Herefordshire Council

AGENDA

Health and Wellbeing Board

Date:	**Tuesday 21 July 2015**
Time:	**2.00 pm**
Place:	**Committee Room 1, Shire Hall, Hereford**
Notes:	Please note the **time, date** and **venue** of the meeting. For any further information please contact: **David Penrose, Governance Services** Tel: 01432 383690 Email: dpenrose@herefordshire.gov.uk

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Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairman	**Councillor PM Morgan**	
Vice-Chairman	**Diane Jones MBE**	
	Councillor JG Lester	**Herefordshire Council**
	Prof Rod Thomson	**Director of Public Health**
	Sue Doheny	**Arden, Herefordshire and Worcester LAT**
	Helen Coombes	**Director of Adults Wellbeing**
	Jo Davidson	**Director for Children's Wellbeing**
	Paul Deneen	**Healthwatch Herefordshire**
	Dr Andy Watts	**Clinical Commissioning Group**
	Jo Whitehead	**Herefordshire Clinical Commissioning Group**
	Jacqui Bremner	**Healthwatch representative - Carers Support**

AGENDA

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- 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.
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HEREFORDSHIRE COUNCIL

SHIRE HALL, ST PETER'S SQUARE, HEREFORD, HR1 2HX.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health and Wellbeing Board held at Committee Room 1, Shire Hall, Hereford on Wednesday 17 June 2015 at 3.00 pm

Present: **Councillor PM Morgan (Chairman)**
Councillor Mrs D Jones MBE (Vice Chairman)

Councillors: Prof Rod Thomson, Ms H Coombes, Mrs J Davidson, Mr P Deneen, Dr Andy Watts, Ms J Bremner and JG Lester

In attendance: Councillor PA Andrews

1. TO APPOINT A CHAIRMAN OF THE HEALTH & WELLBEING BOARD

The Board noted the election of Councillor PM Morgan as Chairman for the Board, pursuint to the decision of Annual Meeting of Council on the 22 May 2015.

Resolved: That Councillor PM Morgan be elected as Chairman for the Board.

2. TO APPOINT A VICE-CHAIRMAN OF THE HEALTH & WELLBEING BOARD

Dr Watts nominated Mrs Diane Jones as Vice-Chairman for the Board. Mr P Deneen seconded the nomination and Mrs Jones was elected unanimously as Vice-Chairman.

Resolved: That Mrs Diane Jones MBE be appointed as Vice-Chairman of the Health and Wellbeing Board for the term of one year.

3. APOLOGIES FOR ABSENCE

Apologies were received from Sue Doheny.

4. NAMED SUBSTITUTES (IF ANY)

None.

5. DECLARATIONS OF INTEREST

Dr Watts registered an interest as a provider of GP Services.

6. MINUTES

The Minutes of the Meeting of the 25 March 2015 were noted and approved as a correct record.

7. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from Members of the Public.

8. PHARMACEUTICAL NEEDS ASSESSMENT

The Director of Public Health presented a report on the Pharmaceutical Needs Assessment (PNA). During his presentation, he highlighted the following areas:

- That the Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards which had a statutory responsibility to publish it. The primary purpose of a PNA was to guide the commissioning of community pharmacy services and inform the commissioning of services that would deliver the same outcome as 'pharmaceutical services'. PNAs would inform commissioning decisions by local authorities, NHS England and clinical commissioning groups (CCGs).

- The PNA would be issued to NHS England as the main commissioner of pharmaceutical services. A person who wished to provide NHS pharmaceutical services would apply to NHS England and demonstrate they were able to meet the pharmaceutical needs as set out in the relevant Pharmaceutical Needs Assessments.

- This Pharmaceutical Needs Assessment was a reference point for pharmaceutical services and would form part of the Joint Strategic Needs Assessment of the population of Herefordshire.

In the ensuing discussion, the following points were made that:

- Healthwatch Herefordshire was linked into community pharmacies and that this informative document, which laid out a complex landscape, would be a valuable tool.
- the Herefordshire Clinical Commissioning Group (HCCG) was aware of the importance of the dispensing functions of the rural GP practices and that they provided a mutually supportive role, as in some cases it would not be possible to run a primary care service in certain locations without an associated dispensary.

- NHS England should be held to account by the Board for the commissioning of pharmacy services and an item to this end would be added to the Board's Work Programme.

Resolved: That the publication of the Herefordshire Pharmaceutical Needs Assessment be approved

9. UPDATE ON THE HEALTH AND WELLBEING STRATEGY

The Director of Public Health presented a report on the Health & Wellbeing Strategy. During his presentation, he highlighted the following areas:

- That there had been significant consultation with a wide range of stakeholders
- That the key vision for the Health and Wellbeing Board was laid out in the document with the three supporting themes. There would be a focus on the first and third of these which were preventative. The nine priorities for the strategy were also included.

In the ensuing discussion it was noted that:

- The HCCG were putting together a medium term strategy, but that there was a need within the NHS for the facility for long term strategies.
- That the collective impact of the document would allow progress to be made with education and police partners and would provide the Board with a mandate for change.

- That this was the document that the Children's Partnership Board would use to deliver its outcomes against.

- That Jo Robbins be thanked for her work on the Strategy

Resolved:

That

a) The Herefordshire Health & Wellbeing Strategy be approved; and;

b) an update on progress be provided to the Board in six months at which time progress on the top three priorities of the Strategy should be considered over three consecutive meetings.

10. HEREFORDSHIRE CLINICAL COMMISSIONING GROUP (HCCG) INTEGRATED URGENT CARE PATHWAY PROJECT

A report on the Clinical Commissioning Groups Integrated Urgent Care Pathway was noted. During his presentation, Dr Watts highlighted the following areas: That:

- the contracts for the GP out of Hours service and the Walk in Centre were up for revision.

- A project had been set up to review all aspects of care prior to admission to hospital in order to ensure that the system as a whole worked together.

- The intention was to conclude the review by April 2016 although it would be possible to make changes to the existing system by creating a co-operative way of working between partners. The intention was to think around the area of urgent care as patients arrived in A&E because their long term care was not operating properly.

During the ensuing discussion, the following points were made:

- The Community Pharmacies would be involved in the pathway and that a Programme Lead was currently being sought.

- That the whole systems, outcome based model was one for which the CCG should be congratulated.

- Support from the Prime Minister's Challenge Fund had allowed practises to move toward seven day working.

- Further development and refinement of the model would be undertaken to achieve the outcomes identified by patients and the public.

Resolved:

That

a) The report be noted; and;

b) an updated report be presented to the Board at its meeting in November.

11. HEALTH PROTECTION UPDATE

The Board received a Health Protection Update report. During his presentation, Professor Rod Thomson highlighted the following areas:

- That NHS England, Herefordshire CCG and Public Health had been working to develop a joint action plan to improve childhood immunisation across the County.

- That MMR booster immunisation rates of children at school age could be improved.

- That cross border work in Wales was important as there was a higher resistance to certain inoculations within the community.

- That the incidents of cervical cancer could be significantly reduced by the HPV vaccination and work was needed with schools and community groups in order to ensure better access for vaccination.

In the ensuing discussion the following points were made that:

- the drop off in MMR vaccination could be improved if there was more emphasis on the vaccination of children in nursery schools. The need for vaccination would be highlighted to parents of children going into Reception classes in the current year

- community nurses could be used as part of the vaccination programme when they visited those with long term conditions, the elderly or the housebound.

- contract monitoring meetings would be used by the CCG in order to help support the vaccination programme

12. ENGAGEMENT GATEWAY

A report on the Engagement Gateway was noted. The Forum was now in place to facilitate a more coherent way of communicating messages to the public where there was a common purpose in doing so.

Resolved: that the Board approve and support the work of the Gateway as part of the close collaboration of agencies working in and across Health and Social care.

13. WORK PROGRAMME

The Board noted its Work Programme.

Resolved: That the Work Programme be noted

The meeting ended at 4.30 pm **CHAIRMAN**

Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
MEETING DATE:	**21 JULY 2015**
TITLE OF REPORT:	**Understanding Herefordshire: Joint Strategic Needs Assessment**
REPORT BY:	**Research & Intelligence Lead**

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

County-wide

Purpose

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

Recommendation

THAT:

(a) the Joint Strategic Needs Assessment 'Understanding Herefordshire' Report be approved.

Alternative options

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.

Reasons for recommendations

2. 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

Further information on the subject of this report is available from
Latha Unny, Research & Intelligence Lead, Adults and Wellbeing Directorate

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).

Key considerations

3. ***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 database forming Understanding Herefordshire is available on the council's website at the following link: The JSNA and informs the health and wellbeing strategy, and is attached at appendix 1.

4. The JSNA summary report (attached at appendix 1) 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.

5. 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 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 people 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.

6. 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 PH England is low uptake of HPV 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) Increased the 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. Educational attainment is improving steadily at all key stages with excellent progress at Key Stage 4, in comparison to England. However, the educational achievement gap between children in receipt of free school and who have English as an additional language compared children who don't is wide and wider than the national average (England).

e) The incidence of teenage pregnancy, repeat abortions and sexually transmitted infections (STI) 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 3/4rd 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 who are accessing the Children 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 lifelong emotional and mental problems, after the abuse ends.

7. 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 percent), 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 percent 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: inequality life expectancy measures at birth shows 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 45 years, 40 percent 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. 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 GVA. 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.

[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.

c) Deeper analyses reveals that there is as 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 fruity 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, what kind of businesses it wants to grow. Sustainable development is dependent on a clear understanding of what drives the local economy.

9. 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 to 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 mix 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 a 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.

Community impact

10. *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 .

Equality and human rights

11. The 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.

Financial implications

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

Risk management

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

Consultees

14. 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 strategic intelligence and then approved through management board

Appendices

15. Appendix 1 - Understanding Herefordshire (JSNA) Summary Report 2015

Background papers

None

Understanding Herefordshire July 2015

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.

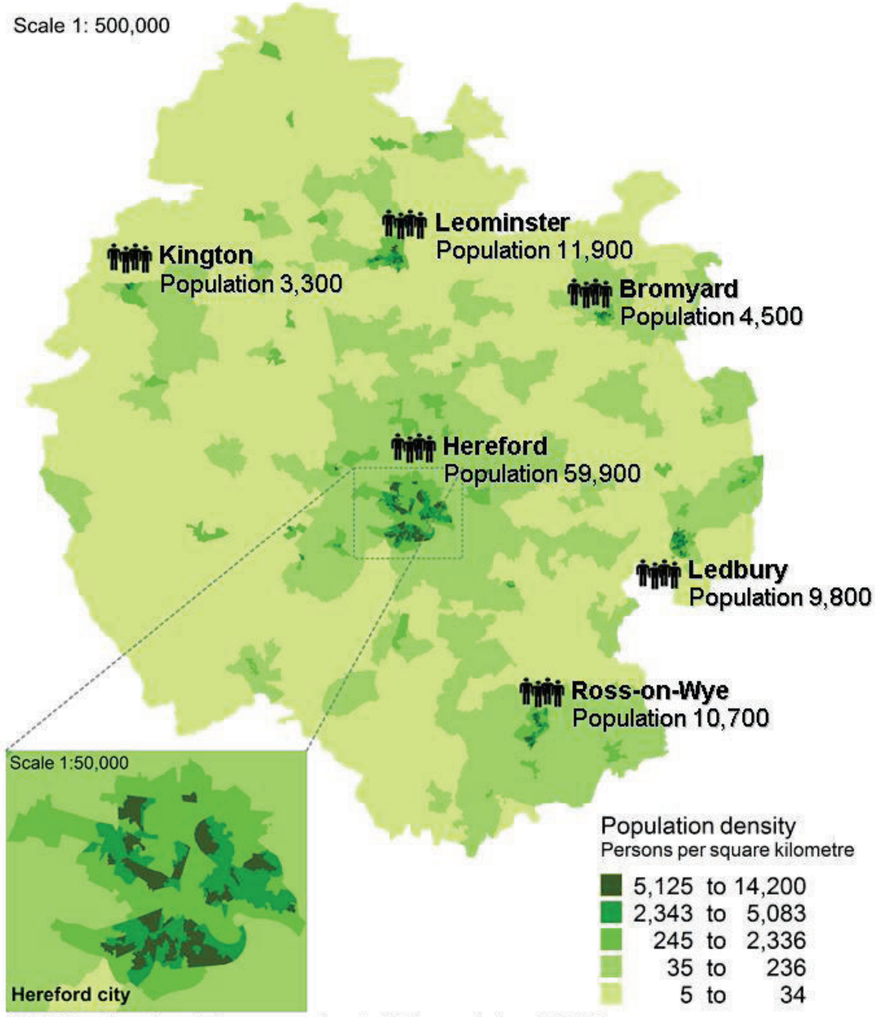
In 2011, 31,400 children (16 years and younger) lived in the county.

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



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.

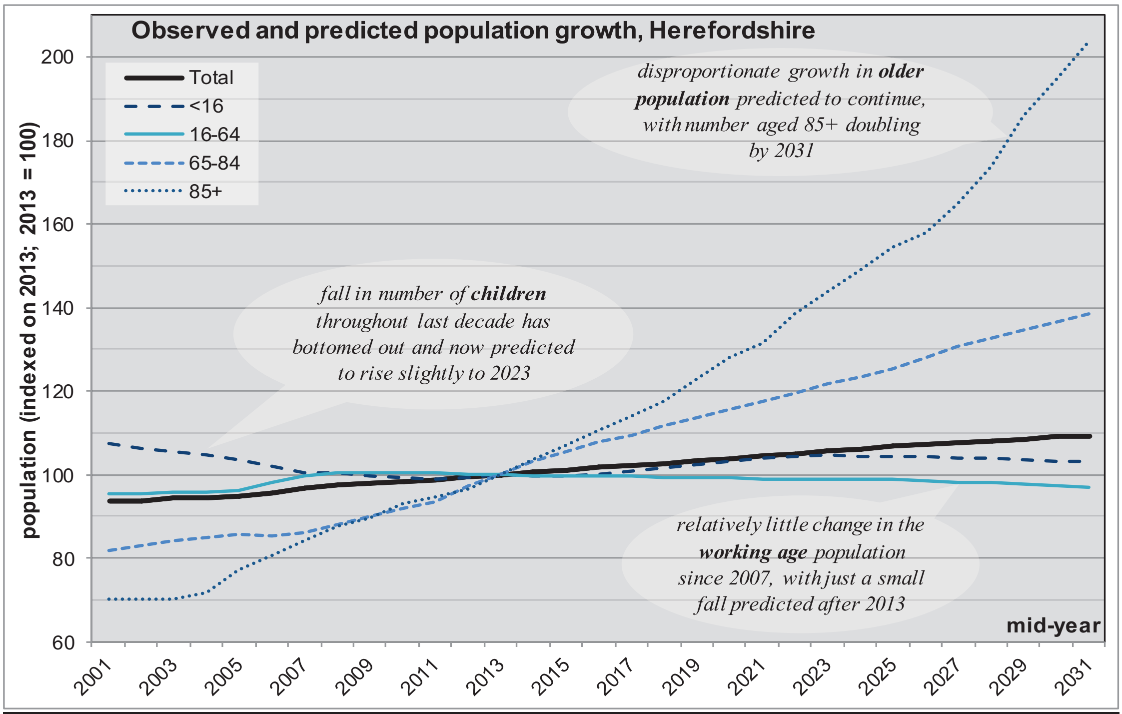
SUB-COUNTY LEVEL

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]

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[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.

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[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

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[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.

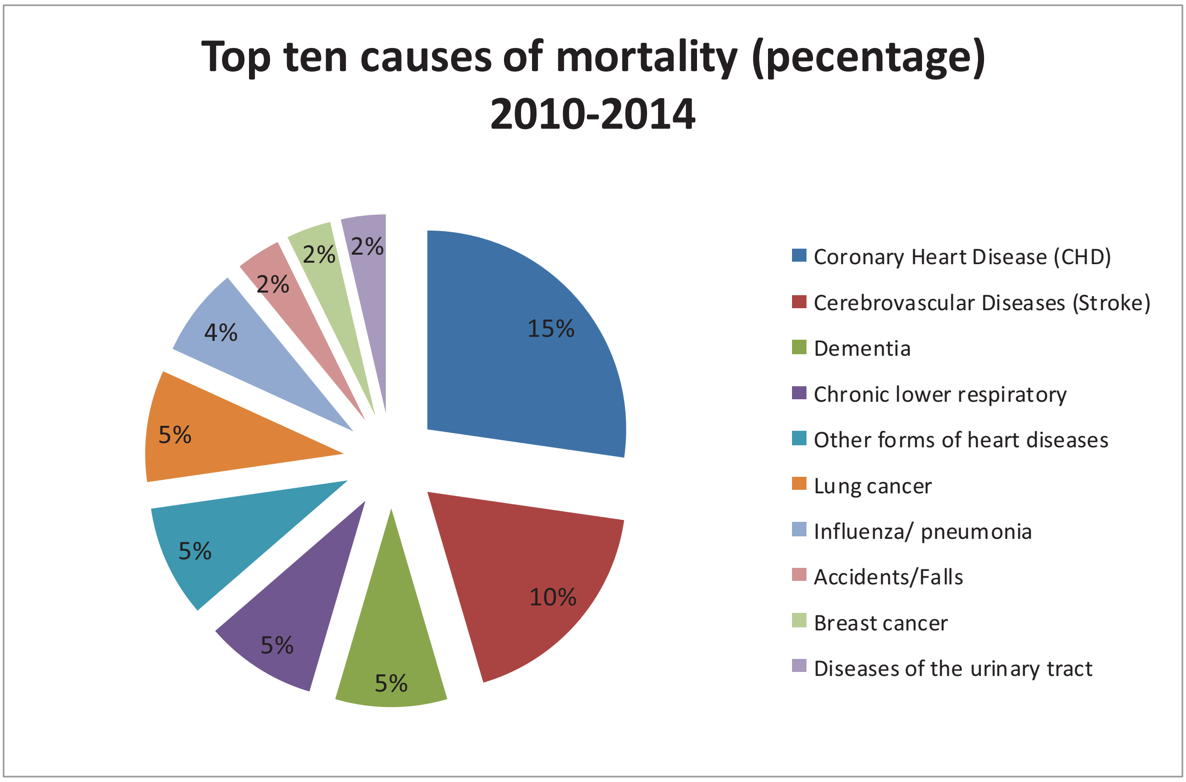
Years of Potential Life Lost

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.

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[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.

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[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).

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[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

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

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.

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[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

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[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)

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

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).

[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

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.

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.

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.

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[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.**

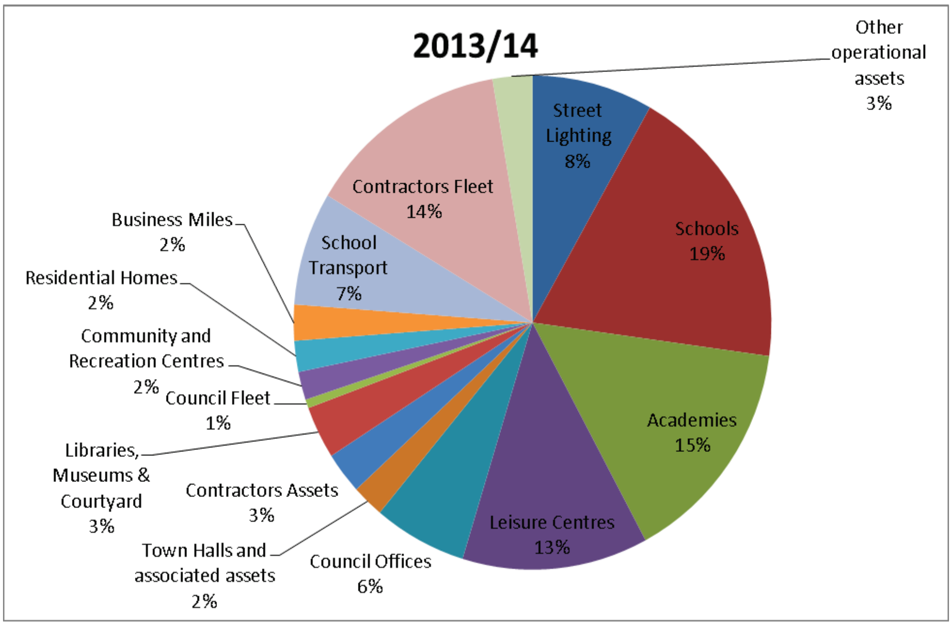
REDUCING THE CARBON FOOTPRINT

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

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[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

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[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

Meeting:	**HEALTH AND WELLBEING BOARD**
Meeting date:	**21 July 2015**
Title of report:	**Children and Young People's Plan**
Report by:	**Assistant Director Education and Commissioning**

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

Countywide

Purpose

To approve the Children and Young People's Partnership Plan 2015-2018.

Recommendation

THAT: The Board, and each constituent agency of the Board, approve the children's and young people's plan.

Alternative options

1. The children and young people's partnership (CYPP) could continue to work without a plan, but this would significantly reduce the effectiveness of the partnership in delivering multi agency improvements for children, young people and families in Herefordshire.

Reasons for recommendations

2. The health and wellbeing board has delegated responsibility for the development of a children and young people's plan to the children and young people's partnership. The partnership has been undertaking development work on the plan, using the joint strategic needs assessment, consulting with partner stakeholders as to the priorities of the plan and providing the health and wellbeing board with regular updates. The plan has been approved by the children and young people's partnership, and now requires approval of the health and wellbeing board and each constituent agency. The plan will then become the vehicle to deliver improvement for children, young people and their families within the financial context families, communities, and the public sector operate in, as well as delivering against the health and wellbeing strategy and contributing to

the wider health and wellbeing agenda in Herefordshire.

Key considerations

3. The children and young people's partnership has been given key responsibility by the Health and wellbeing board to develop the Children and Young People's Plan.

4. The partnership has developed a plan which reflects the priorities that have previously been agreed by the health and wellbeing board at the meeting on 28 January 2015 and have been set out in the joint strategic needs analysis, the children's integrated needs analysis and Herefordshire's health and wellbeing strategy, namely:

   - Early help – developing the "Think Family" approach and culture across the partnership
   - Improving outcomes for our youngest children (0 to 5 years)
   - Improving the emotional and mental health and wellbeing of children, young people, and their parents and carers
   - Meeting the needs of children and young people requiring safeguarding
   - Addressing challenges for adolescents
   - Improving the outcomes for children with a disability

5. These priorities have been closely examined by partner agencies and overseen, co-ordinated and brought together in the plan by the CYPP Steering Group.

6. Our underlying strategic approach is to strengthen the capacity of children and young people, families and communities and universal services to help themselves, building on the strengths that currently exist in Herefordshire. Strategically we will also focus on supporting stronger, community based provision targeted to specific needs which will move resources from some higher cost, specialist services.

7. The plan recognises the inter-relationships across the priority areas and identifies the need for smarter co-ordinated working across the partnership in order to meet the objectives of the plan. The partners are well aware of the challenges to make the partnership a meaningful driver of change. The plan also recognises the significance of developments in wider adult, community, education and health services which will impact upon the capabilities and capacities of children and young people, parents and carers.

8. The plan has been developed in the context of the improvement work underway to address safeguarding of children in Herefordshire, and also recognising the existing Herefordshire education strategy which provides specific strategic developments to improve education in Herefordshire. These developments are referenced in the CYPP plan, but encapsulated in the education strategy and action plans.

9. The plan recognises that it will operate within the first three years of austerity measures for the public sector. It therefore identifies some significant cost savings to be achieved, alongside a more effective use of resources. There is further work to be done to address the funding challenges ahead and to do so for all agencies involved in a way that makes the most of collective resource. This has been recognised as a development area for the partnership.

10. The plan will be delivered through an annual business plan. Having identified the strategic planning priorities and goals to be attained by March 2018, there is a need to quickly agree and implement the business plan for the first period of the plan's implementation (i.e. up to March 2016) so that the partnership and the plan may be

seen to be an effective commissioning and delivery framework to both service users and the children's workforce. Whilst the plan is being progressed to endorsement by the relevant governing bodies of the council and the management boards of the contributor partners (to be completed by the end of September 2015), six operational business plans will be developed, building on work already set out, and reflecting the six priority need groups contained within the plan, along with linkages and synergies across the priorities as appropriate. These business plans will be confirmed once endorsement of the CYPP plan has been achieved, but work is already taking place on some of the plan activities.

11. The plan has been produced in executive summary format as well as in a full version. The executive summary sets out the key areas of change and what will be delivered by 2018. Both are attached as appendices., They will be web based plans with a small number of hard copies. The design work will involve children and young people.

12. The composition and remit of the partnership steering group will be revised to reflect that its primary function will change to overseeing the implementation of the plan and to:

- Endorse the business planning priorities chosen for each need area
- Monitor implementation of the business plans
- Resolve any difficulties or impediments to successful implementation across the partnership

13. In order to operate successfully it is important that the partnership recognises the need to strengthen the coordinated project and business management approach of the partnership. This remains unresolved from the last partnership executive meeting where it was proposed to pool and align resources across the partnership to deliver the plan.

Community impact

14. The children and young people's plan is a key component of Herefordshire's health and wellbeing strategy and provides priorities for service improvement for children and young people and their families. A core objective of the plan is that of building resilience in individuals, families and communities.

Equality duty

15. The partnership's plan will support the council in its overall duty to promote equality. In particular the plan makes proposals to maximise access to universal services among the most disadvantaged, reduce inequalities between persons with a relevant protected characteristic and persons who do not share it and enhance opportunities for social inclusion among those experiencing barriers to participation.

Financial implications

16. There are significant financial pressures that will impact on public sector services over the life of the plan. These will be confirmed through the budget statement in July but may include c.40% reductions for the local authority, c.16% for school budgets, health funding pressures. At the same time there may be specific funding streams which partners can access; troubled families being one of them. The table below sets out draft indications of finances in relation to each of the plan's priority areas. This needs more work as the detailed action plans are developed. It is recognised by the children and young people's partnership executive that more development needs to take place

to make the most of collective resources at a time when these are shrinking significantly in some areas and that this is a partnership-wide responsibility.

	No. of Children / Families	**Budgets**	**Savings**	**Commentary**
Priorities		**£000's**	**£000's**	
Early Help	600	1,800	450	£1.8m is potential income if we can evidence 600 families are "turned around". Troubled Families funding over 3 years (15/16 - 17/18). The national cost calculator will be used to identifying savings. Savings are expected for all partners
0-5 Early Years	9,800	3,500	400	Health Visitors, School Nursing, Children's Centres, funding is from Public Health & Council. The savings will be in safeguarding if prevention is successful.
Mental health and emotional wellbeing	8,620	1,400	TBC	funding by Clinical Commissioning Group (CCG) £1.4m ZigZag £57k
Children and young people in need of safeguarding	TBC	7,288	2,800	The savings are profiled over the next 5 years.
Addressing challenges for young people	TBC	TBC	300	Costs could relate to providing youth offending services (YOS) and not in education, employment or training (NEET) services. Development of Adolescents services.
Children and young people with disabilities	5,000	4,197	350	Complex needs solutions is funded by the CCG £500k, dedicated schools grant £1.5m and safeguarding £1.5m and short breaks funded by the council. In addition to this funding health contribute £1.1m. Adults have invested £250k in transition team to generate savings of £350k
Totals		**18,185**	**4,300**	

Legal implications

17. The children and young people's plan and the process of joint planning should support local authorities and their partners as they work together to agree clear targets and priorities for all their services to children and young people, identify the actions and activities needed to achieve them and ensure delivery. The plan needs to be approved by the children and young people's partnership and subsequently the health and wellbeing Board and each constituent agency to ensure the plan is monitored and

progress reviewed.

Risk management

18. The risk of the plan not being approved is that specific issues that confront children, young people and their families will not be addressed as part of the overall approach to improving the health and wellbeing of Herefordshire communities as proposed in the strategy of the health and wellbeing board. The CYPP and its plan are the key vehicles to drive and deliver priority service improvements for children, young people and their families in Herefordshire. There is also a significant financial risk to each constituent organisation if clear partnership approaches are not delivered, including the potential for unintended cost pressure.

Consultees

19. The plan has been the subject of extensive consultation with CYPP members, their governance bodies and their workforce over the past nine months. Further consultation with children and young people is proposed between now and the time of the full Council meeting. The activities to deliver the plan will be subject to further consultation and engagement as they take place.

Appendices

Appendix 1 Executive summary

Appendix 2 Children and Young People's Plan 2015 - 2018

Background papers

- None identified.

CHILDREN AND YOUNG PEOPLE'S PLAN HEADLINES

Version 1.9

Vision

The Herefordshire Children and Young People's Partnership (CYPP) wants children and young people to grow up healthy, happy and safe within supportive families and carers.

We want them to have the best health, education and opportunities to enable them to reach their full potential.

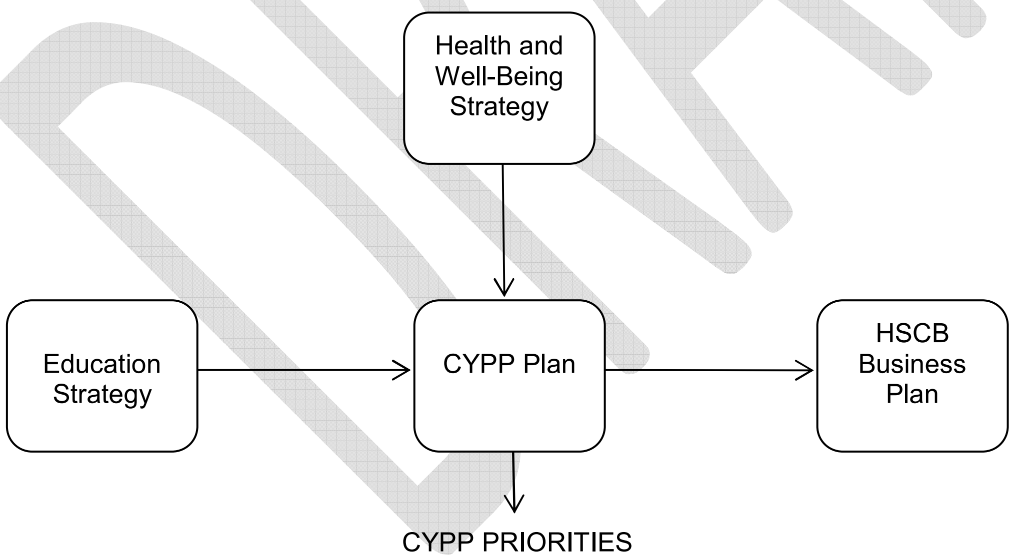
Our main priority is to keep children and young people safe and give them the best start in life.

By March 2018 we want to have good safeguarding services in all agencies and to have local education and health outcomes within the top 25% nationally.

Context

The Children and Young People's Plan provides the multi-agency strategy for addressing children, young people and their families in Herefordshire, identified through the Health and Well-being Strategy and needs assessments.

Education plays a fundamental part in the lives of children and young people and to specifically address education issues in Herefordshire an Education Strategy has been put in place. Likewise, with respect to the safeguarding needs of children and young people, the Herefordshire Safeguarding Children Board Business Plan provides the strategic priorities for services.



Delivery

To deliver this vision we will:

- Listen to the voices of children and young people as to their needs and how to meet them

- Work collaboratively with individuals, families and communities to develop capability and resilience

- Target the services we provide on priority need groups of children, young people and their families

- Ensure that the services we provide produce the outcomes we intend, based on evidence of effectiveness, including cost effectiveness

- Share information across the Partnership to ensure co-ordinated smarter working and more effective delivery of services

- Develop a skilled children's workforce that has ownership of the vision of the Partners to this Plan

- Use technology in innovative ways to enable children, young people and families to help themselves, and to engage children, young people and their families in the full range of advice, information, and services offered by the Partners.

At the time of significant pressure on public finances the Plan recognises the need for services to make budget savings whilst also fundamentally changing the way services are delivered, enabling children, young people, families and communities to exercise more choice and control over their lives. There will be opportunities to use our resources differently and to access funding streams at a national and local level. At the same time the Partnership will be planning for substantial reductions in some funding streams over the life of the Plan.

<u>The Voice of Children and Young People</u>

The Partnership is committed to improving services by listening to and acting on the Voice of the Child. We will be continuously asking children, young people and families to help us develop the Children and Young People's Plan. Participation People are supporting us to set up a proactive network of organisations and individuals to help us do this. The Voice of the Child Network will capture the views of children, young people and families through a variety of methods. These views will feed into strategy, policy and budgeting decisions.

Priorities

We have six priorities:

<u>Early Help</u>

We want to improve the early identification and response to some critical issues that affect the development of children and young people. This will include work to break the cycle of inter-generational inequality. This means a whole family approach and culture across the Herefordshire Partnership, working collaboratively with the whole family to:

- improve physical and mental ill health (of both children and their parents and carers),
- reduce crime and anti-social behaviour,
- reduce worklessness,
- reduce domestic violence and
- tackling the effect of poverty on children's outcomes

We will put in place targeted models of effective intervention which will work alongside and with universal services, with a clear lead worker for each family who will co-ordinate those services to meet their needs.

We intend to reduce the need for children and families to need help and intervention from statutory services and to work with families who are stepping down from statutory interventions to enable them to effectively work with universal provision.

By March 2018 we will have provided early help to 600 families. This will enable us to access and invested (from the Government's "Troubled Families" initiative) £1.8m of new funds to continue this work.

<u>0-5 Early Years</u>

There are 9,800 children aged 0-5 years in Herefordshire. We will reconfigure £3.5m to deliver early years services including children centre services, Health Visiting and School Nursing to improve the health, well-being, developmental and educational outcomes of children aged 0-5 years. These services will be better configured with community and adult services. By March 2018 we will have:

- Improved childhood immunisation rates (especially MMR)
- Reduced tooth decay in the 0-5 year olds
- Continue to improve breast feeding prevalence at initiation and 6-8 weeks after birth
- Increased the 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 increasing from 60% to 80%.
- Reduced the educational achievement gap between children in receipt of free school meals and other children to 5%
- Provided more effective (evidenced-based) supports to mitigate the effects of poverty, inequality and disadvantage through the provision of high quality early education and childcare and the Healthy Child Programme 0-5 years
- Delivered the national childcare offer with respect to free pre-school places

<u>Mental Health and Emotional Well-Being</u>

There are an estimated 8,620 children and young people that require support with their mental health or emotional resilience. The CYPP will make improvements so that children, young people and their families are identified and supported to access help in a timely manner. We will transform the volume and quality of the £1.4m of services available and be part of the development of an integrated all age pathway for mental health. We will:

- Improve the availability and quality of information available on mental health and well-being to children, young people and their families so they can have more control over their own lives

- Improve professionals' (eg GPs, teachers) knowledge and awareness of the signs and symptoms of mental health, tiers of need, thresholds and referral pathways to needs led care

- Improve collaboration between service providers in the identification and response to emotional health, well-being and mental health need.

- Deliver the Crisis Care Concordat and its action plan to ensure that no young person with a mental health need is detained in police custody and that 24/7 support is available in the event of a mental health crisis.

- Improve the experience of young people transferring from young people's mental health services to adults' by making it person-centered.

Identify the opportunities to improve access to specialist support so that young people with early psychosis and those requiring home treatment or rehabilitation as an alternative to hospital admission can maintain their daily lives in Herefordshire.

<u>Children and Young People in Need of Safeguarding</u>

We will continue to develop a continuum of provision that can effectively identify and respond to safeguarding risks and needs ranging from the initial signs of the call for early help to a range of evidence-based interventions for a variety of complex situations. By 2016/17 we aspire to be judged by Ofsted as providing good services and to sustain this judgement through the life-span of this Plan for the council and the other safeguarding partner services.

Priorities for service development through to March 2018 include reconfiguring £1.1m of services to provide:

- Specialist intervention services on step-down from statutory provision (child in need or child protection plan) to early help and universal services

- Crisis intervention for those children and young people on the edge of care

- A Family Intervention Project to respond to the therapeutic safeguarding needs of children and young people and their families

- A Care Placement Strategy which includes intensive therapeutic support services to achieve £2.8 million of savings and £5 million of cost avoidance and improve the permanence planning for 48 children between late 2014 and the end of 2019

- A looked after children support service to provide supervised contacts, assessments and family group conferencing services to children in the care system

- Better identification of and support to children from other Local Authority areas placed in Herefordshire

- Developing further the Multi Agency Safeguarding Hub (MASH) to include police services and adult services

<u>Addressing Challenges for Adolescents</u>

To effectively manage the behavioural, emotional and social needs of young people that may otherwise jeopardise their successful transition to adulthood. We will by March 2018:

- Put in place integrated young people's and youth offending services that have a better understanding of the drivers leading to offending and re-offending and reduce the number of entrants (first time and repeat) into the anti-social behaviour and youth justice systems.

- Develop a restorative justice strategy for the County and embedded practice within youth justice and children's homes settings.

- Reduce the incidence of young people's health being compromised (eg by not accessing health services, the misuse of substances, teenage pregnancy)

- Ensure effective behaviour management skills and supports are available to families, carers, schools, youth and leisure service providers to enable children and young people to maximise their potential.

- Develop a 16+ service to meet the needs of care leavers and other adolescents known to social care.

- Identify, prioritise, support and reduce those young people not in education, employment and training (NEET), including those who are young parents.

<u>Children and Young People with Disabilities</u>

There are approximately 5,000 children and young people who have a special educational need and/or disability in Herefordshire. The Partnership will:

- Promote and enable access to universal opportunities and services for children with disabilities and their families

- Provide a seamless and straightforward integrated pathway to provide multi-disciplinary support to disabled children and young people from 0 to 24 years.

- Establish a pathway for those moving into adulthood (15+ years) with a particular focus on those with significant and complex needs. This will be facilitated by a £250K investment in a dedicated transitions team that will yield a financial return of £350K.

- Develop education and learning opportunities for 16+ to reduce the need for residential placements

- Enhance the local support for families, including family-based respite services by ring fencing existing budgets and reinvesting these resources

- Develop personal budgets and personal health budgets to enable families to exercise more control over their lives, within the budgets available.

<u>Next Steps</u>

The Plan is currently in the process of being authorised by the governance processes of the contributor agencies to the Partnership. This will be completed by the end of September 2015. Work is underway developing business plans to activate the Plan's priorities for 2015-16, some of which are already in place and taking effect.

HEREFORDSHIRE CHILDREN AND YOUNG PEOPLE'S PLAN

2015-18

DRAFT

1. INTRODUCTION

1.1 The Herefordshire Children and Young People's Partnership Approach

The Herefordshire Children and Young People's Partnership (CYPP) has lead responsibility for the development and delivery of the Children and Young People's Plan. The Plan is an integral component of the Herefordshire Health and Well-Being Strategy and together they form the strategic agenda of the Herefordshire Health and Well-Being Board.

The Health and Well-Being Board has identified the following strategic priorities for children and young people which need to inform this Plan:

- Starting well in life in pregnancy, maternal health, non-smoking in pregnancy
- A good start in life 0-5 years: immunisations, breastfeeding, dental health and pre-school checks
- Children with disabilities
- Young offenders
- Young people not in education, employment or training
- Looked after children
- Mental health and emotional well-being

1.2 The Vision of the Herefordshire Children and Young People's Partnership

1.2.1 The Herefordshire Children and Young People's Partnership (CYPP) wants children and young people to grow up healthy, happy and safe within supportive families and carers.

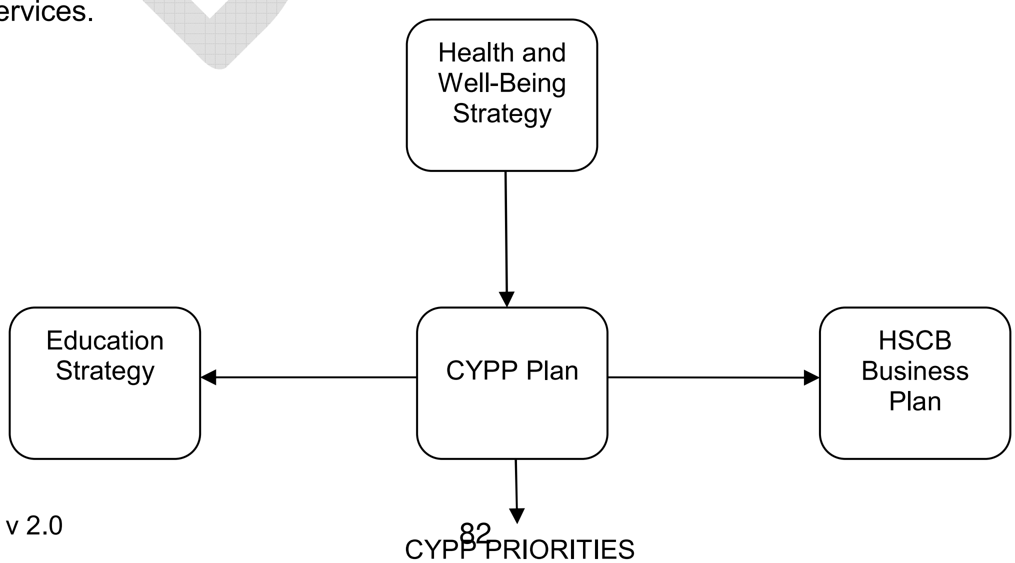
We want them to have the best health, education and opportunities to enable them to reach their full potential.

Our main priority is to keep children and young people safe and give them the best start in life.

By March 2018 we want to have good safeguarding services in all agencies and to have local education and health outcomes within the top 25% nationally.

<u>Context</u>

The Children and Young People's Plan provides the multi-agency strategy for addressing affecting children, young people and their families in Herefordshire, identified through the Health and Well-being Strategy and needs assessments. Education plays a fundamental part in the lives of children and young people and to specifically address education issues in Herefordshire an Education Strategy has been put in place. Likewise, with respect to the safeguarding needs of children and young people, the Herefordshire Safeguarding Children Board Business Plan provides the strategic priorities for services.



1.2.2 To deliver this vision we will:

- Listen to the voices of children and young people as to their needs and how to meet them
- Work collaboratively with individuals, families and communities to develop capability and resilience
- Target the services we provide on priority need groups of children, young people and their families
- Ensure that the services we provide produce the outcomes we intend, based on evidence of effectiveness, including cost effectiveness
- Share information across the Partnership to ensure co-ordinated smarter working and more effective delivery of services
- Develop a skilled children's workforce that has ownership of the vision of the Partners to this Plan
- Use technology in innovative ways to enable children, young people and families to help themselves, and to engage children, young people and their families in the full range of advice, information, and services offered by the Partners.

At the time of significant pressure on public finances the Plan recognises the need for services to make budget savings whilst also fundamentally changing the way services are delivered, enabling children, young people, families and communities to exercise more choice and control over their lives. There will be opportunities to use our resources differently and to access funding streams at a national and local level. At the same time the Partnership will be planning for substantial reductions in some funding streams over the life of the Plan. By doing this together we can make the most of our collective resources.

1.3 The Children and Young People's Partnership will put these principles into practice by:

- Managing demand by continuously engaging with children, young people and their families to provide appropriate early help
- Ensuring the development of an appropriate range of effective evidence-based services for children and young people (and their families) living in Herefordshire and a strategy to communicate their availability.
- Developing universal service provision to meet the needs of children and young people.
- Facilitating continued access to universal services where children and young people have additional needs.
- Re-position prevention and early intervention strategies and services to those at greatest risk and need.
- Ensuring that the child or young person is at the centre of service delivery.
- Having in place services which respect diversity of age, language, religion, ethnicity, sexual orientation and culture.
- Working towards improved integration across agencies with respect to service provision, delivery and management.

1.4 The Priorities of the Plan

1.4.1 The Voice of Children and Young People

The Partnership is committed to improving services by listening to and acting on the Voice of the Child. We will be continuously asking children, young people and families to help us develop the Children and Young People's Plan. Participation People are supporting us to set up a proactive network of organisations and individuals to help us do this. The Voice of the Child Network will capture the views of children, young people and families through a variety of methods. These views will feed into strategy, policy and budgeting decisions.

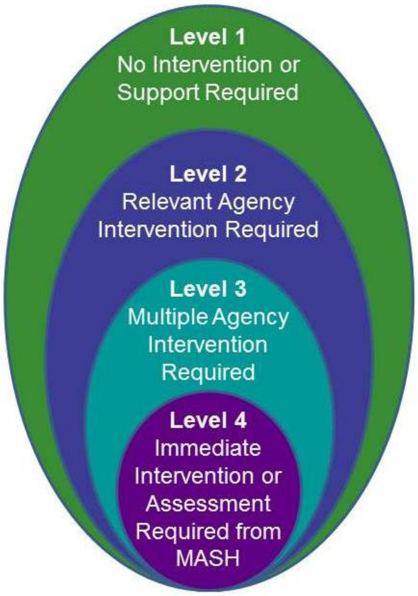
Children and Young People's Plan seeks to reflect the above aspirations by focusing upon six specific priority strategic planning areas:

- Early Help
- 0-5 Early Years
- Mental Health and Emotional Well-Being
- Children and Young People in need of Safeguarding
- Addressing challenges for Adolescents
- Children and Young People with Disabilities

1.4.2 These priorities were derived from a variety of sources including the statutory responsibilities placed upon the Partners, a strategic needs analysis of children and young people in Herefordshire commissioned by the Partnership, a mental health needs analysis undertaken by Herefordshire Clinical Commissioning Group, national and local data from performance frameworks on health, education and social care and guidance from regulatory bodies (e.g. Ofsted) requiring the Partnership to attend to key issues in relation to safeguarding and early help. This Partnership Plan also draws on the pre-existing Plans for specific need groups- such as the Early Years Strategy, the Education Strategy, the Herefordshire Safeguarding Children Board Business Plan, the Youth Justice Plan – and compliments their priorities and objectives.

1.4.3 In scoping these priority planning areas the Partnership is aware that there are significant areas of overlap between them. For example, a child needing safeguarding may also present as a person under 5 years of age and as a child with a disability. Likewise the strategies and approaches to identify those in need of early help will apply across the 0-18 age range and across the substantive needs to be addressed be they health, education or social care related. Hence the Plan will acknowledge the interrelationship between these planning priority areas while seeking to develop, address and deliver a work programme that is meaningful and manageable.

1.5 A common framework for the conceptualising tiers of service provision related to their level of need, developed by the Herefordshire Safeguarding Children Board, has been promoted by the Partnership during the development of the Plan. The framework identifies four levels of need and associated supports required to meet that need:



Level 1: Children making good overall progress in all areas of development, broadly receiving appropriate universal services, such as health care and education – no additional support required.

Level 2: Children and young people with emerging vulnerabilities whose needs require targeted support

Level 3: Children and young People with multiple needs requiring more than one additional support service and a co-ordinated approach

Level 4: Children or young people with complex needs or with concerns for their safety based on evidence of abuse or neglect or by disclosure from the child.

The tiered model recognises that:

- Children and young people may present at different tiers over time, for different types of need (health, education, social care) at any one time

- The additional needs of children and young people may arise from both their own difficulties or the difficulties experienced by those seeking to exercise parental responsibilities

- Children and young people may move up and down the tiers depending upon the nature and the severity of their needs

- Whenever possible children and young people should seek to have their needs met by universal provision. Service providers from the higher tiers of specialism should facilitate universal providers in meeting the additional needs of children and young people where possible.

Proposals in this Plan seek to address both different levels of need experienced by children and families and the different levels of service required to meet that need.

2. EARLY HELP FOR FAMILIES

2.1 OBJECTIVES

2.1.1 We want to improve the early identification and response to some critical issues that affect the development of children and young people. This will include work to break the cycle of inter-generational inequality. This means a whole family approach and culture across the Herefordshire Partnership, working collaboratively with the whole family to:

- improve physical and mental ill health (of both children and their parents and carers),
- reduce crime and anti-social behaviour,
- reduce worklessness,
- reduce domestic violence and
- tackling the effect of poverty on children's outcomes

We will put in place targeted models of effective intervention which will work alongside and with universal services, with a clear lead worker for each family who will co-ordinate those services to meet their needs.

We intend to reduce the need for children and families to need help and intervention from statutory services and to work with families who are stepping down from statutory interventions to enable them to effectively work with universal provision.

By March 2018 we will have provided early help to 600 families. This will enable us to access and invested (from the Government's "Troubled Families" initiative) £1.8m of new funds to continue this work.

2.2 DESCRIPTION OF PURPOSE

2.2.1 Helping vulnerable families as early as possible is a priority for both the Health and Well-Being Board and the Children and Young People's Partnership. This theme is a golden thread through the other priority need area of the Plan and, therefore, there will be a degree of repetition in the messages provided here with those given elsewhere in the Plan. This recognises that working with vulnerable families can mean dealing with a multiplicity of complex issues: health problems, worklessness, non-school attendance, crime, etc.

Definition of early help

2.2.2 To ensure that all practitioners across the Children and Young People's Partnership understand what early help means there needs to be a clear local definition. This can be provided within the context of the local HSCB agreed Levels of Need.

2.2.3 Early help and early intervention are interchangeable words but essentially mean the same thing. It means intervening early and as soon as possible to tackle problems emerging for families. This includes parents, their children and young people or a population or community. Early intervention can occur at any point in a child, young person or adult's lives.

2.2.4 Early help services are aimed at families (children, young people and parents/carers) who are at level 2 and 3 of the Herefordshire's Levels of Need thresholds.

2.2.5 Early help starts at level 2 of the levels of need and describes emerging vulnerabilities in families. In Herefordshire the aim is to support families to help themselves and become more resilient to the issues they face. Universal services at level 1 e.g. school, GP, health visitors, voluntary services etc often provide a more personalized approach with families at level 2 by providing information, advice, or support early before difficulties become too entrenched. Sometimes an additional service is required for the family eg counselling.

2.2.6 Where there are greater risk factors in the family that require a number of services or partners to co-ordinate their responses this describes a Level 3 intervention.

2.2.7 This priority area will specifically draw upon the learning, the tools and the successes of the national Troubled Families Programme in its design and delivery. The aim is to support the needs of adults and children in families simultaneously to achieve better and sustained outcomes. Too often in the past services have worked on one issue with one family member, not fully understanding the family's dynamics, overwhelming families with different interventions and workers and not achieving lasting change. This does not serve families well and costs the public sector more than it should.

2.2.8 Whilst the principle aim of the Health and Well-Being Board and the Children and Young People's Partnership is to enhance prevention and early intervention, it is recognised that families can move through the levels of need – stepping up to statutory services were needs become critical; stepping down from statutory services to lower levels of support where need is less acute. Families, therefore, may need a variety of services – universal, specialist, intensive – to meet their needs across the levels, but the needs of the whole family should be collectively addressed.

2.2.9 There are six broad categories where, if families meet two or more aspects, would suggest they need some level of focused early help:

1. Parents and children involved in crime and/or anti-social behaviour
2. Children who have not been attending school regularly
3. Children who need help
4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness
5. Families affected by domestic violence and abuse
6. Parents and children with a range of health problems

The approach to supporting families generally will also explicitly encompass the Partnership's role in reducing the extent and impact of child poverty across the county.

2.3 CURRENT STRATEGIES

2.3.1. A key recommendation of the Children's Strategic Needs Assessment, undertaken in 2014 was to review the county's approach to early intervention and early help alongside, improved service integration and capturing and using data and intelligence around vulnerable and struggling families. This review needed to take into account the experience in the county of Phase 1 of the national Troubled Families initiative (branded Families First locally). Under this programme Herefordshire successfully turned around 310 vulnerable families and attracted £1.2 million additional funding. This initiative, however, has not transformed the overall system for the identification and response to families needing early help. The Health and Well-Being Board and the Children and Young People's Partnership have agreed that Herefordshire will be part of the Phase 2 of the programme with the aim that the initiative becomes an integral part of the Partnership approach to dealing with struggling families.

2.3.2. The Council and its partners have a longstanding approach to locality working. The Council and its partners have aligned staff (e.g. health visitors, police officers) to eight locality teams and multi-agency groups (MAGs). The Common Assessment Framework (CAF) is used to support this multi-agency way of working. Significant changes, including budget cuts, have taken effect leaving some confusion as to what support is available for vulnerable families. Family support services provided within the Children's Well-being Directorate, therefore, are increasingly working primarily with Level 4 families (i.e. those referred and open to social care). Early intervention and help provided by the Council and its partners is inconsistent in the processes and procedures used and in the response provided.

2.3.3. This Children and Young People's Plan provides the vehicle to ensure that Phase Two Troubled Families embeds, alongside other direct service resources of the Council and its partners, to form a continuum of integrated provision from additional tier 1 universal service through to the threshold of tier 4 and reflects the spirit and the principles of the Children and Young People's Partnership

2.4 PLANNING PRIORITIES

2.4.1. Based upon national research there are five key characteristics of effective early help which we will address locally:

- The best start in life
- Language for life
- Engaging parents
- Smarter working, better services
- Knowledge is power

Using these characteristics, detailed action plans will be developed, agreed and delivered as part of an annual business plan to support the achievement of the goals of the Children and Young People's Plan.

2.4.2 The focus during the first year of the Plan will be:

- Providing children with the best start in life (see below the 0-5 years early years priority)
- Developing communities and universal services – to build on the County's strengths and assets and to promote self-help
- Establishing early help business and intelligence functions
- Revising assessment processes
- Establishing a multi-agency early help offer
- An early help workforce development programme
- Establishing governance and performance management arrangements for early help to monitor the impact and effectiveness of the Partners' approaches

2.5 EARLY HELP AND INTERVENTION – BY MARCH 2018

2.5.1 An outcomes plan will be developed to set out the goals to be attained over the three year period of the Plan. This will state quantifiable targets as to the changes in family circumstances in each of the priority need areas identified in para 2.2 (above) These outcomes will also meet the requirements of the County being part of the national Troubled Families Programme, providing the means to evidence significant and sustained improvement within individual families, which in turn should see the achievement of the County's strategic outcomes. Other partnership boards will need to support elements of this programme. The Community Safety Partnership, for example, will have strategic oversight of initiatives with respect to crime, anti-social behaviour and domestic abuse.

3 EARLY YEARS (0-5 Years)

3.1 OBJECTIVES:

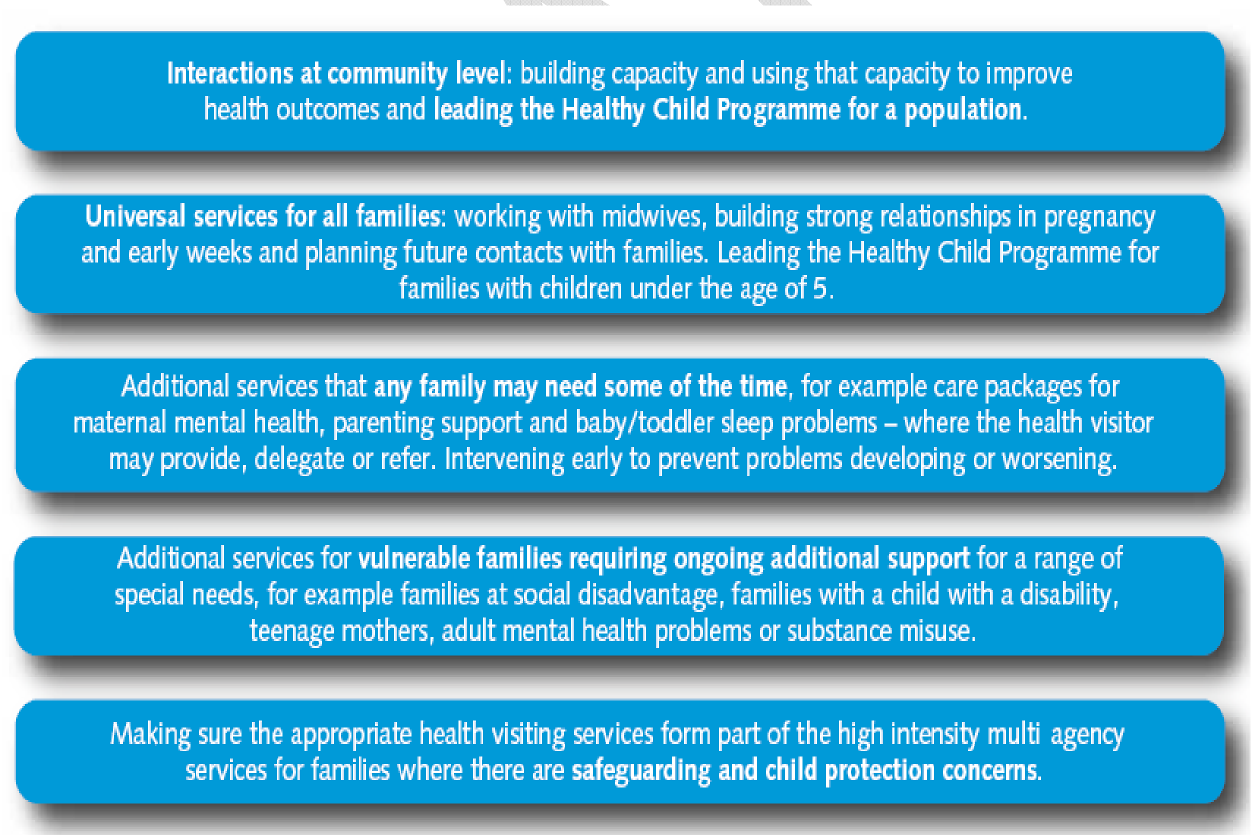
- To develop an integrated approach to improving the health, well-being, developmental and educational outcomes of children aged 0-5 years.
- To ensure better continuity of provision and services across the 0–5 age range with clear and agreed pathways between services and between levels of service (for example, between universal and universal plus or targeted services).

- To ensure smooth transitions across the life course – i.e. between maternity services and 0-5 early years services and 5-19 years services.
- To ensure increasing numbers of children are ready for school at the end of the Early Years Foundation Stage (EYFS) and make a successful transition to school
- To mitigate the effects of poverty, inequality and disadvantage through the provision of high quality early education and childcare, the Healthy Child Programme 0-5 years, more effective support for parents and narrowing of the early development achievement gaps for the most disadvantaged children

3.2 CURRENT STRATEGIES FOR 0-5 YEARS

3.2.1 The Healthy Child Programme (0-5 years)

The Healthy Child Programme (HCP 0-19 years) is a comprehensive universal public health service for improving the health and well-being of children through health and development reviews, parenting, health promotion, screening and immunisations. It is based on the best available evidence (including guidance from the National Institute of Clinical Excellence), delivered by Specialist Community Health Practitioners. Health Visitors lead on the HCP for children aged 0-5 years, working with other early years' service providers. The Programme is delivered by interventions at various levels: universal, community, universal plus (targeted early intervention) and universal partnership plus (targeted multiagency support for children with more complex needs).



The Healthy Child Programme (0-5 years) supports good physical, mental and social health, well-being and development, as well as supporting school readiness at the Early Years Foundation Stage and helping to lay the foundations of a child's future educational achievement. The Healthy Child

Programme's universal reach provides an invaluable opportunity to identify and support children who are at risk of developing poor outcomes as early as possible

The Healthy Child Programme offers every family a Programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices – all services that children and families need to receive if they are to achieve their optimum health and wellbeing.

As identified from the Joint Strategic Needs Assessment and the Director of Public Health's Annual Report (2015), particular priorities for 0-5 year olds in Herefordshire include:

- Achieving the best possible overall physical and mental health and well-being
- Improving immunisation rates among children 0-5 years
- Strategies to reduce tooth decay
- Improving local breastfeeding initiation and prevalence at 6-8 weeks (continuation) rates
- Improved smoking cessation rates during pregnancy and early childhood

Effective implementation of the Healthy Child Programme will contribute towards addressing these priorities and will, in addition, support the achievement of:

- Strong parent–child attachment and positive parenting, resulting in better social and emotional wellbeing among children;
- Care that helps to keep children healthy and safe;
- Reduced smoking prevalence and reducing the exposure of babies and children to tobacco smoking (including exposure in utero)
- Managing minor illness and reducing accidents and injuries which result in hospital attendance or admission
- Healthy eating and increased activity, leading to a reduction in obesity;
- Prevention of a range of serious and communicable diseases;
- Increased rates of initiation and continuation of breastfeeding;
- Readiness for school and improved learning;
- Early recognition of growth disorders and risk factors for obesity;
- Early detection of – and action to address – developmental delay, abnormalities and ill health, and concerns about safety;
- Identification of factors that could influence health and wellbeing in families, including maternal mental health;
- Better short and long-term outcomes for children who are at risk of social exclusion.

3.2.2 Childcare and Education Provision for 0-5 Years

Childcare and early education provision in Herefordshire is provided through a diverse range of private, voluntary and independent providers, including childminders, pre-schools and nurseries.

Early Years provision for children age 0–5 years is provided by sessional and full day care pre-schools and nurseries and with childminders. Embedded within this childcare provision will almost always be the free early education entitlement of 15 hours a week for 38 weeks a year for disadvantaged 2 year olds. Levels of provision fluctuate regularly but are currently (as registered with and informed by Ofsted):

- 99 childcare settings
- 116 childminders
- 13 maintained nurseries

- 5 independent schools with nursery provision

Early Education entitlement is available for all children three or four years old. It constitutes a part-time place (15 hours per week) and is free at the point of delivery. Free places can only be provided by Ofsted registered provision and they must deliver the Early Years Foundation Stage curriculum.

Since September 2013 the Government introduced a duty on Local Authorities to provide early education places for two year olds requiring additional support. In Herefordshire all eligible two year olds will be identified through the Early Help initiative. Health and social care partners will ensure that eligible families are aware of and are encouraged to take up their free entitlement. Social care staff will also target children in need and children with a child protection plan to take up a free child care place. Plans will be put in place to respond to recent government pledges to increase the availability of free child care for 3 and 4 year olds.

3.2.3 Children with a disability and special educational needs

In Herefordshire children with a range of special educational needs and disabilities (including autism, cerebral palsy, hearing and visual impairment, spina bifida, severe language disorder and medical needs) are welcomed and included in our mainstream childcare provision. Provision may be supported by the Council's team of specialist early years advisors or by additional funding to contribute to the support needs of the child. For children with severe and complex needs there is the additional option of a nursery class within one of the maintained special schools.

3.2.4 Early Years Foundation Stage (EYFS)

The revised EYFS profile introduced in September 2012 consists of 17 early learning goals across seven areas of learning. There are three possible assessment scores for each of the early learning goals: 1 for emerging: 2 for expected, 3 for exceeding. The expectations for a good level of development are that children achieve at least expected (2) in the three prime areas of learning and in literacy and mathematics.

The main overall indicator for the revised EYFS framework is for pupils to show a 'Good Level of Development' (GLD). In 2014 60% of children in Herefordshire achieved a good level of development (this also being the national average)

A further measure of performance widely used to evaluate the early year's education sector is the "inequality gap". This is defined as the percentage gap in achievement between the lowest 20 per cent of achieving children in a local authority (mean score), and the score of the median.

The achievement gap in Herefordshire as measured by the difference in children in receipt of free school meals and all children achieving a GLD. In Herefordshire the gap is currently 30.9% while nationally for England it is 33.9%.

3.2.5 Children's Centre Services

Sure start children's centres started to be developed in 2004 building on from sure start local programmes the work of Early Excellence Centres and Nursery Schools. In 2006 local authorities were given the statutory duty to provide children centre services under Section 5A of the Childcare Act 2006.Under the Act, the local authority has a general duty to improve the well-being of children under five in their area, and reduce inequalities between those children. As part of fulfilling that duty the local authority must make arrangements to secure that early childhood services are provided in an integrated manner. Within those arrangements the authority must, so far as is reasonably practicable, include arrangements for sufficient provision of children's centres to meet local need.

There are opportunities to develop a consistent approach for children's centre services, alongside developing our approach to Health Visitors, School Nurses, adult and community services throughout the life of this Plan.

Herefordshire Council currently supports nine children's centres across the county and is committed to ensuring that it continues to provide quality provision for young children and their families that will improve:

- Readiness of children to thrive in school
- Support for parents and their ability to meet their responsibilities
- Parents' opportunity to develop personal skills, education and ability to get work
- The development of healthy lifestyles for children
- Parents' ability to keep their children safe, including when online
- Children's chances of reaching their full potential and reduce inequality in their health and development.

3.3 PRIORITY DEVELOPMENTS OF THE PLAN

3.3.1 Commission Effective Healthy Child Programme (0-5) Services from 2015 Onwards

Commissioning responsibility for 0-5 years Healthy Child Services (Health Visiting and Family Nurse Partnership Services) transfers from the NHS to the Local Authority from October 2015. The priority in the first instance will be to ensure the safe transfer of contracts and budgets from the current commissioner and the maintenance of service continuity from the current providers. Plans are being developed to better integrate these services with other early years and healthy child Programme services such as Children's Centres and School Nursing. While the Healthy Child Programme includes Health Visiting and Family Nurse Partnerships (FNP) services, Herefordshire does not currently have a FNP or similar service in place for young parents. Commissioning plans will, therefore, consider addressing the needs of young vulnerable parents; potential options include a targeted, enhanced offer within the Health Visiting Service or commissioning a separate service from another provider.

3.3.2 Improve Health Outcomes for 0-5 Year Olds

The Plan aims to improve overall health and well-being outcomes for 0-5 year olds in the context of their families and communities and emphases a focus on improving immunisation uptake, dental health, reducing overweight and obesity, increasing breastfeeding initiation and continuation rates and optimizing parental attachment. The details of how these aims will be addressed will be outlined in separate action plans.

3.3.3 Improve and update information, advice and guidance for parents and practitioners on childcare provision

- Parents have up to date quality information through a new information, advice and signposting hub which is accurate, current and links to key health information e.g. immunisation, breastfeeding, dental health, obesity.
- Early years practitioners can access training, advice and guidance through the councils website & social media
- Parents can seek childcare options through the childcare directory quickly and easily and search by postcode for nursery provision

- Improve our knowledge of sufficiency of childcare by the development of a feedback box on the childcare web pages allowing parents to report directly to us if they cannot find the childcare they need.

3.3.4 Support improvement of early year's provision

- Support for early years settings is proportionate to the risk factors identified from Ofsted inspections and local data
- EYFS results are on an upward trajectory and the percentage of children reaching a good level of development at the end of EYFS increases from the 2015 base
- A model for service improvement is agreed with the Herefordshire Improvement Partnership
- Early years settings are competent in the delivery of all areas of learning in the EYFS framework
- A joint approach is developed with Health Visitors to undertake universal development checks for 2 year olds attending provision in Herefordshire

3.3.5 Ensuring sufficient early years provision that matches nursery education funded children and parental demand

- Ensure we have a system that captures any gaps in childcare sufficiency across Herefordshire
- Ensure that we have good and outstanding early years settings and childminders to meet the 2 year old free entitlement
- Ensure that parents have choice, flexibility when taking up the 15 hour free entitlement for 2,3 and 4 year olds and that national expectations regarding the expansion of free childcare are addressed
- Develop and implement a Herefordshire Nursery Education Funding (NEF) policy
- Simplify the current NEF payment process and have in place digital on line payment and a process for eligibility checking for the 2 year old free entitlement
- Develop a realistic marketing/advertising plan within financial constraints to ensure the maximum take up of the 2 year old free entitlement.
- Ensure that children subject to children in need and child protection plans and eligible for the NEF free 15 hour childcare entitlement take up the offer
- Ensure that children subject to children in need and child protection plans have a record of GP and dentist registration and of their immunisations.
- The Families First programme identifies those eligible for free NEF entitlement and encourages take up.

3.3.6 Support and enhance the arrangements for 2 year olds

- Improve the 2 year old learning and development assessment and ensure providers undertake the assessment and feedback the results in a timely way
- Increase the percentage of children eligible for free school meals reaching a good level of development at the end of EYFS
- Establish a process for collecting, monitoring and presenting the data from early years providers in order to inform the Early Years Strategy Group(EYSG)

3.3.7 Review and recommission children centre services

The priority for Herefordshire Children's Centre Services under this Plan will be to ensure that they are targeted effectively on those most likely to be disadvantaged.

The Partnership has an opportunity to enhance the delivery of services by building on the current approaches in children's centres with health visiting, school nursing, paediatric therapies, emotional health and well-being and adult services. The partnership will oversee the commissioning of these services in 2015/16 to ensure they are coordinated together.

- Focus the reach of services into communities with vulnerable families and those with complex needs, such as those identified by the Early Help initiative
- Supporting behaviour change in families at an earlier stage to reduce the need for intensive high cost support services (e.g. social care)
- Maximising the involvement of adult services, community health services and services of the community and voluntary sector in the Centres.
- Develop agreed quality standards which will include the Annual Conversation, data packs and governance arrangements
- Establish opportunities for investment, disinvestment and savings
- Ensure health visitors are leading the Healthy Child Programme and informing children's centre management plans and community plans
- Ensure health visitors and other key partners are aware, engaged and proactively supporting and disseminating the 2 year old offer to disadvantaged families
- Better integrate and align the 2 year "Ages and Stages" assessment and the EYFS assessment.

3.3.8 Improve Childhood Immunisation

- Working in partnership with NHS England, to ensure provision of an outreach school age immunisation service to compliment the primary care service (GPs)
- Improved sharing of information to enable better targeting of resources to reduce outbreaks by ensuring herd immunity, for example increased MMR coverage at 5years.

3.3.9 Reduce Tooth Decay in Children 0-5 Years

- Develop strategies to reduce the prevalence of tooth decay in children 0-5years
- Engage the early year's workforce and schools to contribute to the delivery of the healthy child Programme, including better oral health care.

3.3.10 Promote Healthy Eating 0-5Years

- Health Visitors to deliver guidance on weaning and healthy eating awareness
- Consistent guidance, information and advice is available to all relevant stakeholders on healthy eating

3.3.11 Promoting Breast Feeding

- Improved strategies to support breast feeding in line with the UNICEF baby-friendly initiative.

3.4 OUTCOMES BY MARCH 2018

We aim to achieve the following outcomes by March 2018:

- Reduction in the prevalence of dental decay at age 5 years so that the mean is equal or better than the England mean
- 95% take up for all routine immunisations in 0-5 year olds
- Year on year reduction in the percentage of five year olds who are overweight or obese
- Reduction in hospital admissions for unintentional and deliberate injuries in 0-4 year olds from 25th percentile to between 25th – 75th percentile
- Reduction in proportion of pregnant women who are smokers at the time of delivery to above the 75th percentile for England
- The proportion of all children achieving a Good Level of Development at the end of the EYFS has increased from 60% to 80%
- The proportion of children achieving a good level of development at the end of reception as a percentage of all eligible by free school meal status has increased from 34% to 60%
- The gap between all children and those ever having been in receipt of Free School Meals has narrowed from 25% percent to less than 5%
- The percentage of early years settings judged by Ofsted to be ‘good’ or ‘outstanding’ has increased from 86% to 95%
- High quality free places for 2 year olds are delivered in line with agreed Government targets and any further government targets for free child care places are addressed
- Social Care and the Families First Programme ensure that all disadvantaged 2 year olds are identified and encouraged to access 15 hours of nursery entitlement
- Social Care seeks to ensure that all 2-4 year olds with child in need or child protection plans are registered with a nursery provider and are accessing their 15 hour nursery entitlement
- We have developed an efficient, quick and easy on line NEF digital payment process that is user friendly
- Information and guidance to childcare providers, practitioners and parents is comprehensive, accurate, up to date and easily assessable digitally.
- Children’s Centre services are re-modelled so that they are more targeted on the disadvantaged, better integrated with Health Visitors and deemed good by Ofsted
- The child care sufficiency audit process enables us to more clearly understand the sufficiency in Herefordshire
- The Nursery Education Fund policy is implemented in the county to provide high quality, accessible and flexible provision
- Year on year percentage reduction in the number of children under 16 years living in poverty

4. MENTAL HEALTH AND EMOTIONAL WELLBEING

4.1 OBJECTIVES

4.1.1 The Hereford Children and Young People’s Partnership seeks to protect children and give them a good start in life. Emotional well-being and good mental health are crucial to this. In Herefordshire, an estimated 8,620 children and young people require support with their mental health or emotional resilience[1].

4.1.2 Through our work, we will:

- Improve the provision of timely information, advice and support to promote the well-being of children and young people and assist parents, carers and practitioners who work with them to support their needs;
- Ensure that services provided to meet the mental health and well-being needs of children and young people are evidence-based, of good quality and compliant with essential standards (i.e. NHS standards, NICE guidance)
- Raise awareness of mental health and emotional well-being in children and young people and tackle stigma associated with it.

Recognise that vulnerable children and young people are more likely to be affected by mental health and will ensure provision is available for those vulnerable groups to strengthen their resilience and well-being.

4.2 DESCRIPTION OF PURPOSE

4.2.1 The activities in this area relate to mental health and emotional well-being of children and young people living in Herefordshire from pre-birth to young adulthood. Emotional well-being enables children and young people to:

- Develop psychologically, socially and intellectually;
- Initiate, develop and sustain mutually satisfying personal relationships;
- Gain self-esteem;
- Play and learn;
- Become aware of others and empathise with them;
- Develop a sense of right and wrong; and
- Resolve problems and setbacks and learn from them.

4.2.2 Good mental health support for children and young people is characterised by:

- Early identification of mental health needs
- Access to assessment and treatment in a timely manner
- Supports the person with self-management and recovery
- Recognition of the role of the family and carers.

4.2.3 This Programme of work relates to meeting a range of needs exhibited by children and young people, including:

- Attachment
- Emotional and behavioural disorders
- Psychosis
- Depressive disorders
- Attention-deficit hyperactivity disorder (ADHD)

[1] Mental Health Needs Assessment (2015)

- Autistic-spectrum disorders
- Self-harm and suicide attempts
- Obsessive compulsive disorders
- Phobias and anxiety disorders
- Mental health problems secondary to abuse experiences and trauma
- Mental health problems associated with physical health problems

4.3 STRATEGIES

4.3.1 Herefordshire Children and Young People's Partnership is committed to improvements in provision of support for children and young people and their families as a result of:

a) National Recommendations from the Government's Task Force on child and adolescent mental health and emotional well-being issues and subsequent Department of Health "Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing".

b) The National and local Mental Health Crisis Care Concordat declaration.

c) The recently developed Herefordshire Mental Health Needs Assessment (March 2015). This Assessment concluded that there was a need to:

- Enhance tiers 1 and 2 supports for children and young people
- Improve the availability and quality of information available on mental health and well-being to young people, parents and carers
- Improve professionals' knowledge and awareness of the signs and symptoms of mental health, tiers of need, thresholds and referral routes
- Improve collaboration between service providers in the identification and response to emotional health, well-being and mental health need
- Development of comprehensive referral care pathway using a tiered 'stepped' model.

4.3.2 The tiered model of mental health services is often referred to when examining the arrangement of services to address the needs of children and young people.

<u>Figure 1: The four-tiered CAMHS framework</u>

Tier	1	Services provided by practitioners working in universal services (such as GPs, health visitors, teachers and providers of youth services), who are not necessarily mental health specialists. They offer general advice and treatment for less severe problems, promote mental health, aid early identification of problems and refer to more specialist services.
Tier	2	Services provided by specialists working in community and primary care settings in a uni-disciplinary way (such as primary mental health workers psychologists and pediatric clinics). They offer consultation to families and other practitioners, outreach to identify severe/complex needs, and assessments and training to practitioners at Tier 1 to support service delivery.

Tier	3	Services usually provided by a multi-disciplinary team of service working in a community mental health clinic, child psychiatry outpatient service of community setting. They offer a specialised service for those with more severe, complex and persistent disorders.
Tier	4	Services for children and young people with the most serious problems. These included day units, highly specialised outpatient teams and inpatient unit, which usually service more than one area.

4.3.3 Tier 1 (Universal)

The majority of work with children and young people to meet their mental health needs and support their emotional well-being will be provided at universal service/ primary level by GPs, health visitors, school health services, providers of youth services, school pastoral services, parenting programmes and other community agencies.

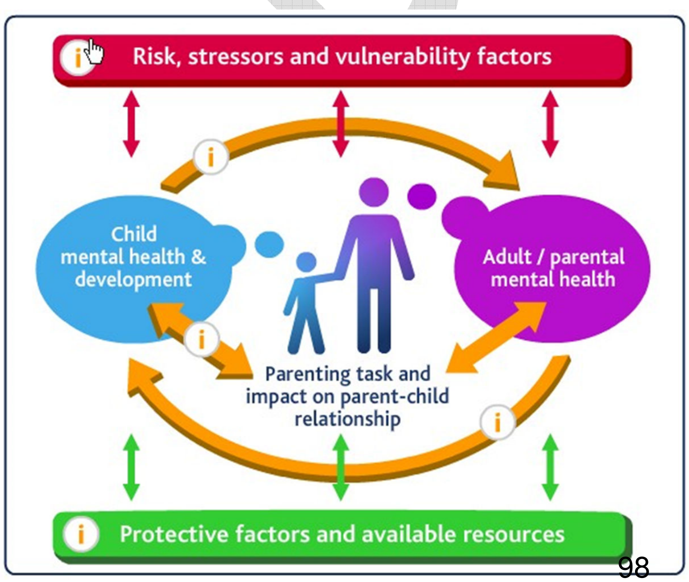
The Herefordshire Children and Young People's Partnership will develop collaborative commissioning priorities for the promotion of Tier 1 well-being initiatives involving practitioners from all settings. Priority will be given to the provision of education, training and support to:

- GP and primary care staff
- Staff in schools and colleges
- Children centres and early years settings
- Community health staff
- Social care staff (social workers, family support workers etc)
- Youth Offending Service staff
- Volunteers, mentors and peer supporters of children and young people

The second area of priority is to articulate the care pathway so that referrals are appropriate, timely and wrap around support is available for the child or young person.

All services should be nurturing and promote the resilience of children and young people. Support to families is a critical part of this, starting from pre-birth building attachment between child and parent, continuing into early childhood and teenage years with positive parenting.

<u>Figure 2: Parent-Child interdependencies and Mental Health</u>



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Parental mental illness has an adverse effect on child mental health and development. Equally, child psychological and psychiatric disorders and the stress of parenting can impinge on adult mental health. Figure 2 illustrates these interdependencies. The work of the CYPP on mental health and emotional well-being will link to developments in Adult Mental Health services so that the impact of mental health within a family is recognised and supported by all agencies. This will include joint commissioning across the Partnership.

The third area is the co-ordination of local awareness events and information. This will tackle stigma and enable children and young people to talk about their mental health, their wellbeing and improve their resilience. Through this priority area, we want to strengthen communities including communities of children and young people to support each other. Activities such as first aid in mental health, peer networks and campaigns are part of this approach to promote positive behaviours and resilience.

The intended outcome from this work is that Tier 1 practitioners should be able to:

- Identify mental health and well-being needs early in their development
- Provide general advice and support
- Ensure children and young people are referred to appropriate agencies to meet their mental health and emotional well-being needs.
- Provide services to children and young people in co-ordinated partnerships with others as required.
- Prevent an escalation of mental health and well-being problems by identifying risk factors and taking steps to reduce them.
- Appropriately share information with other practitioners to enable effective joint working to meet the mental health and emotional well-being needs of children and young people.

Children and young people will be able to recognise and take steps towards keeping well. They will be assured that others around them understand how they are feeling and know that they will be supported to access help when needed.

4.3.4 Tiers 2 and 3 (Targeted and Specialist Services)

Tier 2 mental health services should be provided by specialist trained mental health professionals, working primarily on their own, rather than in a team. They see children and young people with a variety of mental health problems that have not responded to Tier 1 interventions or are inappropriate for them. This includes youth offending team staff, primary mental health workers, educational psychologists and school and voluntary sector counsellors.

Tier 2 provision is under developed in Herefordshire and the Partnership will consider the capacity for improvement. A strong Tier 2 provision will build confidence and capacity among Tier 1 professionals to meet the needs of the children and young people with whom they serve and to avoid the necessity for an escalation of need and concomitant service response.

Tier 3 mental health services comprises of more specialist community services provided by multi-disciplinary teams or teams assembled for a specific purpose on the basis of the complexity and severity of the needs of children and young people. Engaging in the national CYP-IAPT programme (improving access to psychological therapies) will aid the growth of local tier 2 and 3 responses as well as improving child-centred services.

The key priorities for this area are:

- Seek opportunities to strengthen the capacity of Tier 2, including use of technology and peer support for young people.
- Ensure that evidence-based therapies and support are available across the Partnership through the development of CYP IAPT
- Ensure greater equality of provision across Herefordshire with respect to accessing Tiers 2 and 3 services including improved access for young people with early psychosis and out of hours provision
- Improve transitions for young people entering adult mental health services
- Assure the delivery and effectiveness of commissioned services for prioritised groups of children and young people:

    - looked after children
    - children and young people known to the Youth Offending Service
    - those with conduct disorders and challenging behaviours
    - Children and young people experiencing a mental health crisis

The intended outcomes are:

- Early intervention and prevention is available that reduces the development of mental health deterioration.
- The services are flexible, accessible and appropriate for children and young people, meeting their needs effectively and efficiently.

4.3.5 Tier 4 (Specialist)

Tier 4 services are highly specialised services in residential, day patient or out-patient settings for children and young people with severe and/or complex problems requiring a combination or intensity of interventions that cannot be provided by Tier 3 CAMHS. They also include day care and residential facilities provided otherwise than by the NHS, such as residential school, and very specialised residential social care settings including specialised therapeutic foster care. The majority of commissioning of tier 4 services are external to the Partnership, e.g. inpatient units.

The key priority of the Partnership will be to campaign for appropriate access to tier 4 services and support rehabilitation and resettlement for children and young people post tier 4. This will secure the outcome of an improved child or young person's experience, preventing the escalation of the acuity of need, keeping children and young people as well as possible and receiving care as close to home as possible.

4.4 PLANNING PRIORITIES

4.4.1 Achieving the priority areas summarised in Figure 3 will transform the volume and quality of support available in Herefordshire based on the development of shared models of care.

Figure 3: Priority Areas for Mental Health and Emotional Wellbeing

Tier 1 Universal Provision
1. Provision of education, training and support to front-line practitioners
2. Development of a care pathway (all tiers)
Tier 2 and 3 Targeted and Specialist Provision
3. Seek opportunities to strengthen the capacity of Tier 2
4. Participation in the national CYP IAPT programme
5. Improve transitions processes for young people entering adult mental health services
6. Delivery of Crisis Care Concordat Action plan with an urgent care pathway for young people
7. Improvement to specialist support e.g. out of hours and for treatment of early psychosis
Tier 4
8. Develop rehabilitation and home treatment model of care

4.5 OUTCOMES BY MARCH 2018

4.5.1 Partnership wishes to ensure that all contributors to this Plan engage in initiatives to promote the emotional well-being and mental health of children and young people across the County and that children, young people and their families have the information and support when required. By March 2018 we will:

- Operate integrated effective care pathways for children and young people in need of support for their mental health needs;
- Continue to have low numbers of young people appropriately using tier 4 specialist services;
- Have a skilled workforce that champions early identification of mental health and ensures that children, young people and their families are treated with compassion, respect and dignity, without stigma or judgement;
- Improve the capacity and availability of tier 1 and 2 provision offering early intervention to children, young people and their families;
- Improve the range of evidence based interventions available in the county delivered in young people friendly settings and increased the quality of provision; and
- Have children and young people tell us that they know how to look after their mental health and that support is accessible.

4.5.2 Measuring our success will be through monitoring of the step-change. This will include:

- Exploring the effectiveness of provision;
- Performance monitoring including access and quality such as urgent assessment within four hours, zero tolerance to young people with mental health needs held in police custody, 50% of young people with a first episode of psychosis receiving treatment within two weeks;
- Feedback from children, young people and their families; and

- Feedback from the workforce.

5 CHILDREN AND YOUNG PEOPLE IN NEED OF SAFEGUARDING

5.1 OBJECTIVES

5.1.1 Children and young people whose welfare requires safeguarding or promoting by statutory services should receive a timely and quality provision that seeks to enable them to have their needs met by universal, targeted and specialist provision as soon as is practicable and safe to do so. For those requiring longer-term alternative care there is a need to ensure stability and continuity of their support at the earliest possible opportunity. The Council and its Partners also need to ensure that the commitment it gives to those with enduring risks and needs is material and effective in their transition into adulthood.

5.1.2 The Strategic Aims of this Plan are:

- To have in place a continuum of provision that can effectively identify and respond to signs of the need for early help to multi-systemic evidenced interventions for complex safeguarding circumstances

- To have a competent workforce across the Partnership that is clear in its role and remit for the delivery of those supports and services

- To secure the participation and engagement of children, young people, their parents and carers in the implementation of that continuum of provision

- To ensure that cases can move efficiently up and down the continuum of help as circumstances require

- To secure demonstrable outcomes that enable people to re-engage with mainstream and universal services as their usual network of support

- To support those with enduring long-term needs from childhood into adulthood.

5.2 CURRENT STRATEGIES

5.2.1 The Partnership has a key responsibility to ensure that children are safeguarded from significant harm. This includes:

- Protecting children from maltreatment

- Preventing impairment of children's health and development

- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care

- Undertaking the role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Children presenting with these needs will be a child in need as defined by the Children Act 1989 and require either a Level 3 or Level 4 intervention from Children's Services and its partners.

5.2.2 Priority “vulnerable groups” that may constitute children in need include:

- Children at risk of abuse and neglect
- Children who go missing from home, school or care
- Children who are at risk of sexual exploitation
- Disabled children
- Homeless children and families
- Young carers
- Roma gypsies and Travellers
- Troubled Families
- Children living in households with domestic violence or abuse
- Children living with parents with drug and alcohol problems
- Children living with parents with mental health problems
- Children living with criminal parents or siblings.

5.2.3 At present the Herefordshire Safeguarding Children Board (HSCB) has responsibility for overseeing the effectiveness of cross-agency action to safeguard children and young people in the County. In addition, the HSCB has a remit to evaluate the efficiency and effectiveness of early help provided to vulnerable children and young people so to avoid the need for safeguarding services at a later date. The current strategic priorities of the Board are:

- To ensure the HSCB is an effective agent for change that has a real impact on the lives of children and families
- Improving the recognition and response to CSE and children and young people who go missing
- Supporting increased resilience in individuals, families and communities
- Safeguarding and promoting the welfare of children and young people who are being abused and/or neglected.

5.2.4 In March 2015 there were 1600 children in need known to the Children’s Well-Being Directorate of Herefordshire Council, of which 276 were Looked After and 186 subject to a Child Protection Plan. Herefordshire’s rate of children becoming a child in need is higher than both national comparators and statistical neighbours. Moreover the rate of increase has been growing over the past six years. Strategies in this Plan seek to stem that increase and reverse the trend.

The main reason for becoming a child in need in Herefordshire is either abuse or neglect of family dysfunction (most commonly domestic abuse). The main reason for a Child Protection Plan is emotional abuse.

5.2.5 The current direct work service provision for children in need is in need of review and reconfiguration. This is because the traditional role and remit of these services has changed so much over the past three to five years and the priorities currently facing the Partnership are somewhat different than in earlier periods. The services to be reviewed under this Plan include:

- Family support workers
- Intensive family support workers
- Family Centre workers
- Youth support workers

- Vulnerable young person workers
- Parental assessors
- Family group conference co-ordinators
- Common Assessment Framework (CAF) co-ordinators

The review of these staff will need to take into account staff with complimentary roles in Partner organisations (e.g. Health Visitors, Family Nurse Practitioners) to ensure coherence of future service provision.

5.3 PRIORITY DEVELOPMENTS OF THE PLAN

To have in place a continuum of provision that can effectively identify and respond to safeguarding risks and needs ranging from the initial signs of the call for early help to a suite of evidence-based interventions for a variety of complex situations.

5.3.1 Looked After Children

- Effectively implement the recently developed strategy for Looked After Children
- Ensure that children looked after have access to resources to support their physical, emotional and social health and well-being.
- Improve the educational attainment and achievement of children looked after by the Council
- Support young people with their leisure and outside school interests to build their talents and foster self-esteem
- Implement a Care Placement Strategy which seeks to step down children to their own home wherever possible and safe to do so, ensure placement stability and provide adequate support for young people with additional needs (e.g. risk factors for offending)
- Step-down children from high cost residential placements to the newly commissioned Herefordshire Intensive Placement Support Service (HIPSS) and the Therapeutic Intensive Support Service (TISS) providing wrap around support to children and young people.
- Increase the capacity of in-house foster carers and reduce the reliance on the use of independent foster agencies.
- Promote and market the foster carer strategy to develop greater service capacity
- Provide dedicated staff to support supervised contacts, assessments and family group conferencing services for children in the care system
- Improve the quality of staffing within the 16+ team leaving care.
- Improve the participation of children and young people in their care planning to maximize their independence, choice and control
- Better identification of and support to children from other Local Authority areas placed in Herefordshire.

5.3.2 Safeguarding and Child Protection

The HSCB will continue to have a key role and remit in scrutinising the development and delivery of safeguarding services for children and young people and the evaluation of the efficiency and effectiveness of early help. There will be an active dialogue between the HSCB and the Children's and Young People's Partnership on strategic service developments, the delivery of quality interventions and supports and the evidenced outcomes from statutory intervention.

5.3.3 Identification and Response to Children in Need

To reconfigure direct work provision for Children in Need into a coherent and cohesive continuum of support that will effectively meet the needs of the prioritised groups of vulnerable children in Herefordshire. This provision will include:

- Specialist intervention services on step-down from statutory provision (child in need or child protection plan) to early help and universal service
- Crisis intervention for those on the edge of care
- A Family Intervention Project to respond to the therapeutic needs of children and young people and their families

The CAF will be reviewed and revised to make it more user friendly to be in line with a single assessment when this is introduced into Herefordshire.

The support workers in the direct work service will work with children young people and their families where the children or young people have been assessed at levels 3 and 4 on the Herefordshire level of need pathway or those that have recently stepped down from level 4 to level 3 and whose needs are supported through a CAF. The services will include those for children in the Looked After System, those on the Edge of Care, on Child Protection Plans and Child in Need Plans the level and intensity of support will be commensurate with the level of need of the family and will be individually tailored.

The overall target will be to reduce the number of children and young people moving into care, to reduce the number on child protection and child in need plans.

In future when the numbers of children and young people in care and on plans has reduced then there will be potential to redirect a proportion of the direct work services to level 3 cases and deliver early intervention support work.

5.4 OUTCOMES BY MARCH 2018

5.4.1 We will know that we have been successful in achieving our planning aims by 2018 when we have:

- Increased the ability to offer effective early help within the context of universal provision
- Demonstrated that our early help offer is effective in obviating the need for subsequent safeguarding intervention
- Increased the number of young people identified at risk of, or being sexually exploited.
- Reduced the number of children and young people requiring a child protection plan overall, for two years or more or on more than one occasion
- Reduced overall the number of children and young people needing to be Looked After
- Reduced the number of children in need going on to require to be Looked After
- Establish permanence for those with enduring needs
- Ensured that those young people in statutory frameworks requiring support on transition understand their plan and support its delivery.

6 ADDRESSING CHALLENGES FOR ADOLESCENTS

6.1 OBJECTIVES

6.1.1 Young people in Herefordshire are entitled to develop, learn and achieve in settings that facilitate their successful transition to adult life. Where the behavioural, emotional and social needs of young people challenge and jeopardise this transition the Partnership wishes to have in place a strategy to meet those needs and support social inclusion**.**

6.1.2 The strategic priorities of this Plan include:

- To reduce the number of first time entrants into the anti-social behaviour and youth justice systems.
- To reduce the rate of re-offending and repeat anti-social behaviour by children and young people.
- To reduce the incidence of bullying among children and young people
- Reduce the incidence of young people's health being compromised(e.g. by not accessing health services, the misuse of substances, teenage pregnancy)
- To ensure effective behaviour management skills and supports are available to families, carers, schools, youth and leisure service providers to enable children and young people to maximise their potential.
- To ensure that the education, training, employment and accommodation needs of children and young people who offend or engage in anti-social behaviour are appropriately assessed and met.
- To identify, prioritise and support those young people not in education, employment or training (NEET), including those who are young parents.

6.2 CURRENT STRATEGIES

6.2.1. Level 1 (Universal)

Current strategies for managing challenges to social inclusion at Level 1 include:

- School-based 'values' curriculum alongside personal, social and health education (PHSE) initiatives – focusing on the responsibilities of young people as good citizens, the avoidance of anti-social behaviour and crime, the avoidance of the use of substances.
- Programmes promoting the prevention of anti-social behaviour and crime presented to schools and in other community settings
- Assistance to parents to develop strategies to respond to children and young people's challenging behaviours (e.g. Webster Stratton)

- Promotion of pro-social role models for young people.

- Activity and play opportunities to channel the behaviours of children and young people towards constructive outcomes which promote their self-esteem.

The primary strategic objective for Level 1 services is to ensure that an integrated range of provision is in place to help children, young people maximise their potential. This requires existing service provision to improve both with respect to the quality of services provided and their co-ordination.

6.2.2. Level 2 (Targeted)

Targeted services which focus on social inclusion include:

- Interventions accompanying a caution, case managed by West Mercia Youth Offending Service (WMYOS)
- Restorative justice initiatives
- Targeted parenting support via schools and early intervention services
- Work through school-based intervention/student support centres
- Targeted mental health strategies (TAMHS)in schools and learning settings
- Case-based work of the Behaviour Outreach Service
- Support to young people not in education, employment or training (NEET)

The primary strategic activity around Level 2 needs and services will be to ensure that intervention is targeted at those with significant risk factors. This will be facilitated by the development of a common language of risk and vulnerability across the Partnership. The Common Assessment Framework (CAF) will be utilised for those identified with behaviour management vulnerabilities.

6.2.3. Level 3 (Referred)

Priority groups for Level 3 service supports include:

- Children and young people referred to WMYOS by the police post-charge decisions (bail or remand)
- Children and young people in receipt of an order or programme from a court.
- Looked After Children with behaviour management vulnerabilities.
- Young people not in education, employment or training
- Children and young people with special education needs manifesting challenging behaviour
- 16 – 18 year olds unable to live at home due to behavioural issues requiring supported accommodation, including care leavers.
- Children and young people with substance misuse needs
- Children and young people at risk of sexual exploitation
- Children and young people with mental health difficulties needing hospital or home tuition
- Young people with long-term conditions transferring from children's to adults health services

The main thrust of the Plan at Level3 levels is to ensure effective delivery of co-ordinated services to those referred with an escalating behavioural need.

6.2.4. Level 4 (Specialist)

Specialist services for children and young people with challenges to their social inclusion include:

- WMYOS case management of Youth Rehabilitation Orders (YROs) and Detention and Training Orders (DTOs)
- WMYOS Sexually Harmful Behaviours Programme
- Herefordshire Intensive Placement Support Service (HIPSS) and Therapeutic Intensive Support Service (TISS)
- Local specialist provision (special schools and PRUs) including those with an Education, Health and Care Plan
- Access to specialised diagnostic, consultation and treatment services such as CAMHS.

These arrangements will continue to be in place under this Plan, although we envisage fewer Level 4 services should be required to meet the needs of children and young people.

6.3. PLANNING PRIORITIES

- Partnership endorsed programmes of support targeted to enhance the parenting skills of those with children and young people whose behaviour may challenge their well-being.
- Reconfiguration of support services to schools and young people's services (e.g. the outreach service, CAMHs) to provide more direct support related to the identification and response to behaviour management issues.
- Enhancement of child and young person-focused substance misuse treatment services.
- A shared database on young people with challenges to their social inclusion will be developed across the agencies comprising the Herefordshire Children and Young People's Partnership.
- A better understanding of the emergent drivers for offending and re-offending (e.g. linkages between the use of legal highs and offending; victims and perpetrators of CSE)
- Review the evidence-base for effective intervention programmes to tackle youth crime and anti-social behaviour and revise local programmes accordingly.
- Develop an effective anti-bullying strategy that addresses the needs of both victims and perpetrators (including the promotion of e-safety)
- Develop a Partnership diversion strategy and ensure that a rolling programme of diversionary activities is in place to meet the needs of those at risk of crime and anti-social behaviour.
- Implement a restorative justice strategy in the County with the priorities of reducing first time entrants to the youth justice system and promoting restorative approaches to disputes in children's homes (including private children's homes).
- Enhance the capacity of accommodation provision for remand and PACE beds
- Improved capacity within the WMYOS to meet the needs of Looked After Children who offend or are at risk of offending.
- The development of pathways to meet the additional needs of young people in the youth justice system (e.g. parenting support, substance misuse).

- All providers of services to children and young people in Herefordshire, including schools, respite care facilities and residential providers, have in place a child sexual exploitation strategy compliant with Herefordshire Safeguarding Children's Board requirements.
- Enhancing accommodation provision (Foyers and supported housing services) for young people who are homeless, or at risk of homelessness, as a result of their offending or anti-social behaviour.

6.4. OUTCOMES BY MARCH 2018

- Fewer children and young people with permanent and fixed-term exclusion from school.
- Sustaining the current (April 2015) levels of first time entrants to the youth justice system
- Fewer children and young people placed in custody as a result of their offending behaviour.
- Fewer placements in specialist educational settings as a result of challenging behaviour
- Fewer children and young people placed in residential facilities to meet their behaviour management needs.
- Anti-social behaviour involving children and young people being primarily addressed through restorative justice approaches
- Fewer young people not in education, employment or training.
- Reduced rates of re-offending among young people subject to court ordered intervention
- Prevalence rates of young people smoking, drinking and misusing substances reduced

7 CHILDREN AND YOUNG PEOPLE WITH DISABILITIES

7.1 OBJECTIVES

7.1.1 Our vision in Herefordshire for children and young people with disabilities, including those with special education needs or on the autistic spectrum, is the same as for all of Herefordshire's children and young people – that they are healthy, safe and achieve well; and that they go on to lead happy and fulfilled lives with choice and control.

7.1.2. The strategic aims of this priority area are to:

- Publish and maintain the Herefordshire 'Local Offer' for children and young people with disabilities and special educational needs
- Implement a project to design and deliver integrated multi-agency pathway. The pathway will inform service re-design and joint commissioning arrangements within and between partner agencies. It will include the key transition points for children, young people and families, including transition to adulthood
- Deliver the new Education, Health & Care (EHC) planning requirements to identify and meet special educational need and a plan for conversion of existing Statements and Learning Difficult Assessments by 2018.
- Publish initial 'Personal Budgets' arrangements for education, health and care along with advice and guidance. Implement a Herefordshire approach that enables the personalisation of services

- Further develop the use of community or family- based, rather than institution- based, respite care.

- Enhance the Children's Integrated Needs Analysis to focus specifically on children and young people with disabilities to inform a joint commissioning strategy (to be agreed by September 2015). The updated strategic needs analysis will be informed by a review of Herefordshire's most complex cases with a view to improving multi-agency practice and developing early intervention approaches to prevent the need for later residential placement.

- Support people with a disability to overcome barriers to inclusion in area such as employment, training, further education and access to housing.

7.2. CURRENT STRATEGIES

7.2.1 Currently, and as a precursor to revised business processes being put in place to meet the needs of children with disabilities and their families, a number of development initiatives are being undertaken and progressed within the CHIPP framework. These include:

- The re-modelling of services for children with disabilities within Children's Social Care
- Examining the potential for developing the market of service providers for services for children with disabilities
- Exploring how the voices of children and parents may be better heard in the design and delivery of services to meet the needs of those with disability
- Offering greater control to children with disabilities and their families in the delivery of services.

7.2.2 In this latter regard a number of initiatives are currently being progressed. These include:

- Design and delivery of an integrated multi-agency pathway project
- Exploration of improving synergy between education, health and care in undertaking multi-agency assessments
- Examining the options for progressing the use of personal budgets and personal health budgets by service users
- Reviewing the re-commissioning of short break services
- Developing an action plan for enhancing specialist childcare provision
- Improving the needs analysis data with respect to children with disabilities
- Reviewing and revising arrangements for the transition of young people with disabilities into adulthood
- Reviewing the capabilities of preventative interventions to meet the needs of those with complex disabilities and other complex needs

These developmental initiatives, when concluded, will inform the strategies that are proposed to be rolled out under this aspect of the Children and Young People's Plan.

7.2.3 This Plan also incorporates the Joint Children's and Adults' Autism Strategy for Herefordshire which is a strategic initiative developed between the County Council and the Herefordshire CCG. This strategy currently is scheduled to be progressed up to 2017 and prioritises the following issues:

- Increasing awareness and understanding for those who provide services to people on the autistic spectrum

- Improved identification and diagnosis of autism in children and adults, leading to assessment of need for relevant services
- Improved transition planning for people on the autistic spectrum as they move from being children to adults
- Raising the profile of autism in local planning and leadership forums, particularly through the use of personalised budgets
- Improving support to parents, families and carers of people with autism
- Supporting people on the autistic spectrum involved in the criminal justice system
- Getting the right housing and housing support for people on the autistic spectrum
- Helping people on the autistic spectrum into employment, training and further education.

7.3. PRIORITY DEVELOPMENTS OF THE PLAN

7.3.1. The following are the current priority developments for this aspect of the Plan:

Updated Integrated Pathways for Disabled People

- Design and deliver integrated multi-agency pathway that identifies opportunities for improved co-ordination, integration and service redesign in the identification and response to the needs of disabled children and young people and their families
- Review arrangements for young people approaching the transition to adult life including exploring greater co-ordination of 16+ arrangements across all agencies.

The Local Offer

- Enhance the content and usage of local offer including SEN Direct or other e-brokerage systems and the links with information advice and guidance available for adults in Herefordshire.

Education, Health and Care Plans

- Evaluate the impact of early EHC changes (effective from September 2014)
- Develop greater coordination, integration and efficiency within multi-agency assessment within the Education, Health and Care Plan development

Specialist Care

- Implement an action plan for specialist childcare requirements based on a robust needs analysis

Personalisation

- Publish initial ‘Personal Budgets’ arrangements advice and guidance
- Develop Herefordshire’s approach across agencies, incorporating children and adults arrangements

Short Breaks

- Review Phase 1 contracts to recommend extension or termination

- Produce joint Phase 2 market development and commissioning plan with CCG and deliver revised arrangements from March 2016

Strategic Needs Analysis

- Analyse the needs and trends of the CWD and SEN populations to update the Children's Integrated Needs Analysis to focus more on children with disabilities and inform a joint commissioning strategy to be agreed by September 2015
- Undertake an analysis of the most complex cases with a view to developing early intervention approaches to prevent the need for later residential care

7.3.2. Progressing these priorities should lead to:

- Families feeling better informed and better able to make choices about the support they can access for their children and themselves
- Children, young people and their families experience effective multi-agency assessment and planning with joined up care through an integrated pathway
- Services that are shaped and designed by children and families
- Reduced reliance on institutionalised care and greater access to support at or near home
- Communities and markets feeling supported to innovate and invest in short break services that families can directly access themselves
- Families taking up direct payments and choosing their own support packages, including the option of a personal budget
- New overnight short break services being jointly commissioned
- Greater access to specialist childcare provision for 0-19 year olds with a disability (in excess of 600 children and young people receiving service by 2018)
- Better co-ordination of children's and adults 'services to ensure enhanced and cost efficient transition to adult support.

7.4 OUTCOMES BY MARCH 2018

7.4.1. We will know that we have been successful in achieving our planning aims by 2018 when we:

- Offer clear advice, signposting and information to enable children, young people and their families to make informed choices and take more control of their own lives with appropriate levels of support in arranging education, training, social, leisure, housing and employment opportunities.
- Provide effective early support to prevent needs escalating and reduce the proportion of families that ultimately enter the child in need, child protection or looked after systems
- Provide a 'whole system approach' for children and young people with disability 0-25 years including across the major transition points, including moving into adulthood. Delivering seamless and straightforward pathways and support when seen from the child's and family's point of view.

- Have reduced duplication of effort by streamlining assessments, sharing information and delivering services with better integration
- Have a shared understanding of need at the individual and population level
- Have services judged to be 'good' by relevant regulatory agencies
- Deliver services within the resources available:
  10,500hours of day-time short breaks for 100 children and their families
  450 children supported by a co-ordinated education, health and care plan
  200 families supported by an improved social care children with disabilities team.

8. GOVERNANCE, REVIEW AND INFRASTRUCTURE

8.1. PARTNERSHIP ARRANGEMENTS

8.1.1. The Herefordshire Children and Young People's Partnership consists of the following:

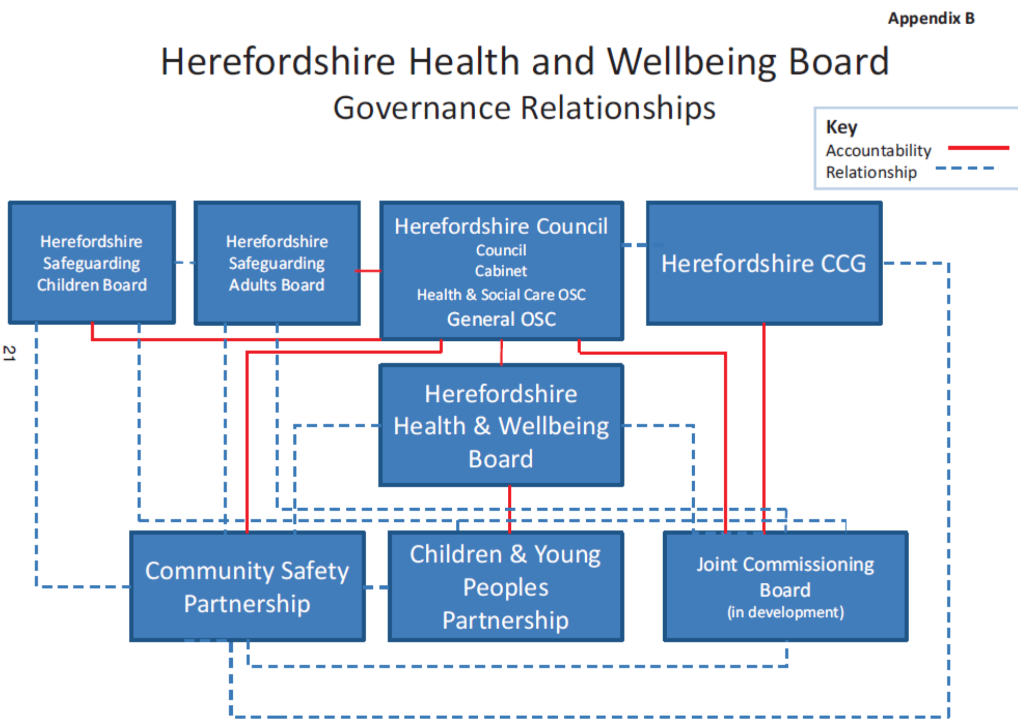
- Lead Member for Children's Well-Being – Herefordshire Council
- Director of Children's Well-Being Services –Herefordshire Council
- Chief Operating Officer, Herefordshire Clinical Commissioning Group
- Superintendent of Herefordshire Police
- Chair of the Herefordshire Safeguarding Children Board
- Chair of Early Years Forum
- Secondary School representative
- Primary School representative
- College representative
- Special School representative
- Assistant Director of Education and Commissioning Children's Well-Being Services – Herefordshire Council
- Assistant Director of Safeguarding and Early Help, Children's Well-Being Services – Herefordshire Council
- Consultant in Public Health – Herefordshire Council
- Family Health Service representative, Wye Valley Trust
- CAMHS representative, 2Gether NHS Foundation Trust
- Children's Lead Healthwatch
- Economic Partnership Development Group representative
- Head of the Youth Offending Service
- Third Sector representative
- Attendees of the Partnership Steering Group

Stakeholders in the Partnership have configured into two groups to progress business:

- An Executive Group that defines the strategic agenda and priorities of the Partnership (informed by the agenda and priorities of the Health and Well-Being Board)
- A Steering Group that defines and discharges the operational requirements of the partnership.

Representatives of the Steering Group sit on the Executive Group; representatives of the Executive Group sit on the Health and Well-Being Board. In this way continuity and consistency of communication on strategic issues is assured.

8.1.2. Structurally the Partnership operates within the context illustrated in Figure 1.



Members of the Partnership are represented on each of the related Boards and Partnerships. Minutes of the related Boards and Partnerships are shared with the CYPP.

8.2. THE PARTNERSHIP'S ANNUAL BUSINESS PLAN

8.2.1. An annual business plan will be developed by the Children and Young People's Partnership to progress the planning priorities identified in this three year Plan. The Business Plan will reflect the priority group structure embedded in this Plan, namely:

- Developing an early help approach and culture across the partnership to target resources and support vulnerable families
- Improving outcomes in early years (0-5 years)
- Improving the emotional and mental health and well-being of children, young people and their parents and carers
- Improving outcomes for those requiring safeguarding
- Addressing challenges for adolescents
- Improving outcomes for children with a disability.

8.2.2. The business plan priorities of the Partnership will be identified in an annual business plan that will be developed by the Partnership Steering Group and signed off by the Partnership Executive. In developing and progressing the business plan, the Steering Group will be supported by a number of task groups configured around the six priority needs identified above. In some instances these task groups are pre-existing bodies with a specific remit to progress the business area concerned (e.g. the Early Years Partnership), for other areas the group may be virtual with a task and finish remit around the development and refresh of an annual business plan in the specific priority work area concerned. The Executive will regularly review the progress against the business plan, receiving reports via the Steering Group.

8.2.3 The business plan of the Partnership will be progressed through the Steering Group and associated work groups. Specific transformation work will be supported through a project management approach, using the Children of Herefordshire Improvement and Partnership Programme (CHIPP).

The Steering Group will be accountable for overseeing the progress in implementing the Plan and reporting to the Partnership Executive on this. The members of the Steering Group will be assisted in this task by a support function.

8.2.4 The support function to the Partnership has responsibility for:

- co-ordinating the operational implementation of the Plan
- communicating the content of the Plan to local communities and stakeholder groups
- supporting the work of the Partnership in delivering and commissioning services to meet the objectives of the Plan
- evaluating the performance of the Partners on the delivery of this Plan through a performance management framework
- developing and revising the Business Plan (annually) to meet the delivery objectives.

8.3 COMMISSIONING ARRANGEMENTS

8.3.1 Joint commissioning is a critical aspect to support the delivery of the Plan. Commissioning takes place across many different organisations and in many different ways. Commissioning refers to understanding the needs of a population group, assessing what is currently in place to meet those needs, developing an approach to meet those needs more effectively, putting that approach in place and then reviewing its effectiveness.

The Partnership will influence commissioning in Herefordshire by:

- Enabling local commissioning (including commissioning by settings and schools) to understand what is available locally, what could be available and is best practice
- Enabling local commissioning to join together to maximise the best use of resource to meet needs and reduce demand
- A critical aspect of this is the work with adult and community services, as well as those commissioned in relation to children, young people and families

8.3.2 The Council, including public health and the Herefordshire Clinical Commissioning Group, will use the Children and Young People's Partnership Steering Group as the group to oversee joint commissioning activity between the two bodies. This part of the steering group will be only for the commissioning agencies. The specific focus of the work will support the business plans of the Partnership and at the time of writing will focus on:

Children with disabilities

- Integrated pathway moving from pre-birth to transition into adulthood. The commissioning plan will focus on form following function once the pathway has been developed and should include CCG commissioned services as well as council services including the Autism pathway
- Commissioning direct services (including respite fostering) to support children with disabilities in family settings rather than requiring residential care – also considering how direct payments and personalisation will impact on what we actually procure in future. Market development around choice, flexibility of provision, Complex Needs Solutions, equipment
- Commissioning of post 19 opportunities to support young people in local education and training

Emotional Well-Being and Mental Health

- Pathway and commissioning plan, incorporating advice and guidance through from Tier 1 onwards
- Young carers, Carers, Advocacy, Children's Voice
- Address Tier 3+ gaps

Safeguarding

- A care placement strategy and fostering framework for looked after children

Adolescent behaviour

- Develop approach across the four Levels, particularly focusing on preventing offending and reoffending, commissioning opportunities that prevent NEET .

Early Help

- Development of family focused early intervention services including school nursing, direct work, integrated approach to language development.

Early Years (0-5 years)

- Development and commissioning of early years and community based services, including commissioning of children centre services alongside health visiting
- Family nurse partnership procurement

8.4 GOVERNANCE ARRANGEMENTS

The Children and Young People's Partnership is part of the governance remit of the Herefordshire Health and Well-Being Board. The specific knowledge and expertise of the representatives of the Partnership enables them to focus on improving outcomes for children and young people in the County within the overall context of the Health and Well-Being Board's principles and strategic priorities.

The Children and Young People's Plan reflects these strategic aspirations in each of the substantive planning needs it has identified. The Children and Young People's Plan annual business plans will require the endorsement of the Health and Well-Being Board. The Health and Well-Being Board will oversee implementation of the Plan via feedback from the Children and Young People's Partnership Executive on a quarterly basis and undertake an annual audit of the Plan's progress on the anniversary of each business plan.

8.5 LINKAGES WITH PARTNERSHIPS

The Children and Young People's Partnership has established important linkages with allied partnerships and boards which themselves have an important contribution to make to the successful implementation of the Children and Young People's Plan.

8.5.1 Herefordshire Safeguarding Children Board (HSCB)

HSCB co-ordinates the safeguarding activities of its partner agencies and scrutinises and evaluates the effectiveness of what they do. The Board seeks to function strategically and will provide a lead to the Partnership on how the objectives of the Plan with respect to safeguarding are being progressed and delivered. The Independent Chair of the HSCB is a member of the Children and Young People's Partnership Executive Group and will report on safeguarding issues through this meeting. Enhancements to the operational requirements for safeguarding, whether by securing improved performance or by the commissioning of service developments, will be led by the Children and Young People's Partnership. A formal protocol agreement exists between the Partnership and the HSCB (see Appendix 1)

8.5.2 Strategic Education Board

The Strategic Education Board oversees the implementation of Herefordshire's Education Strategy that focuses on improving the education experience and outcomes for children and young people in Herefordshire. The Strategy focuses on the following key themes:

- Leadership and Management
- Progress and Achievement for all pupils
- Achievement and Progress of pupils who are Looked After
- Good and Outstanding Settings
- Estates Strategy – High quality, sustainable schools and settings
- Economic Development

8.5.3 Community Safety Partnership

The Community Safety Partnership co-ordinates community safety initiatives across key partner agencies and reports upon the effectiveness of their efforts. The Community Safety Partnership has responsibility for community safety issues as they effect children and young people, particularly with respect to anti-social behaviour, youth crime, the need for early help in vulnerable families and building community cohesion. The Chair of the Community Safety Partnership is a member of the Children and Young People's Partnership Executive Group and will report on community safety issues related to the Children and Young people's Plan through this meeting. Service enhancements relating to the community safety needs of children and young people will be considered and prioritised by the Partnership Executive Group prior to any reference to the commissioning function of the Partnership Steering Group.

8.6 INFRASTRUCTURE ISSUES

8.6.1 Business Process Enhancement

At a number of points in the Plan there are proposals made for enhancing the business processes that are employed by the Partners to identify or respond to particular needs. These processes will need to be developed, enhanced and finessed throughout the life of the Plan. In the first instance the following issues will be addressed:

- Processes for the assessment of children, young people and their families, including the future role of The Common Assessment Framework (CAF)
- Reviewing the role of Multi-Agency Groups (MAGs) in localities to co-ordinate the delivery of support and interventions to families
- Scoping the role and remit of Lead Professionals and Key Workers in the co-ordination of support and interventions to families

8.6.2 Performance Management and Review Arrangements

The Herefordshire Children and Young People's Partnership is committed to the principle of evaluating the performance of the Partners against the outcomes proposed with respect to the six strategic planning priorities. For each priority need a suite of performance measures will be agreed for use across the Partnership. In part, these will be pre-existing measures that are captured and required for statutory returns or for reporting on agency performance to regulators (e.g. DfE annual data return requirements, the Public Health Outcomes Framework). In other part, they will be measures specifically crafted to reflect the precise outcomes envisaged by this Plan.

In the first instance the performance measures will be considered and evaluated by those with a legislative or operational responsibility for the relevant priority need area. These evaluations will be in the context of the CHIPP work programmes, pre-established performance management arrangements in areas of business as usual (e.g. HSCB performance data set) and established structures of Partner agencies outside of the Council. These evaluations should be brought together and an overall assessment made of the progress of the Plan to outcome for consideration by the Partnership Steering Group. The Steering Group may commission a quality audit into aspects of performance of the Plan where that delivery is out of line (positively or negatively).The Steering Group should provide an overall performance evaluation of the progress of the Plan for consideration at each meeting of the Partnership Executive, along with quality audit findings were these have wider and significant lessons for the Partnership.

8.6.2 Evidence-Based Practice

Throughout the Plan reference is made of the need to identify, appraise, test and implement evidence-based practices and programmes to meet the outcome objectives required. Numerous review reports are available on the priority need areas of this Plan, so that the evidence of the efficacy of a number of promising approaches can be ascertained. These include:

- Early Years
  - NICE (2015) Rapid Review to Update Evidence for the Healthy Child Programme 0-5
  - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409772/15030SRapidHealthyChildProg.FINAL_5_2015.pdf

- Early Help
  - Parenting Programmes (Public Health England, UCL Health Equity 2014), http://www.instituteofhealthequiy.org/projects/good-quality-parenting-programmes-and-thehome-to-school-transition
  - Improving the Public's Health: A resource for local authorities
  - Kings Fund (2013) http;//www.kingsfund.org.uk/sites/files/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf

- Managing challenges to young people's social inclusion
  - Reducing antisocial behaviour and conduct disorders in young people (NICE 2013) Http://www.nice.org.uk/guidance/cg158
  - School based interventions to prevent smoking (NICE 2010) http//www.nice.org.uk/guidance/ph23
  - Interventions to reduce substance misuse in vulnerable young people (NICE 2007)
  - http://www.nice.org.uk/guidance/ph4
  - Reducing the number of young people who are NEET (Public Health England, UCL Health Equity 2014)
  - http://www.instituteofhealthequity.org/projects/reducing-the-number-of-young-people-not-in-employment-education-or-training-neet

The Partnership will develop a process whereby it may identify, appraise and test programmes and approaches to priority need areas promoted in this Plan. This process should be linked into the annual business plans of the discrete need areas of the Plan, thereby facilitating delivery of those aspects of the Plan. This process will need to link in with those with responsibilities for business management, commissioning, workforce development and performance monitoring.

8.7 WORKFORCE DEVELOPMENT

8.7.1 Key to the successful delivery of this Plan is the availability of a workforce that has the capability and capacity to deliver on its objectives. The Partnership has endorsed a children's workforce strategy which will incrementally address the requirement of each of the core components of this Plan. The vision of the strategy is to have a safe and competent workforce available to effectively meet the aspirations of children, young people and their families. The objective of the strategy is to assist in creating the environment where the right people with the right skills are available to support children and young people and families at key points in their lives.

The workforce strategy is intended to apply to all stakeholder employers within the Partnership (i.e. not only Council commissioners and staff) and engage all relevant employees, contractors, suppliers and volunteers.

The strategy has four underpinning objectives:

- Assistance to help make people make Herefordshire their home and a place where they want to invest in a career.
- Values-based recruitment and retention of the workforce with an appropriate reward and career development offer
- Implementation of effective, relevant learning and development plans by the Partnership which supports improvement, change and innovation
- Leadership, management and supervision of the children's workforce by inspiring, innovative and collaborative people skilled in systems thinking.

8.7.2 The strategy will be progressed by the Partnership via an annual workforce development plan which will identify the priority issues and outcomes that will need to be attained by the workforce to achieve the aspirations of the Children and Young People's Plan. The strategy will seek to build a workforce that is:

- Passionate about outcomes for children, families and communities, why they matter and what part they play
- Engaging of all those whose role impacts on the lives of children
- Committed to the lessons of Families First ,using a suite of evidence-based interventions acknowledged across the workforce
- Outcomes focused, enabling and promoting well-being
- Integrated, collaborative and innovative
- Skilled in direct work with children, young people and their families and able to constructively challenge them when required
- Committed to self-improvement (supported by CPD) so that they are able to achieve the outcomes for children and families that they are responsible for.

The strategy needs to ensure that the Partnership has access to an effective workforce so that capacity may rapidly be built in the families and communities of Herefordshire in such a way that they are ready-made assets to draw on in maintaining and strengthening public health and well-being.

8.8 COMMUNITY ENGAGEMENT

8.8.1 The Herefordshire Partnership is committed to ensuring that the implementation of this Plan has high visibility across the communities comprising the County. This reflects the priority of the Health and Well-Being Board to reduce inequalities and reach into local communities. To this end a communication strategy will be developed to ensure that the key messages of this Plan are known to children, young people and families in discrete communities.

For this purpose, the communications strategy will focus on eight natural community clusters:

- Hereford City North
- Hereford City South
- Golden Valley (Peterchurch and Kingstone)
- Ross-on-Wye
- Ledbury
- Bromyard
- Leominster and Mortimer
- Weobley and Kington

The communications strategy will focus on the discrete service clusters of those areas which are most effective and influential in engaging with the children, young people and their families prioritised in this Plan. The Partnership will seek to maximise the use of information technology to engage its target audiences with the content of the Plan, its implementation and their reflections on its delivery and how this can be enhanced.

8.8.2 With respect to specific communication of the Plan and its engagement with children and young people, the Partnership will be liaising with the Voice of the Child Co-ordination Service (The Participation People) to ensure that there is an on-going dialogue with these stakeholders on the objectives of the Plan, the local priorities for managing demand, the shape of local delivery and its impact on performance and outcomes.

The Voice of a Child Network will capture the views of children, young people and families through a variety of methods. These views will feed into strategy, policy and budgeting decisions. These methods will include:

- County- wide Voice of the Child audit
- Youth opinion sheets
- Selfie pledges
- Voice of the Child e-bulletins
- Cartoon storyboards
- Case studies
- Social media
- Surveys
- Events
- Focus groups
- Pre and Post skills analysis questionnaires

There will be a dedicated page on Herefordshire’s website that will capture what children, young people and families are saying. But more importantly, we will highlight what has been done as a result of their views and voices.

APPENDIX 1:

Protocol agreement between Herefordshire Children and Young People's Partnership Forum and Herefordshire Safeguarding Children Board

Protocol agreement between Herefordshire Children and Young People's Partnership and Herefordshire Safeguarding Children Board

Introduction

Herefordshire Children and Young People's Partnership consists of the sum total of co-operative arrangements and partnerships between organisations with a role in improving outcomes for children and young people.

The Herefordshire Safeguarding Children Board (HSCB) is a statutory body and has its own terms of reference or constitution that establishes its functions, membership and operating procedures. It is accountable to the Director of Children's Services and Cabinet.

The Children and Young People's Partnership is not a statutory body. Governance and accountability between the Herefordshire Health and Wellbeing Board, the partnership and HSCB have been confirmed as part of the Health and Wellbeing Board governance.

This protocol is an agreement which sets out the working arrangements between the HSCB and the Children and Young People's Partnership and provides clarity over functions, roles and responsibilities of each

Herefordshire Children and Young People's Partnership

Herefordshire's Children and Young People's Partnership provides interagency governance of the cooperation arrangements as a whole. It promotes strong joint planning and effective commissioning of services. It is responsible for developing and promoting a child and family-centred, outcome-led vision for all children and young people in Herefordshire via the Children and Young People's Plan. This plan identifies the priorities for children and young people, clearly informed by their views and those of their parents/carers and a comprehensive needs analysis. Herefordshire Children and Young People's Partnership monitors performance on its priorities at a high level and is responsible for putting in place robust arrangements for inter-agency governance to deliver improvements identified in the *Yes We Can* plan and subsequent plans.

The Children and Young People's Partnership will:

- Consult the Herefordshire Safeguarding Children Board (HSCB) on issues, which affect how children are safeguarded and their welfare promoted.
- Act upon recommendations and identified areas for improvement to safeguard children and young people made by the HSCB, ensure that specific activity is taking place, and report back to the HSCB on subsequent progress
- Ensure the HSCB is formally consulted during the development of the Children and Young People's Plan
- Invite the Chair of the HSCB to attend the Children and Young People's Partnership Executive meetings as a member of the Children and Young People's Partnership
- Ensure that messages and information provided by the HSCB are appropriately disseminated within Partnership member organisations

- Expect from the HSCB:
    - An annual review on HSCB activities and performance (within the statutory annual report)
    - A quarterly update on the Business Plan from the Independent Chair of the HSCB
    - Quarterly meetings between the Independent Chair (HSCB), Children and Young People's Partnership Executive Chair, Director for children's Wellbeing and Lead Member for Children

- Take an overview of the HSCB's activities as part of its monitoring arrangements, as the work of the HSCB falls within the framework of the *Yes We Can* Plan and subsequent plans.

Herefordshire Safeguarding Children Board

The role of HSCB is to co-ordinate the safeguarding activities of its partner agencies and to evaluate and scrutinise the effectiveness of what they do. Its functions are strategic and not operational. However it would expect to initiate activities which investigate and improve practice in safeguarding. It has the authority to call any agency represented on the partnership to account for its safeguarding activity.

HSCB and its activities are part of the wider context of Children and Young People's Partnership arrangements in Herefordshire. HSCB contributes to the wider goals of improving the well being of all children whilst being primarily focused on ensuring robust safeguarding arrangements for all children and young people in Herefordshire. Within the wider governance arrangements its role is to ensure the effectiveness of the arrangements made by individual agencies and the wider partnership to safeguard and promote the welfare of children.

The HSCB will:

- Take responsibility for monitoring actions to improve safeguarding, including action plans arising from Serious Case Reviews feeding back learning and undertaking audits to ensure that lessons have been learned.

- Feed back results from the above activities to the Partnership, advising on ways to improve and highlight areas of underperformance

- Ensure through regular evaluation that partner agencies comply with the duty to discharge their functions having regard to the need to safeguard and promote the welfare of children (Children Act 2004, s.11).

- Hold the Children and Young People's Partnership to account on matters of safeguarding in all its activities, providing appropriate challenge on performance and results of performance indicators

- Initiate the development, regular review and active dissemination to all partner agencies of good practice Protocols to inform and assist multi-agency working

- Highlight gaps in service for the Children and Young People's Partnership to consider as part of its commissioning process work and propose solutions.

- Provide quarterly formal reports on its findings from its scrutiny activity to the Children and Young People's Partnership, including the annual report.

- Invite the Lead Member to attend the HSCB as a participant observer

Both organisations will

- Have an ongoing and direct relationship, communicating regularly
- Work together to ensure action taken by one body does not duplicate that taken by another
- Ensure they are committed to working together to ensure there are no unhelpful strategic or operational gaps in policies, protocols, services or practice.

Date of agreement: 2 February 2015 CYPP Executive

Review: October 2015

NHS Herefordshire Clinical Commissioning Group

Health & Wellbeing Board

21st July 2015

SUBJECT	Mental Health Services Integrated Pathway
PRESENTED BY	Adrian Griffiths / Hazel Braund

PURPOSE OF THE REPORT

To receive a presentation on the joint project to develop an integrated pathway for mental health services

KEY POINTS

This report highlights:

- strategic aims of the project;
- project governance structure and membership of groups within the structure;
- proposed procurement approach;
- summary project timeline;
- strategic and policy context;

Project to develop a joint, integrated, all age pathway for mental health services based around the needs of the population and the outcomes they require

Target contract completion date of 30th September 2016 and target contract commencement date of 1st April 2017.

Extension to the current contract with 2Gether NHS FT to allow the time to develop the joint mental health services specification with Herefordshire Council.

Joint Commissioning Board to be the appropriate governance route for a joint procurement project and to oversee a project specific Project Board.

RECOMMENDATION TO THE COMMITTEE

Acknowledge the contents of the presentation

CONTEXT & IMPLICATIONS

Financial	*Current health commissioning spend on mental health services is c£25m; broadening the scope of the project will significantly increase the commissioning budget in play and increase the scope for efficiencies*
Legal	*The National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013; Public Contracts Regulations 2006 and 2015.*
Risk and Assurance *(Risk Register/BAF)*	*Project has develop its own risk register*
HR/Personnel	*N/A*
Equality & Diversity	*Full Impact Assessments will be required for all options*
Strategic Objectives	- *Integrated care and support designed around the needs of individuals, their carers and their families* - *Greater Integration of Care* - *Modernising Mental Health Services* - *Health & Wellbeing Strategy Priority*
Healthcare/National Policy*(e.g. CQC/Annual Health Check)*	*Patient Choice in Mental Health* *NHS Constitution*
Parity of esteem	*Integration with other care services would promote parity of esteem* *New mental health contract will promote parity of esteem*
Implementation Plan	*A full project plan has been developed*
Communications and Patient Involvement	*Patient Involvement in production of the MHNA has been significant- this will be continued through focus groups throughout the project and patient involvement in evaluation of any tender* *A detailed stakeholder map and communications plan has been developed*
Partners/Other Directorates	*Herefordshire Council- Adults Wellbeing, Children's and Young People's Wellbeing and Public Health*
Carbon Impact/Sustainability	*N/A*
Other Significant Issues	

GOVERNANCE

Process/Committee approval with	

date(s) *(as appropriate)*	

Herefordshire Council

NHS Herefordshire Clinical Commissioning Group

Mental Health Integrated Pathway

Joint Mental Health Project Summary

13/07/2015 1

Joint Procurement of Mental Health Services

This presentation summarises a new joint project of NHS Herefordshire CCG and Herefordshire Council to develop a joint, all ages, integrated pathway for mental health services and sets out a timeline based upon a commencement date of 1st April 2017 for the new services.

The project recognises the central importance of mental health in the Health and Wellbeing strategy and builds on the engagement undertaken to complete the mental health needs assessment, all ages mental health strategy and Children's and Young People's Plan.

The core aim of the project is to integrate services across care, health and public health to deliver much better outcomes for Herefordshire service users and to increase prevention of mental illness.

Workshops with commissioners are now taking place to develop the joint objectives of the project, the scope of the project and the outcomes required for services users.

The objectives and outcomes are very much based on the perspective of service users and their needs and will be tested with a reference group of stakeholders.

The scope of the project will likely involve a core procurement with programmes of phased work "wrapped around" that core. Some services or opportunities may not be included in the procurement process, but may be developed alongside the procurement process with key timelines relating to the procurement process.

Joint Procurement of Mental Health Services

Draft Strategic Aims:

The project should deliver a joint pathway for contracts for mental health and emotional wellbeing services in Herefordshire such that within available resources they demonstrably:

- Support service users to have the best possible mental and physical health.
- Meet service users' needs such that they
  - are able to function in their daily lives;
  - can get assessment and support where and when they need it;
  - experience seamless transitions and teams that work together to meet their needs;
  - are supported to recover and remain well; and
  - are supported at the end of life if it such support is needed.
- Involve service users in decisions about their care such that they are
  - listened to and their views are taken into account; and
  - treated as a person not a diagnosis or collection of conditions.
- Enable service users to be open about their condition if they want to be.
- Support carers in in their caring role.
- Build capability and capacity in other partners / providers

Joint Procurement of Mental Health Services

Draft Strategic Aims for Integration:

Combining the commissioning strength of the two organisations to procure new integrated mental health services should:

- Design services around the joint mental health needs assessment;
- Target services to give the greatest impact on outcomes;
- Avoid duplication of services;
- Ensure value for money, efficiency and effectiveness;
- Develop co-ordinated services;
- Remove barriers between health and social care services;
- Share best practice;
- Share expertise; and
- Share intelligence about needs

Project Proposed Timeline- Outline

The Broad Phases of a project are:

- **April 2015 to October 2015-**
  Initiation, Design and Development Phase
- **November 2015 to September 2016**
  Procurement Phase
- **October 2016 to March 2017**
  Mobilisation and Transition Phase
- **1st April 2017**
  New Contract Commences

A contract model that is outcomes-based and supports integration with other services is likely to benefit from a procurement route that includes some form of dialogue / negotiation with prospective providers.

This initial illustrative timeline is based upon a procurement route involving dialogue. All permissible procurement routes will be explored as part of the preparation phase of the project before a final recommendation is made.

This timeline requires an extension of current contracts with 2gether NHS FT of 12 months.

Project Proposed Timeline- Summary Workstreams

New Mental Health Contract Draft Timeline-
Competitive Procedure with Negotiation

2015 | 2016 | 2017

Phase One- Preparation | Phase Two- Procurement | Phase Three- Mobilisation | Contract Live

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun

	Project Workstreams	Duration of Work	Deadline (From 1st April)
A	Governance Structure & Project Plans	2 Months	2 Months
B	Project Scope	2 Months	2 Months
C	Draft Outcomes & Weighted Indicators	5 Months	5 Months
D	Analyse Existing Contracts & Budgets	1 Month	1 Month
D	Engage with Current Providers	7 Months	7 Months
E	Draft New Finance & Activity Model	6 Months	6 Months
F	Market Analysis & Engage with Prospective Providers	7 Months	8 Months
G	Draft Commercial Model & Payment Mechanism	5 Months	6 Months
H	Develop Procurement Model	7 Months	7 Months
I	Issue Contract Advert and Invite Expressions of Interest	1 Month	8 Months
I	Invite Interested Providers to Submit Initial Tenders	10 weeks	12 Months
I	Negotiation Phase with Successful Providers	10 Weeks	14 Months
I	Invite Providers to Submit Final Tenders	2 Months	15 Months
I	Recommendation & Governing Body Approval	1 Month	16 Months
I	Negotiate And Agree Contract with Preferred Provider	2 Months	18 Months
I	Mobilisation Period	6 Months	24 Months
I	New Contract Begins		24 Months

Project Governance:

Key roles within project governance structure

HCCG Governing Body and Herefordshire Council will retain ultimate responsibility for approval at key points.

Joint Commissioning Board will have delegated authority to oversee implementation of the project.

A specific Project Board will lead the project and approve the outputs of each workstream of the project.

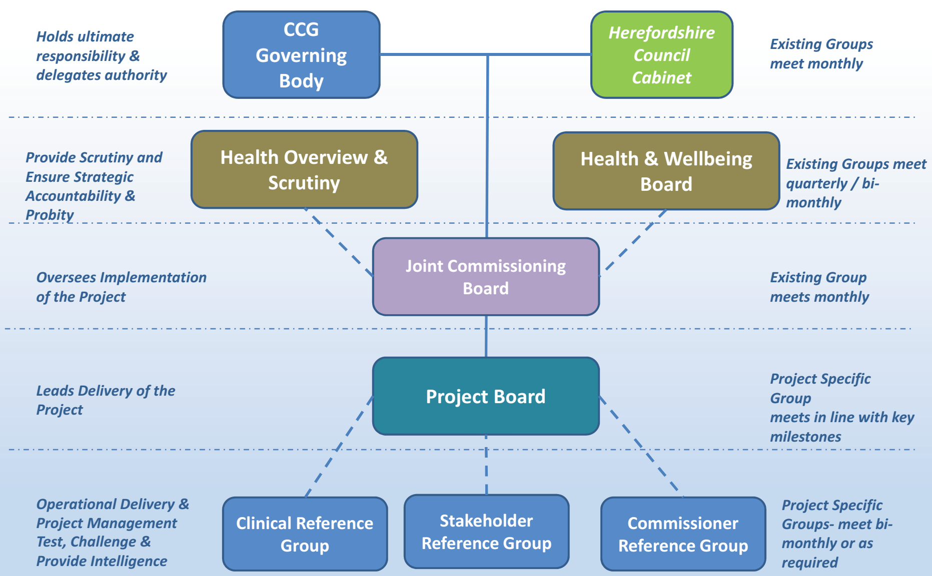
The governance structure diagram provides an overview of this proposed governance structure, and an outline of the key roles of each group are described below.

Project groups and workstreams will be accountable to the Joint Commissioning Board through the Project Board.

The membership of each group has been proposed to ensure appropriate input of key stakeholders.

Mental Health Procurement Project Board	Reference Groups- Stakeholder / Commissioners / Clinical	Mental Health Procurement Project Team
Leads delivery of the project. Provides oversight and quality assurance on delivery of programme	Provides advice and input into project deliverables, aligns project with strategy and stakeholder requirements	Provides overall project management, coordination of input from other individuals and groups as required. Provides day-to-day decision making, escalating where required

Project Governance Structure Diagram:



Project Governance- Project Board Membership:

Role	Officer
Senior User	Hazel Braund CCG Director of Operations
Senior Supplier	Phillip Shackell Herefordshire Council
Senior User	Role shared by Commissioning Leads
Clinical Lead	Dr Simon Lennane CCG Lead for Mental Health
Stakeholder Lead	Diane Jones MBE CCG Lay Member for Public & Patient Involvement
Project Manager	Adrian Griffiths CCG Head of Commercial Development

Project Governance- Project Board Membership:

Role	Officer
Adults Wellbeing Commissioning Lead	Ewen Archibald
Children's & Young Peoples Commissioning Lead	Frankie Green
Health Commissioning Lead	Jade Brooks
Adults Public Health Commissioning Lead	Phillip Shackell
Children's Public Health Commissioning Lead	Andrea Westlake
Housing Commissioning Lead	Tina Wood
Education Commissioning Lead	TBC
Employment Commissioning Lead	TBC

MH Needs Assessment Outcomes

1. I will live for longer with good health

2. Services meet my needs
   a) I am able to function in daily life
   b) I can get assessment and support where and when I need it
   c) Transitions will be seamless and teams will work together
   d) Services support me to recover and remain well
   e) Service support me at the end of life if I need it

3. I am involved in decisions about my care
   a) I am listened to and my views are taken into account
   b) I am treated as a person, not a diagnosis or collection of symptoms

4. I am able to be open about my mental health condition if I want to be

5. Carers are supported in their caring role

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NHS IQ Outcomes

1. People can look after themselves and each other

2. People will recover and / or remain well for as long as possible

3. People feel involved in decisions about their care and support

4. The public are confident that resources are used appropriately and effectively

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MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	21 JULY 2015
TITLE OF REPORT:	ITEMS FOR INFORMATION
REPORT BY:	Director of Children's Wellbeing

1. **Classification**

   Open

2. **Key Decision**

   This is not an executive decision

3. **Wards Affected**

   County-wide

4. **Purpose**

4.1 To note the following reports:

   a) Better Care Fund Submission Update
   b) Safeguarding Adults Peer Challenge Self-Assessment and Questions
   c) Youth Justice Plan 2015-18

5. **Recommendation**

   THAT: The reports be noted

6. Appendices

a) Appendix 1 – Briefing note on the Better Care Fund Submission Update

b) Appendix 2 – Briefing note on Safeguarding Adults Peer Challenge Self-Assessment and Questions

c) Appendix 3 - Youth Justice Plan 2015-18

7. Background Papers

None identified.

Further information on the subject of this Report is available from
David Penrose on Tel (01432) 383690

Appendix 1

Herefordshire Council

Health & Wellbeing Board Briefing Note.

Better Care Fund Progress

14th July 2015

Background

The Herefordshire BCF Plan was submitted in September 2014 and was assured with a single condition

Condition 4b: The plan must address the outstanding financial risks identified in the NCAR report

The condition related to

- reaching the required financial and risk share agreements for the national conditions,
- developing greater clarity on the expenditure relating to the three BCF schemes, Virtual Ward, Rapid Access to Assessment and Care (RAAC) and Falls Response
- and ensuring that the benefits and figures of these and the service delivery schemes of the Local Authority reconcile with the technical template that sets out the BCF Performance Fund expectations.

Resolution

From the end of September a Joint BCF Task & Finish Group (with membership from the Local Authority and CCG and invitations for Health Trust colleagues to attend) worked to progress the BCF Plan to a finished state that met the National Assurance requirements and more importantly locally acts as a significant lever for change and transformation within the Herefordshire Health and Wellbeing System.

Progress

A National BCF Assurance Lead (BCA) was allocated to work with Herefordshire and at a meeting on 6th November with Chief Officers and the Task and Finish Group we were able to report significant progress since the September submission and agree the approach and timetable for our further submission. Based on the discussions and levels of confidence the BCA advised that we should fast track our resubmission in November 2014 and this was agreed by the Chief Officers subject to progress of key decisions through governance discussions and agreement. However the Local Authority and the CCG took a joint decision to opt for the non-fast tracked deadline of the 9th January 2015 to allow for further review and refresh.

The Local Authority and CCG then agreed to expand the pooled budget opportunity to enable greater flexibility and risk share between the commissioning partners as this would improve the management of financial risk across the Local Authority and CCG and meet the requirements for the protection of adult social care.

The National timetable requirements at this point were

- **Action Plan Submission** to indicate how the plan will be completed to meet the assurance requirements – By 2pm 14th November 2014 – this was completed on time
- **Submit Revised Herefordshire BCF Plan –** This was completed on time 9th January 2015.

Following our resubmission our plan was fully approved by NHS England in February 2015.

Plan Implementation

Having successfully completed their tasks the Task & Finish Group were stood down and the management of the implementation of our Better Care Plan taken up by the newly formed Better Care Partnership Group. This group consists of senior representatives from LA and CCG together with open invitations for provider representatives. Reporting to the JCB the Better Care Partnership Group oversees the delivery of the following:

Scheme 1a: Minimum Protection of Social Care delivered by the System Transformation programme providing:

- Integrated and coordinated multi–agency networks of professional and community resources, based around GP registered populations
- Alignment and reshaping of the social work offer shifting to an outcome - based person - centred approach for those with eligibility and a community development approach for the wider population
- Implementation of integrated personal budgets and switch to direct payments as the default for all existing and new adult social care and transition provided for eligible service users
- Commissioning and implementation of a child health pathway including school nursing, health visiting, family nurse partnership and children's centres

Scheme 1b: Community Health & Social Care Services Redesign delivered by the System Transformation programme, this scheme combines and integrates a number of existing initiatives across health and social care

- Falls Response Service.
- Risk Stratification - Supporting Vulnerable Patients Using Risk Stratification.
- Hospital at Home
- Step up Step Down Community Beds and allied Community Matron role
- Reablement
- Carers – Short Breaks and Respite Care for Children and Families
- Community Health Services – Nursing

The over-riding principle of the redesign is to support more people to remain in or to be treated closer to their own homes, so for example, patients who attend A&E or who are admitted to hospital for non-elective care are only those patients who cannot be cared for in the community or in their own homes.

Scheme 2: Managing the Care Home Market Delivered by the Local Authority's Transformation programme this project will deliver more effective market management across Herefordshire to enable the more cost effective purchasing of Residential and Nursing placements through both the Local Authority and Continuing Health Care.

Savings released through this scheme will be utilised to provide additional funding for the protection of social care above the minimum funding already agreed as part of Scheme 1a: Minimum Protection of Social Care and Implementation of the Care Act.

The aim is to release up to £1.2m of funding to meet the additional in year growth above demographic projections experienced to date in 2014/15 (£0.7m) and to protect social care by providing funds to enable the local authority to meet the national requirements for 7 day working (£0.3m) and further expand telecare support (£0.2m) to clients to avoid needs escalating, enable clients to continue to live safely at home without the need to place them in a residential setting and thereby prevent a further escalation of demand pressures.

Key deliverables are:

- Release £1.2m of funding to support Minimum Protection of Social Care
- New Care Home Market Strategy
- One Price Structure
- New Provider Performance Monitoring model
- Redeveloped Payment Process
- Single Contract
- Best Practice Housing Demand Model
- Best Practice Contract Management Process
- Develop and implement communications plan
- Develop and implement new care packages

Appendix 2

Herefordshire Council

Health & Wellbeing Board Briefing Note.

Safeguarding Adults Peer Challenge

Herefordshire Council is having a Safeguarding Adults peer challenge on the 1-3 September 2015. The peer challenge will utilize the West Midlands ADASS process and be led by Ian James Director of Social Services at Solihull and his cabinet lead. A previous peer challenge undertaken in 2014 focused on adult social care and its transformation programme. This peer challenge identified that the area of safeguarding adults appeared to be an area that required improvement and the council committed to undertaking a further peer challenge in this area in the next calendar year.

Herefordshire Council has used the Local Government Association self-assessment template to reflect on its position, and also developed four key areas which it has asked the peer challenge review team to consider.

The peer challenge is primarily focused on the council performance on safeguarding adults, though it will touch on the broader multi agency partnership and board work at a strategic level.

These four questions are

1. During the past 12 months we have reviewed our Safeguarding Adults Board membership and governance arrangements, put in place additional resources to support the Boards work and now have an improvement plan in place. Has this work delivered change, and are our action plans sufficient in focus and pace to give confidence to the wider system, service users and carers that we have an effective board in place.

2. We have recently implemented MSP, through talking to our workforce, service users and carers we would like to understand how much positive impact this is having on both practise and the confidence of our workforce in safeguarding vulnerable people

3. We have started to put in place benchmarking and performance management arrangements, could you advise on how effective these are and how we could improve service user and carer feedback into the process

4. Developing the partnership and engaging all of our partners in the safeguarding adult's agenda has been a priority as part of our preparations for the Care Act implementation, could you consider and advise on how we could further strengthen multi partnership engagement and involvement.

5. Appendix 1 provides the Board with the self-assessment document completed by the council and submitted to the peer challenge team.

Key theme: outcomes for and the experience of people who use services	**Strengths and achievements**	**Challenges and Area for Improvement / Consideration**	**List of evidence (please list relevant documents and embed these and extracts in this document if possible)**
Outcomes 1.1 Vulnerable people are safeguarded in the community and in establishments such as care homes and hospitals 1.2 The council and its partners' approach to safeguarding clearly has an outcome based focus 1.3 The council demonstrates improved safeguarding outcomes alongside wider community safety improvements	During the last two years Herefordshire has reviewed and refreshed strategically and operationally how it ensures that vulnerable people are kept safe. This has included increasing investment in operational and strategic safeguarding adults, changing operational structures and aligning governance structures across adults and children's safeguarding and the community safety partnership. We have also started to implement a new approach to quality assurance within care homes which is designed to reflect the new responsibilities under the Care Act, focus on resources on those homes that need the most support, and distinguishes clearly between safeguarding and quality, identifying roles and accountability of all the different agencies and providers involved in safeguarding vulnerable adults. As a multi agency partnership board we have demonstrated our ability to respond flexibly and in a timely manner to emergent and urgent issues which identify where vulnerable adults may be at risk. The CQC inspection of Wye	• Our timeliness of response, completion of safeguarding investigations and feedback to people making referrals still requires improvement • Our case recording in quality audits has shown that we have significant improvement to make in terms of recording outcomes, capacity assessment, views of family and friends • It is not always clear that those we are trying to safeguarding are aware, and have been able to articulate what outcome they would like or are offered advocacy where appropriate and required. • Our system and process is still very much focused on workflow and capability within the IT system rather than following good practice • We do not yet have a shared view across the system of what we mean by an outcome focused approach and how we measure that. • We need to do further work to develop a shared tool for measuring outcomes as	Independent Chair Letter to WVT Dignity in Care Case Audit Quarterly Reports Minutes of Safeguarding Board Record of Safeguarding Adults development DayMSP Implementation project plan MSP implementation reports to SA steering Group Structure Chart and DOL's investment business case AWB Safeguarding Workforce Forum Example of operational SA performance monitoring Running the business Governance AWB SCR Group Minutes IUCS Plan and discharge

	Valley Trust is such an example. The board's initial briefing from Wye Valley on their patient improvement plan left a number of areas of concern. The Board has written formally to Wye Valley Trust requiring assurance on a number of areas taken from the inspection report. Though many of these changes are relatively new, and the cultural change that is required to focus on outcomes will take much longer, we are starting to see the impact of these changes demonstrating improved outcomes for individuals already. Following on from our peer challenge in 2014, where safeguarding adults was identified as an area that needed more focus, we decided to focus on introducing Making Safeguarding Personal and this was implemented from January 2015 across our operational teams. We implemented MSP by designing and delivering a development programme for all of our front line staff that focused on the principles behind safeguarding adults, and introduced a new process that supported cultural change, which focusses on outcomes for service users. Our performance data has shown that	perceived by user sand carers	pathway Mental Health review Scoping document Women's Aid recommissioning Outline of Families First programme and adult social work interface

	this change has already had an impact particularly at the point of concerns being raised and responded to. We have improved our performance around timescales of making an initial decision as to whether thresholds have been met; 56.7% in 13/14 to 65% in 14/15 (71.2% in Q4) and we are now progressing only the most relevant safeguarding concerns to operational teams, in 2013/14 50.3% progressed to enquiry, in 2014/15 this improved to 45.7% (39.6% in Q4). To oversee our safeguarding adults and deprivation of liberty work we have established two new senior leadership posts, and have continued to significantly increase our investment in our DOL's capacity as we recognise these are some of our most vulnerable people and may be more at risk in terms of abuse. The DOL's lead on a weekly basis reviews those waiting for a DOL's assessment and re prioritises where necessary. The operational leads for safeguarding monitor safeguarding activity and improvement plans across all operational areas have developed. These plans are monitored by the operational leads for active progression. In addition the Assistant Director for Operations monitors safeguarding and		

	DOL's performance weekly. We have developed a strategic alignment across the Boards of the CSP, SA and the LSCB. More recently we have moved to a position where we have one single business unit supporting all of the boards and officer supporting working across the whole agenda. In our Board development sessions we have enabled, through external facilitation, discussion and learning about an outcome based approach in safeguarding adults, the cultural change that is required and how we enable both the workforce, providers and communities to make the shift rather than focusing on process. Where we have redesigned process we have tried to ensure that an outcome based perspective is embedded. Our SCR sub group is a coalition across the LSCB, SAB and the CSP with a shared approach and shared learning which we believe supports the strategic alignment to be translated into operational practice across the partnership. The SCR sub group not only takes account of learning from local cases, but seeks effective practice from regional and national levels and considers how best to implement practice review and		

	policy change During the past 12 months we have changed our approach to discharging people from hospital, and delayed discharges of care, with an integrated urgent care approach within the hospitals. We believe this has reduced the risk of hospital based safeguarding adults issues arising, and also ensure that where decisions are made for people without capacity it is compliant with the law and DOL's. Historically our mental health social care staff have been located and managed within our NHS mental health provider and the consequence was in advance of April 2015 we had a lack of clarity and oversight of safeguarding adult's performance. Mental health social care staff are now integrated back into the council and there is a review of the mental health pathway now underway (part of the complex case pathway review). We work very closely with our partners in relation to MAPPA and domestic abuse from a commissioning and operational perspective. We have recently identified a small amount of adult social work resource to contribute to our Troubled Families programme (known locally as		

	Families First) to further strengthen our response to parents who may be struggling with parental ill health and wellbeing.		
People's experiences 2.1 The council has achieved high levels of expressed positive experiences from people who have used safeguarding services 2.2 The council has fully engaged people who use service in the design of its services 2.4 Safeguarding is personalised	In introducing our Making Safeguarding Adults project we involved service users and carers in the implementation. We also regularly talk to our Making it Real Board about progress and get feedback on where we need to change or amend practice. We have recently introduced feedback cards for all service users that are handed out by our front line staff. Though early days we have had some positive feedback and though these are not related to safeguarding adults we will use these within safeguarding adult's cases. Our Expert by Experience role, supported by our Engagement Lead are always involved in service redesign and also feedback from their work with a wide range of service user, carer and voluntary sector groups In our annual survey of clients, we recorded a small improvement in overall satisfaction of service users (ASCOF 3A), from 65.1% to 66.9% which is a little over comparator, West Midlands and English averages for the most recently available	• We have not yet developed a coherent and consistent approach to involving service users and carers at a strategic and operational level in service redesign • We have not yet got sufficient capacity within the system for advocacy which may be restricting individuals opportunity to articulate what they want the outcome to be of our safeguarding activity • We do not have a clear pathway for victims of abuse and their families post an investigation for example any ongoing counselling or support capacity • We have not sufficiently developed our relationship with providers to ensure that we have a shared view of safeguarding, quality and DOL's to ensure that we received the right referrals at the right time and that are responses are proportionate	Making it Real Board minutes Examples of feedback cards Experts by Experience Project Scope Engagement Lead JD Local Account Safeguarding Adults Annual Report MCA Policy DOL's Policy Carers Infrastructure Contract

	data. It also showed a small improvement in the Quality of Life measure, which is an amalgamation of several of the key questions within the survey, from 19.1 to 19.4. These results are pleasing, given the current climate and increasing financial pressures. In our bi-annual carers survey, our overall satisfaction has dropped slightly from 42.4% to 38.6%, however our carer quality of life, based on a combination of questions within the survey, has slightly improved from 7.4 to 7.6. Whilst we recognise that this is an annual survey and may not reflect individual cases we do believe that this is a reflection of the work we have done with our partners in creating an environment that people know who to inform if they are at risk and also our wider work with the CSP for example with trading standards. We have continued to invest in carer services, and work with them at a strategic and operational level to ensure that any safeguarding activity is as personalised as possible. We have developed MCA and DOLs policies which clarify the requirement of engaging fully with friends, carers and		

	supporters of service users.		
Leadership 3.1 There is recognised and active leadership by the council on Adult Safeguarding 3.2 There is joint and co-ordinated leadership with and by other key partners	The council has in its corporate plan three main objectives of which one is protecting vulnerable adults. The Cabinet lead is an active member of the SAB, and also has a seat on the CSP. The council has significantly increased its own investment in safeguarding adults and children's through the business unit and has also recruited an Independent Chair for the Safeguarding Adults board. All elected members have received safeguarding adults training which is mandatory, and reporting on performance is made to the HOSC, HWBB, Cabinet and Management Board. With all corporate performance reporting including safeguarding adults metrics During 2015 we have secured additional funding from other key partners towards the work of the safeguarding business unit. Through Board development days we have reenergised the partnership and have raised the profile of safeguarding at Board level within other organisations for example the CCG and the Acute Trust Provider		Corporate Plan priorities JD for Independent Chair Board TOR Members Induction Slides and E training Board Development Sessions agenda's Business Unit Plans

Strategy 4.1 Safeguarding is embedded in corporate and service strategies across the council and partners 4.2 The Council has a clear vision, priorities, strategies and plans for Adult Safeguarding that is shared with key partners including the police and NHS	As stated part of the corporate plan priorities is the need to protect vulnerable people and safeguarding adults is incorporated across all directorates. We have influenced other key agencies for example the NHS Acute Trust and ensured that at Board level safeguarding adults is part of the core business of the organisation with a clear lead at exec and non-exec level in place. We reported to the Safeguarding Adults Board steering group on our Making Safeguarding Personal work and they have monitored our progress, and shared with them an external review we had undertaken on where our areas for further development as a local authority were. Our overall vision for adult social care incorporates safeguarding adults and through a 'Big Conversation' approach we have involved and engaged with a wide range of stakeholders to gain feedback and refresh our services. Safeguarding adults training is mandated across adult social care. The workforce development sub group has developed a competency framework to establish the required level of training	Organisation and community awareness of safeguarding adults has increased as a result of our activity. Our MSP implementation has also started to shift culture and practice however further work needs to be focused on • Positive risk taking • Personalisation and an outcomes focused approach	Trust Board and CCG minutes reflecting SA discussions and reporting ASC Big conversation Workforce Training plan ASC Operations workforce development plans Workforce sub group meeting minutes Training Performance reporting

	and learning across partner organisations. Performance against the uptake and embedding of the required training will be monitored by the performance and quality sub group.		
Commissioning 5.1 The council and its partner commission safe and cost effective services 5.2 The council and its partners have developed mechanisms for people who are organising their own support and services to manage risks and benefits	We have developed a new quality assurance approach which is currently in the process of being implemented. As of April 2015 we have invested more money in quality and contract management and have aligned our resources with wider contract management. We are currently developing a PA network approach with service users, carers and providers and have refreshed our Direct Payment policy so that it is clear when and what to do if abuse is suspected	• We need to improve our capability in collating, analysing and acting on intelligence in relation to provider's quality and safeguarding performance with clear and proportionate responses. • We have not developed sufficiently our relationships with our CQC colleagues to ensure that we are sharing where appropriate intelligence across all of our providers including the NHS	Quality Assurance in Care Homes model and implementation plan CQC profiles PA Network proposals DP Policy Quality and Contract Management structure chart Strategy Meetings
Service Delivery and effective practice 6.1 The council has robust and effective service delivery that makes safeguarding everybody's business 6.2 Domestic violence, hate crime, anti-social behaviour and community cohesion work includes 'vulnerable adults' 6.4 Adult Social Care Services 'Put People First' and safeguard them 6.5 Safeguarding is personalised	**See the Outcomes section for further detail but in addition** We have redesigned our operational structures to ensure we have an effective safeguarding adult's response, effectively managing demand. We have introduced a new workforce plan with all staff receiving the right level of training and through a new supervision policy and strengthened our practice development. In addition to establishing our SA and DOL's Lead posts we also have a PSW in	• We need to improve consistency and approach to practice recording • Our review performance still requires improvement, this may mean that we fail to identify potential abuse particularly where the individual does not have capacity in a timely way • We have not embedded a Think Family approach • We need to do more support our workforce to focus on outcomes and translating and evidencing how theoretical concepts underpin their	Performance data on reviews Supervision Policy Annual Conference Agenda and content PSW JD and job plan Quality Audit reports Safeguarding Adults Practitioner Forum programme CSP Business Plan JSNA

	place who in addition to professional development also undertakes quality audits and ensures that lessons learnt are fed back into practice We have an established multi agency safeguarding practitioner forum and have recently invested in an independent chair for the SAB/LSCB workforce development group as we believe that the workforce development is a priority to ensure people are safe Our CSP have actions identified within its business plan that focus on hate crime, trading standards with a focus on vulnerable people and more recently we are discussing how we can raise awareness about vulnerable people who may be more susceptible to exploitation including sexual exploitation We benefit locally from the new Independent Chair being the former chair of the county level domestic abuse strategic group. This ensures at board level a good degree of embedded knowledge. The CSP have the formally delegated responsibility to consider domestic abuse from the perspective of adults at risk. Consideration is being given to how the JSNA can aid the partner agencies understanding of the profile of this area of work. We have joined RIPFA to ensure that our staff have access to a body of research and development that supports their practice development, are active	interventions in relation to safeguarding adults	Health and Well Being Strategy RIPFA Membership Example of how we have used it Care Act stocktake and project implementation

	partners in the west midlands safeguarding adult's network and are contributing to the development of the new WM procedures developing as part of the Care Act implementation. Our Care Act implementation project delivered on schedule, and ensured that we were compliant on safeguarding from April 1st 2015. We have used communication on the Care Act to continue reinforcing the issues of safeguarding adults within the wider community.		
Performance and Resource Management 7.1 Services are held accountable through performance measures, including quality measures, toward the outcomes for people in the strategy	• We have developed across the multi-agency partnership a dashboard to monitor performance across the LSCB and the LSAB • All directorate plans, and individual appraisals include safeguarding objectives • We are piloting a route to receive service user feedback on experience • We monitor key performance indicators on activity and waiting times for safeguarding adults and DOL's activity within the council on a weekly basis at a senior management level	We still have a gap between capacity and demand and need to consider how we can further improve our process to be more efficient We need to establish some key outcome focused metrics and can then inform and direct practice development	Performance dashboard Directorate Plan Example of appraisal and Objective setting
Local Safeguarding Board 8.1 There is a multi-agency commitment to safeguarding	During the two years we have reviewed our safeguarding adult's governance arrangements both as a council and as a partnership. We have undertaken a self assessment process strengthened our business unit and undertaken a		Board Self Assessment Branding changes and examples of new communications

8.2 Safeguarding is effective at all levels (prevention and intervention)	development of board members exercise. We have refreshed our vision, branding and communications and our new Independent Chair has worked with all of our key partner agencies to remind them that safeguarding is not just the council's business. Board membership has been revised, each agency being required to ensure a suitably skilled experienced and empowered member of their organisation undertakes the role, (including suitable deputy arrangements). The board constitution, terms of reference and members induction pack have been reviewed and updated where necessary. The board and members have attended two development sessions contributing to the above, but also the identification of the business plan, priorities and membership of sub groups to ensure workplans are progressed. The independent chair has instigated a number of one to one meetings with board members to engender full commitment and foster strong relationships.		

Appendix 3

Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
MEETING DATE:	**21 July 2015**
TITLE OF REPORT:	**Youth Justice Plan 2015/16**
REPORT BY:	**Director for Children's Wellbeing**

Classification

Open

Key Decision

This is not an executive decision

Wards Affected

County-wide

Purpose

To endorse the Youth Justice Plan.

Recommendation

THAT: The Youth Justice Plan (at appendix A) be endorsed.

Alternative Options

1 There are no alternative options as a Youth Justice Plan is required to be produced on an annual basis.

Reasons for Recommendations

2 The Youth Justice Plan is prepared on an annual basis on behalf of Herefordshire Council, Shropshire Council, Telford and Wrekin Council and Worcestershire County Council. The basic plan preparation is undertaken by the West Mercia Youth Offending Service according to the deadlines and guidance from the Youth Justice Board for England and Wales (YJB).

3 The Youth Justice Plan sets out how youth justice services across West Mercia are structured and resourced and identifies key actions to address identified risks to service delivery and improvement.

4 Under section 40 of the Crime and Disorder Act 1998 each Local Authority has a duty to produce a Youth Justice Plan setting out how Youth Justice Services in their area are provided and funded and how the Youth Offending Service for the area is funded and composed, the plan is submitted to the Youth Justice Board for England and Wales.

Further information on the subject of this report is available from
Keith Barham (YOS) and Joanna King (Head of Looked After Children) on Tel (01432) 260936

5 The Youth Justice Plan for 2015/16 was prepared in May 2015 in line with the guidance issued by the YJB, and agreed at the West Mercia Youth Offending Management Board on 1st June 2015. It is officially due to be submitted to the YJB by the end of August 2015. A provisional copy was forwarded to the YJB in June.

Key Considerations

6 The Youth Offending Service is subject to three national indicators. Performance against the indicators is outlined in the plan and actions identified to address risks to performance improvement. The Herefordshire specific information is set out on pages 28-32 of the plan.

7 The first time entrant (FTE) indicator which is expressed as the number of first time entrants to the youth justice per 100,000 youth population was 525 for Herefordshire in the year ending September 2014, representing a reduction of 11% from the year ending September 2013 where the FTE rate was 589.

8 At 525 Herefordshire has the highest rate of FTEs across West Mercia and some analysis into the reasons for the higher rate was undertaken in 13/14, and found that in part it is due to a higher detection rate and lower proportional use of informal disposals. Further work commenced at the end of 14/15 and is continuing in 15/16.

9 The second indicator is the use of custody indicator, which is measured as the number of custodial sentences per 1,000 youth population. The use of custody performance for the year 2014/15 was 0.24. This is an improvement in performance from 2013/14 where the rate was 0.30.

10 The third indicator is re-offending. There are two measures both measuring re-offending in the same cohort of offenders over a 12 month period following the youth justice sanction that placed the young person in the cohort. The first, the frequency rate, is the average number of re-offences per young person in the cohort. The second is the percentage of the young people in the cohort who have re-offended.

11 The frequency measure for Herefordshire for the year 2012/13 is 1.00 and this shows improved performance from 2011/12 when the rate was 1.35.

12 The percentage of young people who have re-offended in Herefordshire for 2012/13 is 28.1% and has significantly improved from 2011/12 where it was 40.8%. The Herefordshire rate is better than for West Mercia, 31.3% and for England, 36.0%

13 During 2015/16 the YOS will be implementing the YJB re-offending tracking tool in order to understand the characteristics of the re-offending group and inform the services approach to reducing re-offending.

14 The Youth Justice Plan outlines key actions to improve service provision in 2015/16 under four main priorities:-

(i) Improving Performance and Developing Practice

- In response to the findings of internal and external audits work to improve identified areas of practice and quality
- Implementation of the Short Quality Screening (SQS) Inspection action plan
- Re-establishing the Worcester Junior Attendance Centre (JAC) and developing the programme for the Telford JAC
- Developing service guidance and screening tools for child sexual exploitation (CSE)
- Implementation of a single ICT system and new case management system

- Review the management of risk processes and implementation of a single integrated intervention plan for young people

(ii) Understanding our Young People

- Implementation of tracker tools for re-offending, first time entrants, education, training and employment and victim work
- Further analysis of first time entrants to gain a greater understanding of journey of the child into the youth justice system
- Work to understand the nature and extent of harmful sexual behaviour by young people
- Reviewing and revising methods of collecting and the use of feedback from service users
- Building and developing the needs assessment and evidence base

(iii) Improved Joint Working and Integration

- Continued focus on joint issues between YOS and social care for looked after children and care leavers through the LAC and Care Leavers sub group of the Management Board
- Developing better joint work, information and integration with relevant children services
- Ensuring linkages with the Troubled Families and early help developments in each local authority
- Strengthening transition work with NPS, particularly through the implementation of the Y2A case transfer arrangements

(iv) Governance and Communication

- Complete the service review and agree future delivery arrangements for youth offending services across West Mercia
- Developing a more integrated approach to leadership and management of the YOS between the management team and management board
- Further development of the communications strategy
- Review of health participation in the YOS governance structure

Community Impact

15 The principal aim of the Youth Justice System is the prevention of offending and re-offending by children and young people. The Youth Justice Plan sets out an action plan to address the significant risks identified to future service delivery and improvement.

16 The Youth Justice Plan supports the Children and Young Peoples Plan 2015 - 2018, by planning actions to improve the outcomes for children and young people who are in the youth justice system and working to minimise the risks associated with any harm they may pose to others and any harm posed to them.

17 The Youth Justice Plan directly contributes to the reducing re-offending priority in the Herefordshire Community Safety Strategic Plan 2014/17. During 2015/16 the Youth Offending Service will strengthen links with the Families First programme contributing directly to the parents and children involved in crime and anti-social behaviour priority in the Herefordshire Outcomes Plan.

18 The Youth Justice Plan supports priority 2 if the Health and Wellbeing Strategy, in working to reduce offending, anti-social behaviour and re-offending by young people.

Equality and Human Rights

19 The Youth Justice Plan will support the Council in its overall duty to promote equality. In particular the plan makes proposals to improve the outcomes of children and young people who are conflict with the law, by ensuring that their diversity factors are assessed and assisting them in accessing services that meet their needs.

Financial Implications

20 The 2015/16 financial contribution to the YOS by the Council is £232k which includes a cash contribution and two FTE staff. This contribution represents a 25% saving from the 11/12 contribution as part of a planned reduction created by the successful reduction in the number of offenders and efficiencies created by the establishment of the West Mercia YOS.

Legal Implications

21 Section 40 of the Crime and Disorder Act 1998 imposes a statutory duty on the Council, after consulting with the Police, Probation and Health (as set out in Section 38(2)), to formulate and implement for each year a Youth Justice Plan. The plan must set out: how youth justice services in Herefordshire are to be provided and funded; how the youth offending service is to be composed and funded, how it is to operate, and what functions it will carry out. The Council must submit its Youth Justice Plan to the Youth Justice Board for England and Wales in a form and by a date set by the Secretary of State.

Risk Management

22 The risks are identified in the Plan, together with the actions to mitigate them.

23 West Mercia YOS is currently hosted on an interim basis by Worcestershire County Council. During 2015/16 work will be undertaken by the four Local Authorities and the other statutory partners to evaluate and agree the longer term hosting and delivery arrangements for West Mercia YOS.

Consultees

24 Through their Management Board representatives Herefordshire Council, Shropshire Council, Telford and Wrekin Council, Worcestershire and Herefordshire Council, West Mercia Police, the National Probation Service and the Office of the West Mercia PCC have been consulted. The staff of West Mercia Youth Offending Service.

Appendices

- West Mercia Youth Justice Plan 2015/16

Background Papers

- None identified.

WEST MERCIA YOUTH OFFENDING SERVICE

YOUTH JUSTICE PLAN

2015/16

CONTENTS

1.0 INTRODUCTION

1.1 Purpose

Youth offending partnerships have a statutory duty to produce an annual youth justice plan which must be submitted to the Youth Justice Board for England and Wales (YJB) in accordance with the directions of the Secretary of State. It is the duty of the Local Authorities, after consultation with partner agencies, to formulate and implement the youth justice plan which sets out how youth justice services in their area are to be provided and funded.

This plan and its content have been prepared in accordance with the guidance “Youth Justice Plans: YJB Practice Note for Youth Offending Partnerships” published in March 2015.

1.2 Context

West Mercia Youth Offending Service (YOS) is partnership between the Local Authorities, National Probation Service, West Mercia Police and NHS organisations across West Mercia, supported by the Office for the West Mercia Police and Crime Commissioner. The service is accountable to the West Mercia YOS Management Board comprised of senior officers from each partner agency.

West Mercia Youth Offending Service was established on the 1st October 2012 and replaced the previous Shropshire, Telford and Wrekin Youth Offending Service and the Worcestershire and Herefordshire Youth Offending Service following a review of how youth justice services were provided across the West Mercia area. The YOS was initially hosted, on behalf of the youth justice partnership, by West Mercia Probation Trust, but following the dissolution of the Trust at the end of May 2014, is being hosted on an interim basis by Worcestershire County Council pending the completion of a review of the future delivery arrangements for youth justice services.

The YOS and YOS Management Board do not work in isolation in reducing offending by children and young people and improving the outcomes for children and young people who have entered or at risk of entering the youth justice system. Other key relevant plans are the Children and Young People’s Plans, Community Safety Strategies and the Health and Wellbeing Plans for each area and the Police and Crime Plan for West Mercia. In respect of this the YOS Management Board recognise the need to make strategic alliances with other relevant boards and governance bodies and the YOS recognises the need to develop more integrated working with other services for children and young people at a local level.

The YOS is subject to three national indicators, the number of young people entering the youth justice system for the first time, the use of custodial sentences and the proportion of young people receiving youth justice sanctions who re-offend .

- The rate of first time entrants in West Mercia is at its lowest level since it was first measured in the current way in 2008/09, and the rate is lower than for England.
- The rate of custody in West Mercia is at its lowest level since the current measure was introduced in 2009 and the rate has fallen each year since then. The rate is significantly below the rate for England.
- The proportion of young people re-offending in West Mercia has fallen over the past year and is significantly below the rate for England.

More detail on the service performance against these indicators including comparative data can be found in section 1.8 of the plan.

A joint Management Board and Management Team planning day was held in March 2015 where the priorities and actions within this plan were developed, based on a needs analysis and service user feedback.

1.3 Plans for 2015/16

The YOS Management Board have agreed four main overarching priorities for 2015/16, key priorities for each local area are identified in area profiles (appendices 1 to 4).

(i) Improving Performance and Developing Practice

- In response to the findings of internal and external audits work to improve identified areas of practice and quality
- Implementation of the Short Quality Screening (SQS) Inspection action plan
- Re-establishing the Worcester Junior Attendance Centre (JAC) and developing the programme for the Telford JAC
- Developing service guidance and screening tools for child sexual exploitation (CSE)
- Implementation of a single ICT system and new case management system
- Review the management of risk processes and implementation of a single integrated intervention plan for young people

(ii) Understanding our Young People

- Implementation of tracker tools for re-offending, first time entrants, education, training and employment and victim work
- Further analysis of first time entrants to gain a greater understanding of journey of the child into the youth justice system
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- Reviewing and revising methods of collecting and the use of feedback from service users
- Building and developing the needs assessment and evidence base

(iii) Improved Joint Working and Integration

- Continued focus on joint issues between YOS and social care for looked after children and care leavers through the LAC and Care Leavers sub group of the Management Board
- Developing better joint work, information and integration with relevant children services
- Ensuring linkages with the Troubled Families and early help developments in each local authority
- Strengthening transition work with NPS, particularly through the implementation of the Y2A case transfer arrangements

(iv) Governance and Communication

- Complete the service review and agree future delivery arrangements for youth offending services across West Mercia
- Developing a more integrated approach to leadership and management of the YOS between the management team and management board
- Further development of the communications strategy
- Review of health participation in the YOS governance structure

1. REVIEW OF 2014/15

1.1 Changes in Service Delivery Arrangements

West Mercia YOS was based on a model of a YOS delivering a defined core service supported by commissioned non-core activities. Until June 2014 the non-core activities that had not been out sourced were delivered by a centrally managed provider services team within the YOS whilst subject to a commissioning process. The resulting decision from the commissioning process was that a cluster of specific youth justice activities including bail and remand services, provision of reparation and unpaid work, Intensive Supervision and Surveillance, resettlement, mentoring and programme and activity requirements would be integrated into the YOS. A revised YOS structure was implemented in June 2014 to accommodate most of these activities within the area teams aligned to the Local Authority areas, with the provision of reparation and unpaid work and mentoring co-ordinated centrally. A structural diagram of the YOS is included in section 3 of this plan.

1.2 Review of Key Developments 2014/15

(i) Priority 1 – Reduce Offending and Protect Communities from Harm

- In recognition of increasing numbers of young people entering the service with sexual offences the YOS implemented the strategy of providing harmful sexual behaviour (HSB) assessments and interventions within the service. Twenty six practitioners in the area teams have been trained to undertake AIM2 assessments, a nationally recognised assessment tool for adolescents demonstrating HSB, and twenty two practitioners trained to deliver the Good Lives (AIM2) intervention programme. Co-working arrangements have been put in place along with a service wide support group.
- Restorative Justice training was provided across the service throughout 2014/15, with 95 staff and volunteers now trained in RJ conferencing. The service RJ policy and guidance was reviewed, updated and adopted by the Management Board.
- Intensive Supervision and Surveillance, which was partly outsourced, was brought in house and consistent arrangements implemented across the five area teams. Reparation activities across the service became centrally co-ordinated under a single manager.

(ii) Priority 2 – Enabling Staff to Deliver Now and Into the Future

- New supervision policy implemented
- Communications group established and internal communications framework agreed

(iii) Priority 3 – Finish the Job

- The responsibility for the provision of Unpaid Work for 16 and 17 year olds transferred to the YOS on 1st June 2014. The decision was taken to manage Unpaid Work within the YOS and the YOS has worked towards meeting the national specification, this has included providing the following training for staff involved in service delivery; health and safety, motivational interviewing, pro-social modelling and restorative justice. Key staff are undertaking the level three award in education and training. Young people undertaking unpaid work are able to gain an ASDAN accredited qualification.
- A comprehensive Operational Manual was developed which is supported by an exemplar record on the case management system.

(iv) Priority 4 – Get Connected, Stay Connected

- The work of the Management Board reference group on Looked After Children and Care Leavers has continued throughout 2014/15, and a work programme developed.
- Remand protocols have been developed between the YOS and each Local Authority and a PACE transfer protocol developed between the Police, YOS and Local Authority Emergency Duty Teams. Work has commenced on developing a multi-agency protocol to reduce the need to criminalise looked after children.

(v) Priority 5 - Know the Right Thing

- A number of key case audits were undertaken during 2014/15 including a mock inspection, national standards audit and an independent audit of key practice standards. These have led to revised quality assurance and performance frameworks being implemented.

1.3 Innovative Practice

The YOS has been working with a multi-disciplinary academic team from Middlesex University and Royal Holloway University of London in piloting the Mobile Application for Youth Offending Teams (MAYOT). MAYOT is a smart phone application that provides a common platform for engagement and dialogue between the case worker and young person. The application allows communication around key activities, reminders for appointments, the provision of information and an activity meter/progress chart. Team members and young people from the South Worcestershire Team have been involved during 2014/15 in the iterative co-design and testing of the application. There are now twelve YOTs either using or planning to use the MAYOT application.

1.4 Thematic Inspections

During 2014/15 the YOS Management Board has considered the findings from the following thematic inspections; The Work of Probation Trusts and Youth Offending Teams to Protect Children and Young People, Girls and Offending and The Contribution of Youth Offending Teams to the Work of the Troubled Families Programme. An action plan in relation to the findings and recommendations of the report on the work of the YOT to protect children and young people has been put in place, and reports on this have been considered by two of the LSCBs. More detailed plans are to be developed in response to the other two reports.

1.6 Youth Offending in West Mercia

More detailed information on offending types, offenders by age and gender and numbers and offenders by proportion of youth population for each local authority area are contained in appendices 1 to 4 of this plan.

- There has been a considerable reduction in the number of young people committing offences over the past ten years from 3997 young people offending in 2005 to 1295 in 2014.
- The majority (82.5%) of young people entering the youth justice system are aged 14 or over
- Nearly a quarter (23%) of first time entrants to the youth justice system are female
- The four most prevalent offence types are violence against the person, theft and handling, criminal damage and drug related offences.
- Just over a third of young people (37%) receiving outcomes that require YOS interventions are children in care
- Whilst there are some variations across the local authority areas the four most prevalent assessed areas of risk and need are thinking and behaviour, family and personal relationships, lifestyle and mental health and wellbeing.
- Young people from outside of West Mercia have a significant impact on the levels of youth crime in West Mercia. Out of area young people were responsible for 16% of all offending resulting in a substantive outcome in 2014.
- Just under half (48%) of young people receiving outcomes that require YOS interventions have mental health or emotional well being issues
- Two fifths of young people receiving outcomes that require YOS interventions have substance misuse needs

1.7 Views of Young People

The following data is taken from a ViewPoint survey of 122 young people during 2014 who were subject to court orders managed by West Mercia YOS.

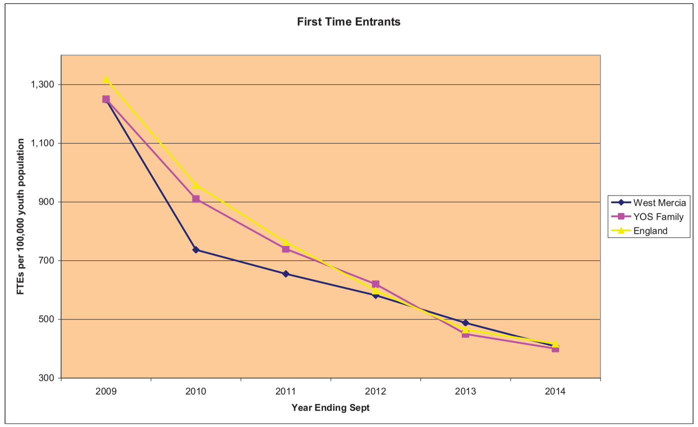
- 79% said that the work with the YOS has made them less likely to offend
- 94% said that the service given to them by the YOS was good most or all of the time
- 81% said they had enough say what went into their intervention plan
- 49% said they needed help with school, training or getting a job, of those needing help 86% said they received the help needed
- 25% said they needed help to cut down drug use and of those needing help 76% said they received the help needed.
- 31% said they needed help with relationships or things about their family, of those needing help 87% said they received the help needed.
- 24% said they needed help to deal with strange or upsetting thoughts, of those needing help 79% said they received the help needed
- 61% said they needed help to understand how to stop offending, of those needing help 93% said they received the help needed

1.8 Performance Review

Youth Justice Partnerships are subject to three national indicators;

- First Time Entrants (FTE) to the Youth Justice System
- Use of Custody
- Re-Offending

(i) First Time Entrants to the Youth Justice System (FTE)



The first time entrant measure is expressed as the number of first time entrants per 100,000 of 10 to 17 year old population. First time entrants are those young people receiving a first formal youth justice sanction (Youth Caution, Youth Conditional Caution or Conviction). A lower figure denotes good performance.

The rate of FTEs across West Mercia for the year ending September 2014 was 408, which is an improvement on the performance for year ending September 2013 when the FTE rate was 488. The performance for the year ending September 2014 is better than the national rate of 417. The average for the family group is 400.

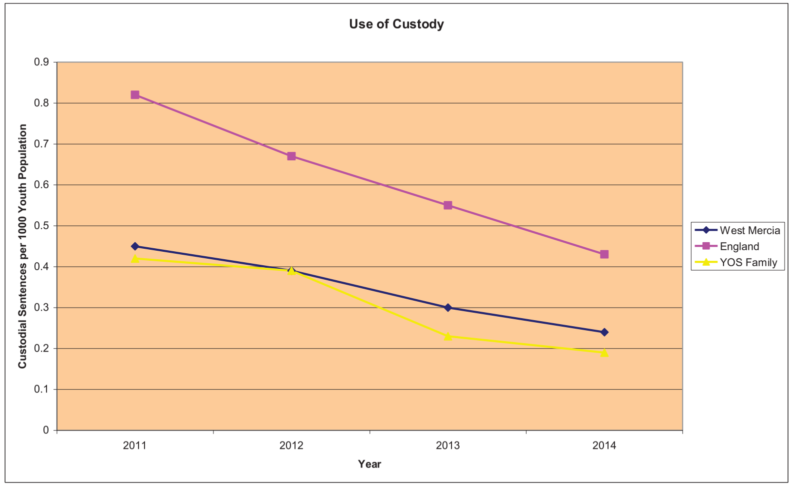
The percentage reduction in FTEs in West Mercia over the three year period between the year ending September 2009 and the year ending September 2014 was -67% compared to -68% for England and -68% for the family group.

Within West Mercia there are differing FTE rates between the four Local Authority areas, with the highest being 525 and the lowest 364. Some initial analysis undertaken in 2014 demonstrated that the highest rate was in part, a result of higher detection rates and a lower proportional use of the informal disposal of Community Resolution. Further analysis will be undertaken during 15/16 in order to better understand what works in preventing FTEs.

(ii) Use of Custody

The use of custody measure is expressed as the number of custodial sentences per 1,000 of 10 to 17 year population. West Mercia has, historically, had a low rate of custodial sentences. A lower figure denotes good performance.

For the year ending December 2014 the use of custody rate for West Mercia was 0.24 against the rate for England of 0.43, West Mercia performance is, therefore, significantly better than the national performance but slightly worse than the family group rate of 0.19. The West Mercia rate for 2014 has improved from 2013 when it was 0.30.

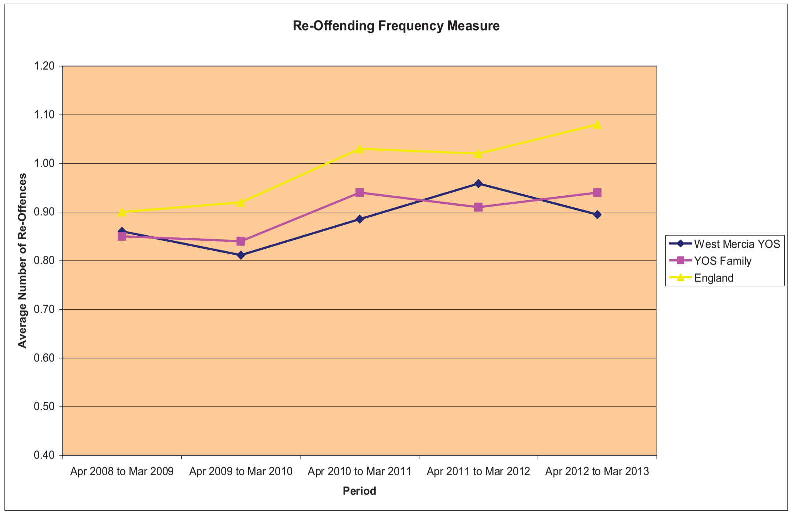


Over the three year period of 2011 to 2014 the rate has reduced from 0.45 to 0.24, a reduction of -47% which is in line in the reduction nationally over the same period.

The actual fall in custodial sentences was from 54 in 2011 to 27 in 2014, a reduction of -32%.

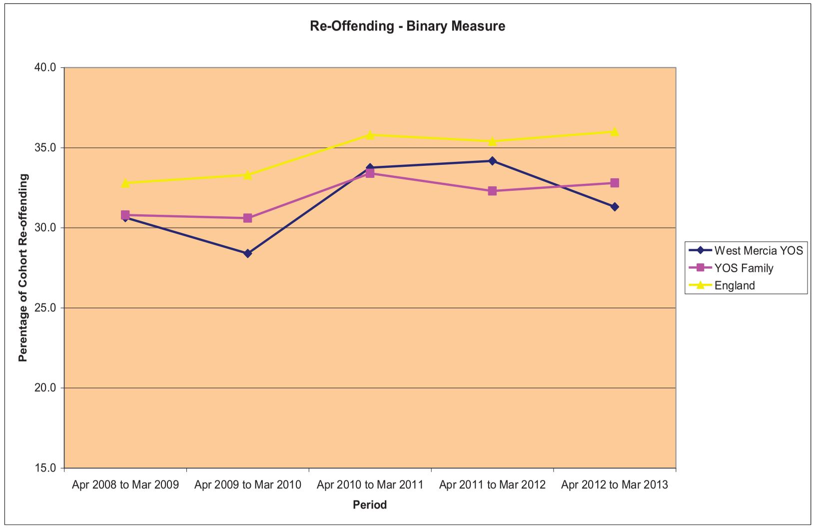
Intensive supervision and surveillance (ISS) is a community based alternative to custodial disposal. During 14/15 the YOS established a single and consistent ISS scheme for West Mercia. In 15/16 the service will develop a consistent approach to bail and remand work as part of the strategy to divert, where appropriate, young people from custodial remands and sentences.

(iii) Re-Offending



There are two re-offending measures, both measuring re-offending in the same cohort of offenders over a 12 month period following the youth justice sanction that placed the young person in the cohort. The first, the frequency measure, is the average number of re-offences per offender in the cohort. The second measure, the binary measure, is the percentage of the offenders in the cohort re-offending. The most recent data for the re-offending measure is for the cohort identified in the year ending March 2013. In both measures a lower figure denotes good performance.

For the year ending March 2013 the frequency measure performance for West Mercia was 0.89, compared to national performance 1.08. The West Mercia performance is slightly better than for the family group which is at 0.94.



A comparison over the three year period of the year ending March 2011 and the year ending March 2013, shows no change in the rate. Over the same period the rate for England increased from 1.03 to 1.08. There was no change in the family group performance over this period.

The binary measure performance for the year ending March 2013 for West Mercia is 31.3% compared with national performance of 36.0% and a family group performance of 32.8%.

A comparison over the three year period of the year ending March 2011 and the year ending March 2013, shows improvement in the rate from 33.8% to 31.3% a decrease of 2.5 percentage points. Over the same period the performance of the family group improved by 0.6 percentage points, and the national performance worsened by 0.2 percentage points.

It should be noted that the cohort size is falling, from 3039 young people in the March 2009 cohort compared to 1150 young people in the March 2012 cohort. The number of re-offences has therefore decreased over the same period from 2614 to 1029 a decrease of -61%.

Locally the West Mercia YOS is implementing the Youth Justice Board re-offending tracking tool during 2015/16 in order to understand the characteristics of the re-offending group and inform the services approach to reducing re-offending

3. RESOURCES AND STRUCTURE

3.1 Income

The Youth Offending Service has a complex budget structure comprising of partner agency cash, seconded staff and in kind contributions and the Youth Justice (YOT) Grant from the Youth Justice Board for England and Wales. The table below outlines the agreed contributions for 2015/16.

Agency	Staffing costs Secondees (£)	Payments in kind – revenue (£)	Other delegated funds (£)	Total (£)
Local Authorities[1]		68,000	1,426,470	1,494,470
Police Service	237,892		63,000	300,892
National Probation Service	168,088[2]		62,043	230,131
Health Service	139,705		66,036	205,741
Police and Crime Commissioner			180,293	180,293
YJB Youth Justice (YOT) Grant			1,410,784	1,410,784
Total	545,685	68,000	3,208,626	3,822,311

In addition to the YJB Youth Justice Grant outlined in the table there are three additional ring fenced YJB grants for 2015/16 , £2,000 for Restorative Justice, £27,571 for the provision of Unpaid Work and £54,798 for the provision of Junior Attendance Centres.

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[1] Where YOTs cover more than one local authority area YJB Youth Justice Plan guidance requires the totality of local authority contributions to be described as a single figure.

[2] This represents four Probation Officers, however there are currently only two Probation Officers deployed in the YOS, the cash difference has been made available and used to directly employ two case managers. Practice is that whole Probation contribution, i.e. £230,131 is transferred to the YOS and then the YOS recharged for salary and expenses of officers deployed in the YOS.

3.2 The YJB Youth Justice (YOT) Grant

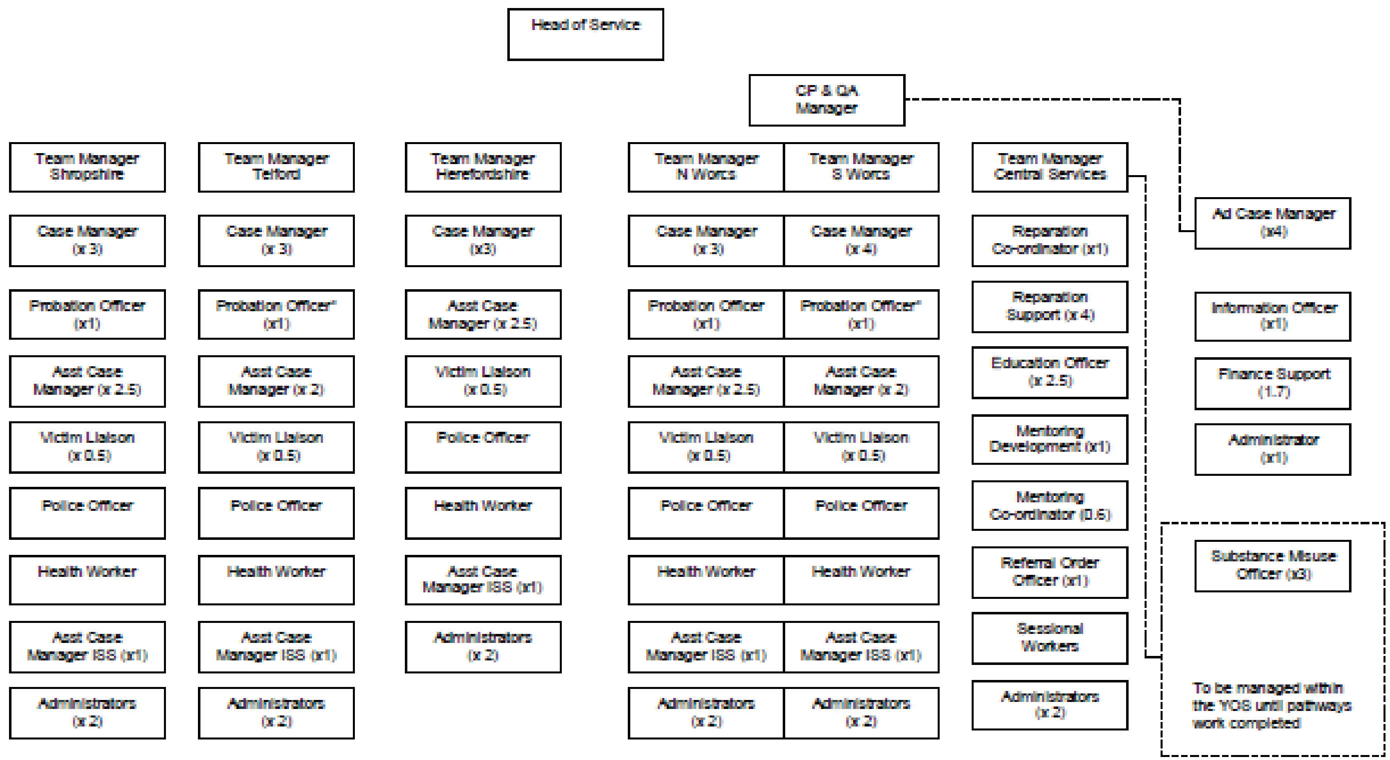
The YJB Youth Justice (YOT) Grant is provided for the provision of youth justice services with an aim of achieving the following outcomes; reducing re-offending, reducing first time entrants, reducing the use of custody, effective public protection and effective safeguarding. The grant will form part of the overall pooled partnership budget for the YOS, which is used to deliver and support youth justice services across West Mercia. The outline budget for 2015/16 is provided below, the expenditure against the Youth Justice Grant is included in this budget.

Category	Budget (£)
Salary and Wages	2,643,491
Travel and Expenses	163,685
Training and Development	28,386
Accommodation	186,323
Voluntary Associations	94,697
Commissioning	80,982
ICT	155,605
Other	107,914

West Mercia YOS is not due to implement AssetPlus, the new national assessment tool for YOTs, until 2016/17 and most of the resources required for implementation will not be required until early in 2016/17. It is expected, however, some training in advance may be required in the latter part of 2015/16 and this will be supported from part of the training and development budget.

3.3 YOS Structure and Staffing

The West Mercia Youth Offending Service comprises five multi-agency service delivery teams, aligned to the Local Authority areas (two teams in Worcestershire) to deliver the majority of services. These services are court facing services including the preparation of pre-sentence reports and remand management, and case management which includes assessment, planning interventions, the management of risk, monitoring and review of intervention plans and where necessary the enforcement of court orders. A central services team supports the area teams in providing some services that are co-ordinated across the whole service including reparation and unpaid work, mentoring, and the co-ordination of Referral Order work, including the recruitment, training and management of Community Panel Members. A support team provides quality assurance, commissioning, data and finance support functions. There are 88 full time equivalent salaried posts in the YOS. The structure is given below.



* 2x Probation Officer posts currently covered by LA employed YOS Case Managers

The YOS is compliant with the minimum staffing requirements outlined in the Crime and Disorder Act 1998, as can be seen from the structural diagram above. There are four HCPC registered Social Workers within the staffing group.

3.4 Staff and Volunteers by agency, gender and ethnicity

The tables below show staff and volunteers by agency, gender and ethnicity. This data is at 1st April 2015.

PAID STAFF BY AGENCY							
Agency	Local Authorities	National Probation Service	Police	NHS Trusts	Voluntary Sector	Agency	Total
No of Staff	84	2	5	3	5	3	102

PAID STAFF BY GENDER AND ETHNICITY						
GENDER		ETHNICITY				
Male	Female	White	Mixed/Multiple Ethnic Groups	Asian/Asian British	Black/African/Caribbean/ Black British	Other Ethnic Group
42	60	96	0	1	3	2

VOLUNTEERS BY GENDER AND ETHNICITY						
GENDER		ETHNICITY				
Male	Female	White	Mixed/Multiple Ethnic Groups	Asian/Asian British	Black/African/Caribbean/ Black British	Other Ethnic Group
23	54	73	0	3	0	1

3.5 Staff and Volunteers Trained in Restorative Justice

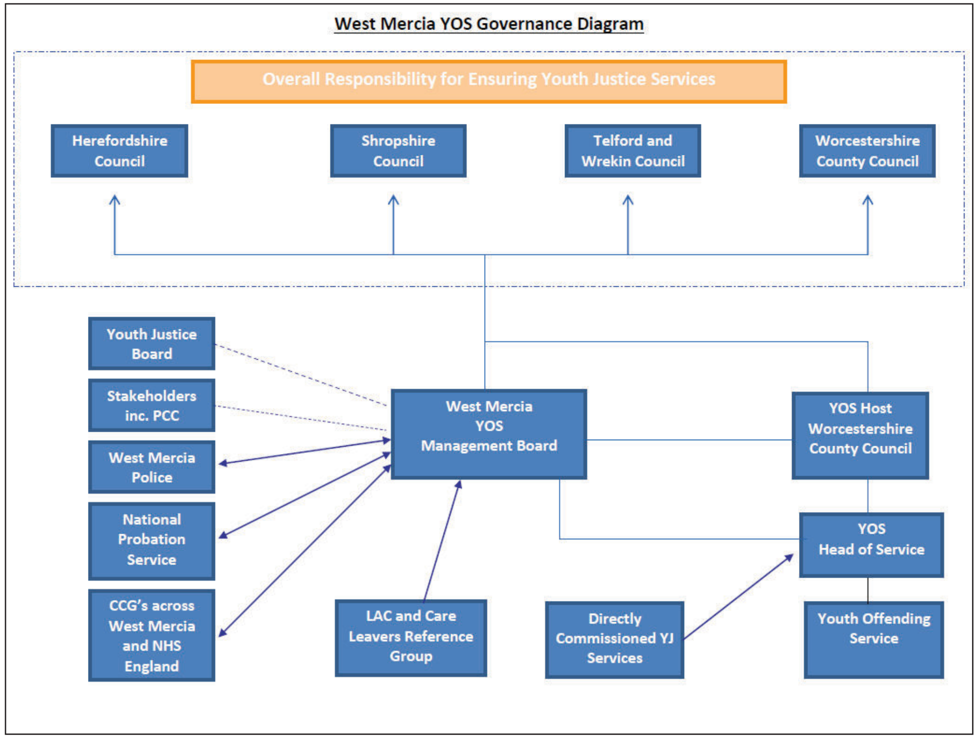
There are 63 staff and 32 panel members trained in Restorative Justice (RJ) conferencing, 8 staff are trained in managing complex cases and 5 managers have training in RJ supervision and management. There are 4 members of staff who are trainers in RJ, and 5 staff have received specific training in victim liaison and contact.

4. GOVERNANCE AND PARTNERSHIPS

4.1 Governance

The YOS is managed on behalf of the Local Authorities and the YOS partnership by Worcestershire County Council. Day to day management of the Head of Service is provided by the DCS of Worcestershire County Council. The Youth Offending Service is accountable to the YOS Management Board and the Management Board is accountable to each of the Local Authorities for the commissioning and delivery of youth justice services.

The partnership Youth Justice Plan is approved by the Management Board and approved by each of the four top tier Councils. The diagram below outlines the governance arrangements of West Mercia Youth Offending Service.



The YOS Management Board is currently chaired by the Director of Children Services for Worcestershire County Council. The Membership of the Board at 1st April 2015 is outlined in the table below:

Agency	Representative	Role
Worcestershire County Council	Gail Quinton	Director of Children Services
Shropshire Council	Karen Bradshaw	Director of Children Services
Telford and Wrekin Council	Laura Johnston	Director of Children and Family Services
Herefordshire Council	Jo Davidson	Director of Childrens Wellbeing
National Probation Service	Tom Currie	Head of West Mercia
West Mercia Police	Amanda Blakeman	Assistant Chief Constable
Local Area Team – NHS England	Becki Hipkins	Project Manager
Office for the West Mercia Police and Crime Commissioner	Glyn Edwards	Commissioning Manager

The Board has adopted the following purpose and underlying principles:

Purpose

- To focus collaborative multi-agency effort on work to improve outcomes for Young Offenders by offering an exemplary service, with timely interventions and strong links and partnership across all local services including Children's Services, criminal justice and community safety sectors.
- To set strategic direction for the Youth Offending Service across West Mercia and agree and review local youth justice planning
- To provide support and challenge to the West Mercia YOS on operational performance.

Underpinning Principles

- To demonstrate effective leadership, support and challenge to the West Mercia YOS.
- To ensure that the YOS is compliant with relevant national standards, including Youth Justice Board and local arrangements, and deals with exceptions/risks appropriately
- To ensure available resources are used efficiently to run an effective YOS.
- To ensure that Local Authorities jointly and singly manage the arrangements with the host agency.
- To provide the necessary governance to effectively steer the delivery of the service

The Management Board meets every six to eight weeks and monitors the performance and quality of the service through regular reporting. Where necessary the Management Board will monitor compliance with the YJB Grant conditions through exception reports. There is an agreed process of reporting community safeguarding and public protection incident reviews into the Management Board and the Board monitors the progress of critical learning review action plans as a standard agenda item

The Management Board ensures that, where relevant, commissioning across partner agencies take account of the needs of young people in or at risk of entering the youth justice system, and where appropriate explore joint commissioning arrangements.

4.2 Priorities for 2015/16

The Management Board have agreed four main priorities for 2015/16

1. Improving Performance and Developing Practice
2. Understanding our Young People
3. Improved Joint Working and Integration
4. Governance and Communication

1. Improving Performance and Developing Practice

Various service audits undertaken during 14/15 identified areas of performance, quality and practice that needed to be improved and plans are in place in address the findings of these audits. Early in 2015/16 a SQS Inspection Report on the service will be published and an action plan will be developed to address the findings in that report. During 2015/16 the service will further embed restorative justice, including contributing to development of local RJ strategies where appropriate. Through the LAC subgroup it is planned to promote the use of RJ in children homes, and a funding bid is to be made to provide training for children homes, with the intention of having at least one trained practitioner in each home. The service will also work to further develop and embed harmful sexual behaviour work. The service will take over the responsibility for Junior Attendance Centres and will re-establish the Worcester centre and review and develop the programme of both the Worcester and Telford centres. Implementation of a single ICT system for the service and the migration from the YOIS+ case management system to the ChildView case management system in preparation for the implementation of the new assessment framework will also be undertaken in 2015/16. The YOS will incorporate, in practice, the work around children harming children that has resulted from a MAPPA serious case review. Revised remand management and resettlement frameworks will be developed. Specific actions under this priority are outlined on section 5 of this plan.

2. Understanding our Young People

Further work will be undertaken during 2015/16 to better understand the cohort of young people that the YOS are working with in order to better direct resources and target interventions that will reduce the risk of re-offending, the risk of harm to others and the risk of harm to the young person. It is planned to devise and implement a number of tracking tools, in particular for re-offending, first time entrants and for education training and employment. Further analysis is planned to understand first entrants to inform the evidence base for what works in preventing offending, in particular there is specific analysis planned in Herefordshire and Telford. There will be some analysis undertaken to provide a better understanding of the nature and extent of young people perpetrating sexual offence. Specific actions under this priority are outlined on section 5 of this plan.

3. Improved Joint Working and Integration

Promoting greater integrated and joint working between the YOS and other services is a key priority. Initially in 15/16 there will be a continued focus on the joint issues with LAC and care leavers, ensuring linkages with the Troubled Families and Early Help developments and information exchange with the social care services. A revised case transfer protocol between the YOS and the providers of probation services will be developed following the implementation of the web based Y2A case transfer portal. The pilot process of developing working agreements with children homes will be rolled out across the service. Specific actions under this priority are outlined on section 5 of this plan.

4. Governance and Communication

During 2015/16 the Management Board will complete the service review and agree on the future delivery arrangements for youth offending services across West Mercia. This will include ongoing communication and engagement with the staff group to ensure the service is continued to be delivered during the change process. There will be further development of and a more integrated approach to leadership and management of the service between the Management Board and Management Team. To achieve this more regular joint workshops between the Board and Team will be arranged and terms of reference agreed. The YOS will further develop the internal communications framework and put in place an external communications plan. The Management Board will seek to develop strategic alliances with other relevant boards and governance bodies. Specific actions under this priority are outlined on section 5 of this plan.

4.3 Safeguarding

Although safeguarding is not one four main priorities identified for 2015/16, it nevertheless remains a key area of focus for the service. The YOS has a key role in safeguarding young people, in terms of assessing and reducing the risk of harm to the young people either from their own behaviour or the actions of others and reducing the risk of harm they may pose to others.

There are specific actions under each of the four main priorities which address safeguarding within service delivery, these include the implementation of a single integrated intervention and risk plan, the development of a service statement and guidance on child sexual exploitation (CSE) and developing CSE screening tools, work to understand better the extent and nature of children harming children, in particular those demonstrating harmful sexual behaviour and improvements to vulnerability assessment and planning. There is an action plan in place which addresses the findings from the thematic inspection report on the work of YOTs in protecting children and young people.

4.4 Partnerships

The Youth Offending Service only has one outsourced service, the provision of Appropriate Adults for young people in Police custody. The service is provided by a local voluntary sector organisation YSS. Due to previous contracting arrangements with YSS, the organisation currently seconds 4 staff into West Mercia YOS who are deployed in the delivery of ISS, reparation and assistant case manager roles.

The YOS is a member of the four Safeguarding Children Boards and several of the board's sub groups and the Children's Trusts or equivalent partnerships. The YOS is represented on the Crime and Disorder reduction partnerships at the unitary or top tier authority level. The YOS is an active member of the West Mercia Criminal Justice Board and the MAPPA Senior Management Board.

The YOS is represented on the strategic planning groups of Troubled Families programmes across three areas and has been contributing to all four programmes mostly through the exchange of data and information. It is recognised that stronger links at the practice level need to be developed and this will be progressed during 2015/16.

The National Police Chiefs Council (NPCC) has a children and young peoples strategy which has four priority areas; Children in Care, Detention, Custody and Criminalisation, Stop and Search and Engagement

Locally Warwickshire and West Mercia Police have established a Children and Young Peoples Board to take forward a local plan based on the national priorities above, and the YOS are participants within this. A joint protocol regarding the PACE transfer of young people charged and denied police bail between the Police YOS and Local Authorities has been agreed. Work, through the YOS LAC and Care Leavers Group has commenced on developing a protocol to reduce the criminalisation of children in care. Further work in finalising the protocol will be managed jointly between the LAC and Care Leavers group and the Police Children and Young Peoples Board.

5. RISKS TO FUTURE DELIVERY – THE ANNUAL ACTION PLAN

Risk to Future Delivery	Action	Key Priority	Owner	Timescale (by end of quarter)
Priority 1 – Improving Performance and Developing Practice				
Intervention plans not sufficiently addressing assessed risks leading to increased risk of re-offending, increased risks of harm to other or increased risks of harm to self.	Implement a single integrated plan	1	APIS Lead	Q3
	Implementation of Asset Plus – Prepare service for Asset Plus Implementation	1	APIS Lead	Q4
Gap in knowledge in what promotes engagement and compliance leading to increased levels of breach	Implementation of a compliance review process	1	APIS Lead	Q1
Inconsistent risk planning processes across the service leading to increased levels of risks	Commission a review of the service's management of risk processes	1	CPM	Q2
JACs not meeting the national specifications	Re-establish the Worcester JAC	1	CSTM	Q2
	Review and develop the JAC programmes		CSTM	Q3
Lack of coherent remand strategy risks increasing the number of remands to custody	Development of a remand management strategy	1	CPM	Q2
	Staff to be trained in bail and remand work to ensure consistent approach across the service	1	CPM	Q3
Restorative processes not embedded in practice	Launch the service RJ policy and guidance	1	RJ Lead	Q2
	Devise and implement a victim tracking tool	1	CPM	Q2
Insufficient risk management and planning with respect to vulnerability and safeguarding	To put in place service statement on CSE	1	TMW	Q3
	Develop and implement CSE screening tools	1	TMW	Q3
Inconsistent arrangements for resettlement leading to increase risks of re-offending on release from custody	Development of resettlement framework and action plan	1	TMH	Q4
YOS does not implement improvements identified from the SQS Inspection	Inspection improvement plan to be put in place	1	HOS	Q2

Risk to Future Delivery	Action	Key Priority	Owner	Timescale (by end of quarter)
Two ICT systems create barriers to performance monitoring and management oversight	Implement the WMP/YOS project plan to roll out the WMP hosted ICT system across the service	1	CPM	Q2
YOIS does not support the new assessment framework	Upgrade Client/Management Information system to ChildView	1	CPM	Q4
Priority 2 – Understanding Our Young People				
Insufficient risk management and planning with respect to vulnerability and safeguarding	Commission analysis to understand the nature and extent of HSB	2	HSB Lead	Q3
Insufficient understanding of reasons for differential FTE rates	Analysis of reasons behind YPs entry into YJS	2	CPM	Q2
	Analysis of previous service provision to young people entering the YJS	2	YJB SPA	Q3
	Devise and implement a FTE tracking tool	2	CPM	Q2
Not understanding matters affecting re-offending performance	Implementation of the re-offending live tracking tool	2	CPM	Q1
	Develop and implement an ETE tracking tool	2	CPM	Q3
Service development not informed by user feedback	Review and revise service user feedback process across the service	2	CPG	Q2
	Service user views to be built into Management Board performance reporting framework	2	CPM	Q3
Future planning not informed by relevant data and information	Further development of the annual assessment	2	CPM	Q4
Priority 3 – Improved Joint Working and Integration				
Disproportionate criminalisation of LAC affecting FTE and re-offending rates	Agreement of multi-agency protocol to reduce criminalisation of LAC	3	HOS	Q3
	Roll out the pilot of working agreements with children homes	3	TMS	Q2
Inconsistent decision making across West Mercia in respect to out of court disposals	Establish joint YOS/Police out of court disposal protocol	3	HOS	Q3
Unplanned transition between youth and adult services leading to increased risks of re-offending	Review and revise the case transfer arrangements between the YOS and the providers of probation services	3	HOS	Q2
	Implement the use of the Y2A portal for case transfer	3	HOS	Q2

Risk to Future Delivery	Action	Key Priority	Owner	Timescale (by end of quarter)
Lack of joint working with other agencies and services leading fragmented planning and case management	Development of protocols with social care	3	HOS	Q3
	Developing better links and joint working with other relevant services for children and young people at a local level	3	ATMs	Ongoing
Robust arrangements not in place for some key areas of discretionary practice	Review commissioning work regarding the delivery arrangements for Substance Misuse and Parenting with the Management Board	3	CPM	Q4
Assessments not taking account of full range of information sources	Develop access to Children Social Care information systems in areas where this does not exist	3	CPM	Q2
Priority 4 – Governance and Communication				
Inconsistent communication and West Mercia identity	Development of an external communications policy	4	CGC	Q2
	Staff workshop to communicate key achievements but also to communicate where improvements are required	4	HOS	Q2
	Implement a new service logo	4	CGC	Q2
Uncertain delivery arrangements for 2016/17	Complete the YOS review and agree future delivery arrangements	4	CMB	Q4
Leases coming to an end	Relocation of N Worcestershire and Shropshire Teams	4	CPM	Q2 – Q3
A disconnect between the management board and management team	Joint management board and management team workshops at 6 monthly intervals	4	CMB/ HOS	Q2/3
	Agreement of the ToR as to how the management board and management team work together	4	CMB	Q3
Health services not fully engaged in YOS governance leading to health needs of young offenders not being met	Review of health participation in the YOS Governance structure	4	CMB	Q4
	Management Board ensure that pathways are in place to access speech, language and communication assessments and service in each area	4	CMB	Q4

Key to Action Owners

HOS	Head of Service	CPM	Commissioning and Performance Manager	ATMs	Area Team Managers
APIS Lead	Lead Manager for APIS	HSB Lead	Lead Manager for HSB		
CSTM	Central Service Manager	CGC	Communication Group Chair		
RJ Lead	Lead Manager for RJ	CPG	Chair Participation Group		
TMW	Team Manager South Worcs	CMB	Chair of the Management Board		
TMH	Team Manager Herefordshire	YJB SPA	YJB Partnership Advisor		

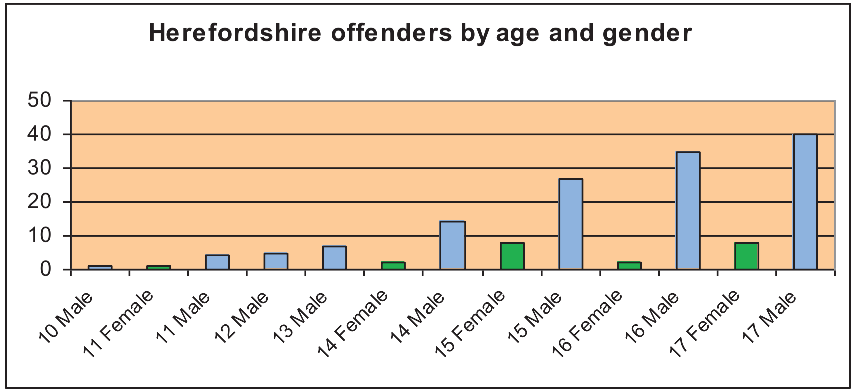
6 MANAGEMENT BOARD APPROVAL

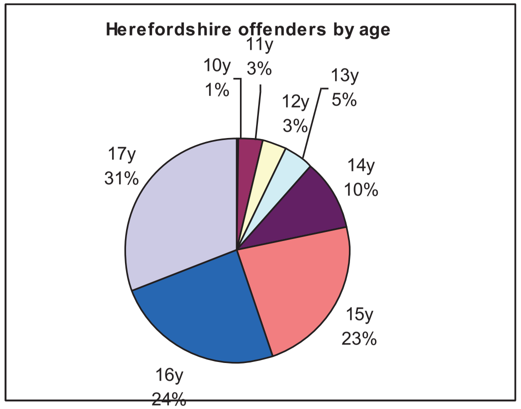
Agency	Agency	Signature	Date
Gail Quinton	Worcestershire County Council	Gail Quinton	1st June 2015
Karen Bradshaw	Shropshire Council	Karen Bradshaw	1st June 2015
Laura Johnston	Telford and Wrekin Council	Laura Johnston	1st June 2015
Jo Davidson	Herefordshire Council		1st June 2015
Tom Currie	National Probation Service		1st June 2015
Amanda Blakeman	West Mercia Police		1st June 2015
Becki Hipkins	NHS England		1st June 2015
Andy Champness	Office of the West Mercia Police and Crime Commissioner	Andy Champness	1st June 2015

APPENDIX 1 - AREA PROFILE – HEREFORDSHIRE

Youth Offending Population – all Young People

There are 16,423 young people aged 10 to 17 in Herefordshire. In 2014/15 there were 215 youth justice sanctions (youth cautions, youth conditional cautions or convictions) made on Herefordshire young people. A total of 154 individual young people accounted for these 215 outcomes, 0.94% of the youth population.

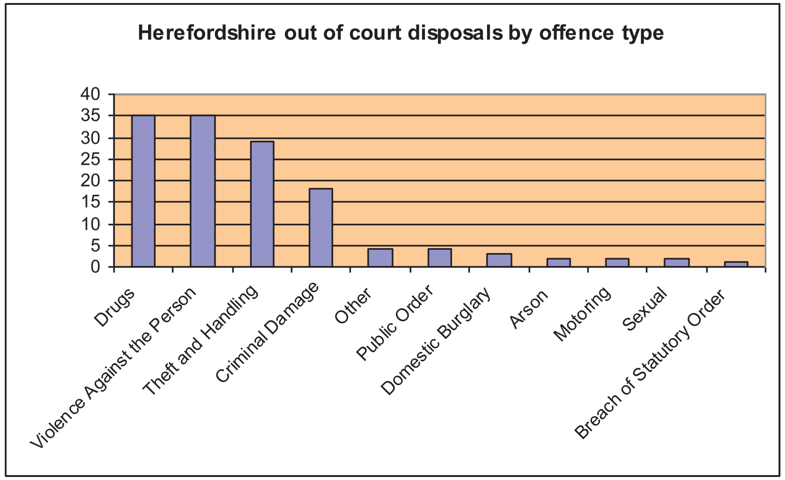




Of the 154 young people entering or in the youth justice system in 2014/15, 86% were male. The majority, 78%, were aged 15 to 17 years. The peak age of offending for both young males and young females was 17 years.

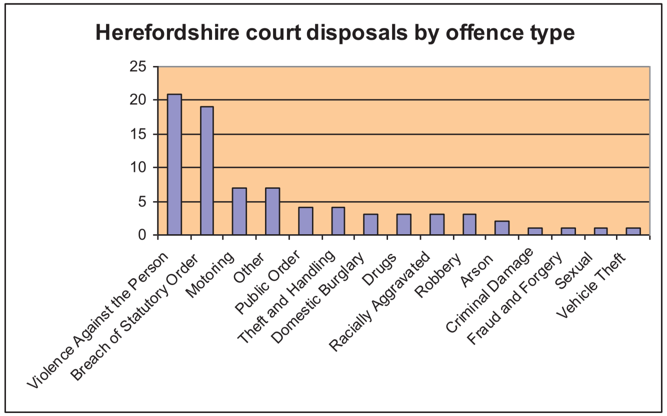
Youth Offending Population – Young People Subject to Out of Court Disposals

During 2014/15 there were a total of 135 pre-court disposals made on Herefordshire young people, 123 of these were Youth Cautions and 2 Youth Conditional Cautions. The YOS is required to assess all young people made subject to second or subsequent Youth Cautions and Youth Conditional Cautions and if assessed appropriate provide a programme of intervention, in 2014/15 intervention programmes were provided for 22 pre-court disposals.



The most frequently occurring primary offences for out of court disposals were drug offences and violence against the person both at 26% followed by theft and handling, 21% and criminal damage, 13%.

Youth Offending Population – Young People Subject to Court Outcomes



In 2014/15 a total of 46 Herefordshire young people accounted for 80 court outcomes. Orders requiring YOS interventions (Referral Orders, YROs and Custodial sentences) accounted for 47 of the 80 court outcomes.

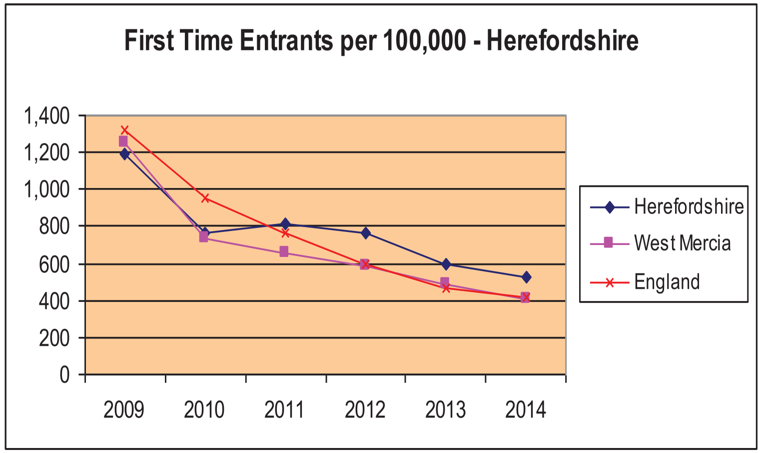
The majority, 92% of young people receiving court sentences were aged 15 to 17, with 17 year olds accounting for 38% of young people receiving a court sentence.

The most frequently occurring primary offence for court sentences was violence against the person, accounting for 26% of all outcomes. Breach of a statutory order was the next frequently occurring offence, 24%, followed by motoring, 9% and criminal damage 8%. These four categories of offences accounted for 67% of all sentencing outcomes.

Performance Against National Indicators

(i) First Time Entrants

The first time entrant measure is expressed as the number of first time entrants per 100,000 of 10 to 17 year old population. First time entrants are those young people receiving a first formal youth justice sanction (Youth Caution, Conditional Caution or Conviction). Good performance is indicted by a lower rate.



In the twelve month period October 2013 to September 2014 there were 525 first time entrants per 100,000 youth population in Herefordshire, representing a reduction of -56% since the year ending September 2009. This compares with a reduction for England of -68% and for West Mercia of -67% over the same period. The actual number of first time entrants in the year ending September 2014 is 86, compared to 217 in 2009.

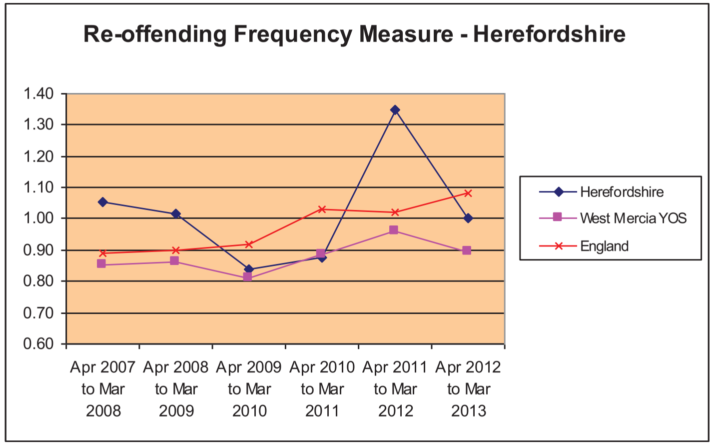
At 525 Herefordshire has the highest rate of FTEs across West Mercia, the next highest rate being 490. Some analysis into reasons for the higher has been undertaken, and it has been found that in part it is due to a higher detection rate and a lower proportional use of informal disposals. Further analysis on FTEs across West Mercia is planned for 2015/16.

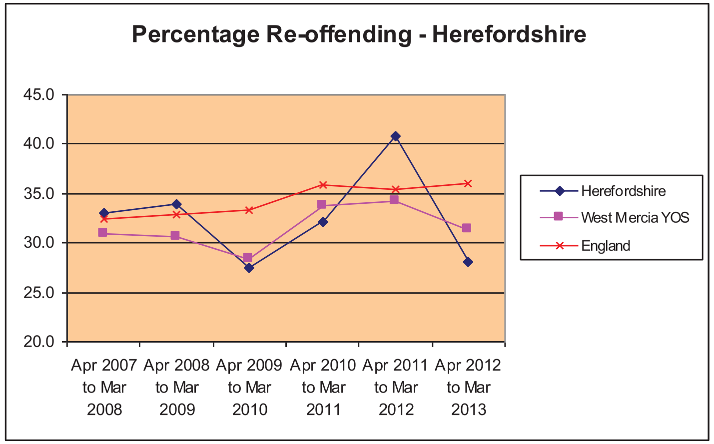
(ii) Use of Custody

The use of custody measure is expressed as the number of custodial sentences per 1,000 of 10 to 17 year population, a lower rate indicates better performance. Herefordshire has, historically, had a low rate of custodial sentences.

There were 4 custodial sentences during 2014/15, equating to a rate of 0.24 custodial sentences per 1000 youth population this represents a reduction in custodial sentences from 2013/14 where there were 5 custodial sentences equating to a rate of 0.30. The 2014/15 rate of 0.24% compares to a West Mercia rate of 0.20. The national rate for 2014/15 was not available at the time of writing but in 2013/14 it was 0.52. Custodial sentences accounted for 5% of all court outcomes in Herefordshire, compared to 6.3% of all court outcomes across West Mercia.

(iii) Re-Offending





There are two re-offending measures, both measuring re-offending in the same cohort of offenders over a 12 month period following the youth justice sanction that placed the young person in the cohort. The first, the frequency measure, is the average number of re-offences per offender in the cohort. The second measure, the binary measure, is the percentage of the offenders in the cohort re-offending. In both cases a lower rate denotes better performance. The most recent data for the re-offending measure is for the year ending March 2013.

The frequency measure performance for Herefordshire for the year ending March 2013 is 1.00, compared to the West Mercia performance of 0.89 and national performance of 1.08. Herefordshire is, therefore, performing less well than for West Mercia but better than England. The performance is an improvement from the year ending March 2012 when the frequency rate was 1.35.

For the year ending March 2013 the binary measure for Herefordshire is 28.1% compared with a West Mercia performance of 31.3% and a national performance of 36.0%. In terms of the binary measure Herefordshire is performing better than West Mercia and significantly better than England. It should also be noted, however, that the overall cohort sizes are decreasing year on year. In the year ending March 2008 there were 617 offenders in the cohort and 575 re-offences compared to a cohort size of 221 with 222 re-offences in 2013. The number of actual re-offences has therefore decreased by -61% between 2008 and 2013.

Locally the West Mercia YOS is implementing the Youth Justice Board re-offending tracking tool during 2015/16 in order to understand the characteristics of the re-offending group and inform the services approach to reducing re-offending.

Links to Other Plans

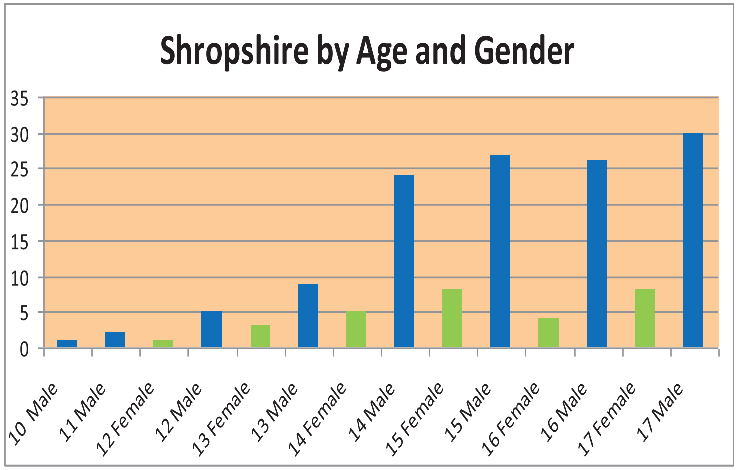
The Children, Young People's Plan 2015 - 2018 has a section on "Managing Challenges to Young Peoples Social Inclusion". Within this section the reduction of first time entrants to the youth justice system, reducing the rates of re-offending and repeat anti-social behaviour and ensuring the education, employment and training and accommodation needs of young offenders are addressed and met are priorities. Key planning priorities include developing the evidence base for effective intervention programmes to tackle crime and anti-social behaviour, ensuring capacity for accommodation for remands and PACE beds and developing pathways to meet the additional needs of young people who are in the youth justice system.

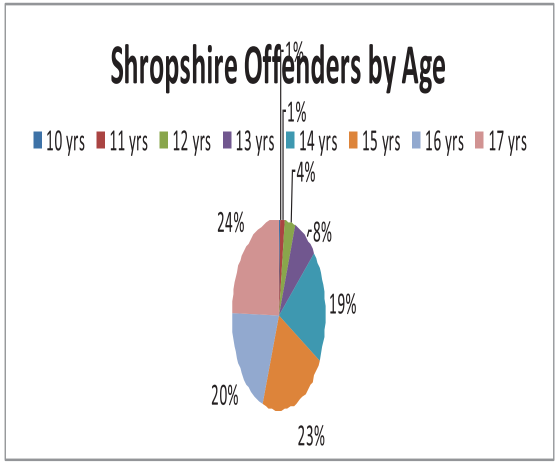
The Community Safety Strategic Plan for 2014 -2017, contains the priority to reduce offending and re-offending and bring offenders to account, under which success measures are reducing first time entrants to the youth justice system and re-offending by young people. Another priority in the plan is reducing the harm caused by alcohol and drugs, this has a particular link across as 40% of young people receiving YOS interventions have assessed substance misuse needs.

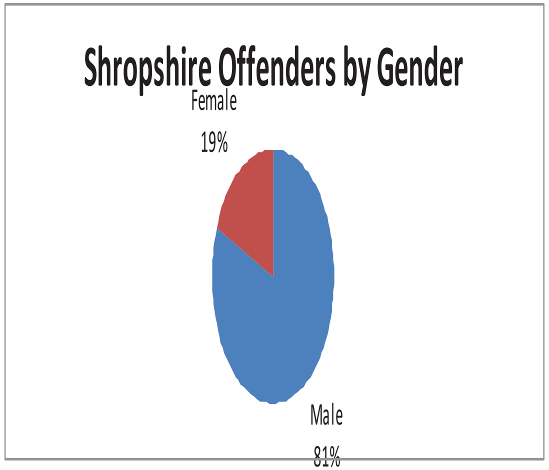
APPENDIX 2 - AREA PROFILE – SHROPSHIRE

Youth Offending Population – all Young People

There are 28,588 young people aged 10 to 17 in Shropshire. In 2014/15 there were 204 youth justice sanctions (youth cautions, youth conditional cautions or convictions) made on Shropshire young people. A total of 153 individual young people accounted for these 204 outcomes, 0.54% of the youth population.



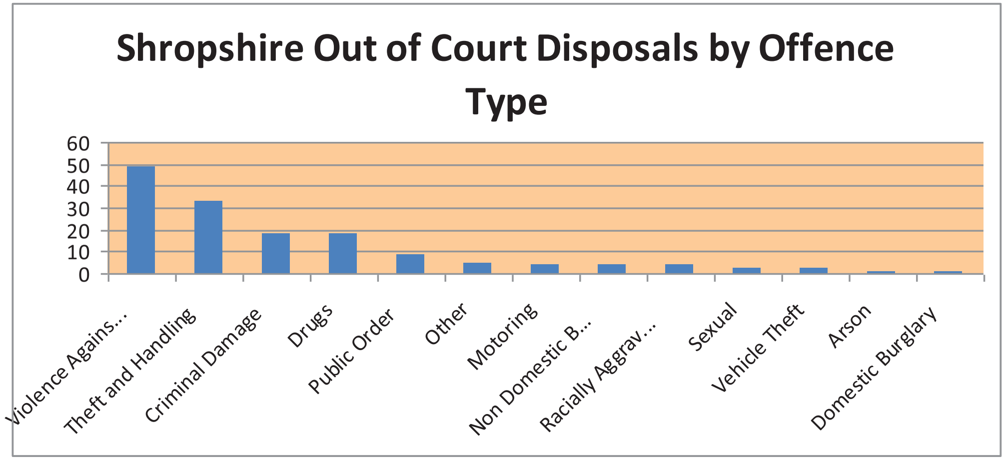




Of the 153 young people entering or in the youth justice system in 2014/15, 81% were male. The majority, 68%, were aged 15 to 17 years. The peak age of offending for both young males and young females was 17 years.

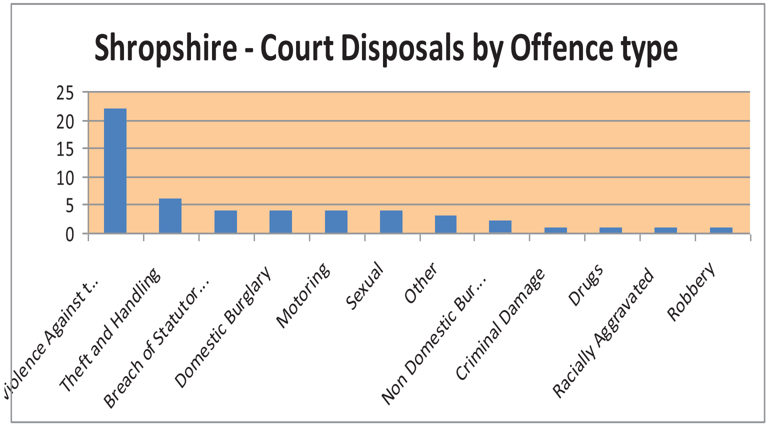
Youth Offending Population – Young People Subject to Out of Court Disposals

During 2014/15 there were a total of 150 pre-court disposals made on Shropshire young people, 144 of these were Youth Cautions and 6 Youth Conditional Cautions. The YOS is required to assess all young people made subject to second or subsequent Youth Cautions and Youth Conditional Cautions and if assessed appropriate provide a programme of intervention, in 2014/15 intervention programmes were provided for 83 pre-court disposals.



The most frequently occurring primary offences for out of court disposals were violence against the person, 33%, followed by theft and handling, 22%, criminal damage 12% and drug offences12%.

Youth Offending Population – Young People Subject to Court Outcomes



In 2014/15 a total of 40 Shropshire young people accounted for 53 court outcomes. Orders requiring YOS interventions (Referral Orders, YROs and Custodial sentences) accounted for 45 of the 53 court outcomes.

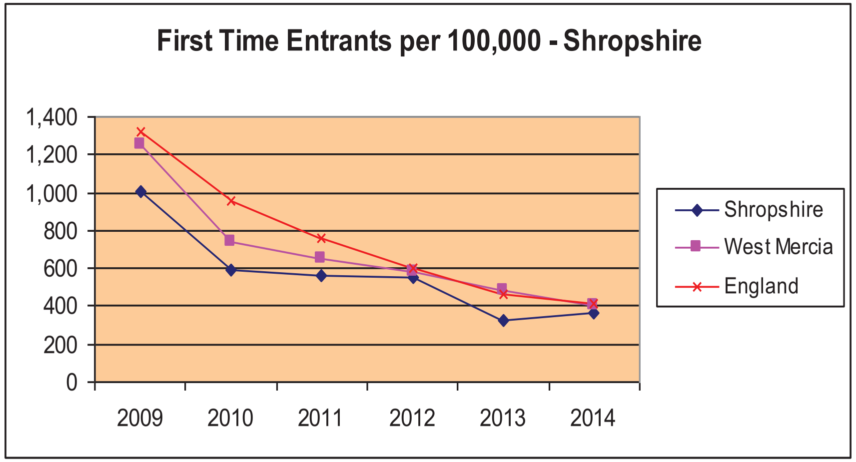
The majority, 77% of young people receiving court sentences were aged 15 to 17, with 17 year olds accounting for 28% of young people receiving a court sentence.

The most frequently occurring offence for court sentences was violence against the person, accounting for 42% of all outcomes. Theft and handling was the next frequently occurring offence, 11%, followed by breach of a statutory order, burglary, motoring and sexual offences, each accounting for 8% of court outcomes.

Performance Against National Indicators

(i) First Time Entrants

The first time entrant measure is expressed as the number of first time entrants per 100,000 of 10 to 17 year old population. First time entrants are those young people receiving a first formal youth justice sanction (a Youth Caution, Conditional Caution or Conviction). Good performance is indicted by a lower rate



In the twelve month period October 2013 to September 2014 there were 364 first time entrants per 100,000 youth population in Shropshire, representing a reduction of -64% since the year ending September 2009. This compares with a reduction for England of -68% and for West Mercia of -67% over the same period. The actual number of first time entrants in the year ending September 2014 is 103, compared to 311 in 2009.

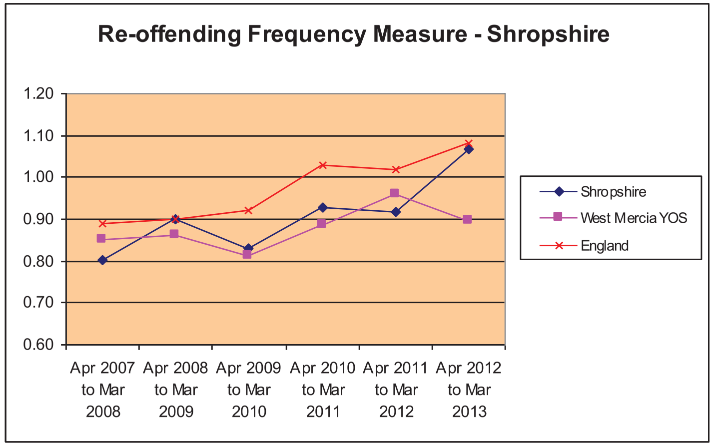
At 364 Shropshire has the lowest rate of FTEs across West Mercia, the next lowest rate being 369 and the highest 525. Some analysis into reasons for the differential rates has been undertaken, and some further analysis is planned for 2015/16.

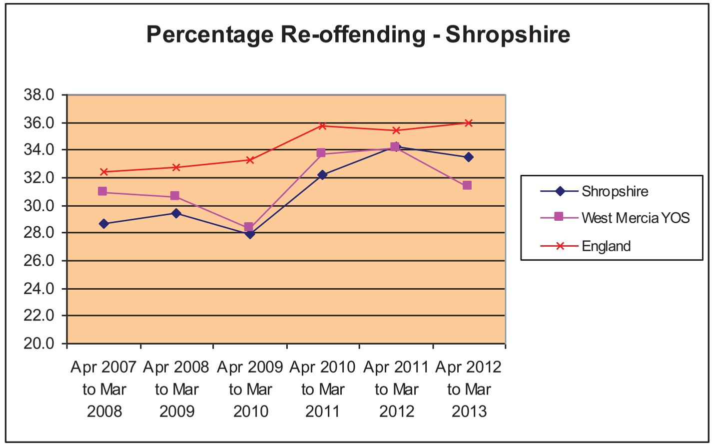
(ii) Use of Custody

The use of custody measure is expressed as the number of custodial sentences per 1,000 of 10 to 17 year population, a lower rate indicates better performance. Shropshire has, historically, had a low rate of custodial sentences.

There were 6 custodial sentences during 2014/15, equating to a rate of 0.21 custodial sentences per 1000 youth population this represents an increase in custodial sentences from 2013/14 where there were 3 custodial sentences equating to a rate of 0.10. The 2014/15 rate of 0.21% compares to a West Mercia rate of 0.20. The national rate for 2014/15 was not available at the time of writing but in 2013/14 it was 0.52. Custodial sentences accounted for 11% of all court outcomes in Shropshire, compared to 6.3% of all court outcomes across West Mercia.

(iii) Re-Offending





There are two re-offending measures, both measuring re-offending in the same cohort of offenders over a 12 month period following the youth justice sanction that placed the young person in the cohort. The first, the frequency measure, is the average number of re-offences per offender in the cohort. The second measure, the binary measure, is the percentage of the offenders in the cohort re-offending. In both cases a lower rate denotes better performance. The most recent data for the re-offending measure is for the year ending March 2013.

The frequency measure performance for Shropshire for the year ending March 2013 is 1.07, compared to the West Mercia performance of 0.89 and national performance of 1.08. Shropshire is, therefore, performing less well than for West Mercia but slightly better than for England.

For the year ending March 2013 the binary measure for Shropshire is 33.5% which is higher than the West Mercia performance of 31.3% but is significantly better than the national performance of 36.0%. It should also be noted, however, that the overall cohort sizes are decreasing year on year. In the year ending March 2008 there were 709 offenders in the cohort and 570 re-offences compared to a cohort size of 239 with 255 re-offences in 2013. The number of actual re-offences has therefore decreased by -55% between 2008 and 2013.

Locally the West Mercia YOS is implementing the Youth Justice Board re-offending tracking tool during 2015/16 in order to understand the characteristics of the re-offending group and inform the services approach to reducing re-offending.

Links to Other Plans

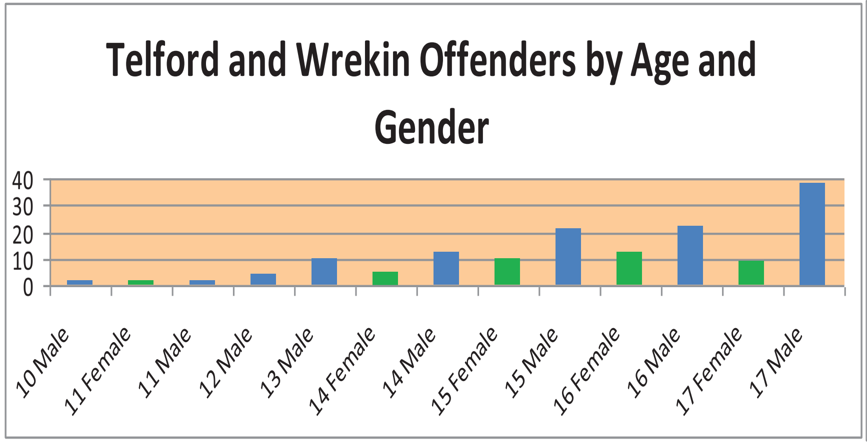
The Children, Yong People and Families Plan 2014 has a key outcome area of ensuring the emotional wellbeing of young people by focusing on prevention and early intervention. Within this outcome area reducing the involvement of young people in the criminal justice system and addressing mental health and substance misuse issues are specifically referenced. Within the population of young people receiving YOS interventions in West Mercia 47% have mental health issues and 40% substance misuse issues. A key area of focus for the Children's Trust is transition planning and arrangements, and within this a key outcome is reducing the number of young people who are NEET. This will make a contribution to reducing the risks associated with offending behaviour as 38% of 16 and 17 year olds receiving YOS interventions are receiving less than 16 hours ETE.

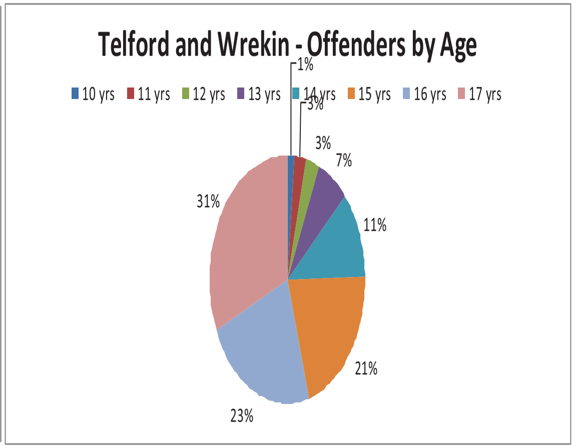
There are direct links between the Youth Justice Plan and the priorities in Crime Reduction, Community Safety and Drug and Alcohol Strategy 2014 – 17. In particular priority one, reducing serious harm, and the sub priorities reducing offending and re-offending and alcohol and drug misuse. The YOS directly contributes to these two sub priorities in the direct work undertaken to reduce re-offending and in the delivery of substance misuse interventions to young people who are in the youth justice system, 40% of young people in the youth justice system have substance misuse issues. One of the key strands under reducing re-offending is increasing compliance, and the YOS is establishing a process of compliance reviewing during 2015/16

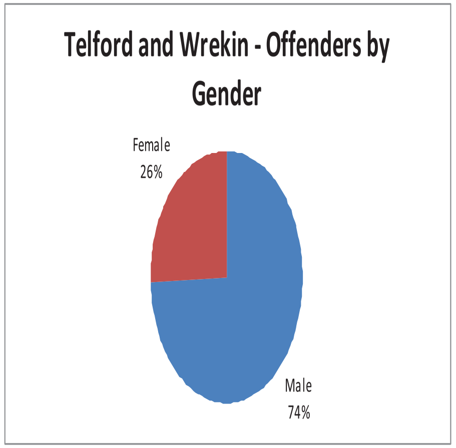
APPENDIX 3 - AREA PROFILE – TELFORD AND WREKIN

Youth Offending Population – all Young People

There are 16,578 young people aged 10 to 17 in Telford and Wrekin. In 2014/15 there were 175 youth justice sanctions (youth cautions, youth conditional cautions or convictions) made on Telford and Wrekin young people. A total of 149 individual young people accounted for these 175 outcomes, 0.9% of the youth population.



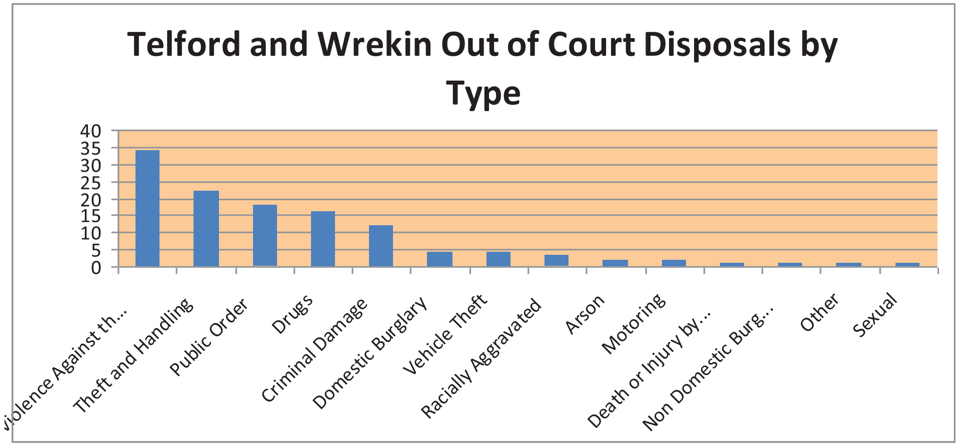




Of the 149 young people entering or in the youth justice system in 2014/15, 74% were male. The majority, 76%, were aged 15 to 17 years. The peak age of offending for young males was 17 years and young females 16 years.

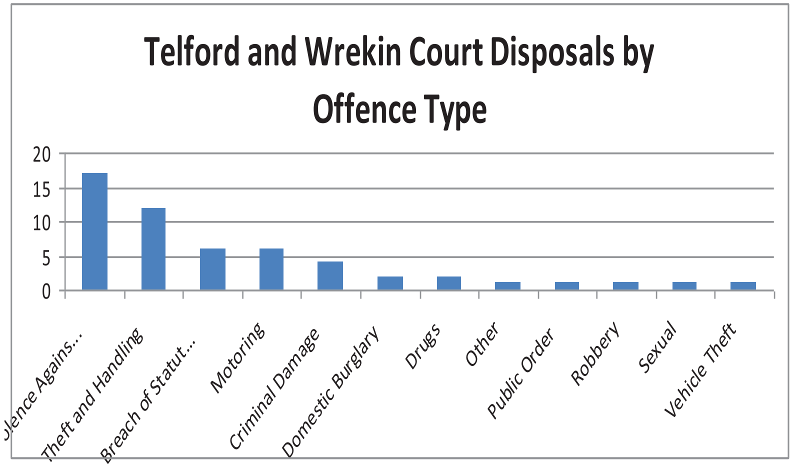
Youth Offending Population – Young People Subject to Out of Court Disposals

During 2014/15 there were a total of 121 pre-court disposals made on Telford and Wrekin young people, 120 of these were Youth Cautions and 1 Youth Conditional Caution. The YOS is required to assess all young people made subject to second or subsequent Youth Cautions and all Youth Conditional Cautions and if assessed appropriate provide a programme of intervention, in 2014/15 intervention programmes were provided for 44 pre-court disposals.



The most frequently occurring primary offence for out of court disposals was violence against the person, 28%, followed by theft and handling, 18%, theft and handling, 22%, public order offences 18% and drug offences 13%.

Youth Offending Population – Young People Subject to Court Outcomes



In 2014/15 a total of 43 Telford and Wrekin young people accounted for 54 court outcomes. Orders requiring YOS interventions (Referral Orders, YROs and Custodial sentences) accounted for 40 of the 54 court outcomes.

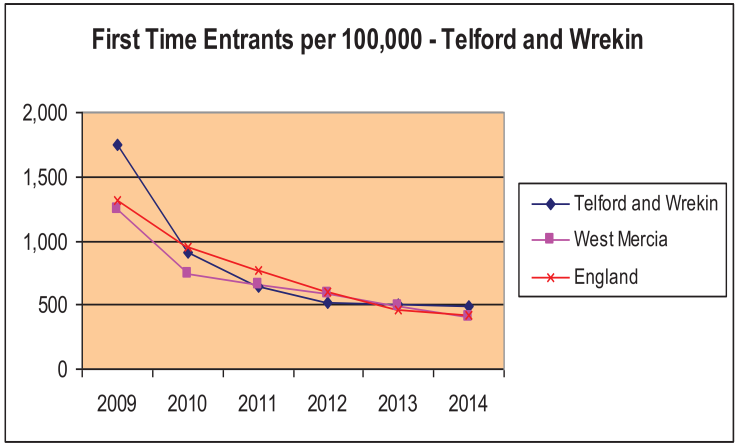
The majority, 95% of young people receiving court sentences were aged 15 to 17, with 17 year olds accounting for 60% of young people receiving a court sentence.

The most frequently occurring offence for court sentences was violence against the person, accounting for 31% of all outcomes. Theft and handling was the next most frequently occurring offence, 22%, followed by breach of a statutory order, 11% and motoring offences 11%. These four categories of offences accounted for 75% of all sentencing outcomes.

Performance Against National Indicators

(i) First Time Entrants

The first time entrant measure is expressed as the number of first time entrants per 100,000 of 10 to 17 year old population. First time entrants are those young people receiving a first formal youth justice sanction (a Youth Caution, Conditional Caution or Conviction). Good performance is indicted by a lower rate.



In the twelve month period October 2013 to September 2014 there were 490 first time entrants per 100,000 youth population in Telford and Wrekin, representing a reduction of -72% since the year ending September 2009. This compares with a reduction for England of -68% and for West Mercia of -67% over the same period. The actual number of first time entrants in the year ending September 2014 is 82, compared to 317 in 2009.

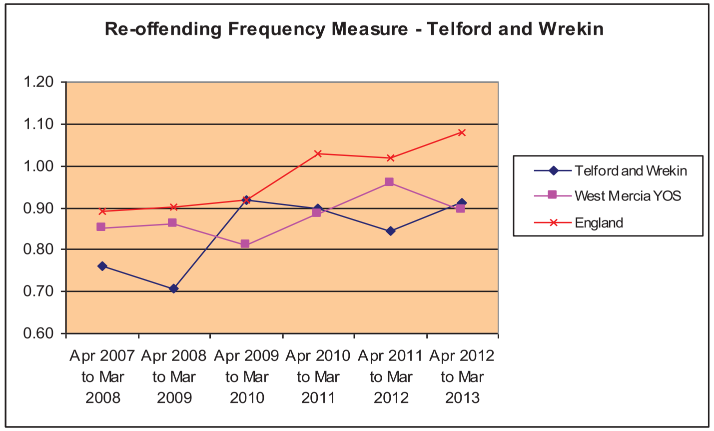
At 490 Telford and Wrekin has the second highest rate of FTEs across West Mercia, with the highest rate at 525 and lowest at 364. Some analysis into reasons for the differential rates has been undertaken, and some further analysis is planned for 2015/16, this will particularly focus on Telford and Wrekin.

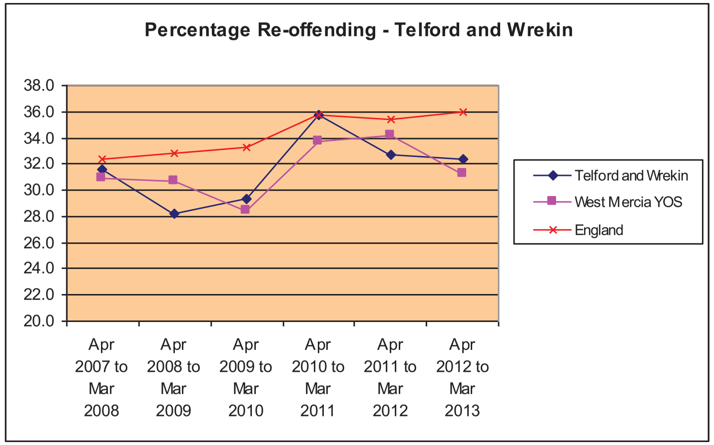
(ii) Use of Custody

The use of custody measure is expressed as the number of custodial sentences per 1,000 of 10 to 17 year population, a lower rate indicates better performance. Telford and Wrekin has, historically, had a low rate of custodial sentences.

There was 1 custodial sentence during 2014/15, equating to a rate of 0.06 custodial sentences per 1000 youth population this represents a decrease in custodial sentences from 2013/14 where there were 9 custodial sentences equating to a rate of 0.54. The 2014/15 rate of 0.06 compares to a West Mercia rate of 0.20. The national rate for 2014/15 was not available at the time of writing but in 2013/14 it was 0.52. Custodial sentences accounted for 1.8% of all court outcomes in Telford and Wrekin, compared to 6.3% of all court outcomes across West Mercia.

(iii) Re-Offending





There are two re-offending measures, both measuring re-offending in the same cohort of offenders over a 12 month period following the youth justice sanction that placed the young person in the cohort. The first, the frequency measure, is the average number of re-offences per offender in the cohort. The second measure, the binary measure, is the percentage of the offenders in the cohort re-offending. In both cases a lower rate denotes better performance. The most recent data for the re-offending measure is for the year ending March 2013.

The frequency measure performance for Telford and Wrekin for the year ending March 2013 is 0.91, compared to the West Mercia performance of 0.89 and national performance of 1.08. Telford and Wrekin is, therefore, performing in line with West Mercia and better than England.

For the year ending March 2013 the binary measure for Telford and Wrekin is 32.4% compared with a West Mercia performance of 31.3% and a national performance of 36.0%. It should be noted the overall cohort sizes are decreasing year on year. In the year ending March 2008 there were 629 offenders in the cohort and 479 re-offences compared to a cohort size of 173 with 158 re-offences in 2013. The number of actual re-offences have therefore decreased by -67% between 2008 and 2013.

Locally the West Mercia YOS is implementing the Youth Justice Board re-offending tracking tool during 2015/16 in order to understand the characteristics of the re-offending group and inform the services approach to reducing re-offending.

Links to Other Plans

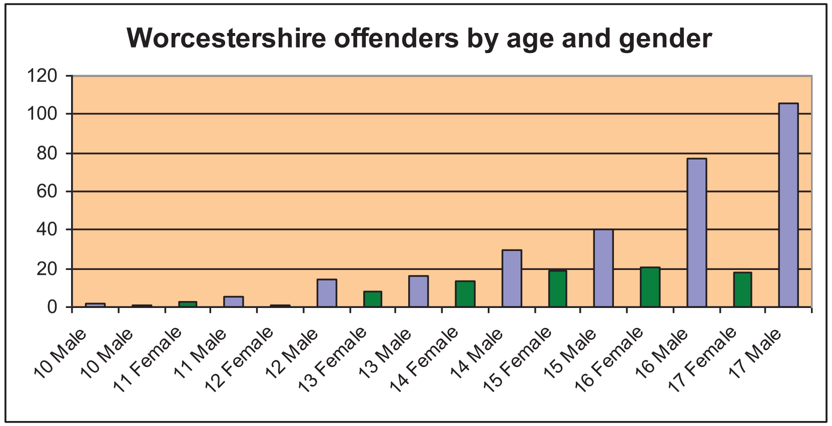
Two of the targeted areas for improved outcomes in the Children, Young People and Families Plan 2013 – 2016 that are relevant to this plan are Live Well and Work Well. Within Live Well reduced offending and re-offending is outcome measure. In Work Well the reduction of young people who are NEET is an outcome measure. NEET 16 to 18 year olds are over represented on the youth offending population with 41% of 16 and 17 year olds YOS clients in West Mercia receiving less than 16 hours ETE. There is an outcome measure to reduce the number of children in care entering the youth justice system for the first time and for those in the system reducing re-offending.

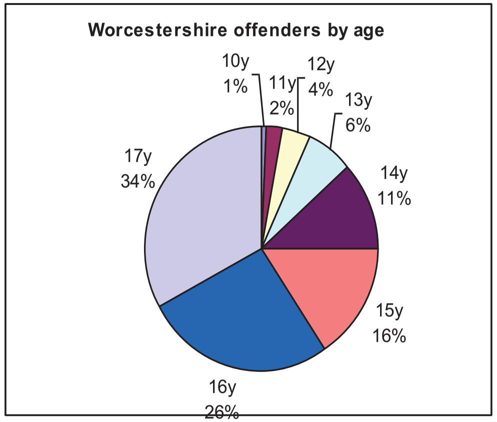
Two of the year three priorities in the Community Safety Plan 2013 -16 are; identify and tackle harm associated with all offending types and reduce the impact of anti-social behaviour has on people, places and communities. Under the first of these priorities is the reduction of offending and re-offending and tackling child sexual exploitation.

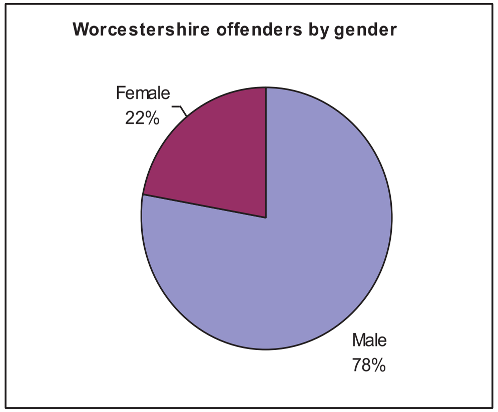
APPENDIX 4 - AREA PROFILE – WORCESTERSHIRE

Youth Offending Population – all Young People

There are 51,282 young people aged 10 to 17 in Worcestershire. In 2014/15 there were 476 youth justice sanctions (youth cautions, youth conditional cautions or convictions) made on Worcestershire young people. A total of 374 individual young people accounted for these 476 outcomes, 0.73% of the youth population.



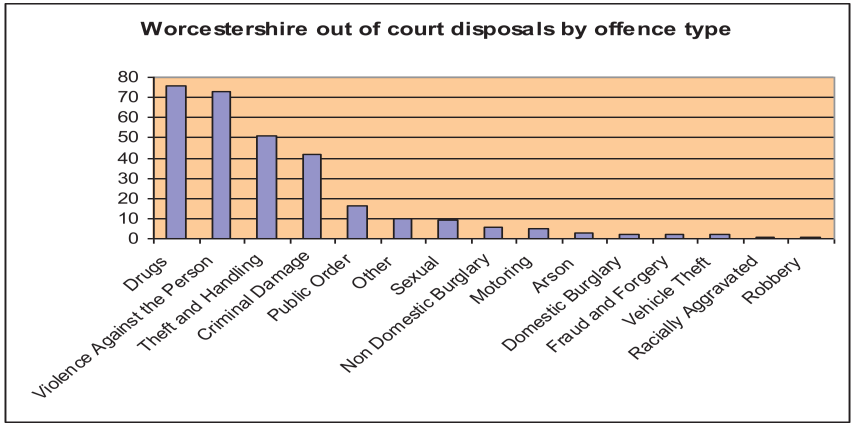




Of the 374 young people entering or in the youth justice system in 2014/15, 78% were male. The majority, 75%, were aged 15 to 17 years. The peak age of offending for young males was 17 years and young females 16 years.

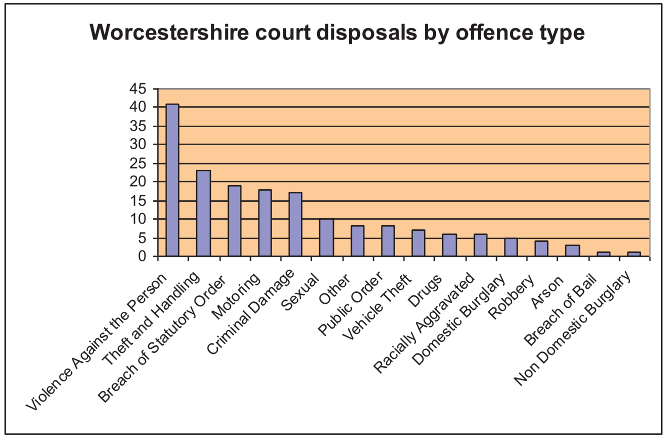
Youth Offending Population – Young People Subject to Out of Court Disposals

During 2014/15 there were a total of 299 pre-court disposals made on Worcestershire young people, 282 of these were Youth Cautions and 17 Youth Conditional Cautions. The YOS is required to assess all young people made subject to second or subsequent Youth Cautions and all Youth Conditional Cautions and if assessed appropriate provide a programme of intervention, in 2014/15 intervention programmes were provided for 64 pre-court disposals.



The most frequently occurring primary offence for out of court disposals were drug offences, 25%, followed by violence against the person, 24%, theft and handling, 17% and criminal damage 14%.

Youth Offending Population – Young People Subject to Court Outcomes



In 2014/15 a total of 125 Worcestershire young people accounted for 177 court outcomes. Orders requiring YOS interventions (Referral Orders, YROs and Custodial sentences) accounted for 136 of the 177 court outcomes.

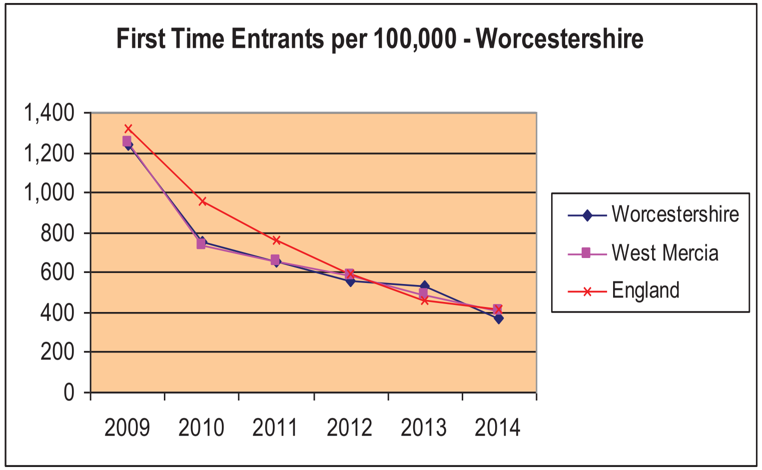
The majority, 86% of young people receiving court sentences were aged 15 to 17, with 17 year olds accounting for 39% of young people receiving a court sentence.

The most frequently occurring primary offence for court sentences was violence against the person, accounting for 23% of all outcomes. Theft and handling was the next frequently occurring offence, 13%, followed by breach of a statutory order, 11%, motoring 10% and criminal damage 10%. These five categories of offences accounted for 67% of all sentencing outcomes.

Performance Against National Indicators

(i) First Time Entrants

The first time entrant measure is expressed as the number of first time entrants per 100,000 of 10 to 17 year old population. First time entrants are those young people receiving a first formal youth justice sanction (a Youth Caution, Conditional Caution or Conviction). Good performance is indicted by a lower rate.



In the twelve month period October 2013 to September 2014 there were 369 first time entrants per 100,000 youth population in Worcestershire, representing a reduction of -70% since the year ending September 2009. This compares with a reduction for England of -68% and for West Mercia of -67% over the same period. The actual number of first time entrants in the year ending September 2014 is 190, compared to 698 in 2009.

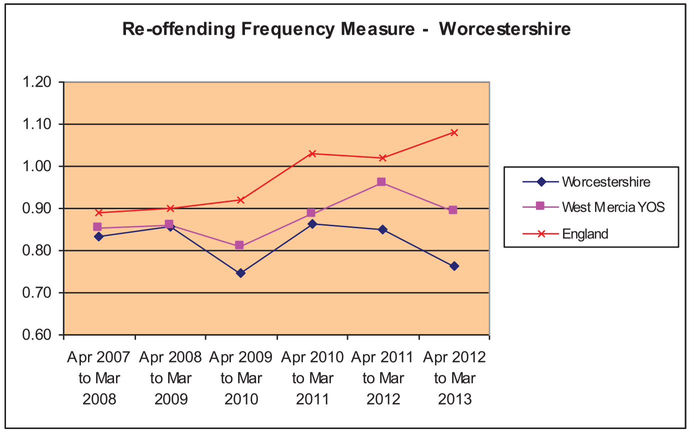
At 369 Worcestershire has the second lowest rate of FTEs across West Mercia, with the highest rate at 525 and lowest at 364. Some analysis into reasons for the differential rates has been undertaken, and some further analysis is planned for 2015/16.

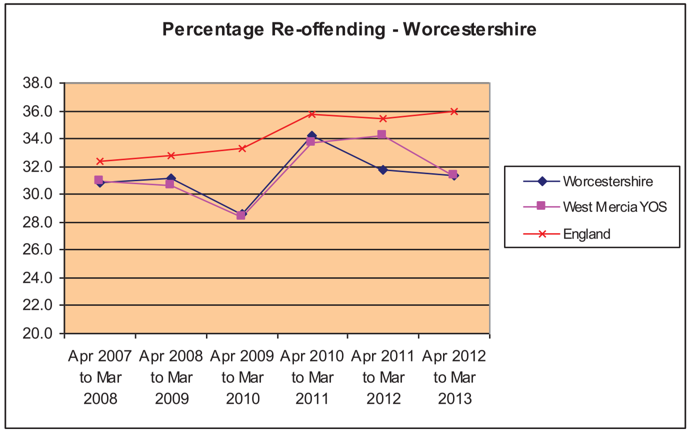
(ii) Use of Custody

The use of custody measure is expressed as the number of custodial sentences per 1,000 of 10 to 17 year population, a lower rate indicates better performance. Worcestershire has, historically, had a low rate of custodial sentences.

There were 12 custodial sentences during 2014/15, equating to a rate of 0.23 custodial sentences per 1000 youth population this represents a reduction in custodial sentences from 2013/14 where there were 15 custodial sentences equating to a rate of 0.29. The 2014/15 rate of 0.23% compares to the West Mercia rate of 0.20. The national rate for 2014/15 was not available at the time of writing but in 2013/14 it was 0.52. Custodial sentences accounted for 6.7% of all court outcomes in Worcestershire, compared to 6.3% of all court outcomes across West Mercia.

(iii) Re-Offending





There are two re-offending measures, both measuring re-offending in the same cohort of offenders over a 12 month period following the youth justice sanction that placed the young person in the cohort. The first, the frequency measure, is the average number of re-offences per offender in the cohort. The second measure, the binary measure, is the percentage of the offenders in the cohort re-offending. In both cases a lower rate denotes better performance. The most recent data for the re-offending measure is for the year ending March 2013.

The frequency measure performance for Worcestershire for the year ending March 2013 is 0.76, compared to the West Mercia performance of 0.89 and national performance of 1.08. Worcestershire has, therefore, better performance than for West Mercia and England. The performance is improved from 2012 when it was 0.85.

For the year ending March 2013 the binary measure for Worcestershire is 31.3% compared with a West Mercia performance of 31.3% and a national performance of 36.0%. This represents slightly improved performance since 2012 when it was 31.8%. It should also be noted that the overall cohort sizes are decreasing year on year. In the year ending March 2008 there were 1142 offenders in the cohort and 1331 re-offences compared to a cohort size of 517 with 394 re-offences in 2013. The number of actual re-offences has therefore decreased by -70% between 2008 and 2013.

Locally the West Mercia YOS is implementing the Youth Justice Board re-offending tracking tool during 2015/16 in order to understand the characteristics of the re-offending group and inform the services approach to reducing re-offending.

Links to Other Plans

Worcestershire's Children and Young People's Plan 2014 – 17 has two linked priorities to the youth justice plan; children and young people have a healthy lifestyle and children and young people are helped at an early stage. In terms of the healthy lifestyle priority, key areas of focus are reducing the harm caused by drugs and alcohol and improving the emotional health including access to mental health support. Within the group of young people receiving YOS interventions in West Mercia, 33% have substance misuse issues and 40% mental and emotional health issues. Under the priority that children and young people are helped at an early stage the main focus is the early help strategy. It is through the early help strategy that those young people who are at risk of entering the youth justice system for the first time are targeted for intervention.

The Worcestershire Community Safety Board's Community Safety Agreement 2015 – 16 has three directly relevant strategic priorities; reducing re-offending, harm reduction which includes safeguarding and alcohol and drug misuse. The YOS will directly contribute to these priorities through work to reduce youth re-offending, ensuring that young people are protected from harm and in the direct delivery of substance misuse interventions to young people in the youth justice system.

Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
MEETING DATE:	**21 JULY 2015**
TITLE OF REPORT:	**Health and Wellbeing Board Work Plan**
REPORT BY:	**Director of Children's Wellbeing**

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To seek the views of the Board and finalise the quarterly forward plan

5. Recommendation

THAT: The report be noted

6. Appendices

Appendix 1 - An outline work programme for the Committee.

7. Background Papers

None identified.

Further information on the subject of this Report is available from
David Penrose on Tel (01432) 383690

HEALTH AND WELLBEING BOARD

WORK PLAN JULY 2015 TO MAY 2016

TIMELINE OF ACTIVITIES AND DECISIONS UPDATED

July 2015

DATES	BOARD MEETINGS
15 September 2015	• Safeguarding Adults – Progress Report • Public Health Commissioning Progress update • Care Act Implementation • System Wide Transformation • Progress Report on Transformation Delivery • For information: BCF Submission Update
10 November 2015	• Progress report on Health and Wellbeing Strategy Priority 1: Mental health and wellbeing and the development of resilience in children, young people and adults • Safeguarding Children – Progress Report • Health and Wellbeing Strategy - Mental Health Services • Update on the HCCG integrated urgent care pathway project • NHS England Commissioning of Pharmacy Services • Transformation Programme Update • For information: BCF Submission Update
20 January 2016	• Progress report on Health and Wellbeing Strategy Priority 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 • Progress report on the Engagement Gateway • For information: BCF Submission Update
23 March 2016	• Progress report on Health and Wellbeing Strategy Priority 3: For older people – quality of life, social isolation, fuel poverty • Local Authority Adults and Children's Well Being Commissioning Plans 2016/17 • CCG Commissioning Plans 2016/17 • Public Health Annual Report • Transformation Programme Update • For information: BCF Submission Update