist industry may increase its contribution to the economy bringing in revenue across the border and creating jobs within the county.

THIRD SECTOR AND COMMUNITY ORGANISATIONS

More than a decade ago, the economic contribution of voluntary (third sector) and community organisations as small or medium sized enterprises (SMEs) was highlighted in the report 'Mapping the contribution of the Voluntary & Community Sector to the Economy of the West Midlands' by Regional Action West Midlands (2001). The report pointed out that these businesses may require the same support and access to business advice as private sector SMEs as those mid-sized enterprises in the £100k-£1m income range are dependent on government income and discretionary grants. Many SMEs were funded to provide services for vulnerable citizens, but the increasing costs of delivering services amidst reduced funding had an impact on their financial solvency, with smaller enterprises being too fragile to withstand the shock of external factors.

Key consideration

49. The contribution of the voluntary sector and community organisations needs more current intelligence.

SUMMARY

The manufacturing and retail industries dominate the industrial landscape of Herefordshire. They comprise a few large organisations that a large proportion of the working population on a full time basis. Ostensibly, jobs in these industries do not offer much value to the economy in terms of GVA. Low economic productivity in turn influences how much employees can be paid, and how much they can demand, accounting for the county's low weekly earnings of £405 compared to neighbouring counties and England. This contributes to the county's low competitive advantage compared to other English counties. This is further reflected in the low disposable income (GDHI) of a large proportion of the county's population, impacting more on women than men as women earn 17 per cent less than their male counterparts.

Key considerations

50. The shortage of high level skills in Herefordshire and a predominance of low level skills may have had a greater impact on the county's economic growth than first thought. The Organisation for Economic Co-operation and Development (OECD) estimate that half of the economic growth in developed countries over the last decade came from improved skills. So, skills is likely to be an area that needs development in terms of building a desirable workforce with enough highly skilled people to meet the future needs of the economy. However, this calls for a better understanding of the current market. However, Herefordshire needs to determine want sectors it wants to develop and promote, what type of employment it wants to create, and what kind of businesses it wants to grow.

51. A more forensic analysis is required to assess the contribution of the self-employed to the county's overall economic growth and development.

52. A key element is to support and develop educational institutions to deliver lifelong learning. Plans for a university in Herefordshire, if realised, might help retain young people within the county and help inculcate and maintain the higher skill levels needed.

53. By the end of 2014, there were an estimated 5,570 16 and 18 year olds known to the local authority. Of these, 320 are estimated to be NEET, that is, not in employment, education and training; 5.7 per cent, significantly greater than Herefordshire's neighbour Shropshire and Worcestershire (4.1 per cent each) and higher than West Midlands as a whole (5.4 per cent). Apprenticeships provide an alternative route and opportunities for this sub-population to gain qualifications that lead to employment; 25 per cent employers in England rating 'Higher Apprentices' as 25 per cent more employable.[54] However, apprenticeships need to be in the right sectors for Herefordshire to realise larger economic benefits.

[54] National Apprenticeship Service, employee survey (October 2013)

THE WIDER DETERMINANTS OF HEALTH AND WELLBEING

The wider determinants of health have been described as 'the causes of the causes'. They are the social, economic and environmental conditions that influence the health of individuals and populations. They determine the extent to which an adult or child or young person in Herefordshire has the appropriate physical, social and personal resources to meet their needs and aspirations.

HOUSING

HOUSING COMPOSITION

See Key Facts 1 box which summarises data on household composition from the Census 2011[55]

TAX BANDS

There is a great variation in the distribution of council tax banding[56] between urban and rural areas. As of May 2015, there were 83,411 residential properties registered for council tax in Herefordshire; of which 39 per cent were in the *lowest value bands A and B* and 26 per cent were in the *highest value bands E to H* (this compares with 44 per cent and 19 per cent, respectively, for England).

There is a notably larger proportion of dwellings in the highest property value bands in rural Herefordshire (44 per cent) compared with the urban areas of the county (eight per cent and 16 per cent in the city and the market towns respectively) and a markedly lower proportion in the lowest property value bands (21 per cent compared in rural Herefordshire compared with 57 per cent and 48 per cent in the city and the market towns respectively).

Key Facts 1 Census 2011

Just under 4 out of 5 residents lived in single family households

1 in 10 lived in one person households

Market towns had the highest proportion of people aged 80+.

Lone pensioner households accounted for 14% of all households (West Midlands = 13%; England & Wales = 12%)

21% of couples were aged 50 years and over (West Midlands 18% and England & Wales 17%)

9% were lone parents with dependent children, lower than West Midlands and England & Wales (both 11%). More live in the city and market towns.

More married or same sex civil couple households, without children lived in rural locations. With children, a larger proportion of these households lived in rural areas.

There were 850 concealed* families, an increase of 87% since

[55] *Concealed families can be used as an indicator of housing demand for planning purposes, as this group potentially includes those interested in future household formation. A concealed family is one living in a multi-family household in addition to the primary family, such as a young couple living with parents

[56] Council tax bands (local taxation) are graded as Band A being the cheapest, and Band H being the dearest. The higher the band, the more council tax a resident pays.

AFFORDABILITY

Houses at the lower end of the market in Herefordshire cost more compared to areas within the West Midlands region, costing around 8.1 times the annual earnings of the lowest earners in the county in 2014.

Over the previous decade, Herefordshire's housing affordability has been consistently lower than both the West Midlands and England as a whole. Subsequently, there is a high demand against limited supply.

Of the 83,411 residential properties in Herefordshire in May 2015, Council Tax records show that 485 were recorded as being empty.

Across all dwelling sizes, the average rent in Herefordshire (£550 per month) falls just under the mid way point of all local authorities in England, in order, from lowest to highest. Average rents range across England from £347 (Liverpool) to £1,200 (South Bucks). To add context, the West Midlands region is ranked somewhere in the middle being more expensive than the East Midlands and regions further north, but cheaper than the regions to the south. Within the West Midlands region, Herefordshire is ranked as the third most expensive unitary or shire authority in private rental affordability.

Key Facts [Census 2011]

Houses at lower end cost 8x the annual earning of lowest earners in 2014 (compared to West Midlands.

485 residential properties remained empty at May 2015.

Average private rent is £550 per month; 3rd most expensive authority within West Midlands region.

16,500 new homes will be built by 2031.

159 new affordable homes were provided in rural and market town locations in 2014/15.

There is a shortage of mix tenure of housing, and affordable housing for people who do not own their own homes, or have life limiting conditions.

RANGE OF PROVISION

The local intention to build 16,500 new homes between 2011 and 2031 based on economic growth projections remains validated. A separate accommodation needs assessment for Gypsies and Travellers is nearing completion (an update on the 2008 assessment).

159 new affordable homes have been provided for Herefordshire residents through the Housing Partnerships team in the financial year 2014-15; exceeding the target of 140 new affordable homes. The homes were delivered throughout the county in both rural and market town locations.

It is also not known if the range of tenures to cater for a range of housing needs and a range of circumstances has improved since the Local Housing Market Assessment 2013 recommended balancing the housing market over the longer term (2011-2031) in line with population growth.

Housing is a real challenge for people migrating to the county for work; for example, a staff shortage in the health sector has meant that the NHS has recruited from abroad. However, the lack of an affordable rental market for this workforce creates further challenges on a pressured system. A similar situation arises with migrants moving into the county from 'new Europe'.

HOUSING FOR AN OLDER AGE STRUCTURE

A priority for Herefordshire is to enable people to live independently, and become less reliant on adult social care services. However, there is a shortage of mix tenure of housing, and affordable housing for people who do not own their own homes, or have life limiting conditions.

Herefordshire Older People's Housing Strategy and Pathway 2015-2031 (published March 2015) build on and update the research in the '*Study of the Housing and Support needs of Older People in Herefordshire'* (Peter Fletcher Associates and Arc4 2012). The study's survey found that older people prefer to live independently in their own homes but need practical support and adaptations to their changing needs, such as better access to their property. Developing the service offer to support independent living depends on creating the right housing mix to meet future need and demand of an ageing population. Research is underway to identify if an 'extra care' housing model is suitable for Herefordshire particularly for people with dementia. Currently there are two mixed tenure extra care housing schemes operating in the county (Hereford and Ledbury).

Nearly 80 per cent of the survey's respondents were able to purchase a property with or without a mortgage, with the proportion of those wishing to purchase reducing to 50 per cent for people aged 80+. Building more bungalows or houses with a bedroom and bathroom on the ground floor would support increasing frailty as people age. The highest demand is for two bedroom properties across all age cohorts aged 50+ with lessening demand for three bedroom properties. There is very low demand for one bedroom homes until households are aged 80+ and then only 24 per cent of households are in that age group. There is a major shortage and lack of choice in the county of general needs housing suitable for older people that will encourage them to move from larger three and four bedroom family homes.

Key Considerations

54. Provision of subsidised housing is a priority for Herefordshire and it can be best addressed through partnership working between Herefordshire Council and Registered Providers.

55. Further research would support a better understanding of the private rental market in Herefordshire.

56. Consideration is to be given to encouraging older people to move from large family homes to houses more suited to their needs.

57. The large number of vacant residential properties, if developed, could address some of the shortage in affordable housing.

TRANSPORT, TRAVEL AND ACCESS

I in 4 people own a car in Herefordshire.

Herefordshire is sparsely populated, and given an aging population structure that live more in rural areas, and the desire for residents to live independently at home for as long as possible, no access to a car or other means of transport (such as buses) can rapidly reverse the benefits of independence. Additionally, distance is a factor - long trips to GPs or hospitals more often than not result in alternative options being taken such as A&E attendances brought in by ambulance. This places an avoidable burden on the health economy. Thus, the availability of appropriate transport options and their accessibility is an important determinant of health and wellbeing as transport is fundamentally an enabler of access to social and economic opportunities.

A recent report emphasised the critical role played by transport in reducing loneliness and social isolation later on in life.[57] There is little evidence linking transport initiatives to the feeling of loneliness but qualitative surveys have noted that residents feel more 'lonely' if they are cut off from major venues of social interaction. People may not be able to access services as a result of social exclusion, particularly if they are disabled, elderly or are unable to navigate and have stopped driving; however, it is also important to note that the inaccessibility of transport does not always result in social exclusion.[58]

Community transport in the county provides an essential contribution to supporting people to reach health services and keep health appointments.

Access to pharmacies

The 2015 Pharmacy Needs Assessment reported good access to pharmacies in Herefordshire (**Pharmacy Needs Assessment, PNA 2014**). A range of services delivering specific patient groups is encouraged so that those who do not have access or able to use private or public transport are not disadvantaged.

Key considerations

58. Herefordshire needs to ensure a system-level perspective on health and transport planning, for example, public bus transport is a discretionary service, so community transport services may require further investment if demand rises alongside a growing population.

59. A qualitative survey of residents to explore the difficulty in reaching and using a range of health and community services could generate solutions to factors that make people vulnerable to transport barriers.

60. Whilst considering the barriers of resident to accessing a wide of health services or those that contribute to health (e.g. dentistry, chiropody/podiatry), consideration needs to be given to the provision of services to residents living dispersed in rural areas; for example, ambulance services, availability of GPs, home visits, out of hours care, and so on.

61. The success of local initiatives for greater rural access such as the 35 Park and Choose sites around the county provide 330 car parking spaces for car share users needs to be fully evaluated.

FUEL POVERTY

Herefordshire has seen an increase in the percentage of households experiencing fuel poverty in the county (from 14.1 per cent in 2011). These figures are based on the new definition for measuring fuel poverty, based

[57] Promising approaches to reducing loneliness and isolation in later life. Report published January 2015, by Age UK and Campaign to End Loneliness. Available at: *http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf*

[58] Markovich J. and Lucas K.,*The Social and Distributional Impacts of Transport: A Literature Review.* Working Paper No. 1055, August 2011. Transport Studies Unit, University of Oxford

on just those on a low income and experience high fuel costs. Herefordshire's rate of fuel poverty is higher than the West Midlands and England (in the 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 both in terms of mortality (excess winter deaths) and morbidity (particularly in terms of cardiovascular and respiratory conditions).

There were approximately 700 deaths per annum during the four designated winter months in Herefordshire between 2006/07 and 2013/14, or around 36 per cent of total mortality. Almost 15 per cent of winter mortality is accounted for by bronchopneumonia or pneumonia. According to a governmental report (2012), some of these deaths will be caused by people living in cold houses. National data suggests that this could be as many as 95 per cent or around 12,000 fuel poor homes in Herefordshire.

Further to having an impact on fuel poverty, inefficient domestic heating contributes to higher than typical domestic carbon emissions, directly contradicting efforts throughout the county to decrease carbon emissions for climate change prevention such as the Carbon Management Plan. In 2012, domestic emissions accounted for 35 per cent (438,237 tonnes) of Herefordshire's carbon footprint. If Herefordshire is to reach its 34 per cent target reduction of CO^2 emissions by 2020, the importance of improving household energy efficiency cannot be underestimated.

Key Considerations

62. Further understanding of the mixed uptake of energy efficiency schemes across the county is important because fuel poverty is a distinct issue from income poverty; fuel poor households are those on a lower income and with higher than typical energy costs.

63. Developing a fuel poverty strategy in partnership with other agencies would help integrate ways to deliver affordable adaptions to homes, (particularly for the elderly population, disabled and those with learning difficulties), in order to help increase thermal insulation and reduce energy bills.

64. Older people who are owner-occupiers may be asset rich but income poor, so schemes such as equity release may help owner-occupiers fund energy efficient changes to their home.

65. Given that thermal inefficiency in older housing stock is a major factor, installation of solar powered heating in domestic properties, particularly in social housing, may help drive down fuel poverty. A review found that Herefordshire had the third highest potential for renewable solar powered systems. [Read the full report **here**]

INEQUALITIES: FREE SCHOOL MEALS

1 in 10 of Herefordshire's children and young people has free school meals (FSM) compared to 1 in 4 children in the UK. Parents are able to claim free school meals if they receive a qualifying welfare benefit and rely on this support during term time. It is not known what impact there is on local families on low incomes during holiday periods when FSM are not available.

Throughout 2012 and much of 2013 the percentage of pupils in maintained schools, eligible for FSM remained fairly stable, at 10.3 per cent - 10.5 per cent (of total pupils), standing at 9.5 per cent at autumn 2014 (or 2,178 pupils). Falling numbers over the last 12 month may be due to the introduction of Universal Infant Free School Meals from autumn 2013, which meant that *all* pupils in national curriculum year groups Reception, 1 and 2 (infants) are entitled to a Universal Infant Meal without charge but have to apply for a FSM from year 3. Anecdotal evidence suggests some parents forget to apply for FSMs from year 3.

Key consideration

66. Schools could promote information on applying for FSM to ensure continued take up of FSM for eligible pupils.

GREEN SPACES AND THE NATURAL ENVIRONMENT

Herefordshire natural environment and green spaces lie at the heart of wellbeing since they contribute in a number of ways to improve the health and wellbeing of individuals and the population.

The overall definition of open (green) space within government planning guidance[59] is:

"All open space of public value, including not just land, but also areas of water such as rivers, canals, lakes and reservoirs which offer important opportunities for sport and recreation and can also act as a visual amenity."

The term 'land' includes woodlands, grasslands, meadows, and forestry and bridal pathways. Other semi-natural urban spaces include amenity greenspace, allotments, community gardens, cemeteries, churchyards, parks, gardens and playing fields and other provision for children and young people.

The results of the latest Monitor of Engagement with the Natural Environment (MENE[60]) survey which included data from Herefordshire indicated that the likelihood of frequently visiting the outdoors largely depended on a person's health, age, ethnicity and social grade. Visiting the natural environment for health or exercise accounted for an estimated 1.3 billion visits to the natural environment between March 2013 and February 2014.

Herefordshire has a rich natural environment with nationally and locally protected sites.

Within Herefordshire, there is a total of 1496.43 hectares of land designated as sites of special scientific interest (SSSI) by Natural England. However, in terms of the land mass, only 91.03 hectares are in a favourable condition, and the survival of over 94 per cent habitats and species contained within are under threat as a result of their unfavourable condition.

[59] Town and Country Planning Act 1990. See also *Planning Policy Guidance Note 17: planning for open space, sport and recreation*, Department of Communities and Local Government [2006].

[60] Monitor of Engagement with the Natural Environment (MENE): The national survey on people and the natural environment (2013-2014). MENE data for Herefordshire was very small (n=13). Sample size needs to increase so that MENE findings are robust and meaningful for the county.

There are four 'Special Areas of Conservation' within Herefordshire: Wye Valley Woodlands, River Wye, River Clun and Downton Gorge, and two designated 'Areas of Outstanding Beauty' (AONB) which includes part of the Malvern Hills (58.5 per cent) and part of the Wye Valley (46 per cent). Both sites also have rich historic environments with Iron Age hill forts, castles, listed parks and formal gardens which contribute (through tourism) to the overall economy of the county.

Key Considerations

67. Both Queensland, the only country park and Bodenham Lake, the largest area of open water in the county, are managed by Herefordshire council. The council is likely to divest itself of the responsibility of managing these areas as it relinquishes the assets from local authority control to others. If that policy is followed through, a key consideration to protect the habitats and maintain accessibility to the areas can be a legal obligation imposed on the new managers.

68. A county wide green space use and needs assessment (measuring level of use, quality and accessibility) may support local resource allocation. The value of green spaces as areas where physical activity can produce beneficial health benefits for reducing the county's high levels of obesity.

69. Invasion of greenbelts and increase in noise pollution are issues to be considered when planning new housing developments or developing transport networks (roads, rails, cycle paths) that transverse historical woodlands or otherwise unprotected areas in the county.

70. In view of economic and wellbeing imperatives, consideration needs to be given to joined up working between relevant partners to respond quickly and appropriately to local environmental crises; for example, addressing the challenges of 79 heritage assets considered to be high risk on the English Heritage '*At Risk Register*', with 20 per cent of these in a bad or very bad condition since 2010.

AIR QUALITY

Poor air quality is a significant public health issue. Herefordshire's air quality is generally very good; however, the county has two Air Quality Management Areas (AQMAs) which are areas where levels of pollutants exceed the EU standard of 40ug/m^3. In these areas, air quality is steadily improving. The AQMA in Hereford shows that NO_2 concentrations have decreased from 49.2ug/m^3 in 2013/14 to 43.71ug/m^3 in 2014-15 indicating that air quality is improving in Hereford. The other AQMA in Leominster shows that NO_2 concentrates have decreased from 58.8ug/m^3 in 2013/14 to 47.6ug/m^3 in 2014/15 also indicating that air quality is improving at this location. In 2012, the estimated proportion of deaths in those aged 30 and over attributable to air pollution in Herefordshire was 4.1 per cent compared to an equivalent value of 5.1 per cent in both the West Midlands and England. The biggest contributions to anthropogenic (human made) particulate air pollution are from industry and road transport, but residential areas, other forms of transport and agriculture also contribute.

The full report is **here.**

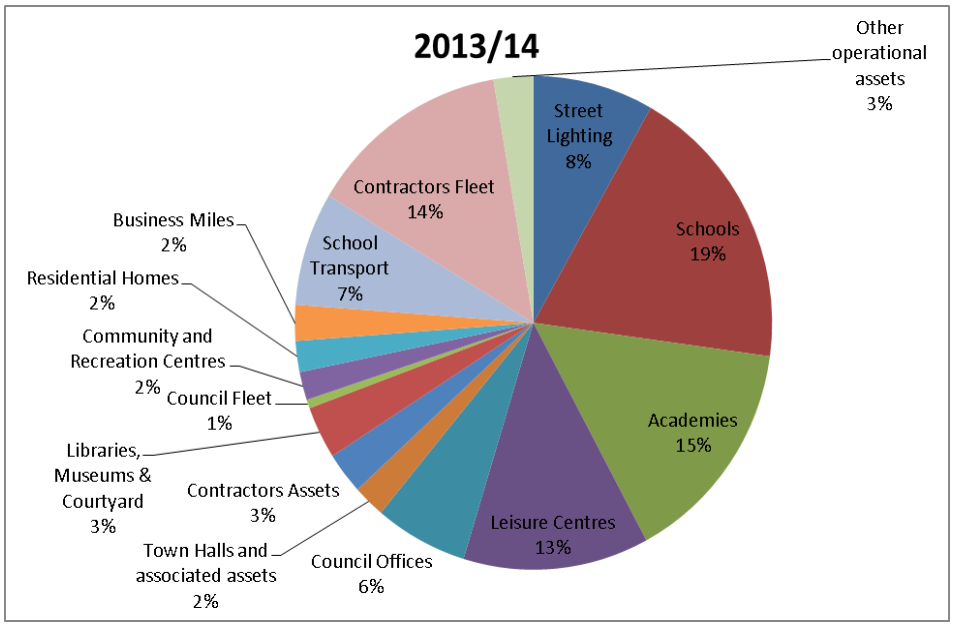
REDUCING THE CARBON FOOTPRINT

Reducing green house gas (or carbon) emissions increases air quality in Herefordshire, and also supports tackling the adverse effects of climate change.

In 2013/14, Herefordshire Council's greenhouse gas (CO_2) emissions were 21,380 tonnes. These were emitted from the energy and fuel consumed by direct and indirect operations. This is representative of a 22 per cent reduction since the 2008/09 baseline, and an 11 per cent reduction since 2012/13.

Carbon emissions data broken down by source can help identify where interventions could be introduced, see Figure 9.

Figure 9: Herefordshire Councils CO_2 emissions percentage breakdown 2013/14.



Source: Herefordshire Council

In 2012, emissions from transport accounted for 28 per cent of all emissions, domestic emissions 31 per cent, and industrial and commercial 41 per cent. The latest data from 2012 shows that emission reductions of 19 per cent have already been achieved, this is marginally below the level required to achieve the 2020 target.

Weather plays an important role in considering energy consumption. A cold winter results in more energy usage, higher CO_2 emissions and a greater financial cost of energy. For instance, the cold and long winter of 2012 correlated with a spike in CO_2 emissions in 2013/14. Local measures to control air pollution include reducing traffic, particularly, over short distances. For example, almost 50 per cent of peak period journeys in Hereford begin and end within Hereford's urban boundary and total some 40,000 car journeys each day in the peak periods. Daily figures are likely to be at least double this. This data suggests there is a substantial opportunity to reduce short distance car journeys in favour of active travel in the city with significant health, economic and environmental benefits.

Encouraging use of the bus, walking and cycling in place of car journeys and car sharing have been key local initiatives to reduce road traffic congestion and associated carbon pollution.

Key consideration

71. The impact of local transport and travel and schemes need evaluation in order to assess their benefits, and to determine investment or disinvestment in more beneficial projects.

See the full report **here.**

WATER QUALITY

Clean safe and reliable drinking water is essential for public health. Poor water quality is a serious environmental and human health issue, and also impacts the economy.

The majority of householders and businesses in Herefordshire are on mains supplied by Welsh Water, with the north eastern part of the county supplied by Severn Trent, and between 5 and 10 per cent of the population have a private water supply (boreholes, wells, and springs). In 2014, 23 per cent of all microbiological sample results of private water supply taken by the local authority were unsatisfactory (for example, containing E coli, enterococci, faecal matter) indicating a potential harm to human health. In line with national regulations, Herefordshire is undertaking regular risk assessments.

The local Nutrient Management Plan (NMP) supports the ecology with respect to addressing the high phosphate levels which is a significant problem for Herefordshire's river Wye and Lugg, both designated as Special Areas of Conservation. The target levels are to be achieved by 2027, the legislative timeframe set by the European Water Framework Directive.

Key Consideration

72. Since phosphates are products of agricultural fertilizers, waste water and sewage, water companies and agricultural industry and farming communities and industries all have a key role to play in protecting water quality and in turn, the natural environment.

BEING SAFE

REDUCING ROAD CAUSALITIES

Traffic injuries among people are a serious public health issue. Although national 'killed or seriously injured' (KSI) figures for road traffic accidents have not yet been released for 2014, early indicators from previous years and provisional estimates suggest an overall increase of around 4 per cent from 2013.

Locally, casualties increased from 61 (from 54 collisions) in 2013 to 83 (from 65 collisions) in 2014. Despite the minor rise in KSIs from 2013 this represents a 30 per cent decrease from the strategic baseline figure of 119 (average of 2005-2009).

Most noticeable, was an 18 per cent increase in the casualty per collision ratio (1.13 per collision in 2013 to 1.27 in 2014. Public Health England's statistics show that between 2008/09 and 2012/13, Herefordshire had a significantly higher rate (40.4 per 100,000) of emergency admissions for car occupants than England (22.3 per 100,000). As identified nationally, gender was more highly correlated with casualties, with significantly more males suffering higher serious casualties than females in Herefordshire between 2008 and 2012 (3 times as high).

In 2014, 31 per cent of causalities were from the 16-25 group and within this category, there was an increase in the high causality collisions where a 'full car' of this age group was involved, causing 12 KSIs from 3 incidents. In 2014, the number of child (0-15) causalities decreased from 7 in 2013 to 4 in 2014.

The number of fatal casualties (part of KSI) increased from 5 in 2013 to 13 (11 collisions) in 2014 with two age groups identified as particularly high risk, those aged 16-25 and those aged 60+. The number of fatalities that occurred in both of these groups increased in 2014 when compared to the previous two years.

The A49 (trunk) route accounted for the highest number of casualties with 13 of the total 83. Pedestrians living in deprived areas of the county had a significantly higher rate of being killed or seriously injured (KSI) (15.5 per 100,000) than other deprivation areas across the county (ranging between 0.0 and 5.1 per 100,000). However, there was no other correlation between road casualties and residents living in deprived communities.

Furthermore, pedal cycle and motorcycle KSI casualties both increased between 2013 and 2014.

The full report is **here**.

Key Consideration

73. There are opportunities for public health and transport teams to work more closely together to better understand the many complex relationships between all the various contributory factors that could be at work in road casualties and to identify the best approaches to mitigate risks to the two age groups that experience high levels of KSI. Public Health England has published a report recommending key actions for local authorities.[61] **www.chimat.org.uk/youngpeople/injuries**

CRIME

The Community Safety Annual Assessment (2015) found that Herefordshire is generally a safe place to live with low levels of crime although there are still some challenges to reducing crime in urban areas and in domestic abuse settings.

Crime is has a high health and social cost to individuals and communities, as well as associated costs to the NHS and wider health economy. The overall rate of recorded crimes has steadily decreased since 2010. In 2013-14 there were 45 crimes recorded in Herefordshire for every 1,000 people in the county compared to 66 for every 1,000 people across England and Wales.

Between 2010 and 2014 the top four crime types that increased were 'miscellaneous crimes against society' (+31 per cent), 'violence without injury (+35 per cent) and 'drug offences' (+59 per cent) and homicide (100 per cent). However, it is likely that the increases reflect increased activity in dealing with the type of crime rather than increase in prevalence. The 100 per cent increase in homicide represents one additional incident in 2013/14 compared to 2010 representing a high proportional change but a low incidence of crime of this nature albeit a costly one. For Herefordshire, the estimated cost of homicide was £3.5 million in 2013/14.

[61] **www.chimat.org.uk/youngpeople/injuries**

Within Herefordshire, the urban centre of Hereford is the least safe, experiencing more crime than the rest of the county. In the year to October 2014, two thirds of crime committed in the city were categorised as 'violence against the person' and 'theft and handling'. In the year to September 2014, incoming and outgoing calls Women's Aid helpline saw an increase of 42 per cent from the same period of the previous year. In the year to October 2014, 29 per cent of domestic abuse offences were classified as 'violence against the person'. If Herefordshire followed national trends of under reporting of domestic violence and abuse, then estimated numbers of actual incidents and offences equate to 5,500 victims aged 16-59; 3,500 females and 2,000 males.

The rate of police recorded sexual offences is 1 in 1000, similar to England and Wales. There has been an overall increase in the number of sexual offences over the past three years, partly due to increased reporting and public awareness. If Herefordshire followed national trends of under reporting, basic estimations of actual numbers of offences are projected to be over 6,000 for the year ending October 2015. Herefordshire experiences an estimated cost of £7.2 million for sexual offences.

Fear of crime. A recent review found that the most promising interventions to reduce fear of crime are home security improvements and improvement to public areas such as effective street lighting, whilst CCTV interventions appear to be least promising.[62] The review suggests that there needs to be a broader recognition that reducing crime and reducing fear of crime may not be linked and may even conflict.

The Community Safety Annual Assessment is found here.

Key considerations

74. Crime in urban settings requires a co-ordinated approach of communities, local businesses and the police so that there is a zero tolerance to crime, especially for drug or alcohol flagged crimes.

75. Given that a sedentary lifestyle is a risk factor for serious long term illnesses, it is essential to reduce the fear of crime in people who become socially isolated and reduce their physical functioning as a result of that fear.

BUILDING SUSTAINABLE AND SUPPORTIVE COMMUNITIES

SOCIAL CAPITAL

The Government's Think Local Act Personal (TLAP)[63] has been a catalyst for the transformation of public services' approach to care and support. A key element to this shift has been to tap the energy and expertise of local communities to release social capital[64]. Making it real means encouraging more community based support, focussing and building on the natural networks and connections. This is not a new concept and people have always needed positive relationships with each other, a sense of belonging and to be part of a larger community. Low social capital significantly increases mortality, risks of long term health conditions, and

[62] Lorenc T, Petticrew M, Whitehead M, Neary D, Clayton S, Wright K, et al. Crime, fear of crime and mental health: synthesis of theory and systematic reviews of interventions and qualitative evidence. Public Health Res 2014; 2(2).

[63] Think Local Act Personal, 2010. See also www.thinklocalactpersonal.org.uk/BCC

[64] Social capital is the shared values and sense of belonging that people have as part of their network group or community.

loneliness and social isolation. Building social capital can work in a complementary way with public services to bring about positive outcomes for people, in a range of areas for people, such as educational attainment[65] and reduce crime and the fear of crime. Evidence shows that library engagement has a positive association with general health, and it is estimated that medical cost savings associated with library engagement at £1.32 per person per year. Aggregated NHS cost savings across the library-using English population predicts an average cost saving of £27.5 million per year.[66] The economic impacts of in savings and pay-offs is also well evidenced in a number of studies.[67] TLAP, for example, estimated future savings of £300 per person per year by reducing need for treatment and support for mental health issues by reducing loneliness, depression and isolation, particularly amongst older people.

VOLUNTARY AND COMMUNITY ORGANISATIONS

Building social capital in Herefordshire relies heavily on the contribution volunteers and the third sector organisations make. It is recognised that strong alliances between the independent, statutory and third sectors lies at the heart of sustainability, both in citizens caring for each other and caring collectively for Herefordshire's built and natural environment. The 'Value of Volunteering in Herefordshire' report (2006, 2010)[68] perceived the third sector and volunteers as the bedrock of an active and participatory society, and the report calculated the economic value on volunteering in the county as £60 million per annum based on an estimate of the total wage bill of 53,000 adult volunteers paid the local median hourly rate of pay. In other words, Herefordshire benefits from volunteering as a cost effective means of providing support to adults and children in local communities. The Herefordshire Compact, a good practice framework that provides guidelines for engagement between the public and third sectors to work collaboratively together in the best interest of the community.

Key considerations

76. A comprehensive database of all voluntary and community organisations in Herefordshire would help quantify the potential contribution of the sector, as well as map the range of universal care provision available.

77. A clearer appreciation of the challenges faced by the third sector and community organisations would assist in building sustainable community capacity.

CARERS

Carers look after family; partners or friends in need of help because they are ill, frail or have a disability. Carers are recognised as a crucial plank of the preventative agenda and they make a significant contribution to

[65] Putnam R (2000) Bowling Alone: the collapse and revival of American community, New York: Simon and Schuster.

[66] The Health and Well Being Benefits of Public Libraries, March 2015, Simetrica, Arts Council England

[67] Knapp M, Bauer A, Perkins M and Snell T (2011) Building community capacity: making an economic case; Morgan E and Swann C(2004), Social capital for health: Issues of definition, measurement and links to health. London: Health Development Agency.

[68] The Value of Volunteering to Herefordshire', Herefords Voluntary Action, (2006) April 2010 update.

the health economy of the county as an unpaid workforce. The 2011 Census recorded that 11 per cent of Herefordshire's population provided at least one hour a week of unpaid care to relatives, friends, neighbours and others because of long term ill-health or disability or problems related to infirmity due to old age.

In 2015 June, Herefordshire Carers Support (HCS) had 4757 carers registered and they care for 4484 people. There is likely to be more in the community who are not registered and do not identify themselves as 'carers' as they view caring as a natural aspect of the relationship they share with the people they care for. HCS statistics show that largest proportion of carers is in the 45-64 years band with the next highest proportion in the 65 – 80 year band. This suggests that there will more elderly carers in the future in line with the aging demographic. Four per cent of carers who are registered with HCS are 15 years and under.

Herefordshire council undertook a Carers' Survey in the latter part of 2014. All responses were received from people with the ethnic status of 'White British, Irish or Other White background'. The survey found that 70 per cent carers were caring for someone who was over 75+ years old with 97 per cent of carers were over 45 years old, of which 35 per cent of carers were over 75+ years old, similar to the HCS statistics. 67 per cent of carers were female, and 81 per sent of the cared for lived with the carer. Over 50 per cent had been carers for over five years. 38 per cent spend over 100 hours per week in caring duties.

The survey found that generally the health of carers was poor with 27 per cent of the carers suffering a long standing illness and 23 per cent had a physical impairment or disability. 18 per cent had a sight or hearing loss, and 5 per cent of carers had a mental health problem. A large proportion felt they could not look after themselves, possibly because a large proportion of their time was spent were providing acute care for a person with dementia, physical disability or a long standing illness.

69 per cent of respondents reported that they were satisfied with the services they received from the council, and 46 per cent received support from carers group or had someone to talk to, leaving room for improvement.

Key considerations

78. Young carers need specialised support so that their normal development is not hindered by their caring duties.

79. For carers in Herefordshire to be 'recognised, valued, supported'[69] commissioners will need to address the requirements under the Care Act 2014 which strengthen carer's rights from April 2015. Planning future support for the increased numbers of older carers as the population ages is essential.

END

[69] The National Carers Strategy (25 November 2010) www.dh.gov.uk/publications

Herefordshire Council

Meeting:	**Cabinet**
Meeting date:	**23 July 2015**
Title of report:	**Children's safeguarding update**
Report by:	**Head of safeguarding and quality**

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

Countywide

Purpose

The purpose of the report is to:

1. To inform Cabinet of the letter dated 24 March 2015 from the Department for Education (DfE) lifting the intervention notice

2. To update Cabinet on the progress to date on the Ofsted improvement plan

Recommendation(s)

THAT:

(a) the lifting of the intervention notice by DfE (Appendix A) be noted; and
(b) progress to date on the Ofsted improvement plan (Appendix B) be considered.

Alternative options

1. There are no alternative options as the purpose of the report is to provide an update on children's safeguarding.

Reasons for recommendations

2. To enable Cabinet to consider whether there is adequate progress in improvements in safeguarding services.

Key considerations

Lifting of intervention notice by DfE

3. Following the Ofsted inspection of children's safeguarding in May 2014 and a DfE review on 15 and 16 December 2014, the Parliamentary under Secretary of State for Children and Families wrote to the Leader of the council confirming that the intervention notice issued in February 2012 had been lifted.

4. The DfE acknowledged the hard work of staff, leadership and partner organisations in the work involved in lifting the intervention.

5. The DfE noted:

    - The political interest and commitment to continue to prioritise children's safeguarding and to protect spending on children's services, alongside supporting members to fulfil their corporate parenting role.

    - That Ofsted had identified areas for improvement but that these had been captured within the Ofsted Improvement plan.

    - That the workforce position remains fragile and will be a major challenge in maintaining improvement but that there was a continued commitment to invest in this area.

Ofsted Improvement plan

6. Work on the actions within the plan is a key priority and the plan is updated on a quarterly basis in the context of the children's wellbeing directorate's continuous improvement framework. The delivery of the plan, where there is synergy between the two, is driven within the children's wellbeing transformation programme, Children of Herefordshire's Improvement and Partnership Programme (CHIPP).

7. Within the Ofsted improvement plan report, it is worth noting:

    - A recruitment campaign has been undertaken in order to reduce the reliance on agency staff. This combined with the newly qualified social workers programme means that 17 new permanent social workers will commence work by October.

      As reported in the performance report however, the turnover of agency staff remains significant. This is having an impact on quality and performance in the Multi-Agency Safeguarding Hub and the two Children in Need teams, which is of significant concern. It is also proving difficult to access high quality agency staff. Currently plans are in place to recruit some Social Work Assistant posts and some additional business support staff, to stabilise the situation.

    - The corporate parenting strategy has been refreshed and will be presented to Cabinet for approval in due course.

- The Herefordshire Safeguarding Children Board has appointed both a highly experienced independent chair and interim business unit manager.

- Following the local elections mandatory training is underway for all members in connection with corporate parenting.

Community impact

8. The successful implementation of the improvement plan will bring about further improvement towards achieving the council's priorities of keeping children and young people safe and giving them a great start in life and enabling residents to live safe, healthy and independent lives; improving access to learning opportunities at all levels and improved outcomes for children and young people.

Equality duty

9. As the improvement plan continues to be implemented, equality impact assessments will be carried out where relevant to ensure that due regard is paid to the public sector equality duty as set out below:

    - A public authority must, in the exercise of its functions, have due regard to the need to-
    - eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
    - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
    - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Financial implications

10. The actions included in the plan in appendix B are within the current year's budget. As reported to Cabinet, the budget is currently forecasting an overspend, reasons for which are set out in the report. Each of the areas for improvement is being progressed within the context of the directorate's transformation programme. As the transformation programme develops, detailed financial planning will be taking place with regard to the actions and where appropriate further reports will be presented to cabinet or the cabinet member.

Legal implications

11. There are no legal implications. The information requires sharing with members so as to maintain links with the relevant local partnerships in order to embed safeguarding procedure and principles within their constitution, policies and delivery plans.

Risk management

12. Risks associated with the failure to implement the action plan are:

    - The council aspires to be operating at an Ofsted 'Good' standard with respect to its safeguarding arrangements by 2016/17, and whilst it is not possible to predict when a further inspection will take place, there would be significant reputational damage to the authority of a poor inspection outcome, with consequent impact on our ability to recruit and retain staff.

    - Improving outcomes for our most vulnerable children is contingent on delivering against the recommendations contained within the improvement plan, and achieve our stated corporate objective.

Consultees

13. Health and social care overview and scrutiny committee monitor the progress of the improvement plan. The next report is due in November 2015

Appendices

Appendix A DfE letter

Appendix B Ofsted improvement plan

Background papers

None identified.

Further information on the subject of this report is available from
John Roughton, head of safeguarding and quality on Tel (01432) 260804

Edward Timpson MP
Parliamentary Under Secretary of State for Children and Families

Sanctuary Buildings 20 Great Smith Street Westminster London SW1P 3BT
tel: 0370 000 2288 www.education.gov.uk/help/contactus

Councillor Tony Johnson
Leader of the Council
Herefordshire Council
Plough Lane Offices
Plough Lane
Hereford
HR4 OLE

Dear Tony,

24 March 2015

I am writing to lift the Improvement Notice, which I issued to Herefordshire Council on 14 February 2012.

It is clear from the 2014 Ofsted single inspection framework assessment of children's services provision; the reports submitted to me by Paul Curran; and the review of the Improvement Notice carried out by my officials on 15/16 December, that Herefordshire has made good progress in addressing the issues raised in Ofsted's September 2012 inspection. I want to congratulate you and acknowledge the hard work of staff, leadership, and partner organisations in bringing about this change. I am grateful for the constructive way your officers have engaged with my officials over the period of the Notice.

Thank you for your letter of 10 December 2014. I was reassured to hear that there is political interest and commitment to continue to prioritise children's safeguarding, and of Herefordshire's commitment to protect spending on children's services, alongside supporting Council members to fulfil their corporate parenting role. Your leadership and oversight will be important in ensuring that the Council and the Safeguarding Children Board continue to improve child protection arrangements in Herefordshire.

Whilst it is clear that the service provided to children, young people and their families has improved, Ofsted identified some areas for development and challenges. In particular, embedding and sustaining recent improvements across the service; tackling variability in practice; and enhancing support for looked after children will all require a continued sharp focus. I understand from my officials that these requirements are captured in your improvement plan and that you and children's services leadership and staff are dedicated to achieving 'good' or better for your provision.

You recognise that your workforce position remains fragile and is a major challenge to maintaining improvement. I welcome your continued commitment to invest this area.

I am pleased to hear that Paul Curran will continue to work with Herefordshire over coming months to further support the Council's improvement activity and work closely with Sally Halls, the new LSCB Chair, on transition arrangements.

Given the evidence available to me and the progress you have made I have sufficient confidence to lift the Improvement Notice with immediate effect.

I would encourage you and your officers work with neighbouring authorities – especially those who find themselves facing similar challenges – in order to share the lessons you have learned, and the good practice you have developed on your 'improvement journey'.

I am copying this letter to: Councillor Jeremy Millar, Councillor Jenny Hyde, Jo Davidson, Alistair Neill, Paul Curran and Sally Halls.

Yours sincerely,

Edward

Edward Timpson MP
Parliamentary Under Secretary of State for Children and Families

OFSTED INSPECTION MAY 2014 - IMPROVEMENT PLAN

Key:

- Ofsted Para Number refers to the Area of Improvement identified in the Ofsted Inspection Outcome of 30 June 2014
- Children of Herefordshire's Improvement and Partnership Programme (CHIPP) is the transformation programme for children's wellbeing and associated partners which will be the vehicle through which all the Ofsted areas for improvement will be delivered. Each area for improvement therefore has been allocated within the programme to ensure a clear lead and consistent approach to its delivery.
- An evidence library has been created in order to ensure that we can evidence impact against each area for improvement.

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
1.	17. (57, 138)	Ensure that caseloads in children in need and looked after children's teams remain manageable	Assistant Director, Safeguarding and Family Support	Caseloads for CiN and LAC teams remain at 16-18 cases on average per social worker	Ongoing	Weekly case loads reports are produced to evidence this. Lower case loads impact positively on timeliness of child protection (CP) and looked after children (LAC) statutory visits.	**R**	Weekly caseload reports are considered at Safeguarding and Family Support Heads of Service meeting. Caseloads and timeliness of CP and LAC statutory visits form part of the monthly performance report. The report is discussed by teams within Safeguarding and Family Support. Caseloads are also discussed at Herefordshire Safeguarding Childrens Board (HSCB) and monthly performance challenge meetings. If performance dips without an adequate explanation and response from the lead officer, HSCB independent chair will escalate to Director for Children's Wellbeing to take any necessary actions. Ref WS3P21WP1 As at June 2015, caseloads in our CiN and MASH teams are

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
								temporarily higher than 16-18. The commencement of 17 permanent social workers between July and October 2015 will have an impact on this. This situation will be kept under close review.
2.			Assistant Director: Safeguarding & Family Support	Direct work services are being developed to ensure that children in need are receiving support in a timely way and from the most appropriate provider, not necessarily a social worker.	November 2015	A project is underway in CHIPP which will involve a management of change process to establish the direct work services.	**A**	CHIPP Ref: (WS3P17) Health and Social Care Overview and Scrutiny Committee.
3.	17. (138)	Reduce caseloads within the Children with Disabilities service so that all social workers have sufficient time to provide children with the level of service they require.	Head of Children with Disabilities and Practice Development	A comprehensive review of the children with disabilities (CWD) service to be undertaken over a 12 month period to consider the potential for an integrated service model in the context of the Care Act 2014 and the Children's and Families Act; the innovation programme, personalisation, adults wellbeing transformation programme and health organisation's and the potential for a different integrated service model. .	September 2015	This review is a project within CHIPP and a project manager will be appointed. A scope for the re-design of the service has been completed. A joint direct payments policy with Adults and Wellbeing has been approved by the Cabinet Member for Health and Wellbeing. This will ensure that social workers, parents or carers are clear and aware of the level of payments which they are entitled to under statutory requirements. A eligibility matrix paper has been drafted to be agreed. A multi-agency CWD panel has been established to provide consistency on support packages; this is to ensure that family based options are considered	**G**	Directorate Leadership Team Children and Young People Partnership Health & Wellbeing Board Cabinet CHIPP P16WP1; Ref WS2P16WP1

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						before out of county placements. Impact of this panel will be considered in October 2015.		
4.	18. (96, 122, 130, 131,132 , 133)	Ensure that the electronic case and performance management system in children's social care provides accurate performance information.	Frameworki Transformation Manager in conjunction with Service Manager – ICT Strategy and Commissioning	Frameworki Transformation Manager is implementing the project plan, with full system revision to be completed by end 2014/15. Development of FWI and integrated data sharing across health, social care and public health. .Development and upgrades of FWI will take place .	December 2015	The transformation of frameworki is progressing. The project has been re-based line to finish in June December2015 (December 2015) due to the focus on reporting performance priorities. Where there is a spike or dip in performance indicators, then the reasons why are given consideration. There are ongoing discussions with operational managers as to the quality of data being entered into Frameworki Comparator data via the West Midlands Consortium is used to establish whether Herefordshire is within a similar range to that of its comparators.	**R**	QA Framework and performance management reports will focus on impact of changes to practice Service Manager – ICT Strategy and Commissioning The quality of analysis and commentary within the monthly performance report gives confidence to HSCB, monthly performance challenge meetings and Department for Education as to the integrity of data. CHIPP Ref: WS1P3WP1
5.			Frameworki Transformation Manager in conjunction with Service Manager – ICT	As the project is reaching closure a benefits review will be undertaken to establish the skills and capabilities required to maintain and	Seotember 2015	Due to the rebasing of the project, this will now be completed by September 2015.	**R**	Service Manager – ICT Strategy and Commissioning

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
			Strategy and Commissioning	develop the system				
6.			Head of Safeguarding and Quality	Children's social care QA and performance framework is being integrated within the HSCB's framework following the journey of the child through the partnership and its systems and services	September 2015	The QA framework is currently being refreshed for 2015/16.	**G**	HSCB Steering Group HSCB QA sub group
7.	19. (134)	Ensure that audit and performance management is robustly and routinely undertaken by managers across children's services and is effectively used to develop services and to improve the quality of practice.	Head of Safeguarding and Quality	Children's social care QA Framework 2014/15 is being used. Any irregularities in the performance reports will be routinely audited by the QA and Compliance Team and relevant corrective action will be taken.	July 2015	The requirement to complete audits have been reduced by 50% for a three month period until June 2015. Inconsistencies have been identified in quality of supervision and reports to child protection conferences which are being addressed in conjunction with social work academy.	**A**	Quarterly reports to Improvement Board HSCB QA Sub Group HSCB Steering Group Safeguarding & Family Support Heads of Service Quarterly Performance Cabinet Reports
8.			Head of Safeguarding and Quality	Quarterly reports will be presented to Heads of Service and DLT. An action plan with respect to deficit issues identified will be incorporated into the report.	September 2014	An overview of the issues raised during the completion of case audits has been introduced so that the themes can be captured from the monthly case audit activity. The log is updated and reviewed on a monthly basis.	**A**	
9.				Learning from audit to inform training and development needs of service through integration of QA and Compliance Team with Social Work Academy	September 2014		**A**	

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
10. 11.	20. (58, 128)	Ensure that consistent and high quality formal supervision of social care staff is provided and that all staff have regular supervision that provides reflection and challenge.	Head of Children with Disabilities and Practice Development	All managers to be trained in reflective supervision and in line with the expectations of the supervision policy.	September 2015 January / February 2016	Supervision training will be undertaken by Advanced Practitioners for all new managers. It is anticipated that this will commence in September 2015 An audit of supervision will then be conducted in January / February 2016 to ensure that embedded within the services.	**A**	QA Framework WS1P4
12.	21. (134)	Ensure that regular case file audits and re-audits within social work teams are undertaken and are used to identify areas of strength and development and to measure the effectiveness of actions taken to improve performance.	Head of Children with Disabilities and Practice Development	QA Framework has been approved and is being implemented for Safeguarding and Family Support which will be refreshed on an annual basis. Learning from audit to inform training and development needs of service through integration of QA and Compliance Team with Social Work Academy is underway.	July 2014	QA framework is being refreshed for 2015/16. A work package in CHIPP has been commissioned to look at Closing the Loop to ensure that all training and development needs arising from audits are identified and are addressed.	**G**	Quarterly reports to Improvement Board HSCB QA Sub Group HSCB Steering Group Safeguarding & Family Support Heads of Service CHIPP (WS3P20WP1/2)
13.	22. (48, 50, 52, 54)	Ensure that thresholds for access to children's services are understood and consistently applied by local authority staff and partner agencies, so that children and families get the right help at the right time.	Head of Children with Disabilities and Practice Development	Audit activity includes evidence of levels of need guidance being applied in decision making to refer to MASH	December 2014	All audit activity will include reviewing the levels of need to ensure that it is being consistently applied when referrals are made to MASH.		The QA quarterly report to Safeguarding and Family Support Heads of Services and HSCB.
14.			Head of Safeguarding and Review	Launch and implementation of new guidance.	October 2014 – March 2015	Multi-agency workshops are being held throughout October to March 2015 to launch the new guidance.	**G**	HSCB Strategic Board Children & Young People's Partnership HSCB MASH Governance Group
15.			Head of Children with	Regular thematic audits will be undertaken to establish	January	Regular thematic audits are planned in line with the QA	**G**	HSCB QA Sub Group

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
			Disabilities and Practice Development	the embedding and effectiveness of the guidance.	2015	Framework.		HSCB Steering Group
16.	23. (55, 56)	Ensure that the independent reviewing officers effectively structure and manage child protection conferences and develop specific and measurable child protection plans.	Head of Safeguarding and Review	Introduction of an ongoing parental feedback mechanism. The feedback will be analysed and used to inform service delivery. This will also enable an ongoing check back as to the success of the plans to improve CP Plans detailed below.	July 2015	Data collection from parental feedback will continue and the findings from that data will be analysed quarterly and reported to childcare managers and the HSCB and also feed into any learning. Quarterly reports completed – next report will go to HSCB and childcare managers in July 2015.	**G**	HSCB Steering Group Safeguarding and Family Support Heads of Service and Childcare Managers.
17.			Head of Safeguarding and Review	Introduction of time limited agency feedback mechanism. This will provide critical feedback on the quality and effectiveness of CP Conferences to secure a strong evidence base to establish the scale of any issues identified and pinpoint the developmental needs.	November 2015	Time limited agency feedback will be conducted for one month on an annual basis (November). The analysis of the findings will then be reported into childcare managers and the HSCB.	**G**	HSCB Steering Group Safeguarding and Family Support Heads of Service and Childcare Managers.
18.			Head of Safeguarding and Review	Direct observations of conference by service manager and key partner agencies (Named Nurse)	July 2015	Direct observation by service manager and named nurse has commenced and it is planned that 10 conference will be observed and a report provided for HSCB QA Sub Group. The remaining observations will take place during January and a report will be prepared for the HSCB QA Sub group for May 2015. Report being presented to	**A**	HSCB QA Sub Group

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						HSCB in July		
19.	23. (67?, 80)	Ensure that there is effective leadership, practice, quality assurance and capacity within the Independent Reviewing Officer service.	Head of Safeguarding and Review	Review of Safeguarding and Review service (incorporating conference chairs and IROs) underway and action plan as above to be developed.	December 2015	The review and scoping exercise has been completed and a project plan is being drawn up to support implementation as part of the CHIPP programme.	**A**	Safeguarding and Family Support Heads of Service HSCB Steering Group Directorate Leadership Team CHIPP Programme Board CHIPP Ref: WS3P21WP1
20.	24. (66)	Ensure that all children with a disability known to children's services are rigorously assessed to ensure that their needs are met and that the local authority is fulfilling its statutory functions.	Head of Children with Disabilities and Practice Development	An audit of all high cost placements is being undertaken to establish the quality of assessments and that needs have been correctly identified. The outcome of the audit will inform priorisation as to practice issues and any relevant training and development.	August 2014 September 2015	The findings from the audit will form part of the CWD project within CHIPP.	**G**	Complex Needs Panel Joint Group Commissioning Directorate Leadership Team CHIPP ref: (informs WS2P16WP2) Audit falls out of P11WP8
21.			Head of Children with Disabilities and Practice Development	A comprehensive review of the CWD service to be undertaken in the context of the Care Act and the Children's and Families Act; Adults Wellbeing Transformation Wellbeing; health organisations; the innovation programme, personalization and the potential for a different integrated service model.	September 2015	This is now a project with the CHIPP programme and a project manager has been appointed who will complete a comprehensive review of the service.	**G**	Directorate Leadership Team Children and Young People Partnership Health & Wellbeing Board Cabinet CHIPP Ref: WS2P16WP1
22.	25. (62, 64, 65)	Ensure that information about children who go missing is effectively shared and robustly analysed between partner agencies.	Head of Safeguarding and Review	Develop HSCB mechanism for the ongoing strategic oversight of coordinated multi-agency responses for children who go missing. The CSAR sub group will	September 2014	A Multi-agency operational group has been established to share information, identify themes and trends to respond consistently. Further work on embedding	**A**	HSCB Business Plan 2014/15 HSCB Strategic Board HSCB Sexual Exploitation and

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
				ensure the analysis of missing children data and identify specific themes, groups and trends which may identify risk areas within the county and regionally and develop an appropriate response.		processes and the data set continues within this group. Performance information in respect of data and analysis is required regularly.		Trafficking Strategic Group
23.	26. (68)	Ensure that the partner agencies and the community are aware of the need to notify children's social care services of private fostering arrangements.	Head of LAC	Training of frontline staff around private fostering. Refresh of private fostering awareness raising strategy. This to include local press, schools (exchange students) and children's centres early years settings and the public at large.	July 2015	Practice standards drafted by Head of Children with Disabilities and Practice Development (DC) which need to be signed off. Work package included in CHIPP to focus on family and friends placement, to include private fostering. Training to frontline staff will be part of this project moving forward	**A**	HSCB Steering Group Scrutiny CHIPP Ref: WS3P18WP3
	24.		Head of LAC	Analysis of data from comparator and good performing authorities as to what number of private fostering arrangements would be expected in Herefordshire and learn from approaches they take.	April 2015	Private fostering has been transferred to the kinship and special guardianship order (SGO) hub so that there is greater outsight. Comparative data will be one of their primary tasks. Meeting to be held with MASH to review the number of referrals being received, to establish capacity within the SGO and Kinship Hub to ensure 6 weekly visits can be completed as required. Work package included in CHIPP to focus on family and friends placement, to	**G**	Corporate Parenting Panel CHIPP ref: WS3P18WP3

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						include private fostering. Training to frontline staff will be part of this project moving forward		
25.			Head of LAC	Clarification of what a private fostering arrangement is as part of the practice standards for kinship and private arrangements.	December 2014	Practice standards have been drafted. We are working with our partners in Worcester to try and bring consistency around kinship arrangement heard in court. This has also included joint training around kinship placements. Work package included in CHIPP to focus on family and friends placement, to include private fostering. Training to frontline staff will be part of this project moving forward.	**A**	Internal Policy and Procedures Group CHIPP ref: WS3P18WP3
26.			Head of LAC	To provide sufficient leadership and capacity to achieve above actions, responsibility for private fostering to move into the SGO and Kinship hub.	April 2015	Monitoring of Private fostering has been added to the roles and responsibilities of SGO and Kinship Team Manager, who will report to Childcare Managers on a six monthly basis. The SGO and Kinship Hub team is now at full establishment which will support this work being taken forward.	**G**	Childcare Managers monthly
27.			Head of LAC	Update private fostering workflow on frameworki as currently not fit for purpose to enable effective monitoring and performance reporting of	December 2014	This will be delivered within the frameworki performance project plan which is within the CHIPP transformation	**A**	Performance framework CHIPP ref: WS1P3WP1 .

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
				such arrangements.		programme.		
28.	27. (70)	Ensure that the Emergency Duty Team effectively supports young people held in police custody out of hours and that appropriate alternative accommodation is available to prevent young people being held in police custody overnight.	Head of Fieldwork (KP)	Review of EDT operational protocols	October 2014	Lead Commissioner, HoS LAC and HoS Fieldwork have reviewed the operational protocol. Updated draft has been shared with Worcestershire and is in the consultation stage. Review Meeting scheduled bi-monthly. Next Meeting to take place in March 2015 and the final document/protocol will be presented to HOS and Policy and Procedures Sub Group for sign off. A new emergency duty team incident and event referral record has been devised and implemented.	**A**	Joint Senior Managers HSCB Steering Group
29.			Head of Fieldwork (KP)	Review with YOS and police colleagues as to expectations and practice	November 2014	The Youth Offending Service (YOS) Commissioning, Performance and Quality Assurance Manager is currently investigating issues around overnight detention of young people with the West Mercia EDTs.	**A**	HSCB Steering Group YOS Management Board
30.			Head of Fieldwork (KP)	Identify providers of appropriate accommodation	November 2014	Exploring Worcestershire's existing "Safe Base" contract as a potential model to follow, or as an option the EDT should already have access to.	**A**	Joint Senior Managers
31.			Head of LAC (JK) and Head of Fieldwork (KP)	Reporting arrangements to be discussed and agreed with police	October 2014	Cases where young people are held in custody overnight are now flagged by the EDT duty manager and the duty HOS is contacted were agreement/ challenge is	**G**	Childcare Managers

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						brought around the terms for the young person being held and whether or not they should return to placement.		
32.			Head of Looked Children	Develop clear strategy with police to trouble shoot such issues locally including definition of 'secure'.	October 2014	The Remand Protocol has been shared at HOS level and will need to be progressed through governance. A report has been compiled following the police inspection which looked at recognising offenders under 18 as children and improving the current custody suite arrangements in Hereford. It also provides greater clarity around the term 'secure' and how this is used. Ongoing Meeting held Jan 2015 – work required in partnership with the police. Remand protocol has been presented to HOS meeting.	**A**	HSCB Steering Group
33.			Frameworki Transformation Manager	Develop performance report to monitor and evaluate progress in reducing frequency of use of custody inappropriately.	December 2014	The EDT episode is now live in Frameworki and will capture a range of data previously not recorded, including the reason why a young person is at the police station. Worcestershire's EDT staff still need to be trained on the new episode. It is anticipated that this will take place by the end of March; a meeting is scheduled for 25.3.15 Training has now been	**A**	HSCB Steering Group YOS Management Board

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						delivered and EDT performance reporting also available on data that is now being recorded.		
34.	28. (73)	Fully utilise Family Group Conferences to inform care planning, particularly where care proceedings are being considered.	Head of Fieldwork	Review and resource FGC service to ensure robust response to requirements of Public Law Outline, and case law implications.	December 2014	All cases that are presented to Legal Gateway (new name for the meeting) now have an action to convene a FGC.	**G**	Childcare Managers CHIPP Ref: WS3P17
35.			Frameworki Transformation Manager	Performance reporting on FGC activity and outcomes developed.	December 2014	Work on this module will commence when the service determine what their reporting requirements will be.	**A**	CHIPP Project Board
36.	29. (51 , 147)	Ensure that diversity issues and the ethnic and cultural identity of children and their families are thoroughly assessed and addressed.	Head of Children with Disabilities and Practice Development	Develop enhanced reporting and QA of assessments to evaluate quality of awareness of diversity issues to inform training needs.	June 2015	An audit will take place to identify good and bad practice. This will then inform training needs for safeguarding and family support.	**G**	Cabinet Children and Young People's Partnership Health & Wellbeing Board CHIPP Ref: WS1P6WP1 or WS2P14WP3
37.			Head of Children with Disabilities and Practice Development	Identification of good practice examples where diversity issues have been thoroughly considered.	June 2015	The audit of cases will provide examples of good practice.	**G**	QA Framework
38.	30.	Implement and monitor a robust system for making timely decisions to ensure there are no delays in accommodating children when they need to be looked after.	Head of LAC and Head of Fieldwork	Review of processes for decision making including resource panel, legal planning and CNS.	November 2014	Legal gateway terms have been reviewed and implemented. CNS has been reviewed and signed off Nov 2014. The terms of reference (ToR) for the resource panel/ placement panel have been	**G**	Childcare Managers Directorate Leadership Team

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						updated and circulated to staff. Agreement to accommodate a child is being raised at assistant director level and signed off when appropriate. The placement agreement process has been communicated out to all staff		
39.			Head of LAC	As part of review, reporting arrangements to be developed to evidence timeliness of decisions and escalation process if delay is identified.	November 2014	Work on the looked after children workflow is not yet in FWi. The permanence process for LAC is being developed within the CHIPP transformation programme.. Additional work is also being completed within the IRO service to consider their role in the escalation of cases. A work package in CHIPP in relation to care planning regulations and developing processes between LAC and safeguarding and review has commenced.	**A**	Childcare Managers CHIPP Ref: WS3P18WP5 and WS3P22WP2
40.			Head of LAC	Continued joint working between Edge of Care and resource panel. Direct work service development to ensure dedicated edge of care response to ensure all actions have been taken to support the child remaining within the family.	December 2014	A representative from family support has now been identified and will present a report at resource panel in order to monitor young people on the edge of care.	**G**	Childcare Managers CHIPP Project Board CHIPP Ref: WS3P17
41.	31. (78)	Ensure that plans for permanency are made and clearly recorded at children's second looked after review in	Head of LAC	Development and roll out of permanency policy and its implementation.	October 2015	Permanence policy is being taken through the CHIPP governance route with the finalised draft to be completed by end of June.	**A**	Policy approval: Cabinet/Cabinet Member CHIPP ref: WS3P18WP5

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
		line with national guidance.				The draft but has to be agreed by a multi-agency group before being signed off. This will be considered as part of the CHIPP programme and then will need to proceed through the corporate governance process.		
42.			Frameworki Transformation Manager	Performance measurement reports to be developed to evidence compliance	May 2015	The LAC module is now being built and it is anticipated that the module will go live in July 2015. This module was delayed as a result of development of the Adoption module as part of the West Mercia Adoption Consortium project.	**R**	Performance to be reported within the broader performance framework CHIPP Ref: WS1P3WP1
43.	32. (81)	Develop specific assessment methods to inform decisions about whether siblings should be permanently placed together or apart. Record assessments and decisions in detail to reflect the significance of the decision being made.	Head of Children with Disabilities and Practice Development	Ensure QA processes incorporate analysis of impact of use of this guidance in improving outcomes	October 2015	The audit will be included within the LAC audit which will take place during 2015/16. The audit will be taking place in October 2015 to ensure that the LAC module in Frameworki has had time to become embedded within the service.	**A**	Safeguarding and Family Support Heads of Service
44.	33. (79)	Ensure that regular analysis and reporting from the advocacy service provides an accurate account of emerging themes.	Head of Children's Commissioning	Review of the contract to ensure analysis of information gathered informs future commissioning, good practice and most effective means of service delivery Agree outcomes for the service that demonstrate the difference advocacy has made to the experience of the child	November 2014	The contract is formally monitored on a quarterly basis with the provider. Continuous discussions about operational aspects, and themes emerging to improve services. Outcome measures have now been developed which will evidence the difference that the service has made – reporting on these measures is in its infancy and it is	**A**	Joint Senior Management Team Corporate Parenting Panel CHIPP Ref: WS4P23WP3

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						reporting on a quarterly basis.		
45.			Head of Children's Commissioning	Specific developments of advocacy arrangements for younger children and CWD as part of contract refresh.	November 2014	The contract has been reviewed and provision for younger children and children with disabilities (CWD) is within the existing contract; this has been addressed with the provider and internal staff have been made aware.	**A**	Joint Senior Management Team Corporate Parenting Panel
46.			Head of Children's Commissioning	Analysis of resource required to achieve expectations of voice of child strategy	November 2014	Awarded contract to Participation People with start date of April 2015	**G**	Joint Senior Management Team Corporate Parenting Panel
47.	34.	Ensure that the virtual school develops and implements a strategy to narrow the gap in attainment between looked after children and all other children in Herefordshire.	Virtual Head Teacher	Increase our understanding of the educational needs of the current LAC cohort to identify barriers to learning and to include the strengths and weaknesses in core curriculum subjects.	September 2014	Analysis session with Education Liaison for LAC service planned for 12th September Session held and analysis sheet being completed by team members. A further analysis and development session planned for 27 November with the Senior LAC Education Officer Interventions have been developed to support the development of emotional health of primary aged looked after children. Trial delivery now underway Interventions delivered by the behaviour support team ST in one school, with plans to deliver in a further two schools and an evaluation will follow.	**G**	Joint Senior Management Team Corporate Parenting Panel

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
48.			Virtual Head Teacher	Develop a core data package for Education Liaison for Looked After Children Service to ensure that all information required to understand the barriers to learning of the individual child coming in to the care system is gathered and used to develop appropriate packages of support.	December 2014	Data Gathering sheet now operational for work required to analysis data.	**G**	Joint Senior Management Team Corporate Parenting Panel
49.			Virtual Head Teacher	Conduct review of ELL Service working practices and workloads, including exploration of extending remit of Virtual School from 0 – 25.	October 2014	Discussion underway with senior management to restructure service. Recruitment of 1.5 fte additional Education Officers has been completed.	**GA**	Joint Senior Management Team Corporate Parenting Panel
50.			Virtual Head Teacher	Develop ICT monitoring to allow closer tracking of progress and attendance.	September 2014	Looked After Call engaged to provide data for those placed out of county. Set up meeting took place during the week commencing 14th September 2014. Looked After Call are now collecting out of county and in county data and this is being held with eGov Digital. This includes the collection of attainment data and information for LAC. Review has been completed and ePEP recommendation in review paper to develop a tender with a view for this to be available from September onwards.	**G**	Joint Senior Management Team Corporate Parenting Panel
51.			Virtual Head	Develop intervention strategies at county, school,	November	To follow from session on	**G**	Joint Senior Management Team

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
			Teacher	group and individual level	2014	12th September. Team promoting strategies and making use of Education Endowment Fund website information. Emotional health intervention is in development. Project underway with Brookfield Specialist School. Developing theoretical approach, looking at use of Emotion Coaching.		Corporate Parenting Panel
52.			Virtual Head Teacher	Use of EP time, commissioned with Pupil Premium money to help with understanding and planning for those LAC with particularly challenging needs	December 2014	Educational Psychologists now in post and delivering assessment and consultancy sessions and are also leading on project work	**G**	Joint Senior Management Team Corporate Parenting Panel
53.			Virtual Head Teacher	Develop intervention strategies at county, school, group and individual level	September 2014	Initial trawl of strategies recommended by team planned for session on 12th September. Session held, follow up to be held with Designated Teachers during November network meeting. Designated teachers conference planned for 27 March 2015, will look at closing the gap.	**G**	Joint Senior Management Team Corporate Parenting Panel
54.			Virtual Head Teacher	Develop data on comparative effectiveness of interventions by demonstrating progress to support decision making in choice of appropriate	January 2015	Developing using Education Endowment Fund website. Discussed at designated teacher meeting in December, will be part of the	**G**	Joint Senior Management Team Corporate Parenting Panel

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
				interventions for LAC.		conference in March 2015. Conference held, over 60 schools attended. Key note speech on Attachment Theory. A workshop session was also provided on effective support to help with closing the gap.		
55.			Virtual Head Teacher	Demonstrate good progress for all and accelerated progress for the majority	September 2015	Year end data required	**A**	Joint Senior Management Team Corporate Parenting Panel CHIPP ref: WS2P12WP3
56.			Virtual Head Teacher	Assess immediate impact of Letterbox Club on initial cohort	December 2014	Evaluation complete and now published. Letterbox club noted to have a positive impact on the reading habits of those that received the parcels.	**G**	Joint Senior Management Team Corporate Parenting Panel
57.	35. (87, 88, 89)	Ensure that all looked after children and young people make consistently good or better progress at every stage of their education and close the attainment gap between looked after children and all children in Herefordshire.	Virtual Head Teacher	Analyse current LAC cohort to identify barriers to learning and to include the strengths and weaknesses in core curriculum subjects.	December 2015	Analysis session with Education Liaison for LAC service planned for 12th September 2015.	**G**	Joint Senior Management Team Corporate Parenting Panel
58.			Virtual Head Teacher	Develop termly report for Looked after Children Placement Operation Group (LACPOG) to show progress again key strategic targets and identifying key cases causing concern	December 2015	Looked After Children Protection Operational Group (LACPOG) report amended for use at Corporate Parenting Panel. Uses Looked After Call data collected from all schools,	**G**	Joint Senior Management Team Corporate Parenting Panel
59.	36.	Ensure effective joint working with the police and youth offending services to routinely	Head of LAC	Audit of cohort of young people with history of	October 2014	Audit of 30 cases being completed by Youth Offending Service (YOS).	**A**	YOS Board

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
		record and analyse information about looked after children engaged in offending behaviour.		offending and reoffending.		This will feed into service development.		Corporate Parenting Panel CHIPP ref: WS2P10WP4
60.			Frameworki Transformation Manager	Review of recording and analysis arrangements to ensure robust and regular reporting and response to issues is in place	December 2014	Performance and Frameworki Transformation Manager to liaise with the police and YOS to ensure there are robust reporting arrangements in place. This will be linked to the review of the LAC module within Frameworki which commenced in August. . Education, YOS and Frameworki Manager to agree the information sharing arrangements	**A**	Performance framework arrangements
61.			Head of LAC	Scoping of Prevent and deter work with LAC young people 11+	October 2014	This is being looked at as part of integrated youth approach. Joint meetings have taken place between YOS, 16+ and youth contracts. Progress of integrated youth approach is currently on hold pending outcomes of developments within YOS service. A virtual model of improved joint working is being considered.	**A**	YOS Board Corporate Parenting Panel CHIPP Ref: WS2P210WP4
62.			Head of LAC	Development of an adolescent Risk assessment model.	October 2014	Policy and terms of reference now agreed. Need to agree panel composition and frequency of meetings. Consideration being given to the strategic child sexual exploitation (CSE) group hearing these cases given the need for senior officer	**A**	YOS Board Corporate Parenting Panel CHIPP Ref: WS2P10WP3

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
63.						outsight and agreement to actions. Draft plan has been compiled and shared with HSCB.		
			Head of LAC	Development of Integrated youth approach with YOS/ 16+/ Youth Contract/Police/ Health.	October 2014	A proposal has been drafted but this is subject to further discussion with partners and is linked to work being undertaken within CHIPP. This is also subject to changes within YOS.	**A**	CHIPP Project Board Children & Young People's Partnership Health & Wellbeing Board Cabinet CHIPP Ref:
64.	37. (93)	Develop and implement working arrangements with local Child and Adolescent Mental Health Service providers to enable better access to treatment for looked after children.	Assistant Director: Education & Commissioning	Emotional wellbeing and mental health plan is put in place for 2015 to 2018	December 2014	CCG lead in place to take this forward as part of the Children and Young People's Partnership Plan. Will incorporate previous work, recent needs analysis and form part of the overall approach in Herefordshire to Mental Health. Review meeting took place in Jan 2015. Evident that certain aspects such as IAPT has begun to be progressed. Other areas such as universal approach to mental health, public health aspects have not been progressed. Meetings between CAMHS and Safeguarding Heads of Services to ensure operational issues are	**A**	Cabinet Children and Young People's Partnership provide monitoring Health & Wellbeing Board CHIPP ref: WS2P15WP2 / CYPP Plan

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
						addressed need to occur with greater consistency and evidence the change. There will need to be cross service commitment to this taking place. CAMHS to be invited to the next childcare management meeting (CMM).		
65.			Head of LAC	Ensure relationship between CAMHS Strategy and services and the HIPPS and TISS developments are clearly defined.	December 2014	Meeting has taken place with CAMHS local office and agreed that we need a relaunch of the service in the form of a partner's event and clarity around criteria for referring cases. Performance data requested from CAMHS. CAMHS are members of the HIPSS steering group to ensure that children and young people are sign posted to the right service.	**G**	Children and Young People's Partnership provide monitoring Health & Wellbeing Board Joint Commissioning Group
66.	38. (94)	Ensure that the children in care council is effective, is representative of the range of looked after children and has membership of the council's corporate parenting group.	Head of LAC	Head of LAC, chair of corporate parenting, chair of CiC council and care leavers champion to develop approach to inform corporate parenting strategy.	September 2014	Completed. Review to assess impact will take place in August/September 2015	**G**	Corporate Parenting Panel CHIPP ref: WS3P18WP6-PPR
67.			Head of LAC	As from September 2014, young people will have membership of corporate parenting panels.	September 2014	Completed. Young people are now members of the corporate parenting panel.	**G**	Corporate Parenting Panel CHIPP Ref: WS3P18WP6-PPR
68.	39. (125, 136)	Ensure all local authority elected members understand and effectively undertake their role as	Strategic Business Intelligence	Programme of Members' Seminars in place up until February 2015. New rolling programme to be developed	February 2015	Ongoing. Have also agreed to send bi monthly updates on how are LAC cohort are getting on and any patterns	**G**	Corporate Parenting Panel Joint Senior Management Team

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
		a corporate parent.	Manager	after 2015 local elections.		or trends which members could support to address. A new seminar / briefing programme is being developed for members in 2015/16		CHIPP ref: WS3P18WP6-PPR
69.			Strategic Business Intelligence Manager	Survey of Members' understanding of their corporate parenting role to be undertaken and repeated following programme of seminars to evaluate impact.	September 2015	Survey to be undertaken in September 2015 once the corporate parenting seminar has taken place in July 2015.	**G**	Corporate Parenting Panel Joint Senior Management Team
70.			Cabinet Support Member Children's Services	Cabinet Support Member is liaising with various local business leaders about apprenticeships and work experience for looked after children.	November 2014	Being addressed within context of wider apprenticeship and barriers to work project within the CHIPP programme.	**G**	Cabinet Corporate Parenting Panel CHIPP Project Board CHIPP Ref: WS2P10WP1
71.	40. (103?)	Refresh and re-launch the recruitment strategy to increase the number of adopters for children with complex needs and for larger sibling groups.	Head of LAC	Recruitment to a marketing and recruitment post within the adoption and fostering service with particular investment in social media.	July 2014	Marketing and recruitment post in adoption now appointed. Fostering marketing and recruitment post now appointed.	**G**	Childcare Managers CHIPP Ref: WS18p18WP7
72.	41. (110, 111)	Ensure that all pathway plans are up to date, are of good quality, are based on a robust analysis of need, with clear and agreed goals and are regularly reviewed.	Head of LAC	Development of Pathway plan with young people and partners	July 2014.	Pathway plan is now at point of sign off through Corius. Training delivered Nov 2014	**G**	QA Framework
73.			Head of Children with Disabilities and Practice Development	Audit activity with respect to the impact and quality of pathway plans will be undertaken as part of the QA framework and any learning will be incorporated.	March 2015	Audit activity completed	**G**	QA Framework

No.	Ofsted Para No	Ofsted Area for Improvement	Lead	Action	By When	Progress	R/A/G	Monitoring and Evaluation
74.			Mentoring and Participation Officer	In conjunction with the above process a survey of young people will take place to understand their experience of the pathway planning process.	March 2015	Survey of young people undertaken in respect of the pathway planning process.	**G**	QA Framework
75.	42. (112)	Ensure that all care leavers receive a copy of their health records.	Head of LAC	Development of health passport for care leavers.	January 2015	Health passport developed but not used consistently at this stage due to pressures within the 16+ service.	**A**	Childcare Care Managers QA Framework CHIPP ref: WS3P18WP1
76.	43. (82, 117, 137)	Ensure that all looked after children and care leavers understand their rights, responsibilities and entitlements and receive the guidance, support and resources to realise them.	Head of LAC	Refresh of Corporate parenting strategy to include the rights and children and young people, incorporating monitoring and evaluation arrangements to ensure all children are enabled to understand their rights.	October 15	Corporate parenting strategy to be updated by October 2015 to be taken through the corporate governance process once drafted following agreement of the Corporate Parenting Panel. A monitoring mechanism will be incorporated with the review of the LAC review of Frameworki module and will also link to the Voice of the Child Group. Rights of the child will also feature on the young people website.	**G**	Corporate Parenting Panel
77.	44. (135)	Ensure that learning from complaints and representations from children and young people, parents and carers and service users is systematically collated and analysed and is used to improve service delivery and development.	Head of Children with Disabilities and Practice Development	Children's social care complaints procedure and guidance has been revised and incorporated within the QA and Compliance Service to strengthen accountability, knowledge, understanding, learning and dissemination of learning	March 2015	Completed. Following a recent analysis of complaints, further guidance has been to be produced in relation to documentation that independent investigating officers have access to. It ensures that Data Protection legislation and information security is not breached.	**G**	Quarterly reports to Heads of Service Half yearly report to Joint SMT and members Statutory Annual Complaints Report will be produced for year end March 2015 and presented to Audit and Governance Committee, HSCB Steering Group

HSCB OFSTED INSPECTION MAY 2014 – IMPROVEMENT PLAN

This action plan is monitored bi - monthly by the HSCB Executive

Key:

- HSCB is the Herefordshire Safeguarding Children's Board
- Ofsted Para Number refers to the Area of Improvement identified in the Ofsted Inspection Outcome of 30 June 2014

	Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Evidence of impact
1.	149	4.1	Ensure that governance arrangements between the LSCB and the Improvement Board are clarified.	Independent Chair of HSCB	Agree protocol which sets out the governance arrangements between HSCB and Improvement Board.	October 2014	Completed – John Roughton to confirm dates of meetings when protocol was signed off	**G**	
2.	150	2.2	Ensure that LSCB policies and procedures are up to date and incorporate issues specific to Herefordshire.	Chair of Policy and Procedures	Dedicated officer time allocated to review and revision of existing and outstanding procedures	April 2015	Updates have been made to the regional manual. The regional manual does not however provide a single set of procedures as each constituent member has its own section with links to local requirement's e.g. CSE. Herefordshire has also developed its own local procedures and added these to its website e.g. escalation policy/procedure Gaps in HSCB procedures for HSCB are CSE procedures, update to LADO procedures, update to violent extremism procedures, under age sex protocol and CDOP protocol to be finalised.	**R -as need a single set of procedures**	
3.		2.2		Chair of Policy and Procedures	In consultation with Tri-x, three year timetable to be agreed on a regional basis for a systematic review and update of bespoke policy and procedures in consultation. This	April 2015	A timetable has been produced however it has not yet been agreed with 3 other LSCBs in the consortium	**A**	

	Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Evidence of impact
					should be informed by current, and known about future, national and local priorities.				
4.		2.2		Chair of Policy and Procedures	Priority to be given to child sexual exploitation and Children Missing procedures on the basis of Ofsted recommendations.	October 2014	Multi – agency procedures that reflect local pathway have yet to be produced. Regional missing procedures have been updated and added to the regional manual	**R - due to time frame**	
5.	151	1.4	Ensure that the LSCB receives accurate and relevant performance information from its partners to enable it to assure itself on the quality of safeguarding work.	Chair of the QA Sub Group	Develop a multi-agency child's journey scorecard. This will clearly define what data will be received, the format and the frequency.	January 2015	The Q + A sub group have further revised the LSCB multi-agency scorecard and collection of the data will be managed within the Safeguarding Unit. Plan is to report to July 2015 HSCB meeting.	**A**	
6.		1.4		Chair of QA Sub Group	Effectiveness of audit programme to be reviewed to ensure that it provides adequate assurance on accuracy of performance data.	February 2015	Assurance Framework and Work plan 15/16 were presented to the board in 2014 plus the annual audit report from 2014 was presented together with the new dashboard to obtain agreement that the correct performance data underpinned by audit is in place for 15/16	**G**	
7.	152	4.1	Ensure that the work of the LSCB operational groups is manageable and prioritized.	Chair of Steering Group	Terms of reference for the steering group (Executive) and sub groups to be reviewed to ensure appropriate governance compliance and prioritisation.	October 2014	Sub group chairs were requested to produce sub group work plans for July Exec – JCR, CDOP and CSE and missing sub group work plans received so they could be sent out with the papers and so were reviewed at the meeting Sub group ToR update in progress	**A**	
8.		4.1		Chair of HSCB	Establish a quarterly sub group chairs meeting to ensure that activity and	September	An initial meeting took place on 8.9.14. The July 15 Exec agreed that the recent	**G**	

	Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Evidence of impact
				Steering Group	priorities across the sub group are in line with business plan prioritized and steering group directives.	2014	revision of the HSCB steering group to an Executive means that additional quarterly sub gp chair meetings are not required. All sub group chairs are required to report in writing to the Exec and business is coordinated via the Exec		
9.		4.1		Chair of HSCB Steering Group	Support the chairs of the steering group and sub group to set agendas to ensure compliance with terms of reference and Business Plan / Ofsted improvement priorities.	September 2014	A new set of business standards were agreed by the July exec. These will support and challenge sub group chairs to set and approve agendas. A forward plan approach will also be embedded to ensure that agendas cover Board priorities	**A**	
10.	153	1.4	Ensure that learning from multi-agency case audits is actioned and the impact is reviewed through repeat audits.	Chair of QA Sub Group	QA Sub Group is reviewing its work programme and the HSCB quality assurance framework, including revised data set and scorecard, to ensure focused audit and review audits to assess progress.	February 2015	Assurance Framework and Work plan 15/16 were presented to the board in 2014 plus the annual audit report from 2014 was presented together with the new Dashboard to gain agreement that the correct performance data underpinned by audit is in place for 15/16 In terms of embedding learning into practice, each agency takes their own actions from the audits and then P+Q re -audit the actions the following year. NB: HSAB has a practitioner's forum whereby audit forms a standing agenda item. We currently have no such vehicle within HSCB. It was agreed at the July 15 Exec to host an initial meeting with front line practitioners to explore how best to engage with practitioners	**G**	

	Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Evidence of impact
11.		1.4		Chair of QA Sub Group	Learning generated through QA sub group to be reported to Steering Group who will identify the relevant vehicle for sharing the learning and action improvement activities to the appropriate sub group.	October 2014	Governance arrangements between all sub groups and Executive Group have been made more robust with sub groups providing written updates to the Exec on a quarterly basis. Need to embed this arrangement across all sub groups.	**A**	
12.	154	3.2	Ensure that robust strategies and intelligence in relation to specific vulnerable groups are developed and implemented, in particular missing children and those at risk of child sexual exploitation.	Chair of Children at Specific Additional Risk	Undertake a self-assessment against the requirement of the National SET Action Plan.	October 2014	A self-assessment against the Office of the Children's Commissioner's 'see me , hear me' framework has been completed. Need to develop arrangements to support the sharing of child sexual exploitation intelligence (offenders and hotspots). Data in respect of young people at risk of CSE i.e. below the social care threshold needs to be captured (Data is collected in respect of those young people who meet the social care threshold) A system needs to be developed for front line staff to submit intelligence to the Police. Refreshed CSE strategy and delivery plan in development. Delivery plan will also address missing children and young people. NB need to include children and young people placed in County or out of County in work of CSE and missing sub group	**R – due to time frame**	
13.		3.2		Chair of Children at Specific Additional Risk	Develop a new Strategic Plan and Disruption Plan for Herefordshire	October 2014	CSE strategy approved end of 2014 did not sufficiently address the issue of disruption of perpetrators. Revised strategy was presented to CSE and missing sub group on 22.6.15. Further work needed to agree the delivery plan.	**R**	

	Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Evidence of impact
							Draft delivery plan addresses the disruption of offenders		
14.		3.2		Chair of Children at Specific Additional Risk	Establish a CSAR Operational Group to drive forward the SET agenda in Herefordshire through the implementation of the Strategic Plan.	November 2014	The CSAR Operational group needs to act as a forum to discuss operational cases. The chair has been asked to present revised terms of reference to July CSE and missing sub group	R	
15.		3.3		Head of Safeguarding and Review	HSCB is taking a leading role and ensuring effective contributions across the partnership in connection with the West Mercia Joint Protocol on Missing Children and Young People.	April 2015	Pan West-Mercia procedures have been developed and are available via West Mercia Procedures manual	G	
16.		3.3		Chair of children at specific additional risk	HSCB's Missing Children Action Plan to be fully implemented to ensure a high quality joined up approach to incidences of children missing from care or home.	October 2014	This action was not discussed at July HSCB Interim lead for the Safeguarding Unit will gather data and review RAG rating		
17.		3.3		Chair of children at specific additional risk	Develop HSCB mechanism for the ongoing strategic oversight of co-ordinated multi-agency responses for children who go missing.	September 2014	There has been no missing data or analysis of Welfare Return Interviews (WRIs) presented to CSE and missing sub group nor its predecessor: CSAR strategic group The lead for WRIs has now been invited to join the CSE and missing sub gp and missing data has been included in the HSCB CSE and missing dataset as well as HSCB scorecard	R	
18.				Frameworki Transformation and	Develop a robust reporting mechanisms which identifies missing children and children who are at risk	November	Operational processes in place in the MASH from Nov 14	A	

	Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Evidence of impact
				Performance Manager	of CSE	2014	CSE team collate data on young people at risk of CSE who meet the threshold for social care intervention. Need to develop arrangements so that data is collected in respect of children and young people who fall below the CSE threshold		
19.	155	4.5	Ensure that multi-agency safeguarding training is sufficient, taken up by partners and is robustly evaluated.	Chair of Training and Development	Immediate course evaluation processes, will have been developed and implemented to provide improved quality of information to HSCB to inform the development of its multi-agency safeguarding training offer.	October 2014	The HSCB training offer is very narrow and there is no budget to commission external training. Unit Manager is developing proposals to create some additional limited capacity for HSCB training officer. Current training calendar goes up to Sept. 15 – need to develop an annual programme of training. All courses delivered by HSCB are evaluated immediately post training/education although response rate is low however there is no system to routinely evaluate the impact of HSCB training on practice. A methodology to evaluate the impact of the one course(neglect) has been piloted and will be reported to July training sub group The TW&D group receive reports on the take up of HSCB face to face training. The T&WD subgroup has received a report on the evaluation of a CSE course. 2 of the Online training courses (safeguarding awareness and safeguarding leadership) require updates and this has been raised with E Academy.	**R – due to time frame**	

	Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Evidence of impact
							An induction pack is being developed for Board members		
20.		4.5		Chair of Training and Development	Impact evaluations for HSCB Training, will have been developed and implemented to provide improved quality of information to HSCB understand the impact of training on practice and to inform the development of its multi-agency safeguarding training offer.	February 2015	Generic course evaluation is in place for all HSCB training courses via CPD on line. Bi annual overview reports are made to the sub group. There is no system to routinely evaluate the impact of training on practice	**R**	
21.		4.5		Chair of Training and Development	Undertake a review of multi-agency agency training needs to assess the sufficiency of HSCB's multi-agency training offer.	April 2015	Not yet in timescale. There is a reduction in HSCB training capacity.	**R**	
22.		4.5		Chair of Training and Development	The board will commit to a periodic systematic evaluation of all courses led by the Workforce Development Advisor (or equivalent post) with the process engaging workforce representatives.	March 2015	No periodic systematic evaluation of HSCB courses has taken place. As above neglect training is in place and initial findings will be able to be reported in July 2015.	**R**	
23.		4.5		Chair of Training and Development	A standard process for engaging the workforce in the development of HSCB training will have been implemented and used to inform the development of training for the education workforce and then applied to other courses later in the year.	March 2015	A process has yet to be established. As a result this was discussed at the July Exec. Existing systems (yet to be fully embedded) will be used to seek the workforce's views re HSCB training and development as opposed to developing a separate process.	**R – due to time frame**	
24.	156	4.3	Ensure that the LSCB business unit is effectively able to support the work of	Head of Safeguarding and Review/Head	Undertake a review of the Business Unit, the expectations upon it, and the resource available to it to ensure it is able to support an increasingly	August 2014	New arrangements commenced April 15 and team was fully staffed w/c 18/5/15 A review is required to ensure sufficient	**A**	

	Ofsted Para No	Business Plan 2014-15 Reference	Ofsted Area for Improvement	Lead	Action	By When	Progress	RAG Rating	Evidence of impact
			the LSCB.	of Adults Safeguarding	effective Board		capacity is available to support the delivery of core functions and in particular training.		
25.		4.3		Independent Chair of the HSCB & Chair of HSAB	Agree the response to the report ensuring an implementation plan is in place.	October 2014	Completed. Ofsted action plan was an item at May 15 Exec meeting It has been agreed by the Unit Manager and HSCB Chair that from July 15 onwards this action plan will be presented bi monthly to the Exec	**G**	
26.		4.3		Head of Safeguarding and Review	Implement the agreed outcome of the review, ensuring that a developed Business Unit is in place.	April 2015	Management of Change process completed, and recruitment to all learning and development officer* and business coordinator posts completed. Recruitment to permanent Unit Manager post was not successful.	**A**	

*1 learning and development officer is seconded to the role the other are permanent appointments

Herefordshire Council

MEETING:	**CABINET**
MEETING DATE:	**23 July 2015**
TITLE OF REPORT:	**End of May corporate performance and budget report 2015/16**
REPORT BY:	**Assistant director, place based commissioning and director of resources**

Classification

Open

Key decision

This is not a key decision.

Wards affected

County-wide

Purpose

To invite cabinet members to consider performance for the first two months of 2015/16 and the projected budget outturn for the year.

Recommendation(s)

THAT:

(a) Cabinet notes the council is currently projecting an overspend of £0.6m; and

(b) Performance for the first two months of 2015/16 is considered.

Alternative options

1. Cabinet may: choose to review performance more or less frequently; or request alternative actions to address any identified areas of under-performance, including referral to the relevant scrutiny committee.

Further information on the subject of this report is available from
Richard Ball, assistant director place based commissioning on (01432) 260965 and Peter Robinson, director of resources on (01432) 383514

Reasons for recommendations

2. To provide assurance that progress is being made towards achievement of the agreed outcomes and service delivery targets, and that the reasons for important areas of actual or potential under-performance are understood and are being addressed to the cabinet's satisfaction.

Key Considerations

3. Council approved the corporate plan 2013-15 in November 2012, framed around the key priorities of: enabling residents to be independent and lead fulfilling lives with resources focussed on supporting the most vulnerable; and creating and maintaining a successful economy. The supporting delivery plan for 2015/16 was approved by cabinet in March 2015.

4. Progress is measured through a number of performance measures. These have been selected because they demonstrate progress towards achievement of the council's priorities and also provide an overview of the council's performance from a resident's perspective. The databooks, which are available on the council's website, contain the latest performance outturns available. Where monitoring information is available only on an annual basis, these measures will be reported at the point it becomes available.

5. The projected outturn based on spend to the end of May 2015 is an overspend of £0.6m, 0.4% of net budget. The overspend is in the context of having to achieve significant savings, £10m in 2015/16 on top of £15m delivered in 2014/15. It is anticipated that management action will reduce the overspend during the year. The risk of non-achievement can be mitigated by using reserves set-aside for overall risk mitigation and the corporate contingency to bring overall spending within budget at the year-end. The projected overspend is due to additional placements and continued reliability on agency staff to fill social work posts that were planned to be reduced in children's safeguarding. Moving forward continued efficiencies and service re-design will become harder to deliver. Savings plans are currently being reviewed to meet projected savings required up to 2019/20. As part of this the realism of reductions already set out will be reconsidered, particularly in children's safeguarding.

Projected revenue outturn 2015/16

Service	Budget	May projection	Outturn over/(under)
	£000's	**£000's**	**£000's**
Adults' wellbeing	53,546	53,546	0
Children's wellbeing	23,131	24,406	1,275
Economy, communities & corporate	53,060	52,980	(80)
Directorate total	**129,737**	**130,932**	**1,195**
Other budgets and reserves	12,255	11,655	(600)
Total	**141,992**	**142,587**	**595**

Further information on the subject of this report is available from
Richard Ball, assistant director place based commissioning on (01432) 260965 and Peter Robinson, director of resources on (01432) 383514

6. Appendix D provides an overview of performance during the first two months of 2015/16. Whilst 74% of performance measures are showing a positive shift in performance, there remain 24% that are currently performing worse than the same period last year, and consideration needs to be given as to required actions to improve performance.

7. A summary of performance and the challenges faced within each directorate is included below in paragraphs 8-35.

Adults' wellbeing

8. The forecast shows an overall balanced budget for adults' wellbeing. There has been higher than expected demand, particularly for domiciliary care during the early part of 2015/16 and it should be noted that client budgets for 2015/16 are over £2.2m lower than they were in 2014/15. This year on year reduction of costs is expected to be achieved through proactive management of placements, financial challenge of all new placements and reviewing all high cost existing packages.

9. The forecast assumes that any further demand pressures will be managed within the operational teams, AWB panel, by senior management and all savings plans identified for delivery during the financial year are implemented on time and deliver expected benefits.

10. Over the last quarter the leadership team have further developed the future strategy for adults' wellbeing. This follows the delivery of the Health and Well Being Strategy and the refresh of Understanding Herefordshire. The high level vision for adult social care has been translated into tangible outcomes that will now be further consulted on with wider stakeholders and our workforce. Key to the change will be the ongoing conversations and engagement we will need with the public, our partners, our communities, our providers and our workforce.

11. A Care Act compliance audit was undertaken by the South West Audit Partnership which found us to be compliant with the new Care Act legislative framework and that appropriate governance has been in place throughout the process. The quarterly national stocktake on progress towards implementation of phase two of the Care Act has been submitted.

12. Implementation of the first quarter of the Better Care Fund plan has seen progress made on the care market project, which seeks across the clinical commissioning unit and the council to address the cost and quality of nursing and residential care. The second project which focuses on health and social care community redesign has not progressed within anticipated timescales and is subject to further management monitoring. The joint commissioning board with the Clinical Commissioning Group and the local authority children's, public health and adult social care commissioning is now in place and is overseeing where both organisations have a contractual interest.

Challenges

13. Whilst some areas of performance around safeguarding have improved, particularly around the initial decision making, some areas still require further improvement:

    a. Performance of safeguarding enquiry completion within timescales has performed significantly below target levels in the first two months of 2015/16. Current performance is running at 26.4%, against the target of 80%. This

metric is now subject to weekly monitoring to make rapid improvement.

b. At the initial stage some improvements are noticeable within the safeguarding process, with a smaller proportion of 24.4% of cases progressing to enquiry, down from 45.7% last year, meaning locality teams are only involved with relevant cases. 73% of cases have had their decision taken within 2 working days; again, this is an improvement on last year where 64% of cases met this timescale. However, further progress needs to be made.

c. In order to improve safeguarding activity across all domains, each locality team has provided an action plan detailing how they are going to target improvements locally and weekly monitoring has been established, with teams expected to feedback on all open cases.

Children's wellbeing

14. Herefordshire schools continue to maintain a strong profile in terms of the Ofsted judgements, remaining in the top third nationally for the percentage of children attending good and outstanding schools.

15. The number of young people not in education, employment and training (NEETs) has reduced over the last year. This is good news and in addition, the council has made significant strides to ensure that it is aware of what education and employment activity young people are doing between the ages of 16-19. We have developed some innovative work with the police to assist in ensuring that more vulnerable young people are engaging in activities to secure them some kind of training and employment.

16. Schools are currently being involved in the development of a capital investment strategy. This is on track for cabinet decision making in September 2015 and will provide a sound basis for future capital investment.

Challenges

17. The forecast outturn is an overspend of £1.3m, due to overspends in children's safeguarding. An action plan is currently being worked on to reduce spending in year.

18. £1m of the variance relates to placement costs, particularly in fostering where matching carers to the needs of the child have led to the use of external agencies. There is also pressure in both kinship carers and special guardianship allowances. The cost of interim agency staff continues to cause costs pressures; recruitment of high numbers of permanent staff is proving difficult.

19. The safeguarding overspend is summarised below:

	£000's	**£000's**
Placements and allowances:		
Residential and fostering	547	
Kinship carers	190	
Special guardianship allowances	168	
Direct payments	53	**959**

Further information on the subject of this report is available from Richard Ball, assistant director place based commissioning on (01432) 260965 and Peter Robinson, director of resources on (01432) 383514

Agency Staff:		
Children with disabilities	293	
Multi agency safeguarding hub	150	
Children in need	101	
16+ Team	64	
Quality assurance	52	**659**
Social work academy		**142**
Total overspend		**1,760**
Children with disabilities reserve		(200)
Under spends		(200)
Net overspend in safeguarding		**1,360**

20. Residential and fostering costs £547k

There has been an increase in the number of children placed in external fostering agencies since the 2015/16 budget was set leading to a pressure of £547k. Action is in hand to review placements so as far as possible in-house fostering is used. To reduce the number of children in high need placements there has also been an increase in costs in Kinship care arrangements causing a pressure of £190k this is greater than anticipated in our planning. The special guardianship allowances are forecast as a pressure of £168k, a review of the Council's policy is currently in progress to review allowances and ensure the threshold is fair. We anticipate this will lead to a reduction in costs.

21. Agency staff in teams £659k

The budget was based on an assumption regarding the step down of agency staff from April 2015. However, recruiting permanent members of staff to social workers posts continues to be difficult. We have been able to successfully move staff from the new qualified programme to permanent roles and recruit social workers both local and internationally. However, the ratio of permanent to agency is 55%:45% causing an overall budget pressure of £659k across a number of teams. This forecast is based on current starting dates. Recruitment is reviewed weekly. The overspend has been reduced by using the children's with disabilities reserve which was created to fund agency staff to resolve the backlog of cases and support while service redesign was completed.

22. The Social work academy is overspending by £142k due to an accelerated recruitment of newly qualified social workers, to support further reductions in agency staff in future years.

23. There are some underspends in the early help and family support. In addition there is an underspend in education and commissioning and staff vacancies.

Further information on the subject of this report is available from
Richard Ball, assistant director place based commissioning on (01432) 260965 and Peter Robinson, director of resources on (01432) 383514

24. Although performance and quality continues to be monitored there are some concerning trends in the Multi Agency and Safeguarding Hub (MASH) and Children in Need teams relating to timeliness, in part this has been caused by the rapid turnover of agency staff, and the higher caseloads. We have action plans in place to mitigate against this. Caseloads, in some teams particularly Children in Need are still too high (in the high 20's) above the target of 16. Here managers are finding it difficult to keep the case loads of senior practitioners lower to enable them to improve the quality of practice and direct work in families. However, when the caseloads are averaged (currently 14.54%) across the directorate this lowers the figure to within the target range.

Economy, communities and corporate

25. The forecast outturn is an underspend of £80k. This reflects pressures for property maintenance of £200k, the impact of inflation on energy costs of £116k, a delay in the restructure of parks and countryside of £85k and an increase in the coroner's external fees of £55k.

26. These pressures have been off-set by the early delivery of savings plans for 2016/17, £170k, Waste Contract £300k and additional Hoople SLA savings of £100k.

27. The General Register Office (GRO), a part of Her Majesty's Passport Office, has given registration services a Good rating.

28. Increased numbers of neighbourhood plans are being submitted, with four at submission stage and 14 at draft stage. A surge is expected following the Inspector's report on the local plan.

29. The enhanced parish lengthsman scheme has been successful, with a high level of sign up from parishes making their own financial contribution.

30. Within customer services, call volumes have reduced to 14,396 from 20,025 during the corresponding period last year; and in person payments at Hereford customer service centre have dropped by over 25%.

Challenges

31. Work is underway to take forward the Hereford city transport package (including City Link Road) and South Wye Transport Package (including Southern Link Road). Delivery of these projects is progressing according to plan.

32. General Vesting Declaration (GVD) notices were issued during May for the acquisition of land for the City Link Road, and Phase 1 demolition works have started with main construction due to commence in January 2016.

33. A planning application for the Southern Link Road was submitted during May. Determination of the planning application is expected in October 2015. Subject to planning permission being granted, detailed design of the scheme and work to prepare for compulsory purchase order process will continue.

34. A Major Infrastructure Delivery Board is in place and meets monthly to exercise project governance and monitoring. The Board draws representation from a range of professional advisors including technical, legal, finance, property and regulatory specialisms. As major infrastructure projects are complex, it will require continued

engagement and commitment from the multi-disciplinary project team, to ensure they remain on track in future.

35. Despite progress on key sites including Plough Lane and Shire Hall, challenges remain within the council's property estate. Condition surveys and health and safety reports have shown that some of our properties are in need of significant investment. A review of corporate accommodation is currently underway that will determine both a medium term strategy – plan for office accommodation over the next five years and immediate actions over the next 12 months that will fit into this strategy.

Other budgets and reserves

36. The forecast outturn is an underspend of £600k. The underspend is in two areas: managing change is expected to underspend by £100k based on current redundancy estimates; and a one off contribution to the general fund reserve of £500k is not required due to the £600k underspend in 2014/15 being transferred to reserves last year.

Collection fund

37. The first review of 2015/16 business rate and council tax income is showing a forecast income in line with the budget projections of £22m and £84m. There has been no unexpected growth or decline to date however business rate income is subject to the risk of appeals. Funds have been set aside for lodged appeals and the risk of unknown appeals has been reduced following the national implementation of restricted back dating.

38. A more detailed analysis of the revenue outturn is provided in Appendix A.

Capital forecast

39. The forecast capital outturn is £73.3m compared to an original budget of £67.9m with the increase due to the re-profiling of spend and additional funding announcements. A more detailed analysis of the capital forecast is provided in Appendix B.

Treasury Management

40. Treasury Management is expected to spend within budget, no new fixed term borrowing has been taken to date. Appendix C provides further details.

Equality and human rights

41. There are no specific implications in the report. As regards demonstrating due regard to the council's public sector equality duty (PSED), as part of our decision making processes we ensure that individual directorates and service areas assess the potential impact of any proposed project, leading to fairer, transparent and informed decisions being made.

Financial implications

42. Projects and activity within the delivery plan must be delivered within the budget agreed by council in February 2015; they include projects and activity to deliver the cost reductions required for a balanced budget. Slippage in projects and activity to deliver cost reductions will impact on the overall council budget and will require

remedial or mitigating actions to maintain financial stability.

Legal implications

43. None.

Risk management

44. The corporate plan and its delivery plan are integral elements of the council's risk management framework. Risks associated with each objective and project are entered onto the relevant service or directorate risk register and escalated as appropriate. The corporate risk register is available on the council's website and an overview of the significant risks is included within Appendix D.

Consultees

45. None in relation to this report. The development of the delivery plan was informed by the evidence base already gathered during the year and which includes user, resident and partner feedback where available.

Appendices

Appendix A Revenue forecast

Appendix B Capital forecast

Appendix C Treasury management forecast

Appendix D Strategic overview:

Organisation wide

Adults' wellbeing

Children's wellbeing

Economy, communities and corporate

Background Papers

- adults' wellbeing databook
- children's wellbeing databook
- economy, communities and corporate databook
- corporate risk register

Further information on the subject of this report is available from
Richard Ball, assistant director place based commissioning on (01432) 260965 and Peter Robinson, director of resources on (01432) 383514

Appendix A

Directorate Net Budget	Net Budget May	May Outturn	May Variance Adv/(fav)
	£000's	£000's	£000's
Adults and Wellbeing	53,546	53,546	(0)
Children's Wellbeing	23,131	24,406	1,275
Economy, Communities & Corporate	53,060	52,980	(80)
DIRECTORATES TOTAL	**129,737**	**130,932**	**1,195**
Other budgets and reserves	12,255	11,655	(600)
TOTAL	**141,992**	**142,587**	**595**

Adults & Wellbeing

	Annual Budget				May	
Service	Budget Expenditure	Budget (Income)	Net Budget	May Forecast Outturn	Projected Over/ (Under)spend	Main reasons for change
	£000's	£000's	£000's	£000's	£000's	
Learning Disabilities	17,052	(1,871)	15,181	15,775	594	Increase in client numbers partially due to the number of children transitioning into adulthood. Forecast expenditure is similar to 2014/15 actuals but a CHC assessment backlog in the CCG has delayed funding decisions on a number of care packages which were assumed in the 2015/16 savings plans.
Memory and Cognition/Mental Health	10,053	(1,908)	8,145	7,639	(506)	Change in client mix which has reduced the average package cost.
Physical Support	25,359	(5,604)	19,755	20,419	664	There has been an increase in the number of personal budgets and domiciliary care packages compared to the assumptions made in the 2015/16 budget. Although spend is approximately £500k lower than actuals for 2014/15 the increased volume of packages mentioned above together with savings built into the 2015/16 budget relating to high cost placement reviews that have not yet been fully delivered have led to a forecast overspend at the end of May.
Sensory Support	873	(191)	682	513	(170)	Reduction in client numbers.
Client Sub-Total	**53,337**	**(9,573)**	**43,763**	**44,345**	**582**	
Operations	8,341	(826)	7,516	7,265	(251)	Holding staff vacancies.
Commissioning	6,440	(497)	5,942	5,868	(74)	
Directorate Management	726	(6,202)	(5,475)	(5,523)	(48)	
Public Health	8,090	(7,970)	120	120	(0)	
Transformation and Safeguarding	1,685	(5)	1,680	1,471	(209)	Holding staff vacancies.
Use of one off reserves/grants	0	0	0		0	
Non Client Sub-Total	**25,282**	**(15,500)**	**9,782**	**9,201**	**(582)**	
Adult's Wellbeing	**78,619**	**(25,073)**	**53,546**	**53,546**	**(0)**	

Children's Wellbeing

Service	Budget Expenditure	Budget (Income)	Net Budget	May Forecast Outturn	May Projected Over/ (Under)spend	Main reasons for change
	Annual Budget					
	£000's	£000's	£000's	£000's	£000's	
Directorate	64,364	(64,721)	(357)	(350)	7	
Directorate	**64,364**	**(64,721)**	**(357)**	**(350)**	**7**	
Additional Needs	2,455	(46)	2,409	2,409	0	
Children's Commissioning	1,245	(36)	1,209	1,147	(62)	Holding staff vacancies
Commissioning Management	471	(78)	393	394	1	
Development and Sufficiency	3,374	(1,976)	1,798	1,767	(31)	
Education Improvement	254	(93)	161	161	0	
Education & Commissioning	**7,799**	**(2,228)**	**5,971**	**5,879**	**(92)**	
Safeguarding and Review	780	(81)	698	736	38	Cover for long term sickness and vacancies in statutory duties
Early Help and Family Support	2,289	(478)	1,811	1,898	87	Interim management costs
Fieldwork	2,958	(5)	2,953	3,339	386	Agency staff costs covering vacant posts. £200k reserve included for Children with Disabilities
Looked After Children	7,408	(235)	7,173	7,761	588	Increase in number of children plus step down of placements from residential
LAC External placements	2,907	(30)	2,877	2,915	37	Increase in number of IFA placements
Safeguarding Development	871	0	871	1,065	194	Increase in number of NQSW placements to support the Recruitment & Retention Strategy
Safeguarding and Early Help Management	1,169	(23)	1,146	1,176	30	Business support review recognised pressure
Safeguarding & Family Support	**18,383**	**(854)**	**17,529**	**18,889**	**1,360**	
Children's Wellbeing excluding DSG	**90,546**	**(67,803)**	**23,143**	**24,418**	**1,275**	
DSG	72,742	(72,754)	(12)	(12)	0	
Children's Wellbeing	**163,288**	**(140,557)**	**23,131**	**24,406**	**1,275**	

Economy, Communities and Corporate

	Annual Budget				May	
Service	Budget Expenditure	Budget (Income)	Net Budget	May Forecast Outturn	Projected Over/ (Under)spend	Main reasons for change
	£000's	£000's	£000's	£000's	£000's	
Economic, Environment and Culture	9,224	(9,630)	(406)	(386)	20	
Placed Based Commissioning	41,325	(3,662)	37,663	37,491	(172)	Parks and Countryside £85k - delay to staff restructure. Energy £116K inflation. Waste Disposal WCC (£300K), Hoople SLA (£100K).
Resources	62,682	(56,282)	6,400	6,625	225	Property Maintenance commitments creates a £200k pressure. Insurance £50k - forecast expenditure in line with 14/15 expenditure.
Community and Customer Services	4,276	(1,101)	3,175	3,179	4	
Governance	4,218	(709)	3,509	3,500	(9)	Coroners £55k - forecast based upon pro-rata of actual costs to date - demand for service is not within Authority control. Committee Services (£69k) - vacant posts.
Directors	2,774	(54)	2,719	2,571	(148)	(£148k) underspend in respect of budget savings initiatives achieved earlier than planned (2016/17) - these include waste management, economic development and communications and web team savings
Total ECC and Chief Executive	**124,498**	**(71,438)**	**53,060**	**52,980**	**(80)**	

Appendix B

2015/16 Capital Forecast Outturn

The capital outturn forecast for 2015/16 totals £73.3m, as summarised below.

Table A –Summary forecast and sources of funding 2015/16

	Initial Budget £000	Revised Budget £000	May Forecast £000
Directorate Forecast			
Adults Wellbeing	1,356	1,490	1,831
Children's Wellbeing	5,161	6,216	6,530
Economy, Communities & Corporate	60,385	66,952	63,915
Contingency	1,027	1,027	1,027
Total	**67,929**	**75,685**	**73,303**
Funding			
Capital Grants	23,948	25,163	28,276
Prudential Borrowing	43,981	50,388	43,681
Capital Receipts	-	134	1,346
Total	**67,929**	**75,685**	**73,303**

Significant changes since the initial budget reflect the re-profiling of spend and the confirmation of central government capital grants:

- Re-profiled spend from 2014/15 to 2015/16 on the link road of £3.8m, leisure centre improvements of £1.6m, LED street lighting £4.9m and solar panel installations of £2.1m.
- Local authority school maintenance grant funding of £1.2m for 2015/16
- Re-profiled spend on the enterprise zone of £6.4m from 2015/16 into future years.

Table B - Schemes with a forecast exceeding £500k in 2015/16

Scheme	Total Scheme Budget £000	Revised budget for 2015/16 £000	May Forecast £000	Comments
Children's Wellbeing				
Condition property works	-	2,477	2,477	Annual programme of works at various school sites committed on a highest need first basis
Colwall Replacement School	6,500	1,600	1,574	Provision of a new school
Peterchurch primary school	1,000	1,000	1,000	Replace leaking roof & internal remodelling
Aylestone and Broadlands relocation	920	800	920	Release current buildings and grounds, modify & adapt Aylestone school building to house extra pupils
Adults Wellbeing				
Disabled Facilities Grant	-	1,000	1,000	Individual grants awarded through an application process, enabling independent living.
Economy, Communities & Corporate				
Leisure Centre Improvements	8,670	5,000	5,000	Works at Leominster, Ross and Hereford leisure sites.
Local Transport Plan	12,592	12,592	12,592	Annual programme of capital works to highways, footways and bridges.
Fastershire Broadband	20,200	6,200	6,200	Investment in broadband infrastructure
Link Road	27,000	11,474	11,474	Acquisition costs and start of construction works
LED Street Lighting	5,655	4,889	4,889	Phased installation of LED street lighting
Solar Panel Installations	2,134	2,099	2,099	Photovoltaic instalment at various locations
Road investment	20,000	5,000	5,000	Investment into the highway infrastructure
EnviRecover	40,000	14,000	14,000	Energy from Waste plant construction
Three Elms Trading Estate	1,850	1,850	1,850	Purchase of trading estate
Sub Total	**146,521**	**69,981**	**70,075**	
Schemes with a forecast <£500k in 2014/15	**n/a**	**5,704**	**3,228**	
Total	**146,251**	**75,685**	**73,303**	

This report ensures the council demonstrates best practice in accordance with CIPFA's recommendations in their Code of Practice for Treasury Management, by keeping members informed of treasury management activity.

1. The UK Economy

1.1. There has been little change in the UK economic climate:

- The first quarter showed GDP growing by 0.3%.
- Inflationary pressure is very low (annual CPI is currently -0.1%) and is expected to remain so in the short term rising towards the end of 2015, with inflation remaining steady in the medium term.
- Weak productivity is expected to depress average earnings growth. The Bank of England has been forecasting for productivity to increase, this will require an increase in investment growth.
- There has been no change in the bank base rate.

2. The Council's Investments

2.1 At 31 May 2015 the council held the following investments:

Investment	Term	Maturity Date	Interest Rate	Amount invested £m
Instant Access Money Market Funds:				
Ignis	N/A	N/A	0.47%	2.8
1 Month Notice Account				
Close Bros	N/A	N/A	1.00%	2.5
Certificates of Deposit:				
Standard Chartered	183 days	21/10/15	0.69%	2.5
Total			**0.71%**	**7.8**

2.2 The council's current eligible counterparties and their associated maximum maturity periods (as recommended by the council's treasury advisers, Arlingclose) are as follows:

UK Financial Institution	Maximum maturity period from:	
	31/12/14	**31/03/15**
Close Brothers Ltd, Goldman Sachs International Bank	100 days	100 days
Cumberland BS, Darlington BS, Furness BS, Harpenden BS, Hinckley & Rugby BS, Leeds BS, Leek United BS, Loughborough BS, Mansfield BS, Market Harborough BS, Marsden BS, Melton Mowbray BS, National Counties BS, Newbury BS, Scottish BS, Tipton & Coseley BS and Vernon BS	100 days	100 days
Santander UK	6 months	100 days
Bank of Scotland and Lloyds Bank	6 months	100 days
Coventry BS	-	100 days

Nationwide BS	6 months	100 days
Barclays	100 days	100 days
HSBC and Standard Chartered Bank	6 months	6 months
Nat West and RBS	Overnight	Overnight

Non-UK Financial Institution	**Maximum maturity period from:**	
	31/12/14	**31/03/15**
Deutsche Bank AG, ING Bank NV, Credit Suisse and Landesbank Hessen-Thuringen (Heleba)	100 days	100 days
Bank Nederlandse Gemeenten N.V., Nordea Bank Finland, Rabobank, Svenska Handelsbanken, Pohjola Bank, DBS Bank Ltd, Oversea-Chinese Banking Corporation and United Overseas Bank	6 months	6 months
Approved Australian, Canadian and US Banks	6 months	6 months
No change in counterparties or maturity limits since 31/03/15.		

2.3 The council has earned interest on its investments as follows:

Month	**Average amount invested**		**Average rate of interest earned**		**Amount of interest earned / *Forecast* £000**	**Budget £000**	**Over (Under) £000**
	Actual / *Forecast* £m	**Budget £m**	**Actual / *Forecast* %**	**Budget %**			
Apr-15	20	25	0.46	0.4%	8	10	(2)
May-15	17	25	0.52	0.4%	8	10	(2)
Jun-15	*25*	*25*	*0.4%*	*0.4%*	*10*	*10*	-
Jul-15	*25*	*25*	*0.4%*	*0.4%*	*11*	*10*	*1*
Aug-15	*25*	*30*	*0.4%*	*0.4%*	*12*	*12*	-
Sep-15	*25*	*33*	*0.4%*	*0.4%*	*13*	*13*	-
Oct-15	*25*	*25*	*0.4%*	*0.4%*	*11*	*10*	*1*
Nov-15	*25*	*25*	*0.4%*	*0.4%*	*11*	*10*	*1*
Dec-15	*25*	*25*	*0.4%*	*0.4%*	*11*	*10*	*1*
Jan-16	*25*	*25*	*0.4%*	*0.4%*	*10*	*10*	-
Feb-16	*25*	*25*	*0.4%*	*0.4%*	*10*	*10*	-
Mar-16	*25*	*25*	*0.4%*	*0.4%*	*10*	*10*	-
Total					***115***	**115**	**-**

2.4 Although income to date is lower than expected this si expected to be recouped so the projected outturn for the year is on budget.

3. The Council's Borrowing

Short-term borrowing

3.1 The council is continuing its policy of mainly using short-term borrowing from other local authorities for short-term liquidity needs. These short-term interest rates are significantly below

levels available from other sources avoiding a large cost of carry when comparing fixed interest debt to current (variable) investment rates.

3.2 The council can only borrow up to its Capital Financing Requirement, which represents the need to borrow for capital spend, and cannot borrow beyond this to finance the revenue budget.

3.3 At the end of May 2015 short-term borrowing from other local authorities consisted of six loans totalling £19 million with an average interest rate of 0.57% (including brokers commission of between 0.03% and 0.10%). Loan periods ranged from six months to one year and averaged 334 days.

Long-term borrowing

3.4 At 31 May 2015 the council held long term borrowing of £145.3m. No new long term debt has been taken. Longer term Interest rates have risen slightly over the period.

3.5 The current capital financing budget position is summarised below:

Summary of Borrowing Budget	**Budget**	**Forecast**	**Over / (under)**
	£m	**£m**	**£m**
Minimum revenue provision	**9.5**	**9.5**	**-**
Interest on existing loans	**5.8**	**5.8**	**-**
New borrowing interest cost	**0.9**	**0.9**	**-**
Less capitalised interest	**(0.3)**	**(0.3)**	**-**
Total	**15.9**	**15.9**	**0.0**

3.6 The council is able to capitalise interest costs relating to interest paid on borrowing used to fund large capital schemes that take substantial periods of time to get to the point at which the assets may be utilised. Such interest, incurred at the construction or installation phase, is added to the cost of the associated asset. Capitalised interest of £0.6m has been included in the 2015/16 budget.

4. Summary of forecast outturn

4.1 The current net treasury forecast is on budget.

Herefordshire Council performance & budget report (May 2015)

FINANCE

Budget forecast

£000s	Budget Expenditure	Income	Full Year	Forecast Expenditure	Income	Full Year	Variance Net
Adults Wellbeing	78,619	(25,073)	53,546	84,711	(31,166)	53,545	(0)
Children's Wellbeing	163,288	(140,557)	23,131	43,739	(19,333)	24,406	1,275
Economy, Communities & Corporate	124,499	(71,438)	53,060	124,429	(71,449)	52,980	(80)
	366,406	**(237,068)**	**129,737**	**252,879**	**(121,948)**	**130,932**	**1,195**

RISK

Significant corporate risks

The following items from the Corporate Risk Register are still red after controls have been put in place. Further details are available in the relevant directorate's overview:

School Assets
IF: Insufficient condition oversight of school assets is not in place THEN: There may be an increase in costs due to unplanned significant spend.

Litigation
IF: litigation claims against Herefordshire Council are successful THEN: this may expose the Council to significant unbudgeted costs and reputational damage.

Transfer of Contracts
Failure to effectively transition key underpinning/ supporting contracts from NHS England (Pharmacotherapy, Needle Exchange, Supervised Consumption) due to failure to agree budget transfer with CCG may compromise service delivery.

Demographic Pressures
Continued demographic pressures require significant savings to be made or reductions in levels of dependency to manage rising levels of demand across council services.

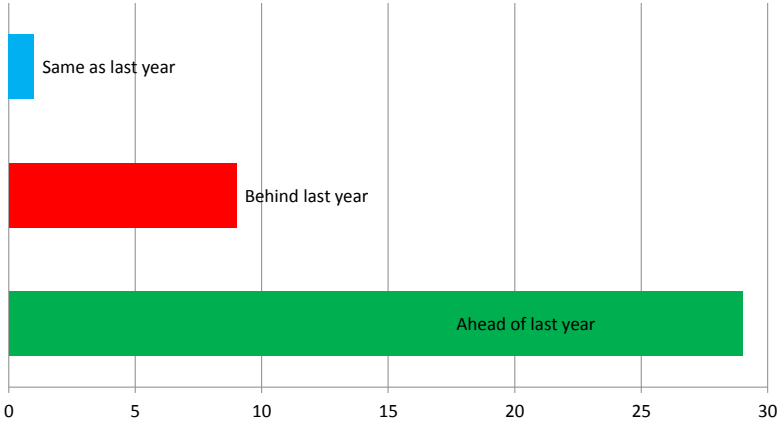
Care Act Implementation
The LA is not compliant with Phase 1 of the Care Act from April 2015 and preparations for Phase 2 are not in place.

Health Visiting and School Nursing
Effective oversight established allied to Health Visiting and School Nursing and direction of travel established.

Integration
The scale and pace of integration work required internally to the council and across health and social care proves to be undeliverable and a new model for integrated and financially viable health and social care pathways does not emerge.

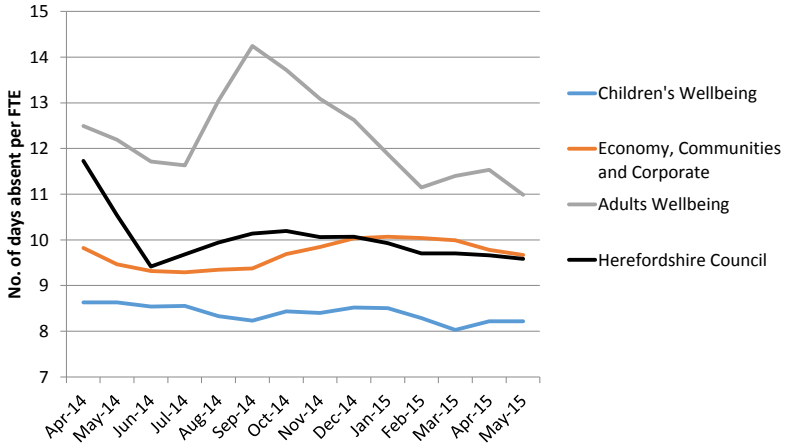
PERFORMANCE

Direction of travel (measures compared to last year)



WORKFORCE

Sickness absence, rolling 12 month average



Adults' wellbeing performance & budget report (May 2015)

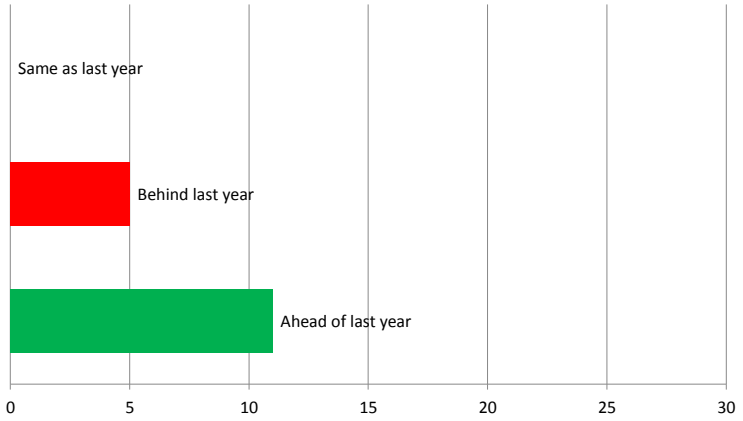
FINANCE

Budget forecast

£000s	Budget Expenditure	Budget Income	Budget Full Year	Forecast Expenditure	Forecast Income	Forecast Full Year	Variance Net
Learning Disabilities	17,052	(1,871)	15,181	18,020	(2,246)	15,775	594
Mental Health/Memory & Cognition	10,053	(1,908)	8,145	9,422	(1,783)	7,639	(506)
Physical Support	25,359	(5,604)	19,755	26,318	(5,899)	20,419	664
Sensory Support	873	(191)	682	679	(167)	513	(170)
Operations	8,341	(826)	7,516	13,169	(5,905)	7,265	(251)
Commissioning	6,440	(497)	5,942	6,811	(943)	5,868	(74)
Directorate Management	726	(6,202)	(5,475)	725	(6,249)	(5,523)	(48)
Public Health	8,090	(7,970)	120	8,090	(7,970)	120	(0)
Transformation and Safeguarding	1,685	(5)	1,680	1,476	(5)	1,471	(209)
78,619	**(25,073)**	**53,546**	**84,711**	**(31,166)**	**53,545**	**(0)**	

PERFORMANCE

Direction of travel (measures compared to last year)



RISK

Significant directorate risks

Risk Reference Number	Risk Description	Risk Rating (before controls)	Existing Controls in Place	Risk Rating (after controls)
CR.014	**Transfer of Contracts** Failure to effectively transition key underpinning/ supporting contracts from NHS England (Pharmacotherapy, Needle Exchange, Supervised Consumption) due to failure to agree budget transfer with CCG may compromise service delivery.	**15 RED**	Plans and negotiations underway to ensure effective operational and financial transfer.	**15 RED**
CR.017	**Demographic Pressures** Continued demographic pressures require significant savings to be made or reductions in levels of dependency to manage rising levels of demand across council services.	**25 RED**	Range of primary and secondary preventative services commissioned including Information, Advice, Signposting, Reablement, Telecare, Rapid Response. Communications strategy and proactive media briefing advising on ASC LA services focus. Proactive screening of cases that are not eligible through reviews and diversion to other services.	**16 RED**
CR.018	**Care Act Implementation** The LA is not compliant with Phase 1 of the Care Act from April 2015 and preparations for Phase 2 are not in place.	**25 RED**	This has full project governance in place ensuring that all areas for change are covered, national stocktakes are undertaken on a quarterly basis and the LA participates in regional and national work in preparation for Phase 2.	**16 RED**
CR.019	**Health Visiting and School Nursing** Effective oversight established allied to Health Visiting and School Nursing and direction of travel established.	**25 RED**	Dedicated Consultant oversight/commissioning established.	**20 RED**
CR.022	**Integration** The scale and pace of integration work required internally to the council and across health and social care proves to be undeliverable and a new model for integrated and financially viable health and social care pathways does not emerge.	**25 RED**	Transformation Board and Joint Commissioning Board in place underpinned by refreshed Health and Well Being strategy.	**16 RED**

Children's wellbeing performance & budget report (May 2015)

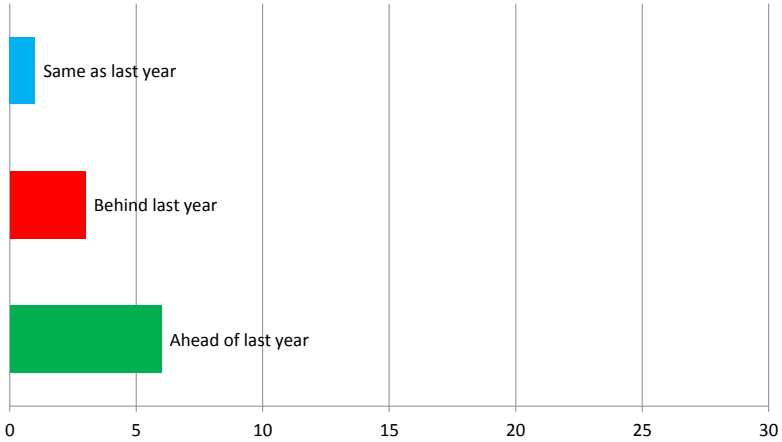
FINANCE

Budget forecast

£000s	Budget Expenditure	Budget Income	Budget Full Year	Forecast Expenditure	Forecast Income	Forecast Full Year	Variance Net
Directorate	1,090	(1,447)	(357)	1,112	(1,463)	(350)	7
Education & Commissioning	8,199	(2,228)	5,971	7,672	(2,193)	5,479	(492)
Safeguarding & Family Support	18,400	(854)	17,547	20,240	(933)	19,307	1,761
27,689	**(4,529)**	**23,161**	**29,024**	**(4,588)**	**24,436**	**1,275**

PERFORMANCE

Direction of travel (measures compared to last year)



RISK

Significant directorate risks

Risk Reference Number	Risk Description	Risk Rating (before controls)	Existing Controls in Place	Risk Rating (after controls)
CR.005	**School Assets** **IF:** Insufficient condition oversight of school assets is not in place **THEN:** There may be an increase in costs due to unplanned significant spend.	**25 RED**	Education assets condition surveys to be completed and estates strategy in place to address the Education Strategic Plan.	**16 RED**

Economy, communities & corporate performance & budget report (May 2015)

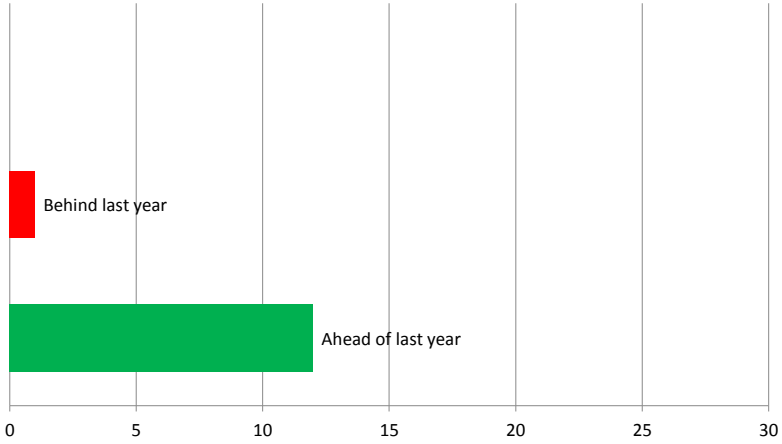
FINANCE

Budget forecast

£000s	Budget Expenditure	Budget Income	Budget Full Year	Forecast Expenditure	Forecast Income	Forecast Full Year	Variance Net
Economic, Environment and Culture	9,224	(9,630)	(406)	9,258	(9,645)	(386)	20
Placed Based Commissioning	41,325	(3,662)	37,663	41,178	(3,687)	37,491	(172)
Resources	62,682	(56,282)	6,400	62,857	(56,231)	6,625	225
Community and Customer Services	4,276	(1,101)	3,175	4,272	(1,093)	3,179	4
Governance	4,218	(709)	3,509	4,239	(739)	3,500	(9)
Directors	2,774	(54)	2,719	2,625	(54)	2,571	(148)
	124,499	**(71,438)**	**53,060**	**124,429**	**(71,449)**	**52,980**	**(80)**

PERFORMANCE

Direction of travel (measures compared to last year)



RISK

Significant directorate risks

Risk Reference Number	Risk Description	Risk Rating (before controls)	Existing Controls in Place	Risk Rating (after controls)
CR.007	**Litigation** **IF:** litigation claims against Herefordshire Council are successful **THEN:** this may expose the Council to significant unbudgeted costs and reputational damage.	**20 RED**	S151 Officer is made aware of pending financial claims against Council at earliest opportunity. For ongoing cases, an appropriate base line budget (from which to operate and deliver an effective legal service and to increase chances of Council losing litigation cases) has been provided. For significant cases project board and governance procedures have been put in place with dedicated legal and technical resources.	**16 RED**