

AGENDA

Cabinet

Date: **Thursday 9 March 2017**

Time: **2.00 pm**

Place: **Council Chamber, The Shire Hall, St Peter's Square,
Hereford, HR1 2HX**

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

For any further information please contact:

Sarah Smith

Tel: (01432) 260176

Email: sarah.smith1@herefordshire.gov.uk

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Agenda for the meeting of Cabinet

Membership

Chairman **Councillor AW Johnson**
Vice-Chairman **Councillor PM Morgan**

Councillor H Bramer
Councillor DG Harlow
Councillor JG Lester
Councillor PD Price
Councillor P Rone

AGENDA

	Pages
1. APOLOGIES FOR ABSENCE To receive any apologies for absence.	
2. DECLARATIONS OF INTEREST To receive any declarations of interest by Members in respect of items on the Agenda.	
3. MINUTES To approve and sign the minutes of the meeting held on 19 January 2017.	7 - 12
4. COMMUNITY HOUSING FUND To approve proposals for the use of funding provided under the Community-Led Housing Fund.	13 - 18
5. END OF JANUARY CORPORATE BUDGET AND PERFORMANCE REPORT To invite cabinet members to consider performance for the first ten months of 2016/17 and the projected budget outturn for the year.	19 - 46
6. PUBLICATION OF ANNUAL REPORTS FOR ADULTS AND WELLBEING 2016 To note the publication of key and statutory annual reports for the adults and wellbeing directorate and provide comment on the work of the directorate. The reports covered are: <ul style="list-style-type: none">• Adults Wellbeing Plan 2017-2020;• Adult Social Care Local Account 2016;• Annual Report of the Director of Public Health 2016;• Public Health Plan 2017-2020; and• Market Position Statement 2017-2020.	47 - 150

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Cabinet held at Council Chamber, The Shire Hall, St Peter's Square, Hereford, HR1 2HX on Thursday 19 January 2017 at 2.00 pm

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

Councillors H Bramer, DG Harlow, JG Lester, PD Price and P Rone

Cabinet support members in attendance

Councillors BA Durkin, NE Shaw and EJ Swinglehurst

Group leaders in attendance

Councillors JM Bartlett, TM James, RI Matthews and AJW Powers

Scrutiny chairmen in attendance

Councillors PA Andrews and WLS Bowen

Other councillors in attendance:

Councillors CR Butler and D Summers

Officers in attendance: Geoff Hughes, Jo Davidson, Martin Samuels, Claire Ward and Mark Taylor

67. APOLOGIES FOR ABSENCE

There were no apologies from cabinet members.

68. DECLARATIONS OF INTEREST

None.

69. MINUTES

A query was raised as to where the detailed information on the constituent elements of each package in the capital programme would be published. Whether it would be in the capital budget monitoring report as stated in the minutes of the cabinet meeting of 1 December 2016 or in the budget papers to be presented to council in February 2017.

The interim director of resources stated that the level of detail requested was available and that he would arrange for it to be included as an appendix to the budget papers to council.

Resolved: That, noting the above, the Minutes of the meeting held on 1 December be approved as a correct record and signed by the Chairman.

70. 2017/18 REVENUE BUDGET, MEDIUM TERM FINANCIAL STRATEGY AND TREASURY MANAGEMENT STRATEGY

The leader introduced the item. He thanked all those who had contributed to the proposed budget and noted that it had been considered by both the general overview and scrutiny committee and the health and social care overview and scrutiny committee. He stated that the 2016/17 financial year was expected to be completed in budget and highlighted some of the challenges in continuing to meet the council's duties. The council

was balancing the need to raise tax revenues with the fact that average incomes were lower in Herefordshire than elsewhere.

The interim director of resources clarified that the figures in recommendation (d) should read £145.025m and £350.438m in place of £145,025 and £350,438 respectively. Attention was also drawn to a minor typographical error in Appendix 1 resulting in an arithmetic error of £4k in Business rates. These figures would be amended in the report to Council.

The interim director of resources commented that:

- the response rate to the budget consultation was lower than previous years;
- a cumulative equality impact assessment had been carried out on the budget proposals and individual assessments would be prepared prior to consultation and delivery of each specific saving initiative;
- the medium term financial strategy (MTFS) ran to the end of 2019/20 financial year and major changes were expected over that period e.g. the retention of business rates by the council;
- the proposed increase in council tax of 3.9% was comprised of a 1.9% core increase and a 2% adult social care precept; and
- the assumptions used in setting the budget had been subject to robust challenge and were considered realistic.

The interim director of resources thanked the scrutiny committees for their work and feedback. He noted that their comments had been taken on board and were reflected in the report presented to the meeting.

The chairman of the general overview and scrutiny committee thanked the members of the scrutiny committees for their work on the budget proposals. He reported that the debates held and questions raised had led to improvements to and clarifications of the budget proposals. Points of particular concern were the future retention of business rates, the transport network and the role of parish councils.

A group leader asked what proportion of the projected income from locally retained business rates was from the enterprise zone and whether recent trends in business rate income had been taken into account. The Marches LEP had reported that rates received from the zone were 36% less than had been anticipated. The interim director of resources responded that he did not have figures to hand on the proportion of business rates income coming from the enterprise zone but he was comfortable that the figures used in setting the budget were based on sound assumptions. The director for economy, communities and corporate confirmed that the previous estimates of the business rate income provided by the original consultants had been shown to be too high. The figures in the MTFS reflected recent trends in business rate income.

A group leader asked about the impact of the failure of the bid for funding made to the Department for Transport in respect of the outline business case for the western bypass and where the Hereford Transport Package was listed within the budget. The interim director of resources responded that the detail requested would be available at the meeting of the council on 3 February. The director for economy, communities and corporate stated that the rejected bid was only one of a number of funding applications the council had submitted and that provision had been made within the budget to continue work on refining the line of the bypass. The council would continue to seek external funding where available.

A group leader highlighted the risks that had been discussed regarding pollution in the River Lugg catchment area. The interim director of resources responded that he would investigate the risks and the potential financial impact to the council.

A group leader noted that 2% of respondents to the budget consultation were organisations or groups. He highlighted that responses from political groups represented the views of a collective of councillors and reflected the support of voters for the manifesto commitment of that group.

A group leader asked how the new homes bonus had been calculated. The interim director of resources explained the calculation and how the government had changed the system in the last budget. The new homes bonus now reflected the number of homes built over a shorter period of time than that used previously.

The director for adults and wellbeing was asked about the impact of charging for telecare services. The director explained that previously telecare services were only available to users as part of a care package. Since May 2016 the service had been made available to anyone at a cost of £2.86 per week. Those receiving care packages could still receive the telecare service as part of that package if required which would effectively make the service free for them. The director reported that having a charge gave an incentive for those users who no longer needed the service to return the equipment. The service was reported to be effectively paying for itself. Officers were now exploring expanding the role and functions of the telecare service, to include routine medical checks for example.

In response to a query from a group leader the director for economy communities and corporate explained that expenditure on the Herefordshire enterprise zone was shown on two separate lines of the approved capital programme, the first line reflecting confirmed funding and the second that which was subject to the outcome of external bids.

A group leader queried what the impact of the vote to leave the European Union would be on funding for projects. The leader responded that the impact was unknown at this stage. Funds would no longer be available from EU sources but other sources might be put in place.

In response to a question from a group leader the director for children's wellbeing stated that the early help grant was received in two tranches. The second tranche was dependent on results and could be clawed back by the government if targets were not met. The savings proposed in the budget made prudent assumptions about the number of families successfully helped.

A group leader noted that the proposed council tax increase was not as high as it could have been but that the public would be unhappy with any increase. He stated that it should be made clear that this was driven by central government policy.

A group leader asked if it was realistic to expect to review long term contracts in the adults and wellbeing directorate to achieve better value. The leader responded that in years when the council had stayed within budget there had nevertheless been overspends in certain areas and unexpected issues to deal with. The council had shown it could manage these unexpected costs. The director for adults and wellbeing stated that the council had a good working relationship with its social care providers and that there were a number of legal levers to initiate a review of a contract. While providers did not welcome reductions in the value of contracts they understood the funding situation facing the council. Market shaping was an explicit responsibility of the council and where providers were known to be fragile the council would work with them to try and avoid closures.

A cabinet support member asked if there had been any reduction in council tax collection rates in light of previous rate rises. The interim director of resources responded that collection rates were holding up well and the rate for Herefordshire remained one of the highest in the country. The assumptions made in setting the budget were robust and

recognised the risks, for example that more households would apply to the council tax reduction scheme.

In response to a query from a group leader the interim director of resources stated that council borrowing would be reviewed as the council expected to receive some capital receipts, for example from the disposal of the smallholding estate. There would be a focus on what the council needed to borrow against what it had already borrowed. Rates of interest were currently very low and the council would be looking to invest in long term projects that would generate a positive return.

Resolved: that the following be recommended to full Council on 3 February 2017:

- (a) the council tax base of 67,937.91 band D equivalents;**
- (b) an increase in council tax in 2017/18 of 1.9%;**
- (c) an additional precept in respect of adult social care costs of 2.0% applied to council tax in 2017/18.**

Cabinet notes that the impact of the above recommendations would result in a total council tax increase of 3.9%; increasing the band D charge from £1,324.83 to £1,376.50 for Herefordshire Council in 2017/18; and

- (d) the balanced 2017/18 revenue budget proposal of £145.025m subject to any amendments approved at the meeting, and specifically.**
 - i. the net spending limits for each directorate as at 3.4.1**
 - ii. the gross revenue budget of £350.438m**
 - iii. delegate to the section 151 officer the power to make necessary changes to the budget arising from any variations in central government funding allocations via general reserves.**

That cabinet recommend Council adopts the following:

- (a) the treasury management policy statement, appendix 3;**
- (b) the medium term financial strategy (MTFS) which incorporates:**
 - i. the capital programme approved by Council on 16 December 2016;**
 - ii. the treasury management strategy (TMS);**
 - iii. the reserves policy, as determined by the section 151 officer as a prudent level of reserves.**

71. EQUALITY POLICY 2017-2019

The cabinet member for economy and corporate services introduced the report. He highlighted that the updated equality policy included new objectives and picked up on topical issues such as the arrival of Syrian refugees and the needs of the gypsy, roma and traveller community.

The equality and compliance manager summarised the report. She highlighted that it was not a statutory requirement for the council to have an equality policy but that it must publish its equality objectives and show how it was meeting the legal requirements of the Equality Act.

The cabinet member for health and wellbeing noted that the community safety partnership had identified domestic violence and abuse as a priority area and asked that the equality policy recognise the lead role of the partnership in this area.

The equality and compliance manager stated that there was no specific objective relating to people with disabilities as they would be picked up in the other objectives. The council was recognised as a disability friendly employer and further actions were to come in this area.

The cabinet member for young people and children's wellbeing asked whether having three main priorities for the period of the policy would distract from the other principles not associated with these priorities. The equality and compliance manager stated that all of the principles were expected to be embedded across the authority. The three priority areas related to new or emerging challenges and requirements.

The chair of the general overview and scrutiny committee noted that the committee would be undertaking a piece of work on gypsy, roma and traveller communities. He highlighted the urgent need to identify a transit site and that some existing sites needed to be better maintained.

In response to a query the equality and compliance manager stated that the council would shortly be publishing details of its gender pay gap.

A group leader asked about the purpose of analysing the diversity data of all candidates standing for election. The equality and compliance manager responded that the council wished to ensure that councillors reflected the diverse range of people in the county. Monitoring the diversity of those standing for election would establish a base starting point from which the council could measure the effectiveness of measures to encourage a more diverse range of candidates.

A group leader asked why the development plan document (DPD) on travellers' sites would not be adopted until December 2018. The identification of a transit site would take even longer. The lack of available pitches was a pressing issue for the planning committee. The director of economy communities and corporate stated that the process of selecting a transit site had commenced and that a couple of options had already been identified. The DPD would need to go through the same formal process as the local plan which would include an examination by a planning inspector prior to its adoption by the council. The date given allowed for delays which could occur in the process but it was possible that the DPD would be adopted sooner.

It was suggested that the language in the document could be simplified to remove jargon and explain terms such as protected characteristics.

Resolved that:

- a) the draft Equality Policy (including the equality objectives) – at appendix 1 to the report - are approved for publication in January 2017 with the following amendment:**

On page 13 principle 6 part (d) to include the words - that the community safety partnership leads on work around domestic violence and abuse.

The meeting ended at 3.15 pm

CHAIRMAN



Meeting	Cabinet
Meeting date:	9 March 2017
Title of report:	Community housing fund
Report by:	Cabinet member health and wellbeing

Classification

Open

Key decision

This is a key decision because it is likely to be significant in terms of its effect on communities living or working in an area comprising one or more wards in the county.

Notice has been served in accordance with Part 3, Section 10 (General Exception) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) Regulations 2012.

Wards affected

Countywide

Purpose

To approve proposals for the use of funding provided under the Community-Led Housing Fund.

Recommendation(s)

THAT:

- (a) the proposals detailed at paragraph 9 of the report for the use of funding to a maximum of £503k from the Department of Communities and Local Government under the Community-Led Housing Fund be approved; and
- (b) authority be delegated to the director for adults and wellbeing to allocate the available community-led housing funding to specific programmes, grants and initiatives in order to implement the proposals.

Alternative options

- 1 The council does not submit proposals to use the funding. This would result potentially in half of the funding not being released by government and there being no agreed plan in place for utilising the funds already received. This option is not recommended as it would result in significant loss of opportunity to support community housing developments in Herefordshire on a significant scale, both in 2017 and in future years.
- 2 Considering other alternative proposals for submission to the Department of Communities and Local Government (DCLG). This option is not recommended as the proposals reflect the opportunities to support key local developments and potential for community-led housing and the capacity which will be required to support them. Furthermore, any delay to the council's submission is likely to lead to the loss of £251K of funding provisionally allocated by DCLG.

Reasons for recommendations

- 3 The provisional allocation of funding to Herefordshire under the Community-Led Housing Fund provides an opportunity to make significant investment in housing, which responds to the local needs of communities and promotes active participation in local decision making. The sum of £252k has already been transferred to the council by DCLG. Approval of the proposals will allow them to be submitted to DCLG, with the expectation that it will release the remaining £251K in initial funding.

Key considerations

- 4 In the 2016 budget, the chancellor announced that £60m would be used to help solve local housing problems, creating genuinely affordable homes and strong communities. This will include community-led housing developments in rural and coastal communities. The scheme is funded through the receipts from higher rates of Stamp Duty Land Tax on additional homes (i.e. second homes) which came into effect on 1 April 2016. Funding has been allocated in proportion to the number of second homes in each council area.
- 5 Herefordshire Council was notified in December 2016 of its allocation from the Community-Led Housing Fund. The first half of this funding was paid in early January 2017 and the remainder will be released to the council in March, subject to satisfactory evidence that the money is to be spent in accordance with the fund's objectives and guidance. The funding can be used either for capital or revenue spending and can be deployed through grants or contracts and on the council's own staffing and other costs. It is anticipated that DCLG will be committing further funding through this fund in future years to 2022; provided that councils demonstrate that they are using their initial funding effectively and appropriately.
- 6 The purpose of the fund is to enable local community groups to be directly involved in planning and delivering affordable housing in their neighbourhoods or villages. It is expected that developments will be of mixed tenure and on sites which are likely to be of little interest to mainstream housing developers. The fund will also help to build collaboration, skills and supply chains at a local level to promote the sustainability of this approach to house building. The fund will enable capital investment, technical support and revenue to be provided to make more schemes viable and significantly increase community groups' current expectations of actually securing local housing.
- 7 Community-led housing encompasses several different models of local participation

Further information on the subject of this report is available from
Ewen Archibald, strategic wellbeing and housing manager on Tel (01432) 261970

and development, including;

- Community land trusts, where local people develop and manage housing and other community assets
- Co-housing, where people come together to develop and run housing for themselves, often using communal housing models
- Self build housing
- Self help housing which supports local people to make use of empty properties

Community-led housing can bring significant benefits to local residents and the council, including;

- Developing mutual support for elderly and vulnerable residents
- The delivery of ongoing truly affordable housing
- Enabling community participation in decision making, investment and the local environment
- Promoting community cohesion and resilience

8 Herefordshire has some experience of developing and delivering community-led housing. Two schemes have been delivered successfully with Marches Community Land Trust in the past three years and the council has been supporting and enabling self-build development on a small scale for some time. The two co-housing schemes locally were conceived some time ago and have now reached the planning stages, with mixed fortunes. Herefordshire's established culture of neighbourhood planning is recognised as an asset in delivering community-led housing, and one which is not always present in other council areas.

9 It is proposed that Herefordshire Council should use the initial funding available to build the capacity locally to develop and deliver community housing over the longer term. This would be done through addressing five main priorities in 2017:

- Investment in existing and emergent community land trusts (CLT); Marches CLT, Hereford CLT and other new and potential trusts. This investment would support housing needs surveys, training, community engagement and project management to develop partnerships with local housing providers.
- Investing in and/or supporting the Mandorla and Larkrise co-housing groups to review their development schemes and find the most appropriate and practicable means of realising their objectives.
- Investment in self build projects which will provide affordable housing.
- Identifying and supporting parish councils with plans or ambition to develop local housing schemes and products. Support will be linked to the neighbourhood planning process and enable training, local co-production, housing needs surveys and other activity to enable schemes to be achieved.
- Provision of increased housing development capacity within the council's adults and wellbeing directorate on a temporary basis to provide enabling support to community land trusts, co-housing schemes, parish councils and others. This will help ensure the viability of community-led housing initiatives through building capacity, implementing neighbourhood planning processes and brokering partnerships with housing developers and providers.

Further information on the subject of this report is available from
Ewen Archibald, strategic wellbeing and housing manager on Tel (01432) 261970

- 10 DCLG encourages councils to engage and pay specialist advisers from the community-led housing sector to help develop proposals and plan their implementation. Available advisers have been provided by DCLG and initial discussions are continuing to shape Herefordshire's proposals in more detail, including grant award process and criteria which will be developed in conjunction with commercial services, along with discussions with Marches CLT, which is the most established trust working in the county.

Community impact

- 11 Development of community-led housing will significantly contribute to the priorities in the council's corporate plan. Enabling families, including children to live in good quality new housing in their local neighbourhoods and villages, helping to ensure they are safe and live independent lives. Community housing promotes local supply chains and jobs for local people, matching needs with resources and skills in the local economy. Housing is also one of the priorities in Herefordshire's health and wellbeing strategy. Increased realisation of community-led housing will extend the diversity of affordable housing in both urban and rural areas and enable genuine participation in building safe and accessible housing in communities.

Equality duty

- 12 The council is committed to equality and diversity using the Public Sector Equality Duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.
- 13 The equality duty covers the following nine groups with protected characteristics: age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The decision does not discontinue services and has no detrimental impact for eligible service users. Equality Impact Assessments will be prepared for each programme funded through the community-led housing fund.
- 14 Community-led housing promotes accessible housing for local people in their own communities. Typically, schemes will provide new housing for vulnerable older people and families with young children. It is likely that schemes supported through the proposals in this report will benefit disabled people and carers as well as other groups of people with protected characteristics.

Financial implications

- 15 The proposals recommended will be paid for entirely from funding provided by DCLG under the Community-Led Housing Fund. A total of £502,789 has been allocated to Herefordshire Council in 2016/17 and it is understood that this may be spent during the period from February 2017 to March 2018 (further guidance is awaited from DCLG). Allocation of spending to the five priorities identified in the report will be authorised by the council's director for adults and wellbeing.

Legal Implications

- 16 The Localism Act 2011 introduced significant changes to housing policy and planning, including social housing reform. The Act introduced a general power of competence that radically increases the freedoms available to local government. With regard to the funding allocated to the local authority from DCLG the grant itself imposes no

Further information on the subject of this report is available from
Ewen Archibald, strategic wellbeing and housing manager on Tel (01432) 261970

conditions on what the money is spent on or how it is spent. However, under Section 151 Local Government Act 1972, every council shall make arrangements for the proper administration of their financial affairs. There are likely to be legal implications for the Council going forward including support in drawing up Governance arrangement and or development agreements for new homes.

17 There is the possibility of legal challenge on allocation of funds.

Risk management

18 Approval of the proposals will confer upon the council responsibility to use the funding in accordance with the objectives of the fund and other guidance. Failure to fulfil that responsibility may lead to financial liability and reputational damage for the council and loss of opportunity for communities to develop housing. These risks will be mitigated by:

- taking advice from experts in community-led housing and engaging with community housing groups locally
- Increased housing development capacity to provide support to community housing groups to ensure effective use of the funding
- Robust monitoring of spending and outcomes

If the proposals were not to be approved, the council would risk being considered to have refused the funding allocated and so would lose the opportunity to invest significantly in community-led housing for up to the next five years, with all the benefits that would bring. This would also bring potentially significant reputational damage to the council among communities and community groups and among strategic housing partners.

Consultees

19 DCLG has worked closely with the National community land trust network and other members of the community-led housing sector. The local authority will work with CLT's, parish councils, communities and members to ensure that they have access and knowledge to the funding.

Appendices

None.

Background papers

- None identified.



MEETING:	Cabinet
MEETING DATE:	9 March 2017
TITLE OF REPORT:	End of January corporate budget and performance report 2016/17
REPORT BY:	Cabinet member, economy and corporate services

Classification

Open

Key decision

This is not a key decision.

Wards affected

County-wide

Purpose

To invite cabinet members to consider performance for the first ten months of 2016/17 and the projected budget outturn for the year.

Recommendation(s)

THAT:

- (a) **performance for the first ten months of 2016/17 be reviewed and any further actions to secure improved performance be determined.**

Alternative options

1. Cabinet may: choose to review financial and operational performance more or less frequently; or request alternative actions to address any identified areas of under-performance, including referral to the relevant scrutiny committee.

Further information on the subject of this report is available from Richard Ball, assistant director environment and place on (01432) 260965 and Mark Taylor, interim director of resources on (01432) 383519

Reasons for recommendations

- To provide assurance that progress is being made towards achievement of the agreed revenue budget and service delivery targets, and that the reasons for major variances or potential under-performance are understood and are being addressed to the cabinet's satisfaction.

Key considerations

- The projected full year outturn at the end of January 2017 is forecast to generate an under spend of £250k. The improvement since September of £735k, is due to: a backdated ordinary residence case in adults; a cabinet member decision improving the car parking pressure; energy efficiency measures; West Mercia Energy (WME) price capping; and planned reserve movements.

Projected revenue outturn 2016/17 (as at the end of January)

Directorate net budget	Net budget £000	Projected full year outturn £000	Projected full year variance over / (under)spend £000
Adults and wellbeing	51,947	52,223	276
Children's wellbeing	22,386	22,868	482
Economy, communities & corporate	48,615	47,972	(643)
Directorate total	122,948	123,063	115
Other budgets and reserves	25,031	24,666	(365)
TOTAL	147,979	147,729	(250)

- Council approved the revenue budget of £147.979m in February 2016 and a further breakdown of directorate budgets against forecast spend is provided in appendix A.
- Council approved the corporate plan 2016-2020 in February 2016, framed around the key priorities to:
 - enable residents to live safe, healthy and independent lives;
 - keep children and young people safe and give them a great start in life;
 - support the growth of our economy; and
 - secure better services, quality of life and value for money.
- The supporting delivery plan for 2016/17 was approved by cabinet in April 2016 and the budget is managed in recognition of managing need and the council's relationship with communities.
- Progress is measured through a number of agreed performance measures. These have been selected because they demonstrate progress towards achievement of the council's priorities and also provide an overview of the council's performance from a resident's perspective. The databooks, which are available on the council's website, contain the latest available performance outturns. Where monitoring information is only available annually, these measures will be reported once they become available.

Further information on the subject of this report is available from Richard Ball, assistant director environment and place on (01432) 260965 and Mark Taylor, interim director of resources on (01432) 383519

8. Appendix D provides an overview of performance during the first ten months of 2016/17. Whilst 68% (66% at the end of September) of performance measures are showing a positive shift in performance, there are 32% (34% at the end of September) that are currently performing worse than the same period last year, and consideration needs to be given as to required actions to improve performance. A summary of performance and the challenges faced within each directorate is included below in paragraphs 9-52.

Adults and wellbeing (AWB)

9. The forecast outturn for 2016/17 is an overspend of £276k. This improvement of £394k since the September forecast is mainly due to the successful outcome of an ordinary residence case backdated to March 2014: confirmation received during December 2016; the release of some small reserves; plus the delayed implementation of a community project into the 2017/18 financial year.
10. The forecast overspend specifically within the adult social care client groups is £1.1m at year end. This is due to higher than budgeted expenditure on direct payments over and above the compensating reduction in domiciliary care expenditure, particularly within the learning disabilities (LD) client group. There are also unmet savings within both the residential and domiciliary care areas of the LD budget which are contributing to the current AWB financial position.
11. There have been improvements in the client spend position during January in both the LD and Mental Health areas but this has been more than offset by an increase in physical support domiciliary care during the month.
12. The client forecast assumes that any further demand pressures will be managed within operational teams, by AWB panel and by senior management. The directorate leadership team have implemented an in-year plan that identifies required actions and additional savings initiatives in order to achieve a balanced outturn for 2016/17. This has significantly reduced the forecast overspend during the course of the year.
13. A county team improvement programme has been set up to specifically look at LD service improvements and the reasons for the increase in expenditure within this client group. This programme is starting to show results, in terms of an increased rate of client reviews and reduced waiting times for assessments.
14. A focussed approach to filling vacant block beds and shared lives placements is now being developed to ensure that the council gets best value and quality outcomes for service users from the block contracts that it commissions. This piece of work has already improved the financial position and is part of the reason for the improvement in the forecast from August to October 2016.

What is going well?

15. In December, the council hosted a follow-up to the external peer challenge of its safeguarding function, which took place in September 2015. This was part of a regional programme coordinated by the West Midlands association of directors of adult social services (WM ADASS) as the centrepiece of its strategy of sector-led improvement. The challenge team returned to Herefordshire to consider the progress made in delivering the action plan developed to address the recommendations made at the time of the original challenge visit. Formal feedback has very recently been received and will be considered and shortly reported to the cabinet member together with a proposed action plan to further improve performance, but it was clear that the team felt that the progress made since that earlier visit was very encouraging, with clear evidence of strong links across the system and a very positive approach to

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delivering genuine improvements for Herefordshire people.

16. Work on developing the prevention strategy is ongoing through the Prevention Project Working Group reporting to the directorate leadership team through the Prevention Board. The brief of the Prevention Board is to embed a coherent prevention approach within the Wellbeing Agenda and oversee an operating framework for that approach. To this end the board is scrutinising and promoting projects and activities which build on the vision that informs the prevention strategy: to provide early, effective and efficient information, advice, education, guidance and support to people living and working within Herefordshire in order to help people to help themselves and others within their community to maximise their well-being and quality of life. To this end, the current work-streams that are ongoing are; Phase 2 of WISH, the community connectors project, a refresh of the carers strategy and we have started a review of technology enabled care services.
17. The focus is on developing a *Prevention Approach in Practice* by identifying good practice models, tools, processes and behaviours that develop sustainable supportive communities. This to be delivered through system leadership, and system accountability that will promote community support by unblocking and supporting progress, and by sharing learning and opportunities.
18. This focus is on both primary prevention projects and activities; such as the Leominster Connecting Communities project, Phase 2 of Wellbeing Information and Signposting for Herefordshire (WISH), the Herefordshire Information and Advice Partnership, and a Carers' Strategy, and on secondary prevention projects and activities such as the Technology Enabled Care Services (TECS) review project, and the work-stream devoted to streamlining access to minor adaptations.
19. The Disabled Facilities Grant (DFG) budget was doubled for 2016/17 as a result of the alignment to and the investment of the Better Care Fund (BCF). Following growth in the Occupational Therapy (OT) service and the Home Improvement Agency (HIA), the rate of OT assessment for DFGs has increased meaning more cases are identified as appropriate for DFGs for progression by the surveyors in the HIA service. Regular reporting indicates that the full increased budget will be spent by the end of the year, which in turn will help to keep people in their own homes for longer and delay, or even prevent, the need for a care home admission. During 2016/17, some 274 applications for DFGs had been received by December 2016, 124 of which had been approved. Over the same period, some 137 DFG adaptations had been completed (including completions of DFGs approved from the previous year).
20. The number of website hits for WISH continues to grow with 4,464 hits in quarter 3 (a slight increase on the previous quarter). More encouraging is the increasing number of users and first time users. The pop up hubs have seen a shift in emphasis with additional ad hoc pop ups being delivered alongside existing events, including the Sixth form college, Hereford & Ludlow college, Tupsley community hall, Bredwardine community market and Hinton community centre which has enabled engagement with a large number of members of the community. In addition to this, pop ups were also delivered alongside flu clinics at three GP surgeries in the county (Ross-on-Wye, Ewyas Harold and Peterchurch) which saw an additional 800 people engaged with. The success of a pop up held at Marches surgery in Leominster has led to the introduction of a regular schedule of pop ups at the surgery (commencing January). The increased number of hits on the website and users/first time users would indicate that these events are being successful.
21. Over the next quarter scoping for Phase 2 will commence; considering how we can further develop and improve the website. We will also identify additional signposting

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opportunities, and consider how we might develop an e-marketplace and self-assessment in the future, allowing people to identify their needs and procure their care remotely, without council involvement or funding. The hub will also move from its temporary accommodation into its original planned location of the library.

22. During the last quarter, a short-term care pathway has been developed, which is now being tested and further developed following feedback. This pathway is intended to improve the way we deal with new clients, initially by trying to better signpost them to alternative community options. Where clients require a social care assessment, this will be a strengths based assessment, focussing on what clients can do, rather than on what they can't. Care plans will then be developed by a support and care offer team that will help assessors in developing care plans with a focus on how needs could be alternatively met, by friends, family, communities and voluntary agencies, thereby reducing the dependency on formal care.
23. In November, the tender for the helped to live at home contract (domiciliary care services) was issued, giving potential providers until 16 January to bid for the geographical lots. Also during the third quarter period we have been planning for the mobilisation of the new service and responding to clarification questions from the market. In the final quarter, the tenders will be evaluated and planning as to how the new providers will be mobilised will be finalised.
24. In quarter 3, to support the implementation of the unified contract for residential and nursing care, we have continued to communicate with the market and engage with providers to ensure that they are signed up to the accreditation process. To date, over 65 in-county care homes have signed up to the accredited list with 9 smaller homes remaining, 13 out of county care homes also signed up to the approved list. Communications have been sent out clarifying timescales and deadlines for the changes and copies of contracts have been sent out to all providers (in and out of county).
25. In quarter 4, we will continue to chase the final providers that are yet to sign up to the new contract and will also write to service users, or their representatives, to ensure that their payments details are set up appropriately prior to go live. The mosaic system is also being reconfigured to manage the new payment process.

Challenges

26. During the third quarter, continued focus on the medium term financial strategy (MTFS), including the block contract reductions, managing voids and reviews of care packages, has helped to reduce the projected year end overspend of the directorate from £670k to £276k. Nationally, some three quarters of adult social care departments are forecast to end the year in an overspend position. Continued focus on these areas should help to further reduce this figure for year end in Herefordshire.
27. Annual client reviews reached 58.9% at the end of December. Whilst this is just below our target of 60% for this stage of the year, this is already equalling what we achieved for the whole of 2015/16 and represents a significant improvement in performance. This will continue to be a key focus for operational teams in quarter 4.

Children's wellbeing (CWB)

28. The forecast outturn for 2016/17 is an over spend of £482k. This is a £51k reduction in spend since September. There have been some increases in external fostering placements, costing £102k. This has been mitigated by vacancy savings and tight controls on all discretionary spending.
29. In addition, pressures have been mitigated by the allowances review and implementation for adoption and special guardianship arrangements that delivered £55k of savings in year; there will be a full year impact in 2017/18.
30. The reduction of the use of agency staff continues, replacing with permanent recruitment. All staffing budgets are expected to be within budget by the end of the year, creating a stable budget position for 2017/18.

What is going well?

31. The revision of our child protection and children in need processes continues to reduce the pressures on our social work teams. The number of children subject to a child protection plan has remained at its low level for more than a quarter and at the end of January was 114. In order to be assured about the effectiveness of meeting children's needs outside the child protection plan arrangements, a recent review of the children whose plans were discontinued has been undertaken and will report during quarter 4. The number of allocated children in need has also reduced during this quarter and the combination of these two changes has been a reduction in social work caseloads by an average of five per full time social work post. The Fieldwork Service has also been reorganised to enable our staff to provide a good service, whilst improving their skills and knowledge. Caseloads vary between teams and within teams depending on the experience of the social worker and the nature of their team's work. Within our child protection teams, which manage the most challenging work, caseloads range from 15 to 18. Other teams vary from 18 to 22 however this can change from day to day for the staff who undertake our assessments depending on the flow of work accepted.
32. An audit of all children accommodated under s.20 Children Act 1989, which requires the local authority to provide accommodation for a child who requires accommodation, was completed in June 2016 and identified that out of 95 children there were 24 who required their care plans to be progressed or reviewed to ensure that they were being cared for under the correct legal framework. This cohort of children have recently been audited again and appropriate action had been taken in all but three cases. These three cases have undergone changes in circumstances with regard to parents' views, engagement and/or outcome of updated assessments during quarter 3, and now require further legal advice to review legal status. These have been identified for completion by the end of February 2017.
33. Reliance on agency social workers has continued to fall during this quarter. 16 staff were being employed on an agency basis as opposed to 60 in January 2016. Currently, after an extensive recruitment campaign, we have vacancies in our two child protection teams for senior social workers. A specific recruitment campaign will be launched by the end of February to address these gaps.
34. 72% of pupils achieved a good level of development in 2015/16 at the end of foundation stage. This exceeded the England average of 69.3% and resulted in top quartile performance across all local authorities. We are aiming for top quartile performance in all measures by the end of 2017/18.
35. 92% of primary age pupils were in good or outstanding schools, as recorded in

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Ofsted's Annual Report 2015/16 – a 4% improvement on the previous year and a 22% improvement from 2011/12. Herefordshire has been operating a different model of school improvement for 3 years now, in advance of the national changes and budget reductions, which focuses on improving attainment and progress for all pupils, to give them a great start in life. Achieving this will also improve Ofsted ratings for settings.

Challenges

36. During this quarter the number of our looked after children (LAC) has increased to 296 rather than reducing. In September we introduced a new Threshold of Care Panel to ensure that all new placements meet the appropriate criteria. We then completed an analysis of our LAC population to identify young people who will leave our care as they reach 18 or are due to be placed in permanent care, such as adoption or special guardianship. We believe our LAC population will reduce by a minimum of 33 by June 2017 as a result of this study. The recently established Assessment Teams will provide a robust 'edge of care' response to ensure that young people who can safely live at home will do so. These teams have only just begun their work which will be monitored over the coming quarters. To ensure that we only look after children who need our care for as long as it is required, during 2017 we will work with our managers and social workers to encourage a new way of working across the services to ensure that children come into our care appropriately and remain only for as long as is necessary. At present teams tend to work in isolation and resolve immediate challenges rather than taking a longer, child-centred perspective. Our co-location in Nelson House will support this development.
37. Despite the increase in our LAC population we have reduced overall placement costs by £60k through changing our use of the independent sector. We have recruited a net increase of fifteen new foster carers during 2016 and this has enabled us to manage quality and costs more effectively.
38. The percentage of referrals accepted for a social work assessment is of concern. 43% is too low. We would expect the majority of referrals to be accepted. We also have a high re-referral rate of 32%. An analysis of re-referrals is currently underway and will report in March 2017. We have only had an accurate figure for accepted referrals for one quarter. We will continue to monitor this and, should the level remain below 70%, we will analyse referrals in more detail. There are two principal reasons for a low acceptance rate and both will require the engagement of partners to resolve: the quality of the evidence contained within the referral and the appropriateness of the request. We are currently in a transitional period following the review of our Multi Agency Safeguarding Hub in April 2016 and the reiteration by Hereford's Safeguarding Children Board of its thresholds of need guidance. Professionals are adjusting to these changes and the implementation of our Early Help Strategy.
39. 80% of secondary age pupils were in good or outstanding schools, as recorded in Ofsted's Annual Report 2015/16. This was a 7% reduction from last year and a 10% reduction from 2011/12. Attainment and Progress 8 scores, the most recent measures by national government, indicate that secondary schools overall performance was in line with the national average. Herefordshire Council is working with schools through the Herefordshire School Improvement Partnership approach to highlight schools at high risk of poor outcomes and is also developing its relationship with the regional schools commissioner and academy and multi academy trust boards to challenge poor performance and clarify what actions are being undertaken to enable pupils to have a great start in life.
40. The focus for learning and achievement this academic year include:

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- Attainment at key stage 2 (KS2) with a particular focus on maths
- Attainment of pupils eligible for free school meals across most key stages
- Attainment of LAC pupils

Economy, communities and corporate (ECC)

41. A net underspend of £643k is forecast for the ECC directorate. This is a favourable movement of £225k relative to September.
42. The cabinet member decision of 12 January 2017 has resulted in an improvement against the car parking budget pressure highlighted in previous reports; however an income shortfall is still anticipated at outturn.
43. Energy efficiency measures and energy price capping for 2016/17 has benefited expenditure on utilities, resulting in a favourable movement in forecast. The benefit however is anticipated to be a one-off, with energy prices forecast to increase for 2017/18 (this has been addressed in the 2017/18 budget setting).
44. Museums and heritage services are forecasting an adverse variance – this reflects the upfront investment of £80k invest to save at the black and white house and redundancy costs associated with the delivery of the future MTFs savings.

What is going well?

45. Herefordshire's economic vision, 'Invest Herefordshire', has been adopted by full Council. The next step is to plan the delivery of the major projects included in the plan.
46. The EnviRecover energy from waste plant is now operational. This now means we are no longer landfilling our residual waste, we are producing electricity for the first time and significantly reducing our greenhouse gas emissions.
47. The MTFs and 2017/18 revenue budget approved by full Council on 3 February 2017.

Challenges

48. Whilst the Fastershire Broadband contract with BT was due to close on 31 December, there remain outstanding premises to be reached. This phase of deployment has been extended to March 2017, whilst further phases have seen a contract award in January 2017 in line with the revised broadband strategy. For premises still requiring coverage beyond the new procurements, there remain a number of bespoke opportunities for coverage, including new mini-procurements, extended coverage, business bursaries and community schemes.
49. The number of people killed or seriously injured (KSI) on Herefordshire roads continues to be a challenge; the three year rolling average continues to see an upward trend with a provisional 93 recorded for the 3-year rolling period to December 2016. However, there were fewer KSI's to that point in 2016 compared to the same period in 2015. An action plan is in preparation to address the issues highlighted from analysis of data.
50. 36 bridges across the county have been identified as a priority for maintenance, 10 of which have an assessed residual life of less than five years. The loss of any of these structures through their closure or structural failure will impact accessibility, as communities are forced to use (often long) alternative routes. A structural failure could cause serious injury or damage to road users. The reputational and financial

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impact of a bridge collapse and the realistic timescales for and expense of any works to restore or replace a bridge that has failed, are significant. In order to address this challenge we plan to focus the £1.96m that the authority will receive in 2017/18 from the National Productivity Investment Fund on an extensive programme of works to all 36 structures.

51. In recent years our investment in roads has improved the general (C&U) road network but the condition of our strategic network (A roads) has declined and is not comparable on a regional or national basis (7% should be considered for maintenance, compared to between 3% and 5% by region, nationally). There is a need to invest in enhancing the condition of that strategic network whilst sustaining the gains made through our prior investment in the general network. To address this challenge we are submitting a bid to the Department for Transport's Challenge Fund in March to secure a (potential) c£7m investment in addition to the council's own capital contribution, as already identified through the capital programme.
52. Drainage is essential for ensuring the longevity of the carriageway and alleviating flooding. At current revenue levels, blocked drainage is predicted to increase by 40% per annum. Poor drainage means carriageway deterioration and an increase in potholes. We need to keep in excess of 30,000 road gullies, 525 high risk flood assets and associated drainage systems and roadside ditches clear to drain the highway well. Such clearance works can only be funded from revenue budgets. In order to meet this challenge we propose a sustained £500k increase in the revenue budget for highway maintenance.

Capital forecast

53. Attached at appendix B is the capital forecast outturn for 2016/17. An underspend of £5.7m is being forecast due to the re-profiled spend on the city link road, solar photovoltaic panels and Colwall school schemes.

Other budgets and reserves

54. Other budgets and reserves are forecast to underspend by £0.365m. This includes the treasury management budget of £17.1m, which is forecast to underspend by £0.3m due to a decrease in interest rates being charged on short term loans. The treasury management report, set out in appendix C, summarises the council's borrowing and investment position at the end of December and the cost of financing charged to the revenue budget via the minimum revenue provision.

Community impact

55. Regularly reviewing performance with a view to identifying actions which will deliver further improvement in outcomes or efficiencies helps ensure the council achieves its corporate plan priorities.

Equality duty

56. There are no specific implications in the report. As regards demonstrating due regard to the council's public sector equality duty (PSED), as part of our decision making processes we ensure that individual directorates and service areas assess the potential impact of any proposed project, leading to fairer, transparent and informed decisions being made.

Financial implications

57. Included within the report.

Legal implications

58. None.

Risk management

59. The risks associated with any delivery plan objectives and projects are entered onto the relevant service or directorate risk register and escalated as appropriate. The corporate risk register is available on the council's website and an overview of the significant risks is included within appendix D.

Consultees

60. None in relation to this report. The development of the delivery plan was informed by the evidence base already gathered during the year and which includes user, resident and partner feedback where available.

Appendices

Appendix A Revenue forecast

Appendix B Capital forecast

Appendix C Treasury management forecast

Appendix D Scorecards: Adults and wellbeing
Children's wellbeing
Economy, communities and corporate
Organisation wide

Links to databooks and corporate risk register

- [Adults and wellbeing databook](#)
- [Children's wellbeing databook](#)
- [Economy, communities and corporate databook](#)
- [Corporate risk register](#)

Revenue Budget Position 2016/17

	Net Budget	January Variance	September Variance	Change to Forecast
Directorate Net Budget	£000	£000	£000	£000
		Over / (Under)spend	Over / (Under)spend	Adv/(Fav)
Adults and Wellbeing	51,947	276	670	(394)
Children's Wellbeing	22,386	482	533	(51)
Economy, Communities & Corporate	48,615	(643)	(418)	(225)
Directorate total	122,948	115	785	(670)
Other budgets and reserves	25,031	(365)	(300)	(65)
TOTAL	147,979	(250)	485	(735)

Adults Wellbeing: Revenue Budget Position 2016/17

Service	Net Budget	January Forecast	January Projected Over/ (Under)spend	September Projected Over/ (Under) spend	Movement in Variance Adv / (Fav)
	£000's	Outturn			
	£000	£000	£000	£000	£000
Learning Disabilities	16,533	17,674	1,141	1,408	(267)
Memory and Cognition/Mental Health (Inc Safeguarding)	7,157	6,407	(750)	(410)	(340)
Physical Support	17,935	18,893	958	414	544
Sensory Support	629	379	(250)	(274)	24
Client Sub-Total	42,253	43,352	1,099	1,138	(39)
Operations	5,617	4,804	(813)	(490)	(323)
Commissioning	3,548	3,915	367	219	148
Directorate Management	(800)	(925)	(125)	(149)	24
Public Health	109	109	(0)	38	(38)
Transformation & Safeguarding	1,221	968	(252)	(86)	(166)
Use of one off reserves/grants	0	0	0	0	0
Non Client Sub-Total	9,694	8,870	(823)	(468)	(355)
Adult's Wellbeing	51,947	52,223	276	670	(394)

Children's Wellbeing: Revenue Budget Position 2016/17

Service	Net Budget £000's	January Forecast Outturn	January Projected Over/ (Under)spend	September Projected Over/ (Under) spend	Movement in Variance Adv / (Fav)
	£000	£000	£000	£000	£000
Additional Needs	2,858	2,469	(389)	(301)	(88)
Children's Commissioning	1,743	1,504	(239)	(44)	(195)
Commissioning Management	(1,088)	(1,220)	(132)	(131)	(1)
Development and Sufficiency	2,212	2,229	17	58	(41)
Education Improvement	269	270	1	0	1
Education & Commissioning	5,994	5,252	(742)	(418)	(324)
Safeguarding and Review	644	644	0	(5)	5
Early Help and Family Support	876	875	(1)	(1)	0
Fieldwork	2,536	2,504	(32)	102	(134)
Looked After Children	10,370	11,668	1,298	1,005	293
Safeguarding Development	439	483	44	(54)	98
Safeguarding & Early Help Management	1,171	1,130	(41)	(22)	(19)
Safeguarding & Family Support	16,036	17,304	1,268	1,025	243
Directorate	356	312	(44)	(74)	30
Children's Wellbeing	22,386	22,868	482	533	(51)

Economy, Communities and Corporate: Revenue Budget Position 2016/17

Service	Net Budget £000's	January Forecast Outturn	January Projected Over/ (Under)spend	September Projected Over/ (Under) spend	Movement in Variance Adv /(Fav)
	£000	£000	£000	£000	£000
Directors	1,081	1,061	(20)	(20)	0
Environment and Place	26,398	25,681	(717)	(502)	(215)
Resources	11,987	12,011	24	192	(168)
Growth	2,715	2,545	(170)	(148)	(22)
Communities	6,434	6,675	240	60	180
ECC Total	48,615	47,972	(643)	(418)	(225)

2016/17 Capital Forecast Outturn

1. The table below details the capital budget changes from May and the latest forecast 2016/17 outturn. An underspend of £5.7m is forecast being due to the re-profiled spend on the city link road, solar photovoltaic panels and Colwall school schemes.

Updated 2016/17 capital budgets and forecast for schemes exceeding £500k in 2016/17

Scheme Name	May 2016/17 budget £000	Sept 2016/17 budget £000	December 2016/17 forecast £000	Notes
Economy, Communities and Corporate				
Energy from Waste Plant	16,583	16,588	16,588	Remaining loan budget, plant in commissioning phase
Hereford City Centre Transport Package (includes Hereford city link road)*	12,124	12,124	8,440	Forecast spend in 2016/17 based on latest programme
Local Transport Plan - highways maintenance	11,633	11,633	11,633	Annual programme of works
Fastershire Broadband	6,605	6,605	6,605	Continued roll out of broadband to rural areas
Hereford Enterprise Zone	4,529	3,150	3,150	Part budget has been re-profiled into 2017/18 to reflect the timing of spend on the shell store
Leisure Centres	2,284	2,784	2,784	Works at Ledbury leisure centre are expected to complete in April. Budget uplifted by £500k Sports England grant
Solar Photovoltaic Panels	1,671	1,671	305	Invest to save on energy costs
Data Centre Consolidation	1,170	1,170	1,170	Replace dual data centre with a single data centre
Corporate Accommodation	1,082	1,082	1,082	To adapt premises enabling the sale of existing premises
South Wye Transport Package*	1,000	1,000	1,600	Detailed design works continue
Hereford Library Accommodation Works	909	909	909	Accommodation works to Hereford library and museum
Marches business improvement grants	0	833	833	Grants of up to 45% of commercial premise improvement costs
Highway Depot Improvements	800	800	800	Improvements to working practices generating savings
IT Network Upgrade	500	500	400	Replace ICT hardware obsolete switches
Software to Enable Remote Access to Desktops and	500	500	192	Investment to optimise device and processes reducing

Automate Upgrades				operational costs
Property Estate Enhancement Works	500	500	500	To fund emergency capital works on a priority basis
LED street lighting	905	905	557	Invest to save on energy costs
Childrens wellbeing				
Colwall Primary School	4,800	4,800	2,500	Construction of a replacement school
Schools Capital Maintenance Grant	1,205	1,205	1,503	Annual grant funded programme of works at various school sites committed on a highest need first basis
Peterchurch Primary School	1,000	1,000	600	Refurbishment scheme
Schools Basic Need	666	666	666	Grant funded school places investment
Adults and wellbeing				
Disabled facilities grant	1,558	1,734	1,734	Grant funded property adaptations supporting independent living
<i>Other schemes less than £500k</i>	<i>5,213</i>	<i>4,877</i>	<i>4,279</i>	
Total	77,237	77,036	71,290	

**The infrastructure investment schemes included above are supported by funding directed through the LEP. The whole scheme indicative costs and funding are summarised below:*

Scheme	Total scheme budget £m	LEP Grant £m	Locally funded £m
Hereford city centre transport package (includes Hereford city link road)	40.6	(16.0)	(24.6)
South wye transport package (includes southern link road)	35.0	(27.0)	(8.0)
	75.6	(43.0)	(32.6)

This report ensures the council demonstrates best practice in accordance with CIPFA's recommendations in their Code of Practice for Treasury Management, by keeping members informed of treasury management activity.

1. The UK Economy

1.1. The economy has faced some uncertainty following the announcement of the referendum result:

- It is expected that market volatility will continue in the short term.
- Bank base rate has remained at 0.25% since its drop on 4th August 2016.
- Quarter 3 growth estimates indicate 0.5% quarterly growth, driven by consumer spending.
- The Consumer price inflation (CPI) rose by 1.2% in the year to November 2016.

2. The Council's Investments

2.1 At 31 December 2016 the council held the following investments:

Investment	Term	Maturity Date	Interest Rate	Amount invested £m
<u>Instant Access Money Market Funds:</u>				
Federated	N/A	N/A	0.29%	4.23
Morgan Stanley	N/A	N/A	0.20%	1.66
Total			0.26%	5.89

2.2 The council continues to select counterparties suitable for investment based on the credit worthiness service provided by their treasury advisors, Capita Asset Services. The service employs a sophisticated modelling approach utilising credit ratings from the three main credit rating agencies. The modelling approach combines credit ratings, credit watches and credit outlooks in a weighted scoring system to which Capita Asset Services allocate a series of colour coded bands with suggested maximum durations for investments as shown below;

- Yellow 5 years
- Dark pink 5 years for Enhanced money market funds (EMMFs) with a credit score of 1.25
- Light pink 5 years for Enhanced money market funds (EMMFs) with a credit score of 1.5
- Purple 2 years
- Blue 1 year (only applies to nationalised or semi nationalised UK Banks)
- Orange 1 year
- Red 6 months
- Green 100 days
- No colour not to be used

2.3 The council has earned interest on its investments as follows:

Month	Average amount invested		Average rate of interest earned		Amount of interest earned / Forecast £000	Budget £000	Over (Under) £000
	Actual / Forecast £m	Budget £m	Actual / Forecast %	Budget %			
Apr-16	13.4	30	0.61	0.4	6	10	(4)
May-16	13.1	30	0.50	0.4	6	10	(4)
Jun-16	16.3	30	0.49	0.4	6	10	(4)
Jul-16	19.2	30	0.49	0.4	8	10	(2)
Aug-16	13.8	30	0.42	0.4	5	10	(5)
Sep-16	12.2	30	0.36	0.4	4	10	(6)
Oct-16	13.4	30	0.32	0.4	4	10	(6)
Nov-16	23.8	30	0.27	0.4	5	10	(5)
Dec-16	19.2	30	0.27	0.4	4	10	(6)
Jan-17	20	30	0.3	0.4	5	10	(5)
Feb-17	20	30	0.3	0.4	5	10	(5)
Mar-17	20	30	0.3	0.4	5	10	(5)
Total					63	120	(57)

2.4 Income earned has been lower than expected due to lower cash balances being maintained for investment and interest earned on investments being lower than budgeted, this is leading to a forecast interest earned shortfall of £57k.

2.5 In addition to investment income the council earns interest on the provision of loan finance to the waste disposal PFI provider, this is expected to generate loan interest payable to us of £1.9m in 2016/17, this will be recharged through the waste disposal PFI arrangement.

3. The Council's Borrowing

Short-term borrowing

3.1 The council is continuing its policy of mainly using short-term borrowing from other local authorities for short-term liquidity needs. These short-term interest rates are significantly below levels available from other sources avoiding a large cost of carry when comparing fixed interest debt to current (variable) investment rates.

3.2 The council can only borrow up to its Capital Financing Requirement, which represents the need to borrow for capital spend, and cannot borrow beyond this to finance the revenue budget.

3.3 At the end of December 2016 short-term borrowing from other local authorities consisted of four loans totalling £20.0m with an average interest rate of 0.86% (including broker's commission of between 0.06% and 0.10%). Loans were arranged for periods ranging from 358 days to two years with an average loan period remaining of 192 days.

Long-term borrowing

3.4 At 31 December 2016 the council held long term borrowing of £150.4m. No further long-term borrowing has been undertaken since June 2016.

3.5 The current capital financing budget position is summarised below:

Summary of Borrowing Budget	Budget	Forecast	Over / (under)
	£m	£m	£m
Minimum revenue provision	10.3	10.7	0.4
Interest payable on all loans	6.8	6.1	(0.7)
Total	17.1	16.8	(0.3)

4. Summary of forecast outturn

4.1 The current net treasury forecast outturn is a £0.3m underspend mainly due to interest being charged on short term loans, 0.8%, being at a lower rate of interest than budgeted, 1.5%.

AWB scorecard

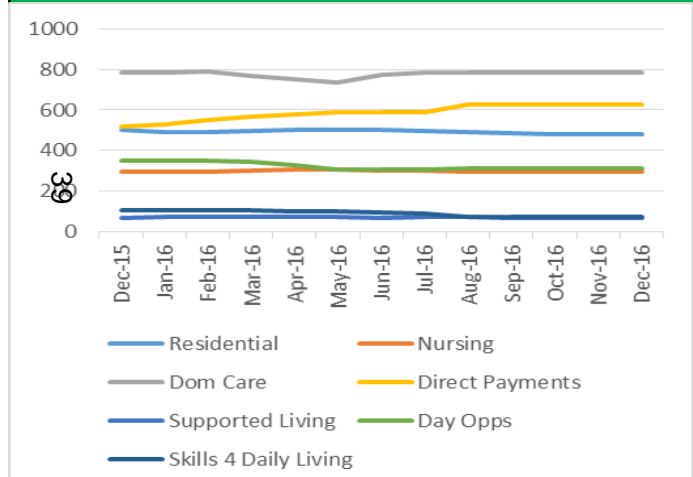
Staffing

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
FTE	253	254	254	261	264	267	264	265	267	266	263	268	264
Headcount	284	285	285	293	294	294	291	292	296	295	292	297	296
Permanent Costs (£k)	774	770	775	816	635	735	725	748	779	753	731	771	743
Absence (days lost per FTE)	13.0	14.49	15.0	15.3	15.7	16.2	15.9	15.6	15.4	14.9	14.5	14.7	14.8
Turnover (annualised)	12.5%	13.6%	12.6%	12.3%	11.8%	11.5%	11.5%	10.9%	10.7%	10.6%	10.8%	12.2%	12.3%

Performance Management update

Performance measures are generally showing some good improvements. 58.9% of reviews have been completed at the end of the third quarter, which is well above the same point last year, with 3 of the main operations teams around 70%. Direct payments rates continue to close in on the 40% aspirational target. Performance is below target in the following areas, but are showing positive trends over recent months; residential admissions, delayed transfers of care, safeguarding closures and safeguarding outcomes and NHS health checks.

Service User Numbers



Notes

* Measures identified in italics in the indicator section are cumulative measures

Indicators

Measure	Target	Latest Period	Trend
<i>Permanent admissions - U65</i>	15	6.5	Dec
<i>Permanent admissions - 65+</i>	455	478.0	Dec
Social Care Delayed Transfers	2.7	4.5	Nov
Reablement - 91 days after discharge	80%	85.2%	Dec
Safeguarding - closures in 28 days	80%	44.2%	Dec
Safeguarding - outcomes met	80%	57.5%	Dec
<i>Direct Payment recipients</i>	40%	38.6%	Dec
Timeliness of Service (28 days of referral)	80%	31.2%	Dec
<i>Reviews undertaken</i>	100%	58.9%	Dec
<i>Affordable housing units delivered</i>		89	Dec
Households in temporary accommodation	45	35	Dec
NHS Health checks	60%	40%	Dec

Risk Management

Risk	L	I	Risk Mitigation	
Demographic Pressures	5	5	25	Reablement, Rapid Response etc. working with a view to reducing ongoing care. Prevention programme in place. New care model pilot due helping to minimise demographic impact. Regular monitoring
Integration	5	5	25	Transformation Board & JCB in place. Refreshed H&Wb strategy in place
Reducing Resources and impact on statutory duties and ability to deliver	5	5	25	Transformation plan in place, regular performance management arrangements and appraisal processes
DOLS Capacity	4	5	20	Staff Training, additional legal support, constant re-evaluation of prioritisation. BIA training programme
Better Care implementation	4	5	20	JCB in place which supports monitoring of BCF progress. 17/18 schemes and risk share agreement needs agreement

Risk Management updates

Risks have remained relatively consistent over the past quarter.

Savings



Programme

Programme	Status	Report	2016					2017					2018																
			Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul			
DESIGN																													
001 PATHWAY DESIGN & DEVELOPMENT																													
AWB - Development of Citizen's Journey (TOM)	G																												
Short Term Care - Pathway Redesign (Referral Management)	G																												
Integrated Urgent Care - Supplementary Pathways (x 7)	G																												
Care Offer Team & Brokerage - Design & Development	G																												
Mosaic Phase II (Process Redesign) - directly linked to Pathway	A																												
Transforming Complex Care Programme	G																												
002 PREVENTION & EARLY INTERVENTION PROGRAMME																													
Connecting Communities - Leominster Project (RESPONSE PENDING)	A																												
Integrated Intermediate Care (Reablement Service)	G																												
Wellbeing, Information & Signposting for Herefordshire (WISH)	A																												
COMMISSIONING & CONTRACTS PROGRAMME																													
003 Adult Social Care Commissioning																													
Help to Live at Home (H2L@H)	G																												
Managing the Care Home Market (Unified Contract)	A																												
LD Health (IG - Service redesign)	A																												
Transforming Care																													
Community Capacity & Wellbeing																													
Homepoint (Redesign)	A																												
Carers (Service Redesign)	G																												
Refugees & Asylum Seekers (Programme co-ordination)	G																												
BUSINESS ORGANISATION & INFRASTRUCTURE																													
004 MOSAIC PROGRAMME - Phase 1 (Mosaic Board)																													
(b) Mobile Working	A																												
(c) EDIMS	R																												
(d) Portal Implementation	A																												

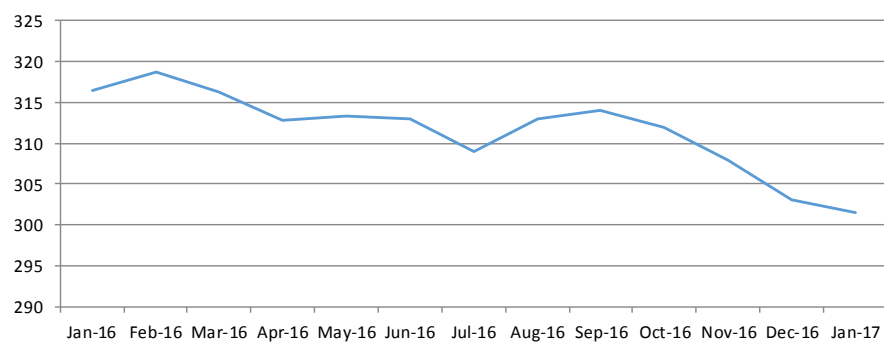
Outturn detail

Service	Net Budget £000's	January Forecast Outturn	January Projected Over/ (Under)spend	September Projected Over/ (Under) spend	Movement in Variance Adv / (Fav)
	£000	£000	£000	£000	£000
Learning Disabilities	16,533	17,674	1,141	1,408	(267)
Memory and Cognition/Mental Health (Inc Safeguarding)	7,157	6,407	(750)	(410)	(340)
Physical Support	17,935	18,893	958	414	544
Sensory Support	629	379	(250)	(274)	24
Client Sub-Total	42,253	43,352	1,099	1,138	(39)
Operations	5,617	4,804	(813)	(490)	(323)
Commissioning	3,548	3,915	367	219	148
Directorate Management	(800)	(925)	(125)	(149)	24
Public Health	109	109	(0)	38	(38)
Transformation & Safeguarding	1,221	968	(252)	(86)	(166)
Use of one off reserves/grants	0	0	0	0	0
Non Client Sub-Total	9,694	8,870	(823)	(468)	(355)
Adult's Wellbeing	51,947	52,223	276	670	(394)

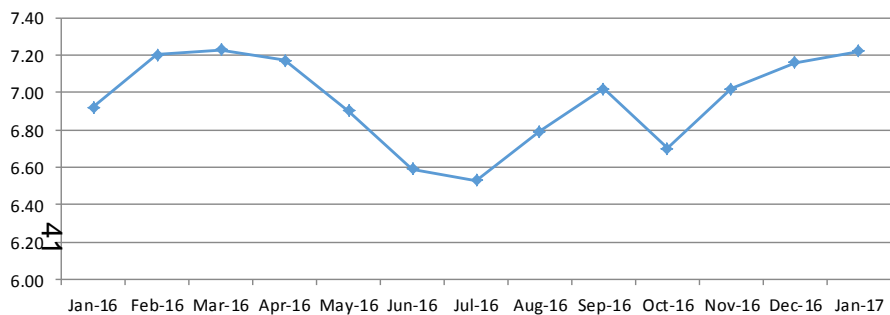
Staffing

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
FTE	316	319	316	313	313	313	309	313	314	312	308	303	301
Headcount	367	370	367	361	360	361	357	362	363	360	354	348	348
Permanent Costs (£k)	1,026	1,009	979	1,019	824	957	950	928	951	936	935	934	934
Absence - days lost per FTE	6.92	7.20	7.23	7.17	6.90	6.59	6.53	6.79	7.02	6.70	7.02	7.16	7.22
Turnover (annualised)	15%	15%	19%	19%	19%	18%	19%	18%	17%	17%	17%	19%	19%

FTE trend

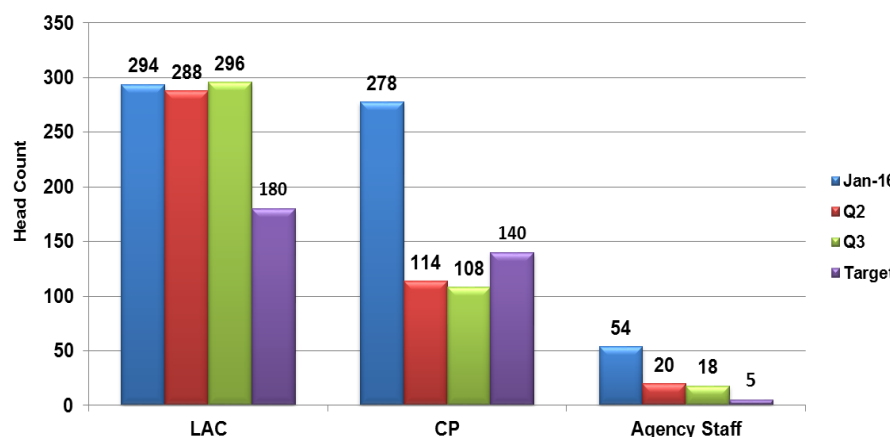


Absence - days lost per FTE



Numbers of children and Agency Staff

Reducing Demand in Safeguarding and Family Support



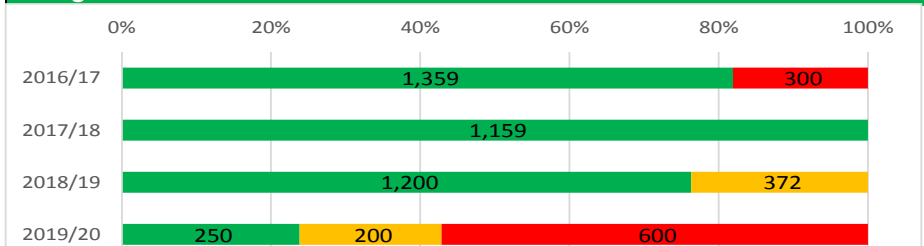
Indicators

Performance Measure	Target 2016/17	Outturn		Direction of Travel
		2015/16	End-of-year	
Reduce the attainment gap at age 16 between free school meal pupils and their peers	15 pts difference in Attainment 8 score	13 ¹	Annual	
Increase the proportion of pupils attending a school and or setting that is good or outstanding	Primary 88%	88.0%	92.6%	▲
Increase the proportion of pupils attending a school and or setting that is good or outstanding	Secondary 87%	87.0%	80.0%	▼
Herefordshire Children are at or above the national comparative indicator of attainment and progress at 16	48.0	48.4 ¹	Annual	▲
Attainment 8 = 49.3 Progress 8 = -0.02 (lower confidence interval -0.07, upper 0.03)				
Improve education outcomes at age 5	70.0%	65.0%	Annual	▲
Reduce the number of children being referred to children's social care for a service		41.34% (2333/5643)	29.87% (1574/5269) *Jan-Oct	
		-	43.3% (254/587) *Nov-Dec	
Decrease the number of looked after children	4.2% PLEASE NOTE: this target may need to be revisited *see note in commentary	287	296	▼
		4.5% **	3.8%^^^	▲
Reduce the number of 16-19 year olds not in education, employment or training				

Risk Management

Risk Reference Number	Risk Description	Risk Rating (before controls)	Existing Controls in Place	Risk Rating (after controls)
CR.034	Short Breaks Recommissioning IF/AS: Short breaks recommissioning is delayed THEN: Significant reputational damage may be caused	16	DLT and CEX have been made aware of the situation with the CCG funding; this risk is to be managed through BCF and dispute resolution processes	12
NEW	Early Help IF/AS: The new early help strategy is not implemented quickly and effectively THEN: The child protection system will come under pressure again; OR children and their families will be waiting for support which if not available within a reasonable time, may lead to an increase in risk of harm.	16	Implementation programme under development	12

Savings



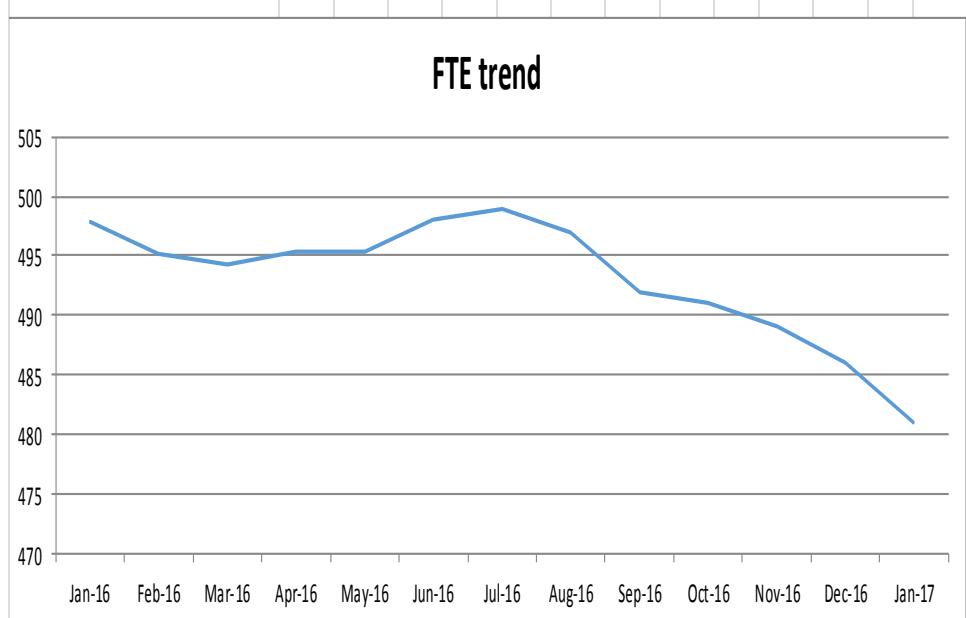
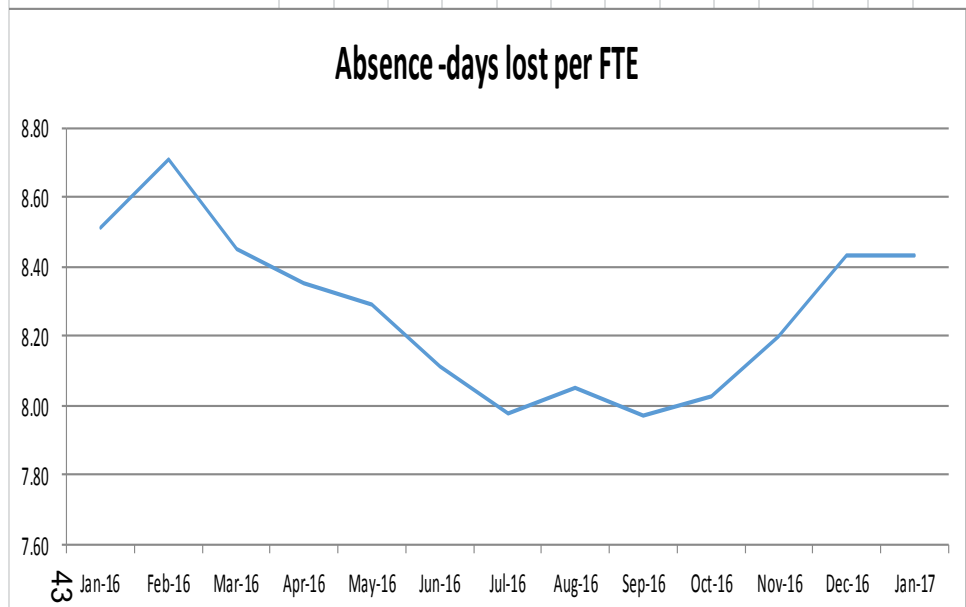
Programme

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Developing the 0-25 Service			Agree management and hosting arrangements for CWB elements of the service			Implement service changes		Develop and agree model for the interaction of AWB staff with the CWB service				Implement model
CwD Transformation: The Integrated Pathway		Appoint integrated pathway co-ordinator		Develop the local offer and design referral, panel and assessment processes			Prepare systems and processes for the integrated pathway pilot					Pilot the integrated pathway (6 months) and multi-agency processes
CwD Transformation: Recommissioning Short Breaks				Service Redesign - initial engagement			Tender development including consultation			Procurement		Award contracts
CwD Transformation: Personal Budgets				Develop recommendations for tripartite personal budgets (education, health, social care)			Finalise each agencies processes	Formalise and agree a tripartite protocol		Internal briefings and comms to public		
CwD Transformation: Transition Outcomes			Engagement in the development of the corporate housing strategy. Planning for the developing initial supported internships			Develop sustainable supported internship project		Develop a broader range of supported internships. Develop work based upon the outcomes of the housing strategy.				
CwD Transformation: Integrated Needs Assessment					Agree requirements	Plan with SI Team				Undertake needs assessment (bbc)		
Safeguarding and Early Help: Single Assessment			Review options and agree model			Implementation planning	Service readiness	Go live	Monitor and adjust			
Safeguarding and Early Help: Outcome Focussed Planning					Agree process/tools	Implementation planning	Service readiness	Go live				
Safeguarding and Early Help: Risk Assessment Model							Review options and agree model			Implementation Planning		
WISH (online)	Phase 1 go live (31st)						Phase 2 - PA directory, events directory, tools, emarketplace, assessment/calculators					
Early Years						Engagement			Soft Market Testing	Option Development		

Outturn Detail

Service Area	16-17 Budget £000s	January Forecast Outturn £000s	Projected over/(under) spend £000s	September Forecast Outturn £000s	Variance to January outturn £000s
Additional Needs	2,858	2,469	(389)	(301)	(88)
Commissioning & Management	655	284	(371)	(175)	(196)
Development and Sufficiency	2,212	2,229	17	58	(41)
Education Improvement	269	270	1	0	1
Safeguarding and Review	644	644	0	(5)	5
Early Help and Family Support	876	875	(1)	(1)	0
Fieldwork	2,536	2,504	(32)	102	(134)
Looked After Children	10,370	11,668	1,298	1,005	293
Safeguarding Development & Management	1,610	1,613	3	(76)	79
Directorate	356	312	(44)	(74)	30
CWB Total	22,386	22,868	482	533	(51)

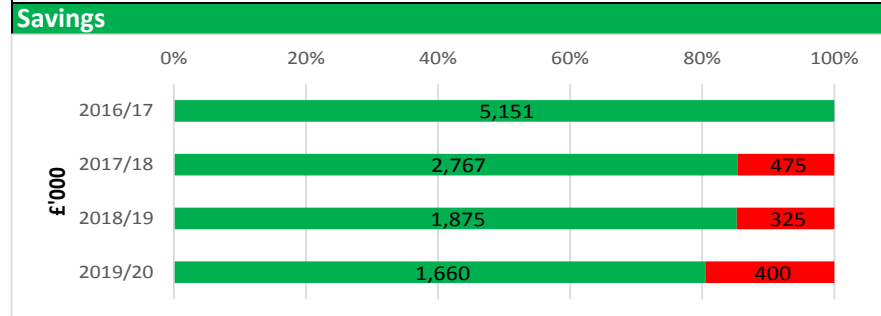
Staffing	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
FTE	498	495	494	495	495	498	499	497	492	491	489	486	481
Headcount	609	606	605	600	602	605	604	601	595	593	590	585	580
Permanent Costs (£k)	1,522	1,509	1,534	1,582	1,213	1,445	1,420	1,409	1,408	1,422	1,412	1,408	1,482
Absence - days lost per FTE	8.51	8.71	8.45	8.35	8.29	8.11	7.98	8.05	7.97	8.03	8.20	8.43	8.43
Turnover (annualised) - based on FTE	11.77%	11.43%	10.82%	9.78%	9.29%	9.40%	9.88%	9.95%	8.79%	9.02%	9.05%	9.62%	10.44%



Performance Measure	Target 2016/17	Outturn		Frequency	Direction of Travel
		2015/16	2016/17 Jan-17		
No. of assets and services transferred (devolved services market towns)	24 (17 assets and 7 services)	9 assets and 6 services	7	Quarterly	
Reduce anti-social behaviour	<6558	6558	4948	Quarterly in arrears	▲
Increase the net new business rates received	>187	187	97 (to Nov)	Monthly	▲
Number of social enterprise business start-ups supported (new and existing)	30	126	126	Monthly	
Increase overall employment rate	Increase 2015/16 outturn	To Dec 15 81.1% economically active. 77.9% in employment		Quarterly	
Increase number of businesses supported to meet their potential	48	n/a (new for 15/16)	35 (to Dec)	Quarterly	
Deliver 7.4 hectares of employment land in the county by March 2017	7.4	7.94		Annual	
Minimise the number of people killed or seriously injured in road traffic collisions	79 (3-yr rolling avg)	2015 81 (3-yr rolling avg)	93 (provisional 3-yr rolling avg to Dec)	Quarterly	▼
Overall satisfaction with the condition of highways	Threshold 42-46-50	50%		Annual	▼
Increase levels of cycling (Hereford only)	107	125		Annual	▼
Improve bus punctuality	90%	92%		Annual	▼
Improve average journey time for multiple routes across the urban area in the morning weekday peak period	19 minutes	21 minutes		Annual	▼
Greater number of premises with the potential to access superfast broadband services	78% by 31/12/16	56%	73.4% (to Dec)	Monthly	▲
Reduce anti-social behaviour in Hereford City	<918	918	673 (to Dec)	Quarterly	▲
Investment achieved through the EU, Government and other funding programmes	£8million	£9,569,739	£1,3261,469 (to Dec)	Quarterly	
Increase the number of jobs created through targeted interventions (such as the Enterprise Zone)	400 (EZ)	312 (EZ)	398 (EZ) (to Dec)	Quarterly	▲
Improve processing rates for planning applications (major planning applications)	60%	75.3%	79.20%	Monthly	▲
Reduce the amount of residual household waste per household per year	540 kg	533.3kg	419.29kg	Monthly (in arrears)	▲
Reduce CO2 emissions from Herefordshire Council's operations	32	29.60%		Annual	
Increase the number of new council tax registrations	>717	717	521	Monthly	▲
Improve collection rates for Council Tax	98.4%	97.9%	95.22%	Monthly	▼
Improve collection rates for Business Rates	98.8%	98.5%	92.53%	Monthly	▲
Improve the processing of housing benefit claims (new claims and changes of circumstances)	13.5 days	12.5 days	15.55 days	Monthly	▼
No. of customer self-serve transactions (Web Transactions (Apply/Book/Pay/Report it))	(New data set)		18,779	Monthly	
Reduction in substantive posts being filled by agency workers, reducing overhead costs	70	99	51	Monthly	▲
Spend within the council's overall budget	£142m	£145m	£146m (to Dec)	Quarterly	
Achieve £10.9 million savings in 2016/17	£10.9m		94% of savings target	Quarterly	
Increase mandatory training compliance for all eligible staff	100%			Quarterly	
Compliance with the IG Toolkit	76%	73%		Annual	
Improve web satisfaction	75%	69%	67%	Monthly	▼
Reduce absence (sickness rates) (average days per employee)	10	9.5	9.6	Monthly	▲

Risk Management

There are no significant risks still rated Red after controls



Programme

ECC major projects	Update
Hereford City Centre Link Road	Royal mail accommodation works continue. Weather conditions during December resulted in works being two weeks behind programme. However, efforts will be made to recover this. Main roadworks progressing - works are one month behind programme, but it is expected that this can be recovered. Access to A49 commenced on 8 November 2016. Traffic management arrangements on Widemarsh Street and Station Approach are being managed to mitigate impact on travelling public.
High Town Refurbishment inc. Parking Strategy	Phase 1 works were temporarily suspended for the Christmas period and will recommence during January 2017 and complete end February 2017. On-Street Parking statutory consultation commenced 24 November 2016 and runs until 6 January 2017. The residents parking survey will also run to 6 January 2017. Widemarsh traffic Regulation Order feedback is being considered and objection report drafting has commenced.
Enterprise Zone development / sales / jobs	Full Members' Board met on 1 November for update and review. ITS have begun implementation of broadband communication services. Planning and highways approval obtained for restricted access from Hursey Road onto B4399. Funding decisions awaited for Innovation Centre and Cyber Centre. Sale contracts are progressing through legal processes. 19,000 sqm of workspace developed as at end quarter 2.
South Wye Transport Package	Detailed design works continue. Business Case development is progressing. Cabinet approved report to commence land negotiations in October. Active Travel Measures Consultation ended 25 October 2016. Feedback from the Active Travel Measures Consultation is being analysed and is due to be finalised in January 2017.
Hereford Transport Review including the Hereford bypass	2016/2017 programme of works is progressing. Revised programme of works and consultation developed. Route option appraisal progressing. Travel Surveys continuing. Winter bird surveys progressing. Preparation for consultation in early 2017 ongoing.
Waste Strategy	Energy from Waste commissioning is progressing well. The plant is accepting waste from Herefordshire and Worcestershire so that performance and reliability tests can be carried out. Takeover for normal operation is expected end February 2017. This now means we are no longer landfilling our residual waste, we are producing electricity for the first time and significantly reducing our greenhouse gas emissions.
Local Transport Plan	COMPLETED PROJECT. The Local Transport Plan was adopted by full Council in May 2016.

Budget outturn

Service	Net Budget £000's	January Forecast Outturn	January Projected Over/ (Under)spend	September Projected Over/ (Under) spend	Movement in Variance Adv / (Fav)
	£000	£000	£000	£000	£000
Directors	1,081	1,061	(20)	(20)	0
Environment and Place	26,398	25,681	(717)	(502)	(215)
Resources	11,987	12,011	24	192	(168)
Growth	2,715	2,545	(170)	(148)	(22)
Communities	6,434	6,675	240	60	180
ECC Total	48,615	47,972	(643)	(418)	(225)

Budget forecast

Directorate Net Budget	Net Budget	January Variance	September Variance	Change to Forecast
	£000	£000	£000	£000
	Over / (Under)spend	Over / (Under)spend	Over / (Under)spend	Adv/(Fav)
Adults and Wellbeing	51,947	276	670	(394)
Children's Wellbeing	22,386	482	533	(51)
Economy, Communities & Corporate	48,615	(643)	(418)	(225)
Directorate total	122,948	115	785	(670)
Other budgets and reserves	25,031	(365)	(300)	(65)
TOTAL	147,979	(250)	485	(735)

FINANCE

Significant corporate risks

The following risks from the Corporate Risk Register are still red after controls have been put in place. Further details are available in the relevant directorate's overview:

Demographic Pressures

Continued demographic pressures require significant savings to be made or reductions in levels of dependency to manage rising levels of demand across council services.

Integration

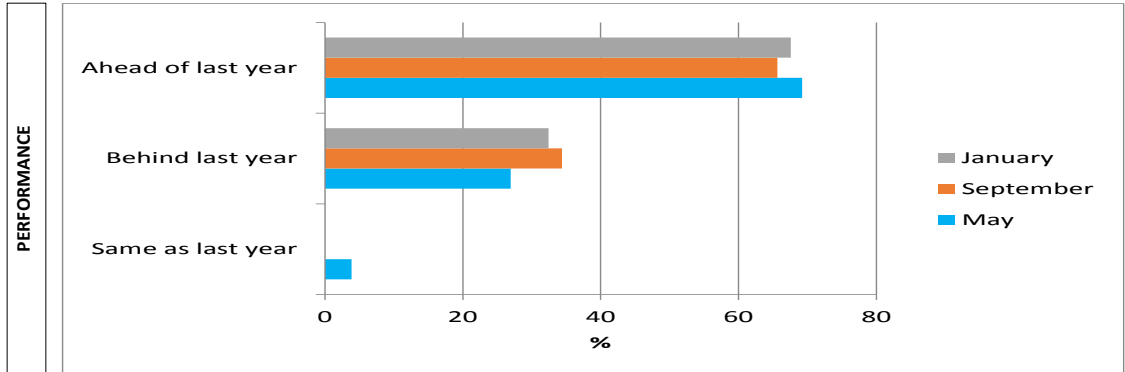
The scale and pace of integration work required internally to the council and across health and social care proves to be undeliverable and a new model for integrated and financially viable health and social care pathways does not emerge.

System resilience and urgent care

The role and responsibility of adult social care alongside system and process is not clearly set out in relation to system resilience and urgent care

RISK

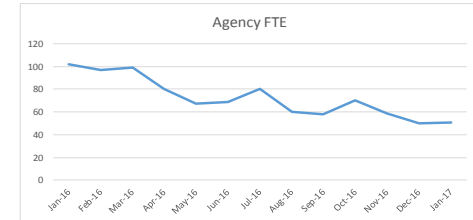
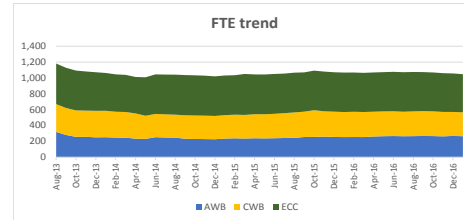
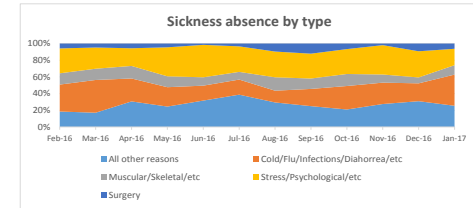
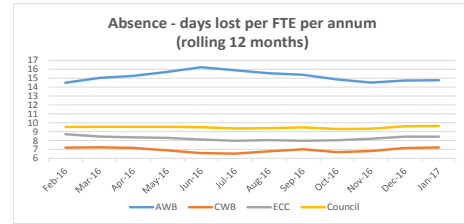
Direction of travel (measures compared to last year)



PERFORMANCE

WORKFORCE

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
FTE	1072	1068	1068	1064	1069	1073	1077	1072	1075	1074	1069	1060	1056	1047
Headcount	1,274	1260	1261	1257	1254	1256	1260	1252	1255	1254	1248	1236	1230	1224
Agency FTE	108	102	97	99	80	67	69	80	58	58	70	59	50	51
Permanent Costs (£K)	3,334	3,322	3,288	3,288	3,417	2,672	3,137	3,095	3,085	3,138	3,111	3,078	3,113	3,159
Absence -days lost per FTE	9.84	9.00	9.52	9.54	9.54	9.54	9.50	9.35	9.38	9.48	9.30	9.33	9.60	9.63
Turnover (annualised) - based on FTE	12.1%	12.9%	12.9%	13.7%	13.1%	12.7%	12.5%	12.9%	12.5%	11.8%	11.8%	11.9%	13.0%	13.4%





MEETING:	Cabinet
MEETING DATE:	9 March 2017
TITLE OF REPORT:	Publication of annual reports for adults and wellbeing 2016
REPORT BY:	Director for adults and wellbeing

Classification

Open

Key Decision

This is not a key decision

Wards Affected

Countywide

Purpose

To note the publication of key and statutory annual reports for the adults and wellbeing directorate and provide comment on the work of the directorate. The reports covered by this report are as follows:

- **Adults Wellbeing Plan 2017 - 2020** - sets out the broad strategy and plan for the directorate
- **Adult Social Care Local Account 2016** – a report on adult social care performance, produced in conjunction with service users and carers via the Making It Real Board
- **Annual Report of the Director of Public Health 2016** – a statutory requirement that reports on the health of people of Herefordshire with, this year, a particular focus on adult health and wellbeing
- **Public Health Plan 2017 - 2020** – sets out the vision to improve the health of the local population. It identifies six key priority areas that are aligned to the Herefordshire Health and Wellbeing Strategy and Joint Strategic Needs Assessment
- **Market Position Statement 2017 - 2020** – information made available to external providers (actual and potential) to enable the planning and provision of care and

Further information on the subject of this report is available from
Martin Samuels - director for adults and wellbeing

support services

Recommendation(s)

THAT:

- (a) The publication of the reports be noted**
- (b) Comments be provided on the work of the directorate and on the health and wellbeing of the population of Herefordshire**

Alternative options

1. There are no alternative options to receiving and publishing the director of public health's Annual Report as this is a statutory requirement.
2. It is possible to change the content and presentation of the other reports, but these comply with best practice guidance and enable service users, providers, partners and staff to understand the effectiveness of other work and the future strategy for the adults and wellbeing directorate.

Reasons for recommendations

3. The director of public health's Annual Report is a statutory requirement.
4. Publication of the Local Account and the Market Position Statement meets best practice guidance as stated by the Local Government Association (LGA) and the Association of Directors of Social Services (ADASS).
5. The Adults Wellbeing Plan 2017-2020 and the Public Health Plan 2017-2020 provide details of the work programme for the directorate, and public health within it, for the Medium Term Financial Strategy (MTFS) period.

Key considerations

6. The suite of documents aim to bring together the key statutory reports, which focus on the performance of public health and adult social care, and the overarching strategic plan for adults wellbeing in Herefordshire, supported by focused documents on market development and public health.
7. The adults wellbeing plan describes how the adults and wellbeing directorate continues to work towards a model of care that promotes wellbeing through good information and signposting and local initiatives that keep people at home within their community wherever possible.
8. When people are in need of social care support, the approach is to help people regain control and independence as quickly as possible with an appropriate and proportionate level of support, based on what people can do for themselves (a strengths based approach).
9. An ageing population and the increase in people who are living longer with long term

Further information on the subject of this report is available from
Martin Samuels - director for adults and wellbeing

conditions and disabilities are challenges that are faced nationally. Work is in progress locally to re-design the care pathways across adult social care to ensure resources effectively manage the flow of demand across the health and care system and improve the experience for people and families.

10. If formal support is required, there are a variety of care options available including the traditional residential, nursing and domiciliary care but also alternative care offers such as the Shared Lives scheme, which provides the opportunity for vulnerable and disabled people to live as part of a family on a permanent or respite basis.
11. Understanding the future demands and needs of social care and housing are critical to the planning and delivery of services that meet the outcomes for people. An analysis of this has highlighted the competing demands for economic growth, which bring jobs and opportunities for people in industries such as retail, and the impact on the health and social care economy, which is struggling to attract and retain people into social care.

The reports:

12. Adults Wellbeing Plan 2017 – 2020

- a. The plan sets out the strategic aims of the directorate and Herefordshire's model for wellbeing. It is intended to sit alongside the existing Children and Young People's Plan.
- b. The challenges for the directorate include levels of rurality and sparsity of the population, increase in demographic pressure and recruitment and retention of social care workforce and increasing costs of adult social care.
- c. The work within the directorate focuses on prevention, staying well and building on community networks. Where formal support is required, a short term enablement offer will be made with ongoing support only provided to the few that need it. The aim of the strategic plan is to ensure work programmes are aligned to deliver the directorate's blueprint for change and manage demand on public services.

13. Adult Social Care Local Account 2016

- a. The purpose of a local account is to communicate with and promote accountability to the local community and to support benchmarking, peer reviews and sector led improvement.
- b. Herefordshire's Local Account is designed and co-produced with the Making It Real Board, a service user representative group.
- c. The structure of the report is based on the national performance framework (Adult Social Care Outcome Framework) established by the Department of Health.
- d. The 2016 Local Account details a change of approach being embraced across adult social care, which focuses on strengthening supportive communities and building on individual's strengths and assets.
- e. The report highlights the outcome from the annual survey, which show improvements in many areas such as increased quality of life for clients cared

for by social care services. In addition, the quality of life indicators also reflect improvements, with people reporting that:

- i. They had as much social care contact as they wanted
- ii. They felt safe
- iii. The services they receive make them feel safe
- iv. They were satisfied with the care and support they received

14. The Director of Public Health's Annual Report 2016

- a. The report reflects the director of public health's view on important issues affecting the health of the population of Herefordshire. By statute, it is their report to the council as a statutory office holder.
- b. The report recognises the importance of screening programmes, as early identification and interventions are linked to more positive health outcomes. The report has been informed by Public Health England adult health profile data and local morbidity and mortality data.
- c. The focus of this year's report is adults (it was children last year). The report provides a summary of the health of the Herefordshire population, describes the work undertaken by the public health team in key areas, and offers advice to employers and members of the public on ways in which they can take greater responsibility for their own wellbeing, with links to online resources.

15. Public Health Plan 2017- 2020

- a. Priority areas are in line with the strategic objectives of the council's Corporate Plan.
- b. The focus for the plan is prevention and supporting people to make necessary lifestyle changes to prevent illness and improve wellbeing.

16. Market Position Statement 2017- 2020

- a. Herefordshire Council has a legal duty to help in the development and sustainability of local markets. The market position statement is a key tool to support this.
- b. The document sets out the state of the local care market, what the challenges and opportunities are and the factors that would influence or change the state of the market going forward.
- c. The intention of the market position statement is to provide a continually updated source of intelligence that enables effective management and shaping of care and support provision in Herefordshire.
- d. The market position statement highlights market opportunities, including:
 - i. Reablement and enablement offers across the county

- ii. Increased community based frailty and dementia support
 - iii. A lower focus on traditional care and an increase in focus on dementia care and other specialist services to meet those with complex needs
 - iv. Development of more affordable housing
 - v. Community and voluntary schemes to improve life outcomes
- e. In accordance with work to determine best practice undertaken by Oxford Brookes University, the market position statement includes:
- i. Current population, unmet demand and projections for future demand on care and support services
 - ii. Current market overview of what services are available and where
 - iii. Analysis of any shortfall in provision and identified market opportunities
 - iv. Information on the quality of provision in the local area
 - v. Information on the support available from the council to providers

Community impact

- 17. The process of producing the Local Account is an important element in ensuring councils with responsibility for adult social care, make themselves accountable to their local communities.
- 18. The common theme throughout these reports emphasises the central role of self-care and communities in ensuring that people can live well within their communities and when required, communities are able to respond.
- 19. Addressing the issues highlighted in these reports has the potential to positively impact on the health and wellbeing of the adult population of Herefordshire.

Equality and human rights

- 20. It is important to note that whilst the information within these reports relate to the whole county, the healthy lifestyle trainer programme targets more vulnerable and 'at risk' groups within our communities.
- 21. The Local Account identifies how support is provided to vulnerable people with a range of tailored services.
- 22. The recommendations support the Public Sector Equality Duty, under section 149 of the Equality Act 2010, which are to:
 - Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act
 - Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
 - Foster good relations between people who share a relevant protected characteristic and those who do not share it

Financial implications

23. There are no direct financial implications. The reports provide the strategic direction for the ongoing application of the resources allocated by the council to the adults and wellbeing directorate.

Legal implications

24. Section 31 Health and Social Care Act 2012 provides a duty for the director of public health to prepare an annual report, with additional information as required, on the health of the people in the area of the local council, and a duty on the local council to publish the report.

Risk management

25. Failure to produce the director of public health annual report would mean the council was not fulfilling its statutory duties.
26. Failure to receive the annual report and take action in its decision making could result in the council's failure to improve wellbeing outcomes for adults in Herefordshire.

Consultees

27. These reports have been produced in consultation and co-production with service users, providers, partners and internal and external stakeholders.

Appendices

28. Appendix 1 – Adults Wellbeing Plan 2017- 2020
29. Appendix 2 – Local Account 2016
30. Appendix 3 - Director of Public Health Annual Report 2016
31. Appendix 4 – Public Health Plan 2017 - 2020
32. Appendix 5 – Market Position Statement 2017 - 2020

Background papers

33. None.

Adults Wellbeing Plan 2017-2020



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Introduction

The Herefordshire health and wellbeing strategy, adopted in 2014, underlines how Herefordshire aims to be a vibrant county where good health and wellbeing is matched with a strong and growing economy. Our health and wellbeing strategy therefore links with the county's economic strategy, so we can secure the long term goals articulated in our vision for the future:

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

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For Herefordshire Council, this is expressed in the priorities set out in its corporate plan 2016 - 2020:

- Enable residents to live safe, healthy and independent lives
- Keep children and young people safe and give them a great start in life
- Support the growth of our economy
- Secure better services, quality of life and value for money

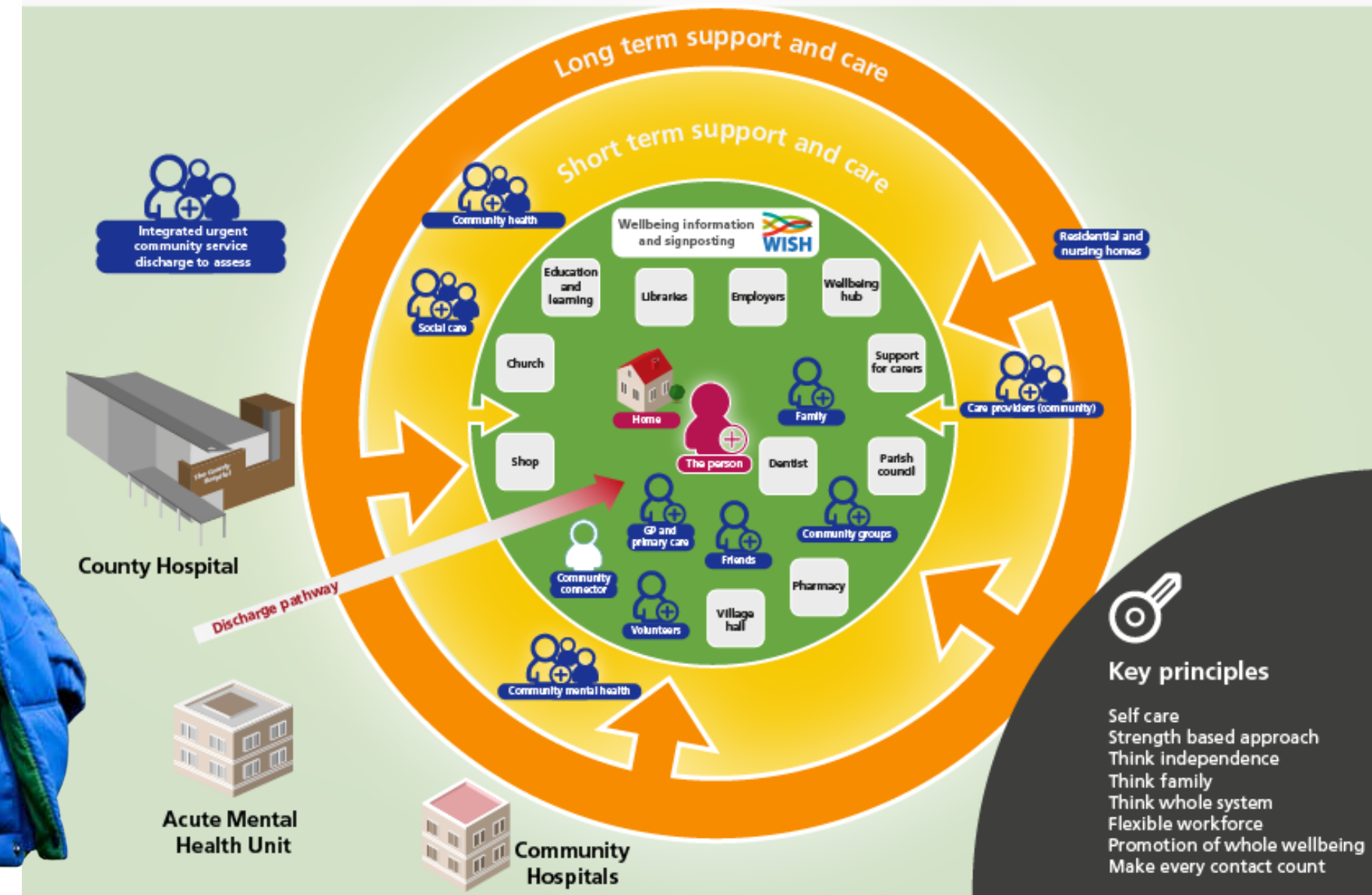
Within this, the vision for the council's adults and wellbeing directorate is:

All adults in Herefordshire live healthy, happy and independent lives within their local communities, for as long as possible with support when they need it.

This vision is represented in the following blueprint, where people are supported in their community through family, friends, community groups and good information that enable them to live as fulfilling a life as possible.



The Blueprint



Our philosophy

In seeking to adopt the approach set out in the blueprint, our philosophy is centred on the interconnected principles of both information and prevention and also enablement.

The essence of this approach is that it is better if people are able to maintain a good level of wellbeing, drawing on their community, on an ongoing basis. Nonetheless, we recognise that people will at times experience situations where they are unable to cope on their own, even with the support of their local networks. Information and prevention are the central features here. In these circumstances, our philosophy is based on the belief that the best approach is to focus on helping people to regain as much control over their own lives, as quickly as possible. Ways of working that are grounded on the principle of enablement form the foundation of this.

Prevention

Stay well

We recognise that everyone is different, with different approaches, experiences, unique strengths and abilities. The essence of our approach is that the individual is best placed to take responsibility for their own life, focusing on the things that are most important to them. This will be a unique combination for each of us.



Sometimes, people need some support to help themselves and maximise their own wellbeing and independence. For the adult population as a whole, we have put in place a wide range of campaigns and services commissioned by our public health team, examples include healthy lifestyles services, health checks, annual flu vaccinations and sexual health services. These services are focused on key groups within our communities, who may be more vulnerable and need additional support.

Social networks are key

The most significant assets or resources that people can have are often their family, friends and social networks within their community. Communities can and do play a key role in reducing isolation, loneliness, depression and the development of other illness. Part of our work, therefore, is to support communities to understand how they can help people and to enable people to access local community support when they need it.



To help people connect to their communities, we have developed the online WISH (Wellbeing Information and Signposting for Herefordshire) portal. This provides a wide range of information and guidance, including a comprehensive directory of services and activities that support the wellbeing of adults, children, young people and families across Herefordshire.

Providing prevention and support services

It's critical to the level of wellbeing experienced by Herefordshire residents, as well as the sustainability of social care, that the care and support system works to actively to promote wellbeing and independence, and is not simply a reactive service responding only when people reach a crisis point.

We have in place, and will continue to develop, a suite of preventative services that are designed to intervene early to support individuals to maintain their independence and their daily living skills, helping them to retain or regain their skills and confidence to delay or prevent needs from developing, wherever possible.

These include our recently expanded telecare service, which allows people to call for help if they have a problem at home; extra care housing developments, which make it possible for people to maintain their independence in their own home, secure in the knowledge that care is available on site and our rapid response service, which cares for people in the first few days after they are discharged from hospital.

Enablement

Promoting choice and independence

From time to time, a relatively small number of people will need a more substantial level of care and support. At these times, our formal adult social care services are there to assist.

At the heart of our philosophy is the belief that people are best able to maintain a good level of wellbeing when they take control over their own lives, taking personal responsibility for themselves.

We will promote choice and improve wellbeing for everyone we support, so that they can lead the most fulfilling lives possible by achieving the maximum level of independence.

Therefore, when local people are in contact with us, we will:

- Listen to them to understand their circumstances and find out if they need care and support to live independently within their local community
- Find out what people would like to achieve to help them live their life as they want to
- Talk to people, and those who support them, to understand any barriers that could be stopping them from living their life as they want to
- Help people to recognise their strengths and abilities and discuss how these can be built upon to meet their needs

As a result, the people who engage with us can expect a support and care offer that is appropriate and proportionate to meet their needs. In line with our strategic approach, the focus will be on information, prevention and enablement.



Providing good quality support when needed

We train and support our staff to be compassionate and caring, creative and responsive in assessing and meeting the needs of people seeking support. We want to make every contact count, so our staff are trained to look wider than just assessing whether people are eligible for formal social care and recognise where they can offer information and advice to enable people to make changes to their own lifestyles that could improve their wellbeing.



Working together

Starting from the belief that people are best placed to take control of their own lives and having choice over the way in which their care needs are met, we will place the individual at the centre of how we work. We will work collaboratively with the people around the person needing care and support, joining with other services, in order to collectively determine the outcomes that build on their strengths and networks, and ensure these are achieved.



Our challenges

Whilst Herefordshire has a wealth of natural assets, which greatly support the wellbeing of the population, we face a number of significant challenges in ensuring people maintain a good level of wellbeing and are able to access care and support when they need it.

Rurality: The level of rurality and sparsely populated communities cause challenges for the delivery of public services. Herefordshire has 186,100 residents and 82,700 homes dispersed across 842 square miles. The county has the fourth lowest population density in England, with over half of all residents living in areas classified as rural, with two in five living in the most rural villages and dispersed areas. Furthermore, those aged 65 years and older are more likely to live in the rural areas, creating particular challenges with the delivery of services where travel times and access issues, such as public transport, is a barrier.

Demography: Herefordshire has one of the highest proportions of people over the age of 65 in the country and the figure is growing faster than in most other areas. In addition to this general trend, the number of people aged over 75 and 85 is increasing at a much more rapid rate and people in these age ranges tend to be much more likely to need formal care. Furthermore, although life expectancy has been increasing, the number of years of healthy life that a person can expect has not been growing at the same rate. This means that there has been, and continues to be, a significant rise in the number of older people living with disabilities.

Workforce: Not only does the demographic character of the county mean we have a larger number of people requiring care than other areas, but the number of people of working age who might provide that care, is smaller than in other areas. As the economy in Herefordshire develops, there is increasing competition in the market place for staff. Social care has traditionally not enjoyed high levels of status or pay, so it can often prove difficult to recruit and retain staff.

Funding: Over the past several years, the funding available to councils has not kept pace with either inflation or demand. The grants paid by central government have fallen very significantly and are due to be largely eliminated by 2020, such that the council will be almost totally reliant on taxation raised from the county's residents and businesses. This means that we have to be sure that we are focusing the limited resources available to us on the most effective ways to support local people and that we prioritise those in greatest need.

The adults and wellbeing directorate

The council currently supports around 3,200 people a year through its adult social care services. On average, there are around 2,500 people receiving long term services at any one time and over two thirds of these are aged 65 or older.

In 2015/16, the council's net expenditure was a little over £142million. Of this, 41% was spent within the adults and wellbeing directorate.

To ensure we think about people's wellbeing more broadly, the directorate brings together the key areas of social care, housing and public health. We embrace change and continually look to drive improvement within our services and influence the wider health and wellbeing community where we can.

When making changes, we review and re-design our services through collaboration with customers, residents, stakeholders and providers. Our strategy is to work closely with colleagues in the health system, voluntary sector and local communities to find the best way to meet the requirements of the whole adult population.

This includes providing information and advice on keeping safe and well, finding support to help maintain independence, planning care that enables people back into independence and where required, commissioning high quality longer term care.

Our offer

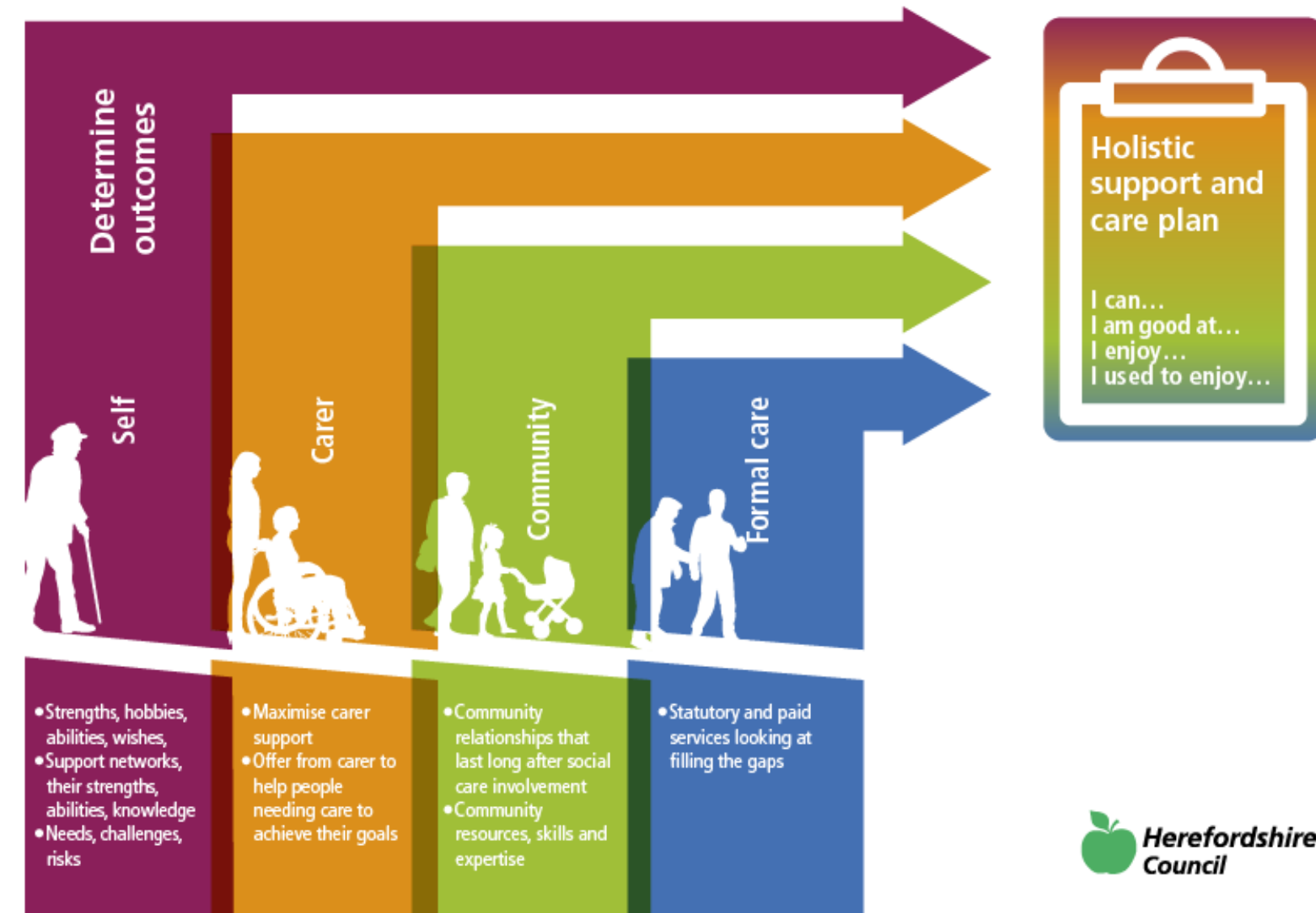
At times of change and challenge, it is important that the council continues to meet its legal duties, which include making the best use of our resources. We are confident that our approach, along with plans for improved integrated working with health organisations, means that we can both improve and deliver services within our reducing budgets. This enables us to continue to be there when our most vulnerable residents need us.

Recognising the importance of protecting and promoting people's independence, resilience, ability to make choices and maximising wellbeing, our social care services operate a strengths based model of practice. This looks first at what people can do with their skills and resources, what the people around them can do and what support is available within their local communities.

Our comprehensive, whole system outcomes approach to care assessment and planning is built upon this strengths based model.



Whole System Outcomes Model



The result for the people we work with is that they are offered the appropriate level of help when they need it, using our three tier delivery model:

Tier 1: Help to help yourself

We will...

- Work to keep people in good health and living independently
- Make every contact count and offer information and advice to improve lifestyles and reduce health and social inequalities
- Help people to take responsibility for their lives for as long as possible without 'formal care'
- Offer people information about and connections into their communities, as knowledge of local communities is essential
- Have information at our fingertips to offer advice and signposting
- Capture the wealth of societies, clubs and services within our communities and connect people to them
- Encourage people to be as active as possible and contribute to their community, whilst understanding what their strengths and interests are and how can they build on them
- Look to help people manage at home and remain independent through the use of aids, adaptations and technology

Tier 1 is available for every adult in Herefordshire, whatever their situation.



Tier 2: Short term enablement

- We will offer short term, sometimes crisis response to people who are at risk of losing their independence
- We will work with people to help them continue to live in their own homes and communities, if at all possible
- We will work to get someone back as close to their previous level of independence as possible, which is our enabling approach
- We will work as quickly and efficiently as possible to stop someone losing their independence
- We will look at the strengths and support that someone already has and how we can build on them
- We will work with people and support their carers to meet their outcomes
- We will use technology and personal aids as much as we can to maintain someone's independence. What is important is what will work and this includes occupational therapy, equipment and assistive technology
- Our response will be time limited and monitored to the point of maximising or achieving a person's independence (see Tier 3 for when ongoing support is needed)
- We will not automatically align customers to services. We will think differently and work with people to find out what would really make a difference to their lives
- Each person with a Tier 2 offer will be reviewed in accordance with their individual circumstances
- Our aim is to assist people on their journey to independence



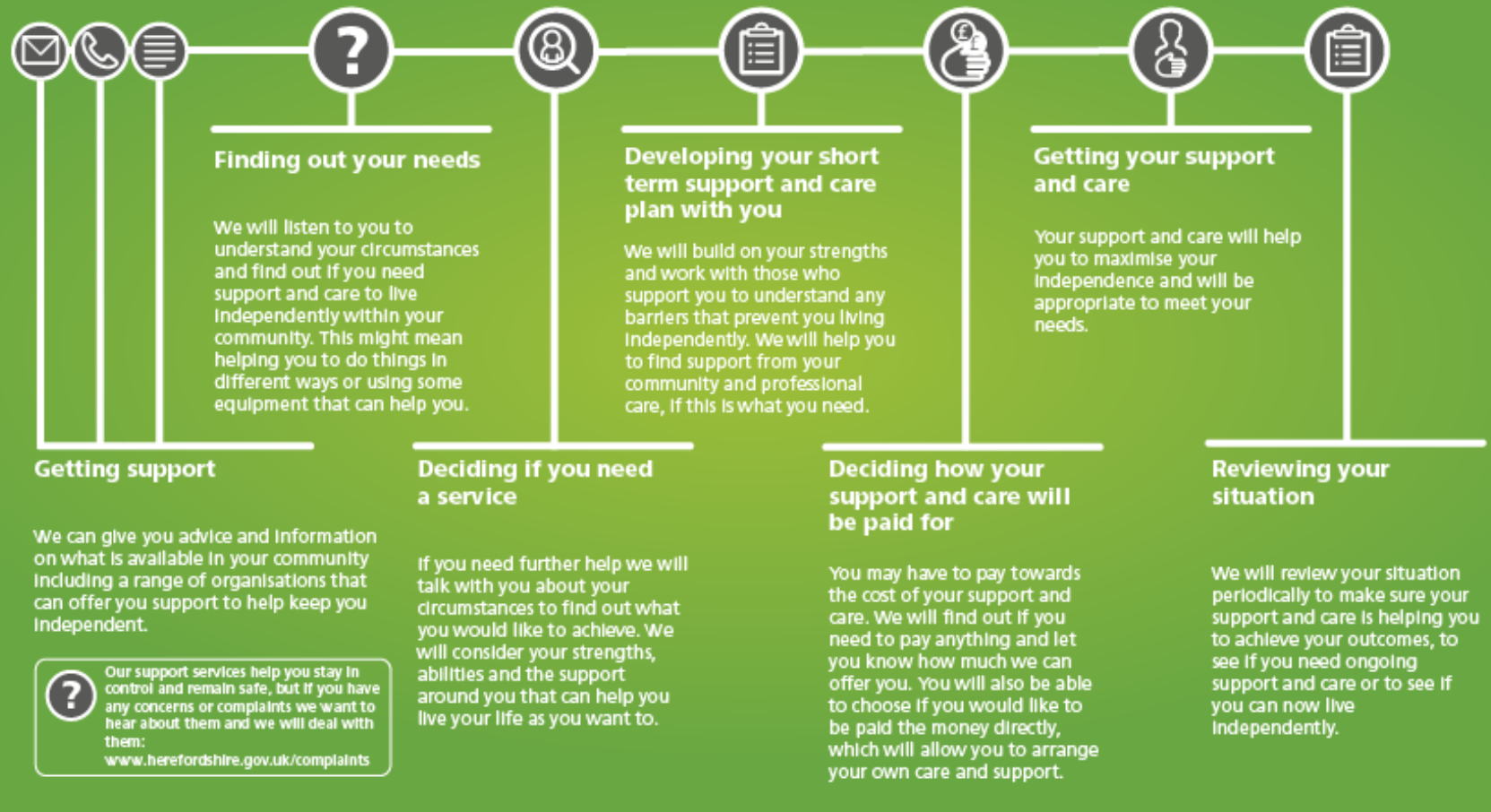
Tier 3: Ongoing support for those who need it

We will...

- Have offered appropriate and timely enablement and preventative support first, before considering ongoing support
- Develop interventions that build on individual strengths, rather than creating dependency
- Ensure that processes are simple and easy for all who use them
- Make sure that any response is proportionate and tailored to people's individual circumstances
- Provide a clear and unambiguous offer that enables people to make informed decisions
- Enable people to have greater choice and control by using the principles of self-directed support and promoting direct payments
- Use a resource allocation system that calculates an indicative amount, which can be spent flexibly and creatively to meet a person's individual minimum outcomes
- Expect people to create their own support plan and give them flexibility to amend it
- Include assistive technology and equipment wherever appropriate in our Tier 3 offer, as it can do so much to maintain independence
- Work closely with local health care teams where appropriate to help a person manage their condition
- Regularly review support according to an individual's circumstances, whether they are someone in need of care or provide care to someone else



Adult social care - the customer journey



You can take steps to keep yourself safe, healthy and prevent illnesses or conditions developing or getting worse. You can find support in your community, join community groups to make friends, lose weight, get fit, stop smoking and more...

Visit the WISH website for more information: www.wisherefordshire.org



www.herefordshire.gov.uk

Adult Social Care in Herefordshire

Our Local Account 2015/16



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Our vision is to:
Enable residents to live safe, healthy and
independent lives

Introduction

In this year's local account, you will read about a change of approach which is being embraced across adult social care. It focuses on strengthening supportive communities and building on individual's strengths and assets.

This change in approach has significant implications for our service providers as they need to adapt to working in a context where individuals have more choice and control and rely on a web of care and support, some paid for and delivered by providers, but much delivered through informal local connections with family, friends and the wider community.

In this context, we retain our responsibilities for safeguarding and for ensuring the best outcomes for all vulnerable adults across the county, whether publicly funded or self-funding.

We are actively engaging with people who use services, those who provide them and our own staff who understand some of the pressures individual people and families face now and in the future. This open dialogue is very important as we can only bring about the changes needed and meet the challenges that austerity poses by working together.

Annual survey results show that in spite of these financial pressures, our customer satisfaction rates are increasing. For example, the overall satisfaction rate has gone up from 67% to 70% which is well above the national average (64%). And the proportion of people whose services that make them feel safe and secure has gone up from 83.9% to 88%. You can read more about what our service users think about our services on page 21.

We would like to thank you for your continued support.



Martin Samuels
Director for adults and wellbeing



Councillor Patricia Morgan
Cabinet member for health and wellbeing

Understanding the challenge

Our local population

Herefordshire has a population of 186,100 people, with about 59,900 of these living in Hereford, 9,800 in Ledbury, 11,900 in Leominster and 10,700 in Ross-on-Wye. The rest of the population live in the rural parishes – Herefordshire has the fourth lowest population density in England. Although it is a lovely place to live in, the low population density brings with it service delivery challenges.

Around 42,000 people, or 23 per cent, of the population are aged 65 and over which is above the national average (19 per cent). Current projections suggest that as much as 30 per cent of Herefordshire's population will be aged 65 or over by 2031, with 11,700 of these expected to be 85 or over.

In addition, there are an estimated 2,600 people aged 18-64 in Herefordshire who have a learning disability. Of these, 600 are estimated to have a moderate or severe learning disability and are therefore likely to be in receipt of services.

Changing legislation

In April 2015, a significant change to social care, the Care Act, was implemented, bringing together existing bits of legislation into one set of laws. The focus was on the wellbeing and care needs of individuals. Key changes included a national eligibility criteria, easier access to better information and advice, changes to safeguarding practices, an increased focus on identifying and meeting individuals' outcomes, and a greater focus on prevention, with the intention of reducing and delaying the number of adults that enter the care system.

Expectations

As well as the challenges outlined, we have to support colleagues in other agencies such as health professionals and local communities, as well as our own staff, to understand that creating a dependence on social care services is not always the best outcome for individuals. We know that historically, we have supported disproportionately more of particular client groups, like people with learning disabilities, and by addressing the current culture, we can ensure individuals live independent, fulfilled lives.

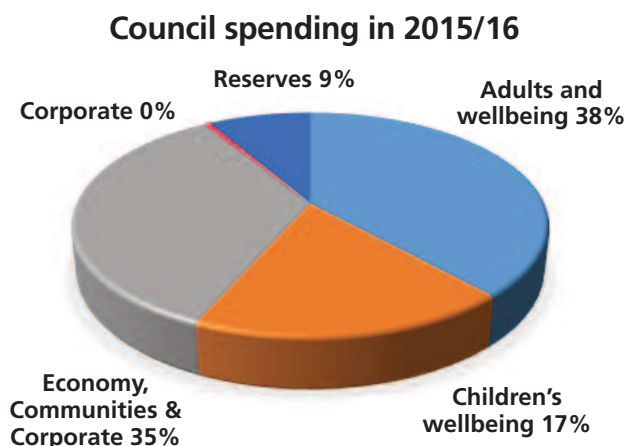
Money

The council is also facing continuing cuts in public sector funding. In 2010, 80 per cent of council expenditure was funded by government grants, but by 2020 all council expenditure will be funded locally through council tax and business rates.

Between 2010 and 2015/16, Herefordshire council has saved £59million.

Chart 1 demonstrates how the council's expenditure is divided between the different directorates. The adults and wellbeing directorate's proportion of the council's overall spending has remained consistent and currently receives 38 per cent of the council's £141m annual net spend.

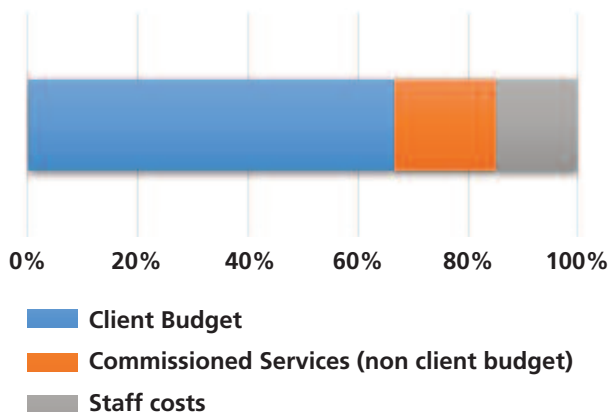
Chart 1



To give an indication of how the money is spent in the directorate, chart 2 below demonstrates the gross spend. The biggest proportion of spend (two thirds), is spent directly on clients, some of whom are supported in their own home, while others are supported in care homes.

Chart 2

Spend within the directorate



We spend 19 per cent on non-client focused services, such as public health preventative services. The remaining 15 per cent is spent on staff; this includes social workers, emergency support care staff who help quick discharges from hospital, commissioners and back office support.



The money comes from a combination of revenue settlement grant from the government, public health grant, council tax and business rates, client contributions (where people have been financially assessed as being able to contribute towards the cost of their care) and from the Better Care Fund.

633 people received residential care during the year



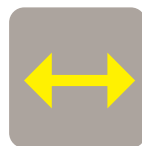
Residential care
£22.2m



Nursing care
£9.3m



459 people received nursing care during the year



Direct Payments
£7.4m

528 people received direct payments during the year



Domiciliary Care
£11.6m



Supported Accommodation
£3.2m



Other Services
£3.2m



Carers
£0.9m

In total, during 2015/16 **2058** people received support in the community.

Our approach

We began a conversation with residents in 2014, about how we could meet the needs of a growing adult population at a time when funding was being reduced. We've listened to what people and staff have to say, and embarked on developing a new culture of helping people to help themselves, independence, empowerment, choice and control over their wellbeing and care and support needs.

As a result, we are embracing an approach that builds on people's strengths and abilities and connects people to information and support in their local communities, wherever possible.



If you are in contact with adult social care we will:

Listen to you - to understand your circumstances and find out if you need care and support to live independently within your local community.

Find out what you would like to achieve - to help you live your life as you want to.

Talk to you and those who support you - to understand any barriers that could be stopping you from living your life as you want to.

Help you recognise your strengths and abilities - and discuss how these can be built upon to meet your needs.

We will help you by:

- Providing information and advice and connecting you to groups, organisations and activities within your local community.
- Agreeing with you what we will do to help and support you, and what you can best do for yourself to maximise your independence.
- Helping you find care and support, if this is what you need.
- Checking if you are eligible for council help to meet some of the costs of your care.

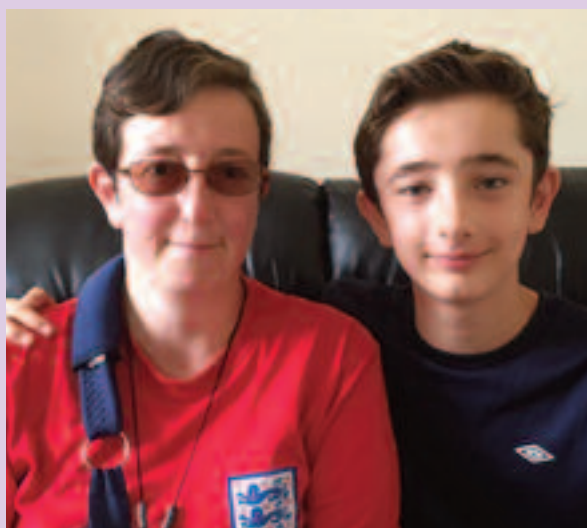
CASE STUDY

helping people live independently

Caz's story

Mum of three, Caz began suffering with epilepsy seizures about 10 months after her youngest son was born 14 years ago. Although receiving medication, the number of seizures has increased over the years: on her worst day she had 12 seizures in 24 hours.

She has three sons living at home with her. They are all in full time education and need to be able to go to school and college, knowing that their mum is going to be okay.



Following an assessment with the council's telecare team, Caz had a lifeline with an intelligent pendant/falls detector and an epilepsy sensor installed into her home.

The lifeline and intelligent pendant/fall detector have worked well for Caz, she can raise the alarm if she feels a seizure coming on, or if she falls as a result of a seizure. However, night times are a worry for her.

"The boys need their sleep as they've got school and college to go to" said Caz. "I'm scared that I'm not going to wake up one night. Because the boys are asleep and the doors are shut, I could have a seizure, choke and die and they wouldn't know."

She used to have an epilepsy bed sensor mat, but it wasn't working well for the type of seizures Caz has, it was failing to pick them up.

So the telecare team made arrangements for a specialist from Alert IT to visit her and install an Alert IT guardian monitor. This monitor can be set in a bespoke way, so that it can get a more accurate reading of the signs and symptoms of Caz's seizures. The monitor is linked to the lifeline, triggering an alarm call to both her family and to Careline if she has a seizure.

Caz said: "I had no idea what adult social care was and didn't realise this type of service was available. I thought the only thing available was social services and that was for older people.

"They asked me lots of questions on the phone when I got started, but it was well worth it.

"The biggest thing is worrying about what is going to happen to the kids if anything happens to me Having this new equipment installed makes me feel a lot better and will help me stop worrying."

Key changes

➔ April 2011-12

Health and social care join forces to form Wye Valley NHS Trust – the first integrated provider of acute, community and social care in England.

National reforms lead to Primary Care Trusts being replaced by Clinical Commissioning Groups.

➔ September 2013

Herefordshire council brings adult social care back into the council. It also changes the way some services are provided to promote direct payments and give people more choice and control.

Health services for people with learning disabilities are transferred from Wye Valley NHS Trust to 2gether NHS Foundation Trust.

A newly formed adults and wellbeing directorate embarks on a programme of commissioning to bring new providers and a fresh approach to services.

➔ March 2014

The council extends arrangements for 2gether NHS Foundation Trust to provide mental health and substance misuse services..

➔ Summer 2014

Public health becomes part of the adults and wellbeing directorate in order to align prevention work.

➔ March 2015

The council brings seconded staff from 2gether NHS Foundation Trust back into the council to deliver assessment and care management services for mental health clients.

➔ April 2015

The Care Act brings together existing legislation to form the biggest change to social care laws in years. To comply with new regulations, the council revises systems, amends safeguarding arrangements, adopts new national eligibility criteria and strengthens signposting and advocacy services.

➔ December 2015

Social care teams are reconfigured and based on the needs of individuals rather than medical diagnoses.

A changed, updated approach is launched (see page 6).

Some of our achievements 2015/16

In our local account 2014/15, we told you about some of our plans and challenges for 2015/16. You can see below how we managed to address some of these, and also where we have had problems making the progress we would have liked.

Improving access to quality information

In February 2016, we improved the availability and quality of information available to residents by launching WISH (Wellbeing, Information and Signposting for Herefordshire).

WISH is a web-based system which guides residents through online information and signposts them via a directory of services and activities. It can also be accessed by phone or face to face through a WISH shop in Hereford and pop-up services throughout the county. The aim of the WISH service is to promote and maximise independence for the people of Herefordshire.

WISH continues to develop; we are currently exploring the possibility of delivering an online self-assessment tool and a personal assistant directory.



Meeting increased demand from carers

In October 2015, we launched a recommissioned health and wellbeing service for carers and following a competitive tendering process, the contract for providing the service was awarded to Crossroads Care.

The service enables carers, who are eligible for support, to have their needs met in an innovative way. Working in collaboration with voluntary sector organisations and utilising community resources, Crossroads Care is facilitating and providing a wide range of activities for carers and the people they care for. For example, the services include a very popular gents pub lunch club, pamper days, outings, arts and crafts, cookery, ladies lunch club and men's shed group. The range of activities is continually expanding to reflect the interests and preferences of carers.

Direct payments and pre-paid card promotion

In autumn 2015, the council embarked on an engagement programme to promote the benefits of direct payments and pre-paid cards. The cards are easy to use as they require lighter touch monitoring requirements, give clients more choice and control, and help the council make sure money is being spent appropriately. As of August 2016, 174 cards had been issued. We continue to promote the cards to existing direct payment recipients and new clients.

Better Care Fund

The council and Herefordshire Clinical Commissioning Group are working together to deliver better health and care outcomes for the people of Herefordshire. The government is encouraging this joint working by pooling budgets and developing the Better Care Fund. In Herefordshire this fund is worth £42million.

The Better Care Fund is based around the following schemes:

- Protection of social care
- Community health and social care service redesign
- Managing the care home market

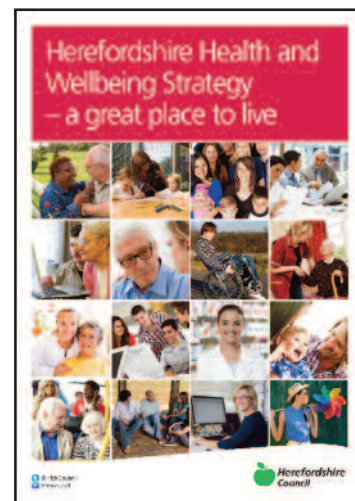
Within each of these schemes, there are programmes of work that intend to drive up performance and enable the entire health and social care system to manage increased demands better and support people in the most effective way possible.

Ultimately, the Better Care Fund is measured by the following five indicators:

- Non-elective admissions to hospitals, which improved slightly in 2015/16; this is positive given the increasing population.
- Number of days of delayed transfers of care (bed blocking), which got worse in 2015/16. It's target is to meet a 2.5% reduction on the number of days delayed on the same month in the previous year, however there has been significant pressure on the hospitals in Herefordshire during the year.
- New permanent admissions to residential homes improved and were down by more than a third in 2015/16
- The rate of people discharged into reablement that remained at home 91 days after discharge, which improved in 2015/16 to nearly 85%
- The falls response service met targets in 2015/16, with lower than forecasted levels of A&E admissions attributed to falls.
- Customer satisfaction (taken from the adult social care survey), which improved in 2015/16 as reported on page 16.

Health and Wellbeing Strategy

Herefordshire's health and wellbeing strategy identified seven key priority areas including mental health, wellbeing of children, adults and older people, housing, reducing inequalities with focus on special groups of people and alcohol abuse.



In the last 12 months, the adults and wellbeing directorate has recommissioned services to focus on these priority areas and develop a programme of health and wellbeing, as below:

NHS health check programme

NHS healthchecks are a rolling programme of free checks offered to GP-registered patients aged 40-84. Every year a fifth of the qualifying population are invited for checks. The uptake of the NHS health check was 49 per cent against a national target of 7 per cent in 2015/16.

Smoking cessation service

The main measure of success for smoking cessation services, the "quit rate at four weeks", continues to be low at 29 per cent. This was as a result of contractual changes and plans are in place for improvement in 2016/17.

Healthier You

The council is a key partner in Healthier You, the national diabetes prevention programme. People identified by pilot GP practices have been offered the programme and two courses have already started. A further six are due to be delivered in Leominster, Colwall and Cradley in the autumn 2016 with the remaining county being phased in from January 2017. It is anticipated that 1,200 people will be referred to the programme in the first year.



Active HERE

This council-led programme aims to get inactive people active. It is funded by Sport England with public health grant contribution and is delivered by Brightstripe. The first interim formative evaluation report showed that in the first six months 4,889 people engaged with the programme with 348 of these taking part and 189 becoming more active as a result.

Transitions

Working jointly with the council's children's wellbeing directorate and other agencies, we have brought forward a new preparing for adulthood protocol, to improve a child's transition into adult social care. Growing the transitions team from one to three members of staff has enhanced opportunities to work with young people and to liaise with a range of professionals to ensure a smooth move into adulthood.



Strategic Housing

During the year we have continued to work with housing associations and other providers to make sure the county is able to accommodate our growing population.

We have produced a core strategy which sets out our housing plans for the next 20 years. This includes the significant regeneration of the Oval in Hereford.



We have also revised our allocations policy and found housing for people with a range of needs, including highly complex health needs and learning disabilities.



We continue to manage homelessness using very low levels of temporary accommodation. We have not used bed and breakfast facilities since November 2012. We have also reviewed our homelessness and prevention strategy, amending our staffing structure to support services better.

CASE STUDY

Shared Lives

Beryl Morgans has helped people live independently all her life. Her mum, Margaret, was one of the founding members of the adult placement scheme, now known as Shared Lives. The scheme places adults who need help to live independently, with families who are able to provide the support they need.

The concept of Shared Lives was developed in response to a move away from institutionalisation to supported community integration in the 1960s and 1970s. It was also a time when the system could overlook people with special needs once they left school.

Beryl remembers what it was like back then. "I have worked in institutions and the Shared Lives scheme is so much better. People blossom, it is a much more natural way of living."

Originally Beryl's mum and dad looked after up to 20 people, when the institutions closed in London. Years later, they retired to Wales with four of the people they had been caring for. Sadly one of them has passed away, but the other three remain with Beryl who now lives in Herefordshire. Sadie, Lloyd and Brian who have moderate learning disabilities, have lived with Margaret for 40 years...

..this is where Sadie and Lloyd met and they've now been married for 32 years!

"I don't know whether Sadie and Lloyd would be a couple in the way that they are if they were living somewhere else. It's lovely that they've found each other and been able to live as husband and wife" said Beryl.

Matching is an important part of the process, particularly when arrangements are likely to be long term. Families are very much involved too and Sadie, Lloyd and Brian are clearly part of the family.

"The families of people we care for get concerned about what's going to happen when they can't be around to look after them anymore. Shared Lives gives people alternative options to residential homes by offering independent living in a family setting."

As these are long term arrangements, a rigorous matching process takes place followed by a planned transfer that involves families. People can continue to see their families every day if they wish, but also get the interaction and support they need to live independently away from their family home.



The Morgans' have a smallholding and Sadie, Lloyd and Brian get involved in daily activities around the premises.

"They look after the animals and orchard. They are just not into day centres, although if they wanted to try them, that would be fine. They enjoy each other's company as well as their friends and family".

Sadie, Lloyd and Brian are clearly very happy and love to show the photos from the many holidays they've had with the Morgans'. They are truly part of the family and are involved in all household decisions, and for Beryl, it's a way of life.

"It's great for anyone who is vulnerable and stops people feeling lonely. It's having someone around in the house that makes the difference, knowing you are not on your own.

"You build up a strong relationship with people. The people I care for; their confidence has built up and they are more independent now and enjoying a better quality of life".

How are we doing?

The council has a legal duty to produce a set of performance indicators and performance data on its annual performance. This data set is called the Adults Social Care Outcomes Framework, sometimes known as ASCOF. A full copy of these data items are included on page 21, but a number of the most important items are included below:

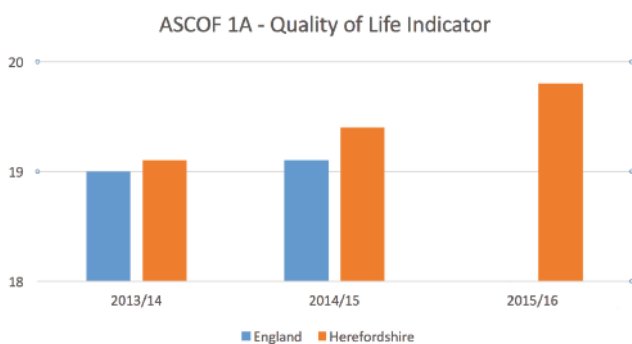
Improving the quality of life for people with care and support needs

Annual survey

Every year, we survey a random sample of our social care service users. We do this based upon set criteria from central government. In 2015/16, our results showed improvement in many of the areas surveyed. In addition, we had one of the highest response rates compared to other local councils (over 48 per cent).

As indicated in chart 3, we are showing an increase in the quality of life for clients cared for by social care services (ASCOF 1A). This is calculated by collating a number of the questions within the survey. We have improved significantly over the last few years when compared to similar councils, the West Midlands and English averages.

Chart 3



In addition to the quality of life indicator, we were able to see an improvement in the following areas, with more people saying that:

- They had as much social contact as they wanted
- They felt safe
- The services they receive make them feel safe
- They were satisfied with the care and support they receive

Listening to Herefordshire people

We have involved people more in reviews and service redesigns and adopted a co-production approach wherever possible. We have held many conversations over the year, some in market towns, some at specifically organised events and some through our provider networks. We have also developed a more robust model of engagement to make sure people who use services and those who care for them have a voice.

The Making It Real board is well established and continues to make a difference to people's lives in Herefordshire. During 2015/16 they have been particularly involved in the following areas;

- Redesigning the council's easy read documentation
- Providing the service user perspective in developing WISH and helped test the site before launch
- Looking at some of the letters the council sends out to clients and making improvements to them
- Participating in the Safeguarding Peer Review
- Reviewing, challenging and revising direct payments literature
- Promoting the Making it Real group and encouraging new people to join
- Electing an independent chair for the board
- Participating in a programme of engagement and consultation over the future of home care
- Continuing to raise concerns and challenge the council over social worker practice, direct payments and assessment issues.

We also have a newly formed Learning Disability Partnership Board and a thriving Autism Partnership.

Listening to concerns - complaints

Unfortunately, as much as we try, we don't get it right all the time and service users and their families or representative may wish to complain about our service or the services they receive.

Between April 2015 and March 2016, there were 81 complaints made about the adult and wellbeing directorate, a similar number to the previous year.

Complaints focussed on funding of care packages, timeliness of social work assessments and communication with service users. There were also a number of complaints about failure of commissioned services. We did however see a reduction in the numbers of complaints around the housing allocations system (Homepoint).

All complaints are investigated and responded to in line with our complaints policy.



Delaying and reducing the need for support

Reablement

The six week reablement service supports clients being discharged from hospital in an enabling way to reduce and potentially remove the need for any ongoing social care services. It is universally accepted that where possible, supporting people so that they become completely independent of support is a good thing and that it helps them to lead more fulfilled lives.

During 2015/16, more than 340 people received this service which is about 50 per cent more than in 2014/15. Eighty-five percent of clients aged 65+ remained at home 91 days after their discharge into reablement services (ASCOF 2B), this is an improvement on the 2014/15 results. In addition, during the year, the commissioned provider began recording their interactions with their clients on the council's data system. This gives social work staff a better understanding of what happened during the reablement period and also allows access to improve information for reporting.

The reablement ethos is fundamental to the delivery of the services commissioned by the local authority. Supporting individuals to be as independent as possible is at the core of this approach and is part of the current review of home care and rehabilitation services.

Improving healthy lifestyle choices

Our healthy lifestyle trainer service supports residents of Herefordshire to make lifestyle changes (stop smoking, reduce alcohol, lose weight etc.) During 2015/16, 410 people received intensive lifestyle support; 36 per cent of these people were aged 18-44, 74 per cent were female and 53 per cent were from the most deprived parts of Herefordshire.

As a result of this support, 61 per cent achieved the outcomes that they set for themselves and made the lifestyle changes they wanted, 26 per cent partially achieved their outcomes and the remaining 13 per cent did not achieve outcomes, typically due to disengaging with the service early.

In addition to providing one-to-one support, the service attended 674 community activities within Herefordshire, provided support at 458 activities and reached approximately 7,500 people. Support was largely around healthy eating, losing weight, stopping smoking, reducing alcohol consumption and physical activity.

Delayed transfers of care

During 2015/16, one of the significant pressures on social work teams was supporting hospitals to discharge clients from hospital settings. This is sometimes very difficult and can't always be achieved for many reasons; due to both medical and social care delays. Where hospitals are unable to discharge someone despite them being medically fit, this is called a delayed transfer of care otherwise known as bed-blocking. In the year, there was a small improvement in the total number of people delayed (ASCOF 2a1), although there was an increase in the numbers of clients delayed due to social care reasons (ASCOF 2a2). This is one of the key areas of improvement for the Better Care Fund and there is a specific action plan identified in order to drive up improvement in 2016/17.

Residential care

The number of clients placed in residential and nursing care significantly reduced during the year when compared to 2014/15. In the year, we admitted 11 clients aged under 65, which is a 21% reduction on the previous year. During 2015/16, we placed 183 people aged 65+ in care homes; 104 in residential and 79 in nursing – this has resulted in a small reduction in the number of people supported in care homes. The ASCOF measures relating to residential admissions, 2a 1 and 2, can be found on page 21.

Ensuring people have a positive experience of care and support

Care home monitoring

There are 64 homes providing residential care within Herefordshire (1,001 beds) and 28 homes providing nursing care (1,054 beds). There are also 48 domiciliary care agencies registered within Herefordshire. The Care Quality Commission, ensures that all care providers maintain a registration which regulates standards of care provided. To support this work, they have a rolling programme of inspections. At the time of reporting CQC had identified that four homes and three domiciliary providers required improvement in Herefordshire.

During 2015/16 the council supported care providers to address different levels of quality concerns through service improvement planning, which included eight care homes and three domiciliary care providers, in Herefordshire.





Quality Assurance Framework

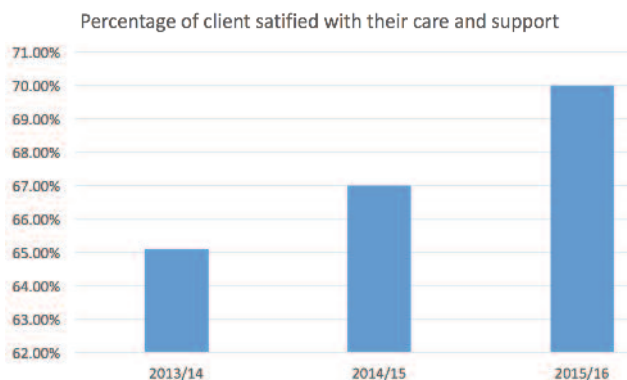
Herefordshire council introduced a new approach to quality assurance in the county this year. As a key priority is for people to be confident that the care and support they receive will be of high quality and that they will be safe and treated with dignity and respect.

The new Quality Assurance Framework was introduced in April 2016, which sets out the approach that Herefordshire council will take to ensure local care and support services provide what individual citizens need. The frameworks principles are person centre, intelligence based, supportive and proportionate, with a set of processes which are put in place with one goal: to deliver high quality care and support services in Herefordshire. It is not a replacement to the inspection programme conducted by the Care Quality Commission (CQC), who are the independent regulator of health and social care in England, but more a local process which can help the council identify and support.

Annual Survey

As referred to earlier, our annual survey gave us some really positive results. Overall satisfaction with care and support services rose from 67% to 70%; this improvement is particularly positive in the light of the increasing demands on the service and the reduced level of finances.

Chart 4



Ensuring people have a positive experience of care and support

Safeguarding

We received 1760 safeguarding concerns, relating to 1310 individuals during 2015/16. These concerns are reports of potential safeguarding issues that could warrant further investigation. A small team of people review the information made available to us and assess whether the reported concern meets safeguarding criteria. The following visuals identify who are our main referrers, where reported incidents took place and also what types of abuse were reported.

Chart 5

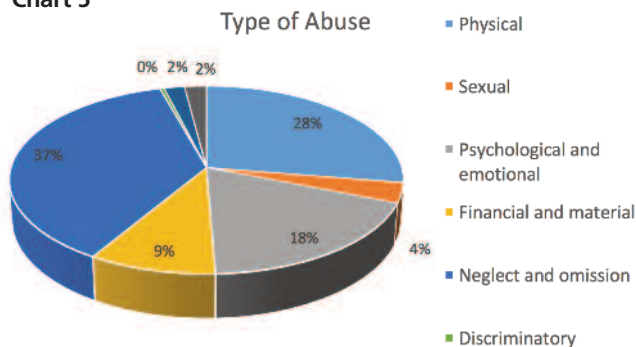


Chart 6

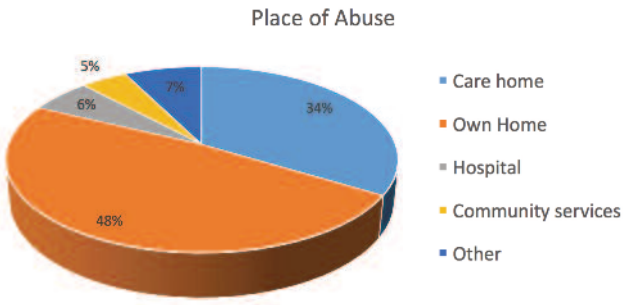
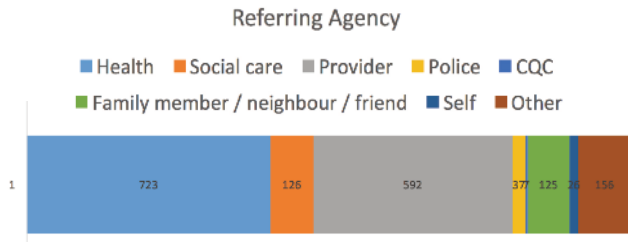


Chart 7



Of the 1760 concerns raised in the year, only 22 per cent were assessed as appropriate for an investigation to be undertaken. When this investigation happens, we make a judgement about whether the abuse has been substantiated or not. Chart 8 shows that 33 per cent of the investigations started in the year confirmed that abuse had occurred.

In addition to the information we collect about our safeguarding practices, we also ask some questions in our annual survey about people’s perceived safety. It is good to see that in the past year, a greater proportion of people in Herefordshire feel safe and secure as a result of their services and these improvements have brought our performance in line with national averages. Charts 9 and 10 show the improvement in these two measures.

Chart 8



Chart 9

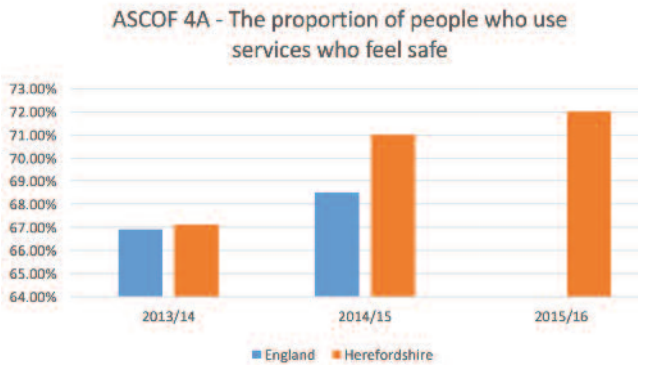
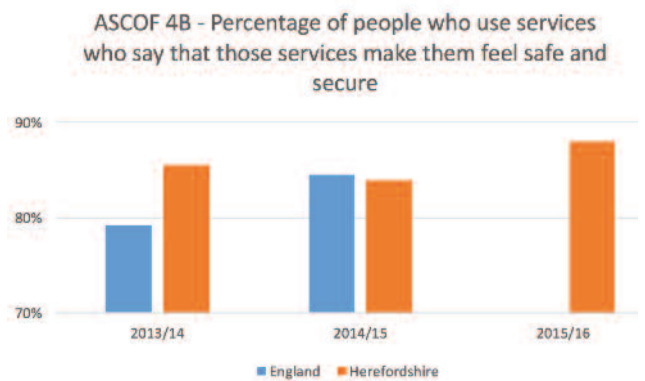
















Chart 10



Safeguarding Peer Review

In September 2015, a number of experienced safeguarding professionals from around the West Midlands, together with some experts by experience came to Herefordshire to assess our safeguarding practice and performance. Below is a summary of their recommendations together with actions taken as a result.

They recommended...	We have...
	
<p>That we develop a strategic plan for safeguarding, covering the next 3-5 years.</p>	<p>Developed a strategic plan through our Herefordshire Safeguarding Adults Board which is available on our website.</p>
	
<p>That an individual's desired outcomes should be identified at concern stage; all referrers should be advised of this and assisted in implementing this.</p>	<p>We plan to train our partners to support them through this process change. We are also reviewing our processes to ensure that outcomes are more clearly captured.</p>
	
<p>That we review the capacity and availability of our advocacy service to ensure prompt access to advocacy.</p>	<p>We have extended our current service, and plan to review and re-commission the service in April 2017.</p>
	
<p>We have developed a multi-agency competency framework for training</p>	<p>This has been completed.</p>
	
<p>We further develop the performance framework of the board</p>	<p>This was completed and continues to evolve in line with the board requirements.</p>
	
<p>That we review our processes and terminology to ensure full Care Act compliance</p>	<p>All documentation and processes on our case management system are being updated. In addition, all user facing communications have been reviewed with our Making It Real Board</p>
	
<p>We work closer with our partners to improve everyone's understanding of their roles and responsibilities</p>	<p>We are planning training to promote awareness amongst our partners. We are also developing safeguarding bulletins and organising a programme of communication events</p>

Making Safeguarding Personal

The safeguarding review also focused on our Making Safeguarding Personal practices. One of our key measurements is to see whether a person has been asked what their desired outcomes are and whether these outcomes have then been achieved. As part of our statutory reporting responsibilities, we identified that in 28 per cent of completed safeguarding enquiries we asked the person in the middle of the enquiry (or their advocate or family member) what they would like to achieve as a result of the investigation. In 74 per cent of cases, we were able to meet these outcomes. This is an area for improvement in 2016/17.

Deprivation of Liberty Safeguards

Over the last few years we have received significantly more applications for Deprivations of Liberty Safeguards (DoLS) as a result of changes to case law. These are requests that grant authority to deprive someone of their liberty in order to keep them safe. This increased number of applications continued in 2015/16, with 1479 applications, nearly double the number of applications received in 2014/15 (783).



Spending and service levels

As a result of increasing demand, reduced funding and appreciation that there are better ways to meet needs, the council closely monitors its financial position to make sure we offer value for money.

At the end of the financial year (March 2016), as a result of tight financial management, the directorate had a small underspend of £22k.

Chart 11 demonstrates how much money was spent by the directorate per head of population. This is similar to other authorities like Herefordshire.

Chart 11

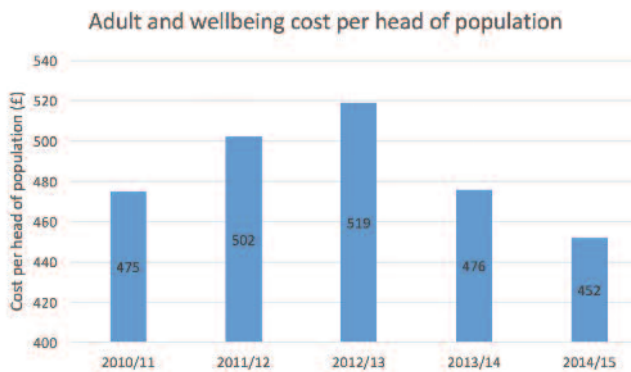


Table 1 shows the amount of money that the council spends on our over 65 population. It also shows what this equates to per 1000 population and an average of authorities identified as similar to us; either in their population or demography. This shows us that as an authority, we spend less money per 1000 population on older people aged over 65 than our comparator authorities.

Table 1

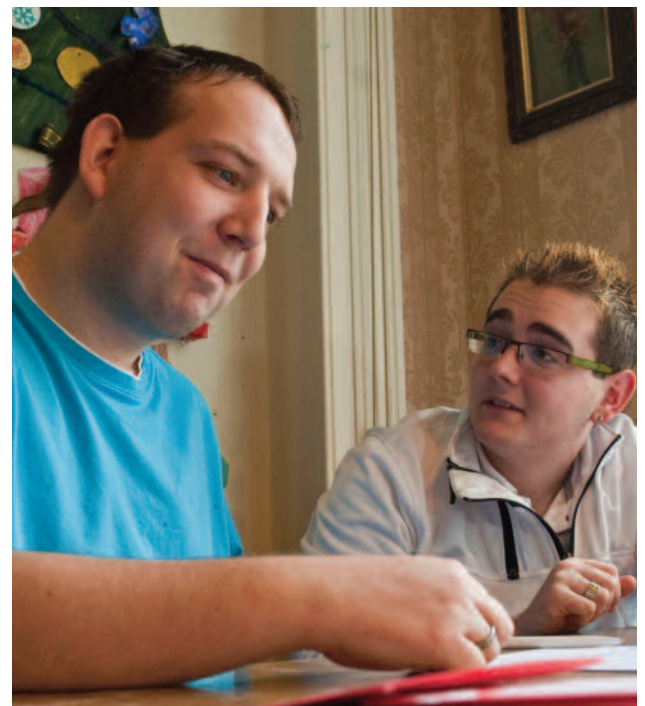
	Total Spend	Spend per head of population	Comparator mean
Older people	20,885	£522.62	£591.31

Table 2 shows we spend more money per 1000 population on people who are aged under 65; those with learning disabilities, mental health, physical disabilities and sensory impairments. Given the prevalence of people with learning disabilities, mental health and physical disabilities in our under 65 population, this is quite high and one of the highest compared to other authorities similar to Herefordshire.

Table 2

	Total Spend	Spend per head of population	Comparator mean
Learning Disabilities (Under 65)	16,453	£153.28	£141.55
Mental Health (Under 65)	3,365	£31.35	£23.23
Physical Disabilities (Under 65)	4,905	£45.70	£29.73



















We will continue to manage the needs of our clients effectively so that we can reduce our costs where possible.



Adult social care outcomes framework

The Adults Social Care Outcomes Framework, or ASCOF, is a national set of measures that all local authorities must report on.

The table below compares the performance of Herefordshire, this year and last year, with the English average for last year. At present, the English comparator has not been published for 2015/16.

	2014/15		2015/16	Improvement
	England	Hereford	Hereford	
Social Care Quality of Life	19.1	19.4	19.8	
Proportion of people who use services who have control over their daily life	77.3%	77.9%	80.5%	
Proportion of people using social care services who receive self-directed support, and those receiving Direct Payments	83.7	87.3%	94.0%	
Proportion of people using social care services who receive a Direct Payment	26.3%	23.1%	32.9%	
Carer reported quality of life	7.9	7.6	*	
Proportion of adults with a learning disability in paid employment	6.0%	6.0%	11.3%	
Proportion of adults in contact with secondary mental health services in paid employment	6.8%	10.4%	9.7%	
Proportion of adults with a learning disability who live in their own home or with their family	73.3%	60.2%	58.0%	
Proportion of adults in contact with secondary mental health services living independently, with or without support	59.7%	76.0%	73.6%	
Proportion of people who use services, and their carers, who reported that they had as much social care contact as they wanted	44.8%	46.3%	54.2%	
Permanent admissions to residential and nursing care homes, per 100,000 population, aged 18 - 64	14.2	13.0	10.2	
Permanent admissions to residential and nursing care homes, per 100,000 population, aged 65+	668.8	655.3	416.6	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	82.1%	77.0%	84.7%	
Delayed transfers of care from hospital (all reasons)	11.1	7.8	7.7	
Delayed transfers of care from hospital which are attributable to adult social care	3.7	4.1	4.5	
Overall satisfaction of people who use services with their care and support	69.0%	67.0%	70.0%	
Overall satisfaction of carers with social services	41.2%	38.6%	*	-
The proportion of carers who reported that have been included or consulted in discussions about the person they care for	72.3%	71.1%	*	-
The proportion of people who use services and carers who find it easy to find information about support	75.4%	74.5%	72.2%	
The proportion of people who use services who feel safe	68.5%	71.0%	71.5%	
The proportion of people who use services who say that those services have made them feel safe and secure	84.5%	83.9%	88.0%	

Please note that the Carers Survey is only completed every 2 years and as a result, we do not have results for 2015/16.

Further information

Useful information

1. Access to adult social care

Adult social care enquiries: 01432 260101

ASCAdviceandReferralTeam@herefordshire.gcsx.gov.uk

2. WISH

www.wisherefordshire.org

3. Healthwatch Herefordshire

01432 364481

www.healthwatchherefordshire.co.uk

4. Care Quality Commission

The independent regulator of all health and social care services in England.

03000 616161

www.cqc.org.uk

Further reading

1. Facts and figures about Herefordshire

<https://factsandfigures.herefordshire.gov.uk>

2. Making it Real

www.thinklocalactpersonal.org.uk

www.herefordshire.gov.uk

Public Health Annual Report 2016

Living and staying well in Herefordshire



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Section 1



A personal note from Councillor Patricia Morgan

'One You' is a national campaign encouraging people to look after themselves and keep as healthy as possible. In Herefordshire, we also recognise that there is only 'One You' and help is available locally to support you to becoming a healthier you.

With many of the causes of chronic illness being caused by factors which we can influence, adopting a healthy lifestyle is important for each of us.

As we get older, the importance of maintaining a healthy lifestyle becomes even greater, to prevent major illness such as diabetes and heart disease. Whilst there is much that we can do for ourselves and our families, often advice and help is needed to make and maintain healthy lifestyle choices. The NHS 'One You' website can provide information and support as well as our local WISH website and drop in shop in Hereford.



Herefordshire Council's public health team is working with council colleagues, NHS partners and the voluntary sector to help individuals and communities to achieve and maintain positive health and wellbeing.

This report highlights what you can do for yourself and signposts you to other sources of information, advice and support, such as stop smoking services, local screening programmes and NHS Health Checks, because there is only 'One You'.

Councillor Patricia Morgan
Cabinet member for health and wellbeing

Section 1



Introduction from Professor Rod Thomson

Herefordshire is a great county to live and work in and whilst many people here enjoy good health, we still have too many adults suffering from diseases that are preventable, such as diabetes, heart disease and stroke, with many types of cancer also being preventable.

So, this year, my report is focusing on adults and the things that can affect adult health, what you can do as an individual to help yourself become happier, healthier and more resilient to reduce the risks of disease and ill health. It will also focus on how communities can care and support residents.

To enable us to stay healthy, it is important to know what things put us at risk, so we can take steps to reduce these risks. In fact, taking steps by walking more frequently and for longer, is one of the most effective, as well as the cheapest way, that we can improve our health.

Most people try their best to look after themselves and be healthy, but for many adults life can get so busy that our own health slips down the priority list of things to do. This can mean that while we try to ensure that our loved ones are healthy, our own lifestyles are often less healthy than we think.

Other causes of ill health can stem from accidents during seemingly routine activities at work or at home, which sometimes happen because we forget simple safety rules or are just plain tired due to our busy lives.

This report highlights how we, as adults, can look after our own health and also covers some of the things that Herefordshire Council and its partners are doing to help us all stay healthy with signposting to organisations or groups that can provide help and support.

Professor Rod Thomson
Director of public health for Herefordshire

Section 1

Herefordshire's health headlines

What's good and what's not so good

Life expectancy for both men (80.7 years) and women (84.2 years) in Herefordshire is higher than the average for England by about a year.

However, life expectancy is over five years lower for men in the most deprived areas of Herefordshire and three and a half years lower for women, than in the least deprived areas

Deprivation is lower than the national average, although despite this, around 4,000 children in Herefordshire are living in poverty

More adults in Herefordshire are attending cancer screening opportunities with uptake rates for breast, cervical and bowel screening all higher than for the West Midlands and England



Just under half of those adults who have been offered an NHS Health Check have taken up an appointment

Just over half of Herefordshire adults report eating five portions of fruit and vegetables a day

Rates of violent crime, long term unemployment, drug misuse and early deaths from cancer are better than the average for England. Over the last 10 years, early deaths from cancer have gradually reduced, although more needs to be done

Approximately two out of three adults in Herefordshire are overweight or obese, with a quarter being obese. This is similar to the England average

Rates of sexually transmitted infections and TB are better than average, though late HIV diagnosis is high at 70%, compared to 49.8% in the West Midlands and 42.2% in England



Physical activity is higher than the average for England, but we still have approximately one in four adults saying they are physically inactive

With a prevalence of 14.1%, proportionally more people suffer from fuel poverty in Herefordshire than in either the West Midlands (13.9%) or England (10.4%)

Approximately one in three adults who are carers say they have as much social contact as they would like, which is lower than England's average

Proportionally more adults smoke in Herefordshire compared with the rest of the West Midlands and England

Key
Green = Good
Amber = Could be better
Red = Not so good



Section 2

What we are doing to improve health in Herefordshire

With many of the issues affecting the county's health being related to lifestyle factors, approaches to good health that look at lifestyle change, are now a priority for Herefordshire Council. By focusing on the prevention of ill health, rather than its treatment, we hope to help individuals keep themselves healthy and thereby build healthy and successful workplaces and communities.

The following examples show what the council and its partners are doing to help people live well.

Health check programme: To prevent heart disease, stroke and diabetes



Coronary heart disease (CHD) is the leading cause of death both in the UK and worldwide. Heart disease is also the leading cause of illness and death for both men and women in Herefordshire. In Herefordshire, an average 276 people die from CHD disease each year.

Since 2009/10, the proportion of people in Herefordshire with CHD has shown a gradual but steady decline, which is similar to the rest of England. However, local prevalence has been consistently higher than the national rate and in 2014/15 remained significantly higher than those recorded both regionally for the West Midlands and nationally.

Heart disease generally affects more men than women, although from the age of 50 the chances of developing the condition are similar for both sexes.

Strokes are the third most common cause of death nationally and someone has a stroke every five minutes in the UK. Stroke prevalence in Herefordshire in 2014/15, across all ages, was higher than in England, with all but one GP practice reporting prevalence above the national figure.

An NHS Health Check is offered free of charge to all adults aged between 40 and 74 years old, once every five years, in order to detect early signs of heart disease and stroke. If you already have medical treatment or regularly visit your GP, then you won't be invited to take part in the programme.

Through simple lifestyle changes, such as improved diet and increased physical activity, you can reduce your risk of developing some serious health problems.

Just under half of all adults in Herefordshire, who have been offered an NHS Health Check, have taken up an appointment. It is important that everyone who gets an invitation takes up the offer, as it could be life changing.

Last year, Herefordshire GP practices sent out invitations to 11,802 patients, with just under half making an appointment. There will need to be more done over the coming years to encourage more people to attend for screening.

Over the last year, 383 people (7% of those checked) were found to have a high risk of developing heart disease, stroke or diabetes. All of these people were immediately given personalised advice on ways they could reduce their risks and invited to go on a free lifestyle programme to help them make the necessary changes.

Section 2

Healthier You programme: To prevent Type 2 diabetes



In 2014/15 (the most recent figures available), 13 out of the 24 Herefordshire GP practices reported diabetes prevalence above the national figure. Since 2009/10, the local diabetes prevalence has increased year on year, which mirrors regional and national patterns, although compared to the West Midlands and England, a slower rate of increase is evident in Herefordshire.

Diabetes is a condition where the amount of glucose in your blood is too high, because the body cannot use it properly. There are two main types of diabetes: Type 1 and Type 2.

Type 2 is the most common form of diabetes and is often linked to adults who are overweight or obese, while the risk of developing it increases with age. There are steps you can take to reduce your risk of developing it by adopting a healthier lifestyle.



The Healthier You programme was launched as part of a national pilot project in 2016 and is being delivered by Reed Momenta, working closely with Herefordshire Council and Herefordshire Clinical Commissioning Group (CCG). It's a behaviour change programme that helps those at risk of developing Type 2 diabetes to reduce their odds of that happening. GP surgeries invite patients identified as being 'at risk' from diabetes to take part and it's estimated that approximately 10,000 people in the county could benefit from the programme.

Participants receive nine months of support to change their lifestyle in a friendly and supportive group environment. Courses are run by staff recruited from local communities, who are specially trained in behaviour change and diabetes prevention.

To find out more:
Diabetes prevention programme
0800 092 1191

What people said:

"Remember...If you get an invitation for your NHS Health Check, you won't get another chance for four years. Make the most of it!"

This year, alongside GP practices other partners can also carry out NHS Health Checks in a wider range of places at different times. We hope this wider, flexible choice will mean that more people will accept this important invitation.

You must have an invitation from your GP to access this service, but you can contact your GP to find out more.

To find out more:
NHS Health Checks
www.healthcheck.nhs.uk



Section 2

Cancer

Cancer is the second leading cause of death in England after heart disease.

Between 2009/10 and 2014/15, the prevalence of cancer in Herefordshire has shown a steady increase, mirroring regional and national patterns, although the local figure has consistently remained higher. However, over this period there has been a strong decrease in deaths from cancers, indicating that people are benefiting from earlier diagnosis and treatment.

Similarly, since 2007/09, the rate of preventable cancer related deaths in Herefordshire has shown a steady decrease, with the local rate consistently lower than regional and national figures.

Screening can help detect some cancers at an early treatable stage and national screening programmes are available for breast, cervical and bowel cancer. If you are invited to attend any of these cancer screening programmes, it is important that you take up the offer.

There are different types of cancer and it is possible to reduce the risk of getting cancer.

Breast cancer

About 1 in 8 women in the UK are diagnosed with breast cancer during their lifetime. There's a good chance of recovery if the cancer is detected in its early stages.

In 2014/15, three quarters of women in Herefordshire aged between 50 and 70 attended a breast screening appointment, which is higher than the national average. However, that still means that 1 in 4 women who were invited for screening, did not attend.

If you are invited for screening please go, because we know that breast cancer screening is effective and early intervention can save lives.

Breast screening aims to find breast cancers early, by using an x-ray test called a mammogram that can detect cancers when they are too small to see or feel. As the likelihood of getting breast cancer increases with age, all women who are aged 50 to 70 and registered with a GP are automatically invited for breast cancer screening every three years.

In the meantime, if you are worried about breast cancer symptoms, don't wait to be offered screening, see your GP.

Cervical cancer

In 2014/15, the majority of Herefordshire GP practices reported that more women aged 25 to 64 were attending cervical screening, with rates higher than those recorded nationally. However, 1 in 4 women in Herefordshire did not attend.

Bowel cancer

In 2014/15, the number of individuals who were screened for bowel cancer within six months of invitation, in Herefordshire, was higher than the national rate.

The national cancer screening programmes save lives, so please accept your invitation to screening.

Vaccines also reduce cancer risk. For example, the human papillomavirus vaccine (HPV) helps prevent some cervical, vaginal, vulva and other cancers, so it's important that young people are encouraged to engage with the vaccination programme.

The cost of cancer to the NHS is huge, but the cost also extends beyond the number of lives lost. For those who survive cancer, their family, friends and carers often face physical, emotional, social and spiritual challenges as a result of their cancer diagnosis and treatment.

Section 2

Healthy lifestyle trainer service



This service has provided personal support to over 400 people in Herefordshire during 2015/16, who would otherwise have found it difficult to access healthy lifestyle services.

53% of those accessing the service were from our most deprived communities and 63% achieved the goals that they had set.

Most people were supported to make the changes they wanted in order to get healthier or make good progress towards their goals. These included healthy eating, losing weight, increasing activity levels, stopping smoking and reducing alcohol consumption. Many say they now feel more confident to make changes in their lives and have a greater sense of wellbeing.

The service also supported 674 community events, providing brief advice and promotion of healthy lifestyles to at least 6,000 people in Herefordshire.



“ What people said: ”

“I am much more aware of what I'm eating and what I'm doing since seeing the trainer. I now think before having an unhealthy option and am aware of keeping much more active. I would never have tried Tai Chi...now I go on a weekly basis and thoroughly enjoy it!”

To find out more:
Healthy lifestyle trainer service
01432 383567
hls@herefordshire.gov.uk



Section 2

Smoking



Last year, 261 people in Herefordshire set a quit smoking date and 132 were confirmed quitters at four weeks; a 50% success rate, which compares with the national average. As we have slightly more adults smoking in Herefordshire compared with the national average for England, we want to encourage more adults to stop smoking and to stay stopped for good.

26

If you are a smoker then quitting can be the biggest step you will ever take to improve your health, and you are much more likely to succeed with help from the county's stop smoking services.

Stop smoking services offer behavioural support to help you change your lifestyle to avoid the daily habits associated with smoking and the temptations to smoke, as well as being able to prescribe nicotine replacement therapies (NRT), such as gum, lozenges or sprays. These reduce the body's chemical dependence on nicotine, making it easier to resist cravings for a cigarette in the early stages of giving up.

The council is working to increase the variety of stop smoking support available, so those wanting to stop smoking will be able to choose what type of support they want and how they can access it.

To find out more:
Healthy lifestyle trainer service
01432 383567
hlts@herefordshire.gov.uk



What people said:

"This is a fantastic support service when stopping. It gives you an extra reason not to lapse. Keep the programme going!"



Physical activity



The ActiveHERE project is supported by Sport England's 'get healthy get active' fund and is delivered locally by Brightstripe. It aims to encourage people who do no physical activity at all to 'get active' by matching them to a type of activity they are comfortable with.

The overall feedback from participants, activity providers and stakeholders in Herefordshire provides a positive indication that ActiveHERE, in its initial phase, has been successful in developing effective support to enable inactive people to participate in sport or physical activity.

The Kings Fund (www.kingsfund.org.uk) has calculated that getting just one more person to walk to school, pays back £768 or to cycle to work rather than driving, pays back between £539 and £641 in terms of NHS savings, productivity improvements and reductions in air pollution and congestion.

The council has asked all its health and social care staff to make everyone in Herefordshire aware of ActiveHERE.

To find out more:
Healthy lifestyle trainer service
01432 383567
hlts@herefordshire.gov.uk

Section 2

Community falls prevention service

Every year, more than one in three people over 65 suffer a fall that can cause serious injury and even death. That's approximately 3.4 million people nationally.

In Herefordshire, our older adults aged between 79 and 85 are more likely to fall.

During 2015/16, over a third of all hospital admissions for falls in the county were the result of a slip, trip or stumble. The next most common cause of fall related admissions was from stairs or steps at 17%.

Most falls do not result in serious injury, although there is always a risk that a fall could lead to broken bones, which can cause a person to lose confidence, become withdrawn and feel as if they have lost their independence.

Not all falls cause injuries. However, serious injuries such as broken arms, wrists or hip fractures and head injuries are common. These injuries can mean that a person cannot get around as easily or could find it difficult or impossible to do everyday activities such as cooking and taking a bath. Sometimes, people can no longer live on their own and need support.

The local community falls prevention service, which is run by Wye Valley NHS Trust, is for older people who have fallen, are at risk of or are worried about falling or have concerns about their balance. The service received 1,400 referrals during 2015/16.

The number of hip fractures in the county has improved with a decline from 2013 to 2015. This is despite an ageing and growing older population.

As part of the service, a team of physiotherapists, occupational therapists and support workers see patients in dedicated falls clinics or at their home to provide free advice, assessment or interventions on how to reduce the risk of falls, which includes exercise, education and home safety advice.



What people said:

"You gave me information that helped explain the problem and that was very useful. Plus exercises I could easily do and that helped. And you were friendly and helpful."



To find out more:
Wye Valley NHS Trust
01568 617309
fallsreferrals@nhs.net
www.wyevalley.nhs.uk



Section 3

What you can do to improve your health



For yourself

The One You national campaign is designed and targeted at the older working age population. The website is full of information and provides links to apps that are designed to help you keep track of your lifestyle issues, such as smoking, drinking and eating.

As an employer

As well as encouraging your staff to visit One You, there are other resources available for you to build a healthy workplace.

- Get involved in the Workplace Challenge: www.workplacechallenge.org.uk
- Take a look at the National Institute for Health and Care Excellence (NICE) website: www.nice.org.uk (search workplace health)

An active campaign is being developed to engage with workplaces and the business community to support and promote health, including a health and wellbeing toolkit for employers.



As a voluntary organisation or community group

Alongside encouraging people to visit One You, why not also try 'Making Every Contact Count' and undertaking the training and using the resources on the 'Making Every Contact Count' website: www.makeeverycontactcount.co.uk.

You can also contact the healthy lifestyle trainer service (01432 383567 hlts@herefordshire.gov.uk) and ask about training staff and volunteers as Community Health Champions, who can help develop specific initiatives for the communities you work with.

An active campaign is also being developed with voluntary organisations and community groups, to provide leadership for the Making Every Contact Count approach.

To find out more: One You www.nhs.uk/oneyou



Section 3

Healthy lifestyle support

It can quite often be the case that small changes in our health behaviour which is linked to lifestyle, such as drinking less alcohol, eating more fruit and vegetables and walking more, can lead to a measurable reduction in the risk of developing conditions such as coronary heart disease, cancers, stroke and diabetes.

The council has developed a series of healthy lifestyle leaflets, which can help you make changes to your lifestyle to be healthier and reduce your risk of serious diseases.

- Healthy eating / healthy weight
- Drinking alcohol sensibly
- Physical activity
- Quitting smoking
- Mental wellbeing

You can print any of our healthy lifestyle leaflets at www.herefordshire.gov.uk/healthy-lifestyle-booklets, along with visiting the One You website, to find the lifestyle change you'd like to make. You can also try any of the local services listed within this report or search for other local providers on the Wellbeing Information and Signposting for Herefordshire (WISH) website.



To find out more: WISH www.wisherefordshire.org One You www.nhs.uk/oneyou



Section 3

Additional information

Alongside the information, advice and support already provided in this annual report, you can also visit the following websites:

Herefordshire Council
www.herefordshire.gov.uk

NHS Choices
www.nhs.uk

Samaritans
www.samaritans.org

Change4Life
www.nhs.uk/change4life

If you'd like further background information, health data, information relating to children's health and previous public health annual reports, please visit the council's Facts & Figures for Herefordshire website at factsandfigures.herefordshire.gov.uk.

Acknowledgements

Thank you to staff, colleagues and partner organisations for their contributions, which have helped produce this annual report and for their ongoing efforts and hard work to promote and improve health and wellbeing in Herefordshire.

Photographs used with kind permission of Brightstripe and Herefordshire Council.

Section 4

Public health financial summary 2015/16

The funding for public health in 2015/16 came from:

	£000's
Public health grant	7,970
Herefordshire Council	121
Health visitors (Half year from 1 October 2015)	1,266
Pharmacy needle exchange	186

Total	9,543
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The expenditure allocation for 2015/16 was:

	£000's
Staffing costs	850
Agency staff	403
Public health outcomes delivered by Herefordshire Council	1,738
Sexual health	1,590
Drugs and alcohol	1,834
Stop smoking	156
School nursing	513
Health checks	356
Healthy lifestyles	54
Oral health	24
Projects	460
Public health overheads	231

Total expenditure before transfers from Herefordshire Clinical Commissioning Group	8,209
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Health visitors	1,148
Pharmacy needle exchange	186

Total expenditure	9,543
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herefordshire.gov.uk

Public Health Plan 2017 - 2020

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Purpose of the report

The Public Health Plan 2017 - 2020 sets out the vision of Herefordshire Council to improve the health of the local population. It identifies five key priority areas and describes key deliverables for each one. The priority areas are aligned to the Herefordshire Health and Wellbeing Strategy and Joint Strategic Needs Assessment, as well as the objectives set out in the council's Corporate Plan.

This plan supports the Adults Wellbeing Plan 2017 - 2020 and the Children and Young People's Plan 2015 - 2018.

Herefordshire: Setting the scene

Our society has made great progress in treating illness. However, we could spare many people the anxiety and pain of a wide range of conditions, if we helped them to prevent these from occurring in the first place.

In many respects, Herefordshire is a very fortunate county in terms of the health of its population. When compared to other local council areas in England, people here are generally healthier than in other communities. The number of people who die prematurely (before the age of 75) is one of the lowest rates in the country, with Herefordshire rated 21 out of 150 local council areas. However, like the rest of the country, we've see a rise in the number of people with long term health problems due to illnesses such as diabetes and conditions such as obesity.

Most of these long term conditions and illnesses, which are the cause of premature death, are preventable and simple changes to our lifestyles can make a significant difference in reducing the risk of developing, for example, heart or lung disease. A number of key factors such as increasing the level of exercise we take, reducing the amount of food we eat, including controlling the sugar content of our diet and stopping smoking cigarettes can all make a significant difference in reducing our risk of chronic illness or premature death. The latest data for the levels of exercise, obesity and smoking prevalence within the county, highlights there's still room for improvement in the health of local people.

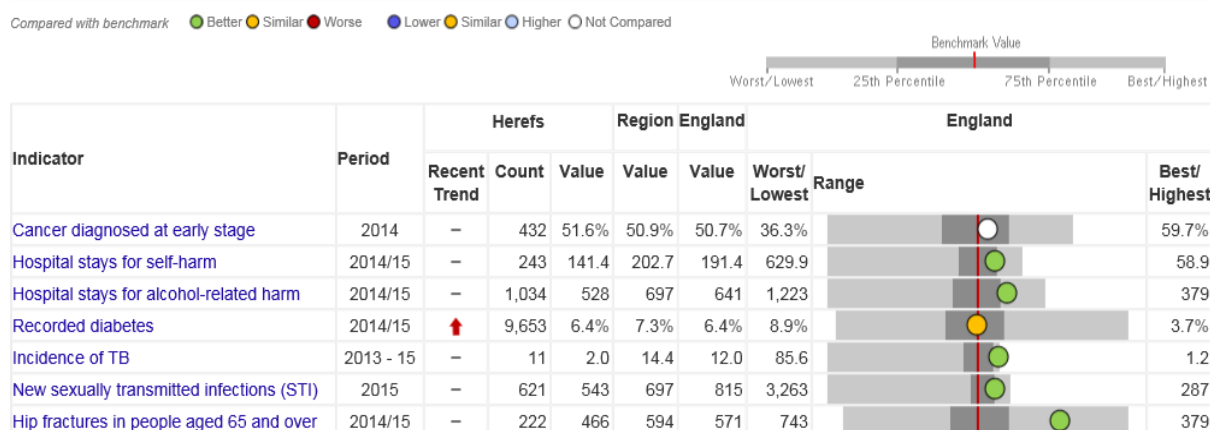
Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared



Indicator	Period	Herefs		Region England		England			Best/Highest
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	
Smoking Prevalence in adults	2015	-	-	17.5%	15.7%	16.9%	26.8%		9.5%
Percentage of physically active adults	2015	-	-	63.3%	55.1%	57.0%	44.8%		69.8%
Excess weight in adults	2013 - 15	-	-	63.9%	66.8%	64.8%	76.2%		46.5%

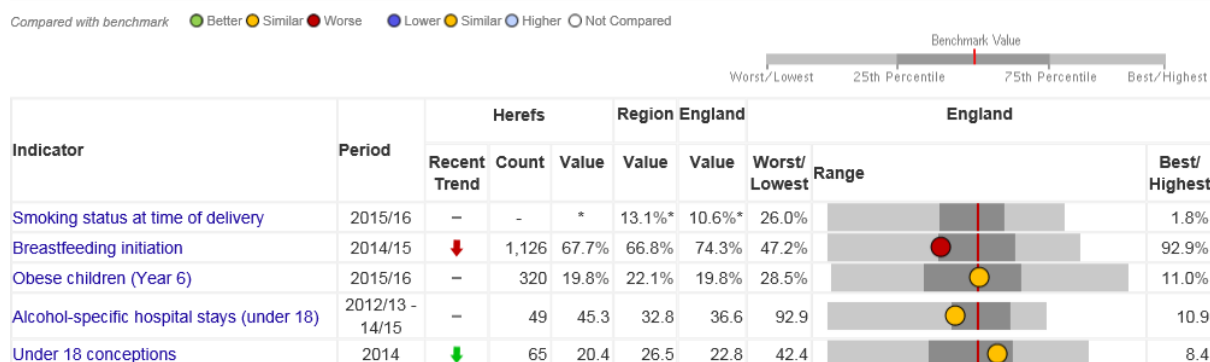
Source: Herefordshire Health Profile 2016

There are other factors for the council to consider in our planning, including levels of diabetes, the number of hip fractures due to falls and the number of hospital stays due to self-harm or alcohol related harm.



Source: Herefordshire Health Profile 2016

The figures above focus on the health and wellbeing of adults, however we recognise that the greatest health gains can be made when we, as parents and as a society, give our children the best start possible. The council is committed to ensuring that Herefordshire’s children and young people have the very best start in life and grow up healthy, happy and safe within supportive family environments.



Source: Herefordshire Health Profile 2016

Herefordshire’s mortality rankings compared with neighbouring counties

For all causes of premature mortality, the average ranking is based on the mean of all metrics out of 150 local council areas, with first being the best and 150 being the worst.

Whilst our overall ranking is good, as demonstrated in the following list, when different health conditions are considered it’s clear that for some causes of premature death, we need to make more effort to improve the health of local people.

Premature death before the age of 75

Herefordshire is ranked 21 with Shropshire 33, Gloucestershire 36 and Worcestershire 55.

However, wide variations are seen in ranking when broken down by individual causes of premature death.

Cancer

Overall cancer deaths:

Herefordshire is ranked 8 with Gloucestershire 27, Worcestershire 29 and Shropshire 41.

Lung cancer for all ages:

Herefordshire is ranked 3 with Shropshire 22, Gloucestershire 27 and Worcestershire 57.

Breast cancer:

Herefordshire is ranked 48 with Gloucestershire 59, Shropshire 117 and Worcestershire 126.

Colorectal cancer:

Herefordshire is ranked 67 with Gloucestershire 48, Shropshire 55 and Worcestershire 118.

Heart disease and stroke

Overall heart disease and stroke:

Herefordshire is ranked 42 with Gloucestershire 29, Shropshire 30 and Worcestershire 43.

Heart disease:

Herefordshire is ranked 64 with Worcestershire 27, Shropshire 40 and Gloucestershire 42.

Stroke:

Herefordshire is ranked 8 with Gloucestershire 42, Shropshire 51 and Worcestershire 87.

Our vision for the future

Life expectancy in Herefordshire has increased for both women and men over recent years, as it has for the rest of the country. However, there are several facts that must be taken into account in promoting the health and wellbeing of our population. Firstly, we must remember that we are still mortal and at some time our lives will end and secondly there are significant variations in the life expectancy of the women and men. In general, women live for several years longer than men. There is also a variation in life expectancy within each gender, with those at greater social disadvantage generally having shorter life spans.

The vision for the county is therefore two fold. The first aspiration is to bring the life expectancy of our most disadvantaged residents up to that of the most affluent in our communities and so end health inequalities. The second aspiration is to reduce the prevalence of long term conditions such as diabetes, chronic obstructive airways disease and cardiovascular disease to as close to zero as possible. These are challenging

aspirations and will need credible markers over the years to identify our progress to achieving them.

Abraham Lincoln said: "In the end, it's not the years in your life that count. It's the life in your years". Whilst his sentiment is correct in terms of the quality of a person's life being important, as a community we have the ability to extend both the life span and quality of that life. Our vision should be to enable everyone in our communities to have a long life span that is free of long term illness. To achieve this vision, we need the combined efforts of individuals, families, communities and the statutory and voluntary sector organisations.

To bring this vision and its aspirations closer to achievability will require all of us to have a stronger commitment to investing our time and resources into preventing ill health and to promoting physical and mental wellbeing. With the pressures being placed on health and social care services, due to our ageing population and the current levels of chronic illness, it is essential that we as individuals, families and communities take better care of ourselves and stay as well as possible for as long as possible. Our neighbours in Wales have adopted an approach that is worthy of adaption in Herefordshire, called Prudent Health Care.

The principles of Prudent Health Care

Any service or individual providing a service should:

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production
- Care for those with the greatest health need first, making the most effective use of all skills and resources
- Do only what is needed, no more, no less and do no harm
- Reduce inappropriate variation using evidence based practices consistently and transparently

To these principles, a fifth should be added, namely whenever possible prevent the causes of ill health rather than treat the disease after it has caused harm.

With children and young people we have a prime opportunity to prevent chronic ill health through immunisation and by assisting them to develop healthier lifestyles, which provide a sound basis for their adult lives. However, for some adults within our community, patterns of behaviour have already established factors that make it more likely that they will develop long term conditions.

This plan therefore focuses on what we call primary and secondary prevention. Primary prevention will focus on helping individuals and families avoid developing a long term health problem. Secondary prevention will help individuals and families change their existing behaviour, in order to reduce the likelihood of developing severe problems from long term illnesses, such as through smoking cessation support or weight reduction advice and treatment. This plan outlines the key issues affecting our population and the actions proposed to address them.

Our priorities

Priority One: Early help (0 to 5 years)

Giving children the best start in life is the aim of most parents, however becoming a parent is recognised to be one of the most challenging roles any of us can take on. The UK has for many years recognised the need to assist parents. This complements a childhood surveillance system designed to detect developmental problems as early as possible, so they can be addressed before they have serious consequences.

The health visiting service provides parents with advice and support about the care and development of their children. Along with promoting immunisation, health visitors also play a key role in detecting postnatal depression in new mothers and providing support for those women dealing with this debilitating condition. Breastfeeding is recognised as being the best form of nutrition for new born babies; however despite this, the number of women initiating breastfeeding and maintaining it for six weeks is low locally and nationally. Improving these rates is an important measure in improving the health of new born babies.

Key measures

- Improve breastfeeding initiation and continuation rates to above the national average
- Maintain childhood immunisation rates for all programmes above the immunity level of 95% of the eligible population
- Ensure every child receives developmental screening in a timely fashion in line with the national schedule
- Provide advice to parents regarding child development to reduce the rate of accidents
- Provide advice to parents regarding good nutrition for children in order to reduce the number of children entering school who are over a healthy weight

Priority Two: Children and young people (5 to 19 years)

The childhood and adolescent period of life is one of great opportunity to establish good patterns of healthy behaviour that will have long term benefits for wellbeing into adulthood, including efforts to promote mental and physical wellbeing.

The activities put in place require contribution from a range of statutory organisations as well as from parents and young people themselves. All of these interventions, such as relationships and sex education, must of course be age and maturity appropriate. As a young person matures, their ability to make choices for themselves will increase, although often choices are subject to peer pressure which can make it difficult for young people to resist, for example, cigarettes and alcohol. The provision of good quality advice and education is key to enabling young people to pass through this 'rites of passage' period in their lives with the minimum of harm.

National Childhood Measurement Programme

One of the major challenges facing this country is the rising level of obesity across all age ranges. The National Childhood Measurement Programme monitors the growth of children entering school for the first time (reception) and those children in year 6.

The latest data from the programme indicates that 8.3% of Herefordshire's four to five year olds are obese. The proportion of children who are measured as being either obese or overweight is 22%.

For children aged 10 to 11, the level of obesity is 18.3%, with a total of 32% assessed as being either obese or overweight.

The percentage of children in the four to five year old age group who were identified as obese or overweight in 2016 was at the same level as those measured in 2014, which is a positive sign that the trend towards an increase has levelled off. However, the same cannot be said for the 10 to 11 age group, as the 2014 data was lower with 15.9% being obese and 28% being either obese or overweight. The data obviously refers to two different groups of 10 to 11 year olds, but clearly indicates that a growing percentage of Herefordshire's young people are overweight. If this trend is not addressed, it is likely that they will remain overweight or obese as adults, which means they are likely to experience poorer health during the rest of their lives.

Emotional, behavioural and mental health needs

There is growing recognition of the mental health needs of children and young people. Young Minds is a national charity which advocates for such needs and has published the following national statistics:

- 1 in 10 children and young people aged 5 to 16 suffer from a diagnosable mental health disorder; which is around three children in every class
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm
- There's been a big increase in the number of young people being admitted to hospital because of self-harm and over the last ten years this figure has increased by 68%
- More than half of all adults with mental health problems were diagnosed in childhood, although fewer than half were treated appropriately at the time
- Nearly 80,000 children and young people suffer from severe depression
- Over 8,000 children aged under 10 years old suffer from severe depression
- 72% of children in care have behavioural or emotional problems; these are some of the most vulnerable people in our society
- 95% of imprisoned young offenders have a mental health disorder; many of whom are struggling with more than one disorder

- The number of young people aged 15 to 16 with depression nearly doubled between the 1980s and the 2000s
- The proportion of young people aged 15 to 16 with a conduct disorder more than doubled between 1974 and 1999

Source: Young Minds (www.youngminds.org.uk - search mental health statistics)

The 2016 hospital admissions data for Herefordshire indicates there were:

- 49 related to mental health conditions
- 111 as a result of self-harm
- 20 due to alcohol specific conditions
- 18 related to substance misuse specific conditions

Source: Chimat 2016 (www.chimat.org.uk)

Mental wellbeing

Making a positive difference to the mental wellbeing of children and young people will require the combined efforts of parents, teachers, school nurses and a wide range of professionals, as a complex set of factors can affect them. These factors can range from normal life events such as exam anxiety and loss of a pet to bereavement and bullying.

Herefordshire Council is responsible for commissioning health visiting and school nursing services and works with the Herefordshire Clinical Commissioning Group (CCG) and local schools to co-ordinate a range of health promotion and ill health prevention activities needed to assist young people and their parents.

Key activities for children and young people

- Promote advice and support for parents and children to enable them to achieve and maintain a healthy weight, in order to reduce the percentage identified as being obese or overweight
- Work with schools and the County Sports Partnership to encourage children and young people to take the recommended levels of exercise in order to reduce the percentage identified as being obese or overweight
- Promote better dental hygiene and a reduction in the number of high sugar content food and drinks to reduce the rate of dental disease and prevent Type 2 diabetes
- Work with schools and the CCG to commission a range of early help services to promote mental wellbeing and identify emotional, behavioural and mental health problems at an early stage, in order to reduce the rates of self-harm and hospital admissions for alcohol and drug misuse specific conditions

Priority Three: Preventing long term conditions

The Herefordshire Health Profile 2016 demonstrates that local people are generally healthier than the average for England, although this means there is still a significant pressure on the local health and social care system. Public Health England (PHE) has made an evidence base available for both clinical and cost effectiveness of health promotion interventions. This demonstrates the significant potential impact of a number of interventions.

One You campaign

The evidence suggests that 8 out of 10 middle aged people either weigh or drink too much or don't exercise enough (PHE December 2016).

The One You campaign aims to reach the 83% of 40 to 60 year olds (87% of men and 79% of women) who are either obese or overweight, who exceed the Chief Medical Officer's alcohol guidelines or are physically inactive. Nationally, obesity in adults has shot up by 16% in the last 20 years and the diabetes rate among this age group has also doubled within the same period. Obese adults are over five times more likely to develop Type 2 diabetes than those who are a healthy weight (a body mass index between 18.5 and 25) and 90% of adults with diabetes have Type 2 as opposed to Type 1.

Herefordshire has been selected to be a pilot area for the national NHS Diabetes Prevention Programme, which targets individuals at risk of diabetes and provides a free structured programme of support to enable them to reduce the risks factors in their lifestyles.

NHS Diabetes Prevention Programme (NDPP)

Diabetes prevention programmes can reduce progression to Type 2 diabetes compared to the usual care pathway by 26%.

Costs: The intervention is nationally commissioned and the costs to local stakeholders vary according to the chosen approach.

Net savings: Based on the NDPP running for five years, NHS England has estimated an average cumulative net saving of £31m nationally within 15 years (excluding local expenditure), with additional savings to the social care system of £4m. This will vary depending on final costs agreed with providers and programme attendance rates.

In addition, the national One You campaign aims to provide free support and tools to help people live more healthily in 2017 and beyond. Herefordshire Council and its NHS partners are supporting this health promotion campaign and will continue to do so throughout 2017.

Smoking cessation

Over the last two decades there has been a significant reduction in the number of adults who smoke tobacco in its various forms, such as cigarettes, cigars and pipes. However, 17.5% of adults within Herefordshire still smoke tobacco regularly.

Smoking is a leading cause of a range of long term conditions including cancer, lung and cardiovascular disease and stopping smoking significantly reduces the risk of these conditions. Although it's certainly possible for an individual to stop smoking without

assistance, national research demonstrates that people are significantly more successful with a combination of advice and support from a health practitioner and when a form of nicotine replacement therapy is provided.

A disproportionate number of people who smoke are concentrated in certain sectors of our communities, therefore targeted prevention and smoking cessation programmes will be key to gaining maximum effect. PHE has also identified that 33% of tobacco is consumed by people with mental health problems, while those who perform routine and manual jobs are twice as likely to smoke compared to those in managerial or professional roles.

Being a smoker also has an adverse effect on a patient's recovery from surgery and smokers with other long term conditions will benefit from quitting. The benefits of hospital staff referring patients to smoking cessation programmes are clear and PHE has identified the advantages of patients being referred for treatment.

Smoking: Assessment with very brief advice and referral in hospital.

Effectiveness: The quit rate amongst patients who want to quit and who take up a referral are between 15% and 20%, whereas only 3% and 4% of those without a referral successfully quit. A Cochrane Review highlighted the appropriateness of offering very brief advice to all hospitalised smokers, regardless of why they were admitted.

Costs: PHE estimates the total cost of intervention to be approximately £620 for each successful quitter, although the NHS could incur an additional one off cost of around £130 for each successful long term quitter from nicotine replacement therapy, delivery and follow-up sessions. In addition, there could be a potential one off investment for the council in the region of £11k for setting up an electronic referral system with annual maintenance costs of £3.5k. The council could incur £490 of these costs for each successful quitter, through commissioning local stop smoking services.

Net savings: It's estimated that the NHS would have cumulative savings in the region of £340 per quitter over the first five years (average savings of £68 per year), assuming it's phased and excluding the electronic referral investment. The intervention can become a net saving in the fourth year following implementation.

Harmful and hazardous alcohol use

Alcohol misuse is the leading risk factor of preventable death in people aged 15 to 49 years old. In England, between 2001 and 2012 there was a 40% increase in the number of people dying from liver disease, which is in contrast to other major causes of disease that are declining.

In Herefordshire, the rate of admissions for alcohol related conditions per 100,000 population was 546. This is better than the rate for England of 645 per 100,000 population, but poorer than the best rate in England, which is just 366.

There are two main forms of harmful or hazardous alcohol use which are of particular concern. The first is exceeding the Department of Health's weekly maximum recommended alcohol level of 14 units. A number of people often exceed this limit by drinking on a daily basis, such as a glass of wine or spirits after work. However, research has shown that many people underestimate the number of units they drink as both the quantity of alcohol they

pour and the strength of drink is getting greater, leading to a higher number of units of alcohol being consumed.

The second form of drinking that increases the risk of health harm is binge drinking. In this form, large quantities of alcohol are consumed in a very short space of time, leading to intoxication and risk of injury.

These can both lead to dependency and the need for treatment from specialist services. There is evidence that early identification of potentially harmful patterns of alcohol use, accompanied by a brief clinical intervention, can promote an effective change in behaviour.

Alcohol use: Alcohol identification and brief advice (IBA).

Effectiveness: IBA can reduce weekly drinking by between 13% and 34%, resulting in 2.9 to 8.7 fewer drinks per week. This will reduce the relative risk of alcohol-related conditions by around 14% and the absolute risk of lifetime alcohol-related death by approximately 20%.

Costs: PHE estimates that the cost for each screening and IBA intervention is an average one off cost of £4.50 per person. The component costs are £3.40 for screening and £7 for screening and brief advice when delivered in primary care (around 30% of those screened are above the threshold and receive brief advice).

Net savings: PHE estimates the net NHS saving per person receiving brief advice could be on average £24 a year or the equivalent of saving £120 over five years. If everybody attending their next GP appointment was screened, use of IBA could result in up to £200m of national net savings by the fifth year.

The growing problem of obesity

England is seeing a significant increase in the number of adults who are obese or significantly over a healthy weight and Herefordshire is no exception to this trend. The percentage of adults in the county classified as overweight or obese is 66.8% compared to the England average of 63.8%, while the best figure for the country is 45.9%. With two thirds of our adult population over a healthy weight, they are significantly at risk from potential health problems.

As well as causing obvious physical changes to an individual's body, obesity and being seriously overweight can lead to a number of serious and potentially life-threatening conditions, such as:

- Type 2 diabetes
- Coronary heart disease
- Some types of cancer, such as breast and bowel cancer
- Stroke

Obesity can also affect your quality of life and lead to psychological problems, such as depression and low self-esteem.

Source: NHS Choices

Some individuals are able to make changes to their diet and exercise more in order to achieve a healthier weight; however others benefit from having advice and support for the behaviour changes they need to make. Public Health England has identified that such support is cost effective, given the medium and long term benefits to the individual and the reduced pressure on health and social care services.

Type 2 diabetes can lead to serious complications such as amputation, blindness, heart attack, stroke and kidney disease. We know how hard it is to change the habits of a lifetime, but we want people to seek the help they need to lose weight, stop smoking and take more exercise.

Obesity: Weight management services

Effectiveness: Participants completing a 12 week intervention programme could lose an average of 2kg (for each metre of their height), maintain this for around six months followed by a gradual weight regain.

Costs: This is estimated at a total upfront cost of £60 per enrolled person.

Net savings: Over a five year period, average annual health and care savings are around £20 a year per enrolled person, which is a cumulative saving of approximately £100 per person over five years.

Weight management interventions aim to have a lifelong impact and so are unlikely to manifest as high cost savings in the short term. This intervention could be cost saving to the health and social care system by the fourth year following implementation.

Key measures

- Improve the uptake of NHS Health Checks for those aged 40 and above to increase the numbers screened and improve early detection of chronic illness. In conjunction with local GPs target those patients who have not taken up the screening programme
- Improve the uptake of cancer screening programmes such as breast, bowel and cervical cancer to enable early detection and referral rates for treatment and ultimately improve cancer survival rates. The target will be agreed with NHS England for each programme
- Promote the NHS Diabetes Prevention Programme to at risk population groups
- Promote physical activity opportunities in conjunction with the County Sports Partnership and other appropriate groups, such as the Woodland Trust, to increase the number of adults achieving the Department of Health's recommended levels of physical activity

- Promote the Department of Health's One You campaign through a range of media outlets and with the support of local employers and voluntary sector organisations
- As part of the One You campaign, promote mental health awareness and measures to promote mental wellbeing. In conjunction with local voluntary sector organisations and employers, promote opportunities for individuals at risk of mental ill health to access advice, support and treatment
- Promote the use of the Healthy Workplace Toolkit with the support of the local business board to local employers. Herefordshire Council will utilise the toolkit with its own staff as part of the campaign
- In conjunction with Herefordshire CCG, local GP surgeries, pharmacies and NHS trusts, promote smoking cessation programmes to high risk groups in order to reduce the prevalence of smoking to below 10% of the adult population
- In conjunction with Addaction, GP surgeries, pharmacies and NHS trusts, promote the use of brief intervention tools to identify individuals at risk of harmful and hazardous drinking patterns and refer them for advice and support

Priority Four: Promoting mental health and emotional wellbeing

Mental health and wellbeing is all too often defined by what it is not and the absence or loss of mental health is often easier to define and describe. Throughout our lives, we experience emotional highs and lows, ranging from crying as a child when we have been hurt playing to the pains of bereavement due to the loss of a much loved friend or family member.

At some time in our lives, 1 in 4 of us will experience a more intense and enduring loss of mental health due to a serious illness such as obsessive compulsive disorder (OCD), schizophrenia, bi-polar disorder, depression or dementia. For many of these conditions there are few obvious signs to a casual observer of the difficulties that an individual is experiencing. Mental ill health can be perceived as a weakness that can easily be overcome by the individual 'pulling themselves together', thereby inhibiting the individual from seeking advice and support at an early stage.

In addition to the aforementioned conditions, other forms of mental ill health include alcohol and drug addiction and the use of mood altering substances such as alcohol, cocaine and heroin are often a reflection of an underlying emotional, behavioural or mental health problem. Addressing the cause of the addiction is a key part of breaking the cycle of substance misuse and like physical health, there are ways mental health can be promoted and the effects reduced.

What is mental health?

The national MIND charity, which was established to promote mental health and help people coping with mental health problems, defines mental health as:

“Mental wellbeing describes your mental state, how you are feeling and how well you can cope with day to day life. Our mental wellbeing is dynamic. It can change from moment to moment, day to day, month to month or year to year”.

If you have good mental wellbeing, you are able to:

- Feel relatively confident in yourself and have positive self-esteem
- Feel and express a range of emotions
- Build and maintain good relationships with others
- Feel engaged with the world around you
- Live and work productively
- Cope with the stresses of daily life
- Adapt and manage in times of change and uncertainty

Primary prevention: Five steps to mental wellbeing

NHS Choices set out five steps in which individuals can promote their own mental health wellbeing:

- **Connect:** With the people around you, your family, friends, colleagues and neighbours and spend time developing these relationships
- **Be active:** You don't have to go to the gym, take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life
- **Keep learning:** New skills can give you a sense of achievement and a new confidence, so why not sign up for that cooking course, start learning to play a musical instrument or figure out how to fix your bike?
- **Give to others:** Even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks
- **Be mindful:** By being more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness 'mindfulness'; and it can positively change the way you feel about life and how you approach challenges.

Key measures

- Promote the One You campaign and its mental health themes
- Promote and improve the uptake of the national NHS Health Checks programme across the county
- In conjunction with the local NHS mental health trust and voluntary sector organisations, promote awareness of sources of advice and support regarding mental health promotion and illness support
- Promote awareness of services available to provide advice and treatment of alcohol and drug misuse
- Promote the development of dementia friendly environments, in order to reduce the impact of the disease on individuals with the condition and their families

Priority Five: Ageing well

Herefordshire is fortunate that a higher proportion of our people do not die prematurely (before the age of 75) and we are also seen as a desirable community in which to retire, which means we have a higher proportion of our population who are past retirement age.

Amongst the many advantages of having a high proportion of older people, is that the county is blessed with capable people who are willing to devote much of their time as volunteers to help the communities in which they live. Indeed, many vital services across the county would not exist without this resource. However, it's important that these vital members of our community are enabled to stay as well as possible for as long as possible, not only for their own wellbeing but for the benefit that they give to the communities of Herefordshire.

Ageing beyond retirement is often seen as a time of steady decline in an individual's health and wellbeing, but there's evidence to indicate that good health can be maintained for many years. A number of key factors can make a positive difference, including being physically, mentally and socially active.

Falls prevention

Falls are costly for individual's, their families, the NHS and the council and are estimated to nationally cost the NHS and adult social care services around £6m a day and £2.3b a year.

A King's Fund study carried out in Torbay reviewed the cost of health and social care for 421 individuals who required treatment and care. It identified that the cost was more than £5m for the treatment of the fall and follow up recovery (based on 2013 prices).

The latest data for Herefordshire revealed that 466 people aged over 65 suffered fractures to the neck of their femur, so based on this research the cost to Herefordshire would have been over £5.5m. This figure only takes into account the financial cost to the health and social care system, of course the personal cost to each of these people and their families in terms of pain, distress and loss of social functioning is significant, hence the importance of preventing falls from occurring.

Primary prevention

National and international research has shown that a range of prevention measures can be taken to reduce the chances of an individual falling and sustaining a serious injury, including being physically active.

Adults aged 65 or older, who are generally fit and have no health conditions that limit their mobility, should try to be active daily and do any of the following options:

- At least 150 minutes of moderate aerobic activity such as cycling or walking every week and strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)
- 75 minutes of vigorous aerobic activity such as running or a game of singles tennis every week and strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)
- A mix of moderate and vigorous aerobic activity every week, for example two 30 minute runs plus 30 minutes of fast walking which equates to 150 minutes of moderate aerobic activity and strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)

Secondary prevention

Making Every Contact Count (MECC)

As well as promoting physical activity to help an individual maintain muscle tone and balance, there are other measures that can be promoted to reduce the chances of a serious fall occurring, including:

- Regular vision checks
- Improving the lighting within the home
- Reducing trip hazards in the home
- Regular reviews of any medication being taken
- Promoting the use of properly fitting footwear

Relatives and friends, as well as agencies in contact with older people, can encourage individuals to adopt these measures to help reduce their risk of a serious fall.

For those individuals who have had a fall, they can access the fracture liaison service which will reduce their chances of having another serious fall, as well as enabling them to rehabilitate effectively.

Fracture liaison services (FLS)

Effectiveness: An FLS evaluation concluded that 88% of hip fractures and 34% of other fractures in patients aged 50 and above were referred to a fracture liaison service. The referrals prevented 2.26% of hip fractures, 1.13% of other inpatient fractures, 1.13% of other outpatient fractures and 0.75% of clinical vertebrae. There are an estimated 2,000 fractures per acute trust.

Costs: Public Health England estimates the cost to be around £237 per person seen by the fracture liaison service. This is a one off cost and if the service is co-commissioned by the council and NHS, it could mean costs of around £95 to the council and £142 to the NHS. There are an estimated 4,280 patients seen by an FLS over five years.

Hypertension

One of the causes of ill health in later life is hypertension, namely a chronic condition where an individual's blood pressure is raised beyond a healthy level for an extended period of time. If an individual's blood pressure is too high, it puts extra strain on their blood vessels, heart and other organs, such as the brain, kidneys and eyes.

Persistent high blood pressure can increase an individual's risk of a number of serious and potentially life-threatening conditions, such as:

- Heart disease
- Heart attacks
- Strokes
- Heart failure
- Peripheral arterial disease
- Aortic aneurysms
- Kidney disease
- Vascular dementia

There are certain sections of the population who are at an increased risk of high blood pressure, if they:

- Are over the age of 65
- Are overweight or obese
- Are of African or Caribbean descent
- Have a relative with high blood pressure

- Eat too much salt and don't eat enough fruit and vegetables
- Don't do enough exercise
- Drink too much alcohol or coffee (or other caffeine based drinks)
- Smoke
- Don't get much sleep or have disturbed sleep

Making healthy lifestyle changes can help reduce an individual's chances of getting high blood pressure and help them to lower it if it's already high.

The following lifestyle changes can help prevent and lower high blood pressure:

- Reduce the amount of salt you eat and have a generally healthy diet
- Cut back on alcohol if you drink too much
- Lose weight if you're overweight
- Exercise regularly
- Cut down on caffeine
- Stop smoking
- Try to get at least six hours sleep a night

Health promotion in later life

As highlighted in the previous sections on chronic disease prevention and mental health and wellbeing promotion, older people can reduce their risk of long term health problems by taking relatively simple measures to maintain a healthy lifestyle.

The approaches listed in the previous sections are applicable in the later years of life and additional measures can be taken to reduce the risk of ill health or enable early detection of disease, including:

- Receiving an annual flu vaccination
- Receiving the shingles vaccination
- Attending for aortic aneurysm screening
- Attending for cancer screening
- Attending an NHS Health Check

Key measures

- In conjunction with Herefordshire CCG, GP surgeries and NHS trusts, promote the uptake of national screening and immunisation programmes to improve the early detection of ill health and reduce the risk of infectious diseases such as influenza (targets to be agree with NHS England)
- In conjunction with the County Sports Partnership and voluntary sector organisations, promote the engagement of older people in physical, social and cultural activities in order to reduce social isolation and encourage healthier lifestyles (increased uptake in community activities)
- In conjunction with Herefordshire CCG and local pharmacies, promote medicine usage reviews for older patients receiving a mixture of medication in order to reduce the incidence of medication related falls
- In conjunction with local councils, voluntary sector and community organisations promote the development of dementia friends and dementia friendly communities

Current council led programmes

Herefordshire Council currently commission a range of services as required and funded by the Department of Health, including:

- Healthy lifestyle trainer service
- NHS Health Checks screening programme
- Smoking cessation services
- Substance misuse treatment services
- NHS Diabetes Prevention Programme (jointly with Herefordshire CCG)
- ActiveHere programme
- Health visiting and school nursing service
- Sexual health services

In addition, through other programmes of work that the council commissions or provides, there are other interventions in place to promote the health and wellbeing of local people, ranging from early help support to families to promoting the flu vaccination to at risk sections of the population and carers.

However, to achieve a population level change in the health of our residents, a joint effort is needed. In addition to the programmes the council undertakes in partnership with Herefordshire Clinical Commissioning Group, there is a need to gain additional support from individuals, families, schools, employers and local communities to promote a change in the

behaviours that cause long term conditions which can adversely affect the health and wellbeing of local people.

Whether it's creating environments that encourage people of all ages to be more physically active, working with employers to develop healthy work places or reaching voluntary agreements with off licences to reduce the promotion of high strength, low cost alcohol, there is more that can be done to enable our communities to be healthy and maintain their quality of life for as long as possible.

Accessing information and advice

A key component is to enable individuals and groups to access information and advice about the steps they can take to improve their health and wellbeing. As part of this, Herefordshire Council has developed the WISH (Wellbeing Information and Signposting for Herefordshire) service to promote such information and advice.

WISH provides a wide range of information on activities and wellbeing and lifestyle issues and is available online and in health and wellbeing hubs. The hubs are co-located in existing community buildings, such as libraries and are not only good points of access for information and using the internet, but are also potential locations for delivering lifestyle interventions. As Herefordshire is such a rural county, these hubs will vary in their capacity for offering support however a mixed model of health and wellbeing hubs will enable smaller communities to have improved access to health promotion interventions.

Conclusion

Whilst the population of Herefordshire is amongst the healthiest in England, there is more that we can do as individuals, families, communities and statutory and voluntary sector organisations to improve our health and prevent chronic illness. If we work together, we have an opportunity to significantly increase both the length and quality of our lives.

Herefordshire Adults and Wellbeing Overarching Market Position Statement



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Introduction to Market Position Statements

Why do we need one?

The Care Act (2014) introduced a legal duty for local authorities to help in the development and sustainability of local markets. The development of a market position statement was seen as a key tool to support this.

What is a Market Position Statement?

A market position statement is a document which sets out the state of the local care market, what the challenges and opportunities are and the factors which are expected to influence or change the state of the market in future.

It should provide useful information for both commissioners, providers and people who use the services to enable them to make informed decisions about business developments and understand potential changes in the models of care / care offers within the county.

We produced our first market position statement in 2014, and have now refreshed and updated it to:

- ❖ reflect lessons learned from other councils in what constitutes a good market position statement
- ❖ enhance the information contained in the statement based on the best practice and evidence contained in the guidance produced by IPC Oxford Brookes
- ❖ to reflect changes in the market place since 2014
- ❖ to provide more up to date future forecasts information and trends
- ❖ to reflect the latest vision and focus for adult social care in Herefordshire on which services it provides and how it plans to deliver them.

In summary we think this market position statement should give providers, people who use services and other partners:

- ❖ a clear view of the services provided
- ❖ the current demand and capacity in the market

- ❖ an indication of anticipated changes in the local market which such as demographic growth, or reducing funding which will impact on future demand and / or capacity
- ❖ gaps in service provision, both geographical and type of provision
- ❖ clear indications of the opportunities across the local market for providers to develop, adapt and expand their organisations
- ❖ an indication of services due to be recommissioned
- ❖ Information from service users on the type of services they want (not necessarily commissioned or provided by the council)

This is a dynamic and flexible document which needs the active engagement and participation of providers, service users and partners if it is to be a meaningful and useful tool for us all.

We will work with providers and service users to ensure that this is a live and dynamic tool and is co-produced.

We welcome your comments and feedback on what more could be done to improve the statement.

How this fits with other strategic documents

There are a number of other important documents for adults and wellbeing which help to provide an overview of what we've done in the past, (the Local Account and Public Health Annual Report), this statement and the Adults Wellbeing Plan set out our future intentions. This report should be read in conjunction with the other key documents listed below to get a holistic picture for Herefordshire adult social care, public health and housing:

- Adults Wellbeing Plan 2017-2020
- The Public Health Plan
- The Local Account
- The Annual Public Health Report

The wider health and social care context

One Herefordshire and Sustainability and Transformation Plans

Herefordshire Council, Herefordshire CCG, Wye Valley NHS Trust, Together NHS Foundation Trust and Taurus GP Federation have a One Herefordshire plan which links in to the **Sustainability and Transformation Plan (STP)** which covers Herefordshire and Worcestershire.

The purpose of the STP (for Herefordshire)

Health and wellbeing-- achieving a radical upgrade in illness prevention to reduce the long term burden of ill health –on both individuals and a financial perspective for the health and care system.

Care and quality-- to reduce avoidable mortality through more effective health interventions in areas such as cancer, stroke, dementia, mental health and improved maternity services.

Finance and efficiency-- reducing unwarranted variation in the demand / use of services and securing provider efficiencies through implementing new approaches to care provision.

STP emerging health priorities:

¹²⁴ **Cancer**-- improve patient outcomes by better performance in prevention, early identification, diagnosis and treatment

Stroke – improve patient outcomes by reducing risk factors and improving services for responding to stroke events

Maternity – reducing risk factors (maternal smoking, improve flu vaccinations and improved breastfeeding rates). Focus on reducing childhood obesity to reduce lifetime health consequences

Mental health and wellbeing–improve access to services such as psychological therapies

Frailty and dementia–improve out of hospital community nursing and social care services to reduce the need for hospital admission and improve independence

Acute services–support local providers to come out of the CQC special measures regime

Integration of health and social care

A key focus between now and 2020 is the closer working and integration of health and social care. This is seen at a national level as critical to the long term sustainability of the health and social care system.

Integration will mean different things to each local health and social care economy, but here in Herefordshire this work is already underway with the One Herefordshire partners developing both Commissioner and Provider alliances to transform services across the county.

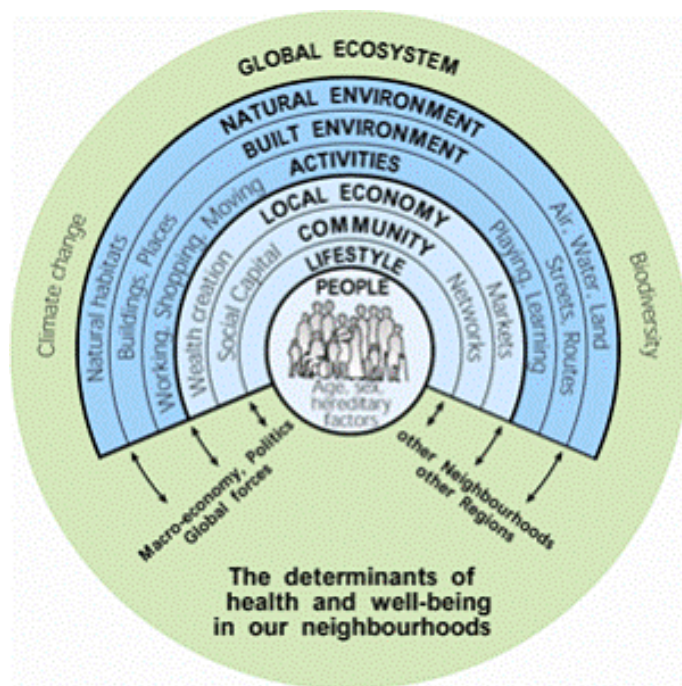
High level market opportunities

The emerging priorities and planned changes of focus will create a number of market development opportunities for providers. These are identified in the more detailed market position statements covering residential care, care in the community, prevention and support services including housing, but can be summarised as:

- Commissioning partners want to improve rehabilitation, reablement and enablement offered across the county to deliver better sustainable outcomes for patients and service users
- We aim to offer more community based frailty and dementia support- helping people and their families to help themselves in part commissioned but principally by expanding the range and breadth of services provided by the voluntary / third sector
- We want the residential care market to focus less on traditional care needs and to focus more on dementia care and other specialist services to support those with complex needs in the county to avoid the need to seek placements outside Herefordshire
- We want to jointly recommission and redesign services across the intermediate care pathway to ensure people return to their own beds as soon as possible under the principle “the best bed is your own bed”
- Development of more affordable housing across the county
- Community / voluntary schemes to improve health and life outcomes

Wider determinants of health

It is well known that many factors influence the longer term health of the population as the graphic below shows.



The Health Map, Barton and Grant 2006 based on a public health concept by Whiteread and Dahlgren, The Lancet 1991

Herefordshire is a low wage economy with pockets of deprivation across the county as well as areas of affluence. This reflects in the life expectancy across the socio-economic profile of the population.

As people live longer they also live longer in poor health. In Herefordshire the gap between life expectancy (LE) and healthy life expectancy (HLE) at 65 years of age is 7.8 years for men and 9.4 years for women.

Improving the economic wellbeing of citizens will help to improve their overall health and wellbeing.

The Herefordshire economic vision

The new economic vision for Herefordshire states that:

The aim is to transform Herefordshire into a high value, knowledge economy, with a modern and diverse commercial property stock and to be at the forefront of innovation and the development of new sustainable industries.

A key component of this will be the development of the new university (NMITE) which will help to attract and retain young people within the county.

Whilst this vision has the potential to transform the economic climate within the county, over the coming years this could create additional challenges for providers in the health and social care sector which is a traditionally low paid industry sector which is not resolved by the introduction of the national living wage.

What we can do to help

- The recruitment and retention of staff is a key challenge, the council, through Hoople can help providers by assisting in the development and delivery of apprenticeships and training schemes to attract people into the sector.
- Affordable housing is a particular issue across the county and the council is committed to sustainable development of affordable housing across the county.
- Infrastructure and access to transport. The council is committed to developing the road infrastructure and a sustainable transport network across the county.
- Facilitation and support for planning applications which meet areas of identified need across the county.
- Improved targeting of public health programmes to improve lifestyle choices.

Local Challenges

Rurality

Whilst Herefordshire has a wealth of natural assets which greatly supports the wellbeing of the population, the rurality and sparsely populated community causes challenges for the delivery of public services.

Herefordshire has 82,700 homes and 186,100 residents scattered across 842 square miles. The county has the fourth lowest population density in England – over half of all residents live in areas classified as rural, with two in five living in the most rural village and dispersed areas. Furthermore, those aged 65 years and older are more likely to live in the rural areas creating particular challenges with the delivery of services where travel times and access issues such as public transport is a barrier.

Ageing population

Whilst it is well known that nationally we have an ageing population, and that people are living longer here in Herefordshire this is even more pronounced. Herefordshire still has a relatively older age structure compared to England and Wales. Twenty-three per cent of residents (43,200 people) are aged 65+, compared to 18 per cent nationally.

¹²⁶ Furthermore the older population has grown disproportionately (+28 per cent since 2001 compared to seven per cent for the total population), and this trend is set to continue (+40 per cent to over 62,500 by 2031) as the post-war ‘baby boomers’ move into older age.

This is explained in part through Herefordshire’s popularity as a retirement destination (extract from Daily Mail online 2016):

2= Herefordshire

“This is the only county in the top five not located on the South Coast of England, and offers enormous appeal for those seeking peace and tranquillity in a rural setting. One major reason for its position is health, as it takes the top spot for health in retirement, and fourth place for access to healthcare: both may go some way to explain why it is also third on the list for attracting pensioners. Its overall ranking suffers, however, from being 33rd in terms of retirement income and 26th for sunshine.”

To find out more, read the [top retirement destination indices](#)

Economic factors

Housing affordability

While the average (median) house price in Herefordshire is similar to the national average (£205K), the average (median) gross annual earnings for a full time worker on adult rates in Herefordshire is considerably worse than the national figure (£22K). This means that **houses at the lower end of the market costs around 8.4 times the annual earnings of the lowest earners.**

Herefordshire has the **worst affordability level** out of all the 14 West Midlands Authorities (unitary, counties and metropolitan boroughs). Provision of subsidised housing is therefore a priority for Herefordshire that needs to be addressed through partnership working between Herefordshire Council and Registered Providers.

Poor housing and health

Evidence shows that living in unsuitable living conditions (poor heating, mould, damp and structural defects) can lead to respiratory and cardiovascular problems as well as anxiety and depression. According to the Indices of Deprivation (2015), the ‘indoor living environment’, as defined by condition of housing and the availability of central heating, is Herefordshire’s biggest type of deprivation - almost two-thirds of areas are in the 25 per cent most deprived in England, the majority being in rural areas.

Employment

In Herefordshire, nearly two third of employees (64 per cent) work full time, five percentage points less than that for West Midlands. The proportion of employees working part time was higher in public sector (53 per cent) compared to the private sector (32 per cent).

Earnings and hours of work

In 2015, Herefordshire’s earnings were 14 per cent lower than the West Midlands and 21 per cent lower than England’s. According to the Annual Survey of Hours and Earnings (ASHE) in 2015.

The median weekly earnings for people who work in Herefordshire were £421.90 significantly lower than those in the West Midlands region £493.10 and England £532.40.



Financial context

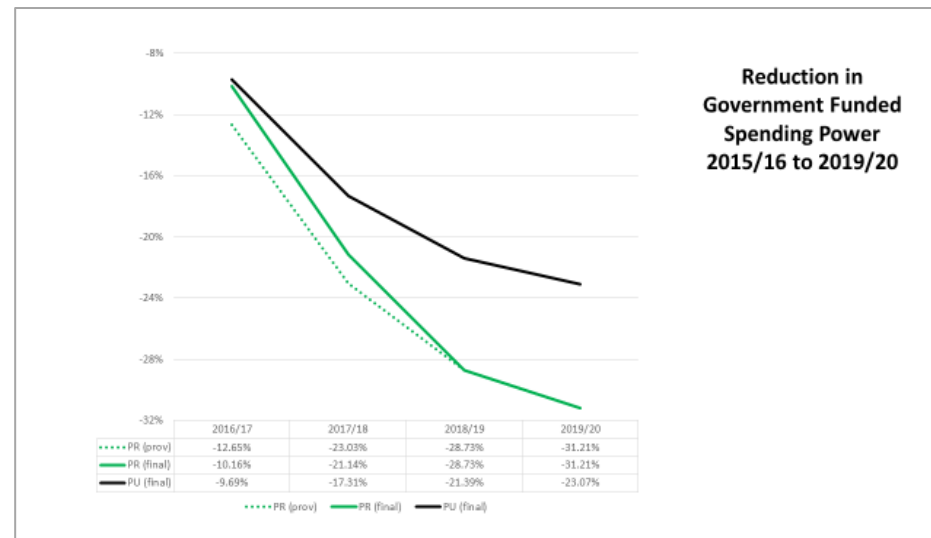
Overview

Herefordshire receives on average, 50% less central government assistance than an urban area placing Herefordshire at a disadvantage compared to our urban counterparts. In addition, social isolation is a growing concern, not least because of the disproportionately increasing number of older people living in Herefordshire, but also due to poverty and deprivation.

54% of Herefordshire's population live in rural areas of which 42% in the most rural locations. Providing services to a dispersed population across a large geographic area is a challenge and additional resources are required to ensure council services are maintained for all residents in the county.

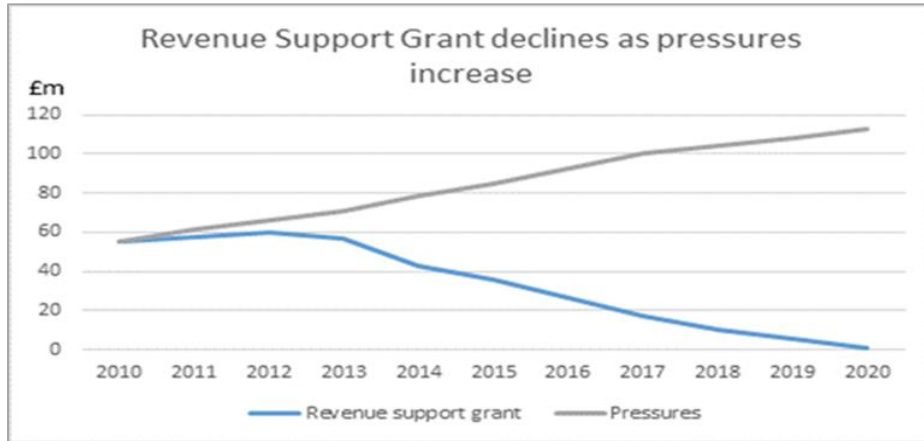
The four year funding settlement has partially recognised these additional pressures by increasing support for the most sparsely populated rural areas by increasing the rural services delivery grant (RSDG), £4.1m in 2017/18 for Herefordshire. Despite this rural councils are worse off than urban ones. (The green line represents rural councils/ the black line urban councils).

The council estimates that between 2010 and 2020 it will have to make £87m of savings. The council is on schedule to meet this challenge, delivering £69.5m of these savings by the end of 2016/17.

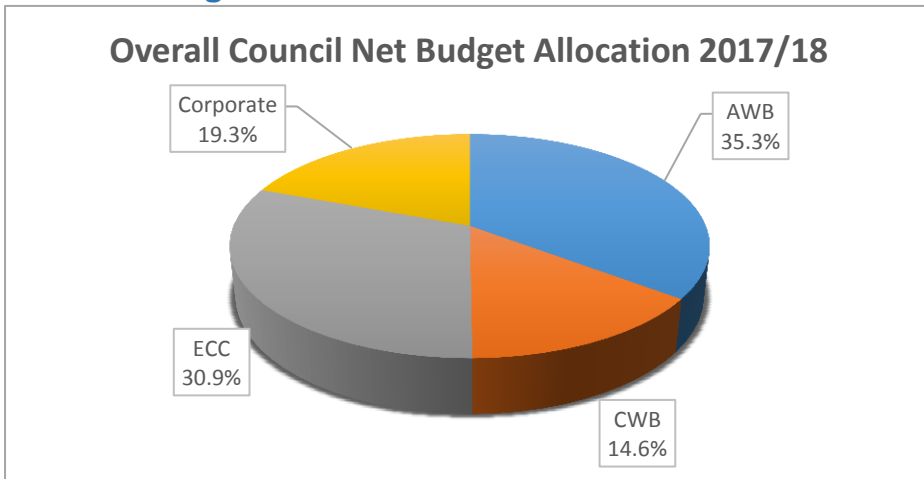


The local government finance system has undergone a significant change from a highly centralised system of funding, with central government grants allocated on the basis of councils' relative spending need, to a system where councils as a group are self-funding and individual councils bear far more spending and revenue risk. The impact of these changes has meant that councils are less reliant on central government grant and more responsible for their financial management, resulting in an increasing funding gap to be met by savings:

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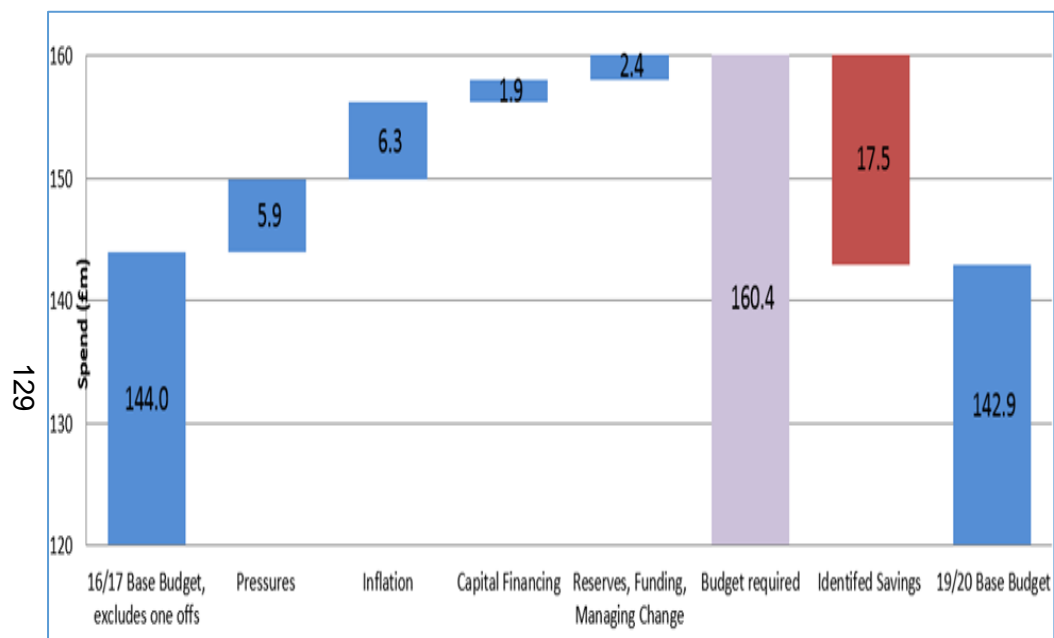


Current budgets



Predicted future funding

The council's Medium Term Financial Strategy (MTFS) has been set with regard to known funding reductions, additional cost pressures and identified savings of £17.5m for the period 2017/18 to 2019/20. The following graph demonstrates how the council's budget base is expected to move over the period of the MTFS. It starts with the current budget, reflects the specific spending pressures to show what the budget might be and then the savings required to ensure our expenditure matches our income.

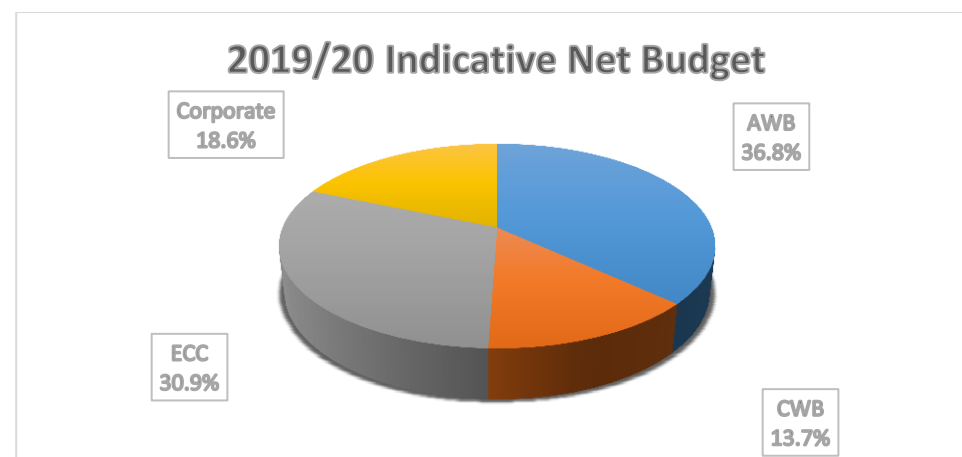


The MTFS assumes that council tax will rise by 1.9% and the social care precept of 2% will be levied in each of the three years to 2020.

As the following table shows this will be used to provide protection for social care expenditure at a time when overall council budgets continue to fall.

Indicative Budgets			
£'000	2017/18	2018/19	2019/20
AWB	51,158	51,591	52,630
CWB	21,153	20,092	19,575
ECC	44,740	44,023	44,074
Corporate	27,967	26,122	26,583
Total	145,018	141,828	142,862

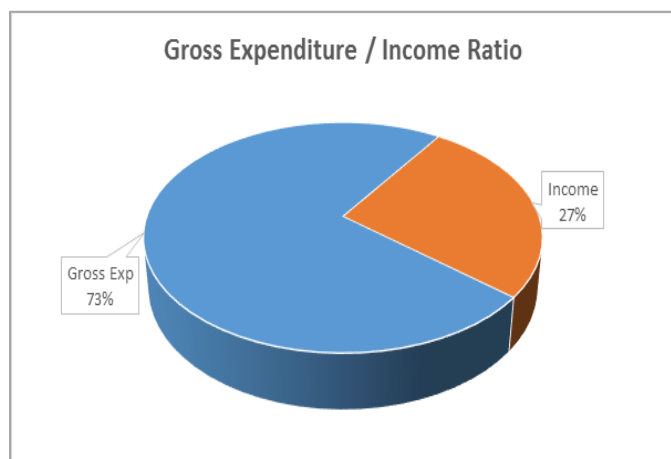
The proportionate budget allocations and protection for adult social care are demonstrated in the chart below as net spend on increases from 35.3% of total council net spend in 2017/18 to 36.8% in 2019/20.



Indicative Budget Ratios			
	2017/18	2018/19	2019/20
Adults and Wellbeing	35.3%	36.4%	36.8%
Children's Wellbeing	14.6%	14.2%	13.7%
Economy, Communities Culture	30.9%	31.0%	30.9%
Corporate	19.3%	18.4%	18.6%
Total	100.0%	100.0%	100.0%

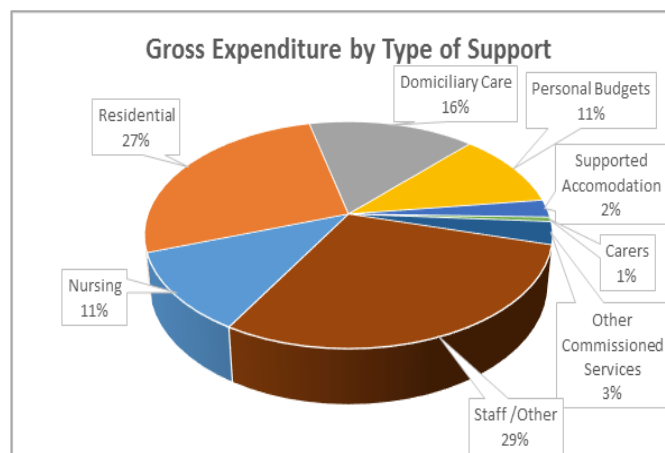
Current adult social care expenditure profiles

Current Ratio of Expenditure / Income



The Adults and Well-being directorate (AWB) comprises social care, housing support and public health. In 2016/17 gross expenditure for AWB totalled £81m, this was offset by income of £29m giving a total net spend of £52m.

Analysis of Gross Expenditure by Type of Spend

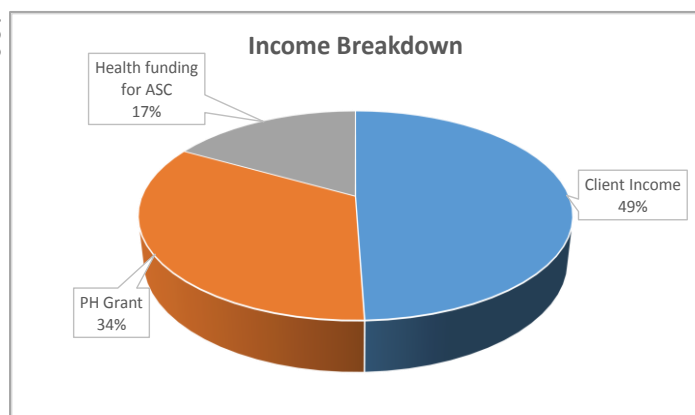


The adjacent chart shows the key components of the £81m expenditure across the directorate.

The staff / other segment includes all staff costs for both social care teams and commissioning together with public health and housing

Summary of Income Sources

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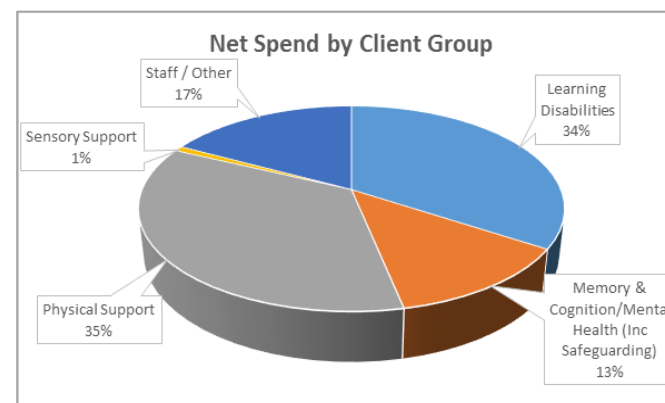


There are three primary sources of income which offset / or fund expenditure. The largest element relates to client income, for clients who are assessed as being able to afford to pay for their own care.

The second major funding stream is the public health grant. In 2016/17 this totalled just under £10m, however significant cuts in this grant are projected in future.

The third key component is funding received from the department of health for the protection of social care and the new burdens arising from the Care Act 2014). This equates to circa £5m per annum.

Analysis of Net Spend by Client Type



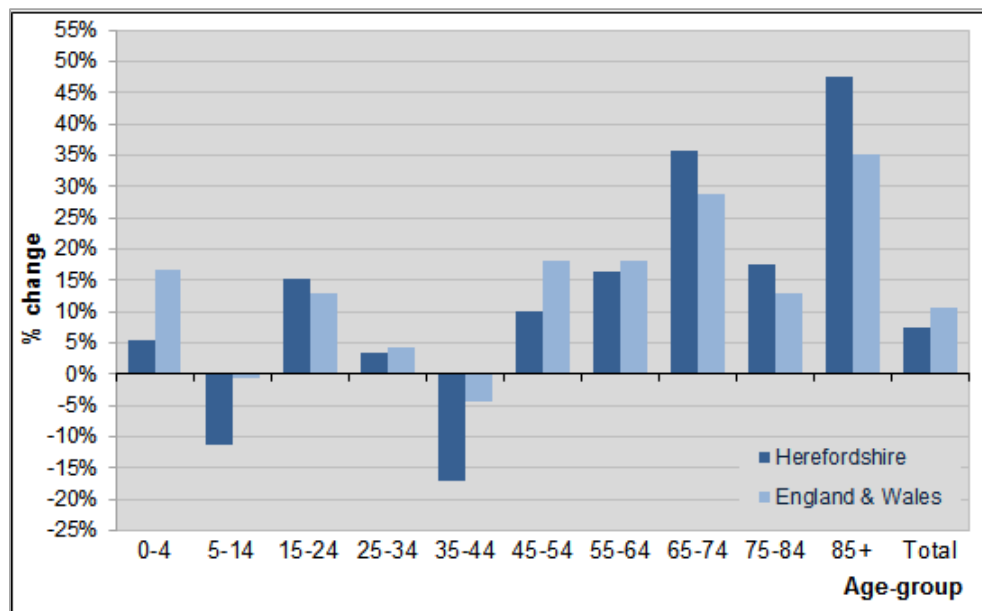
The adjacent chart shows the relevant proportions of the net spend (expenditure less income received from clients) for each type of client (classified by primary care need).

Note: all data in this section is based on projected 2016/17 expenditure.

Current population information

Recent population trends and changes

Observed population change by age-group, 2001 to 2015



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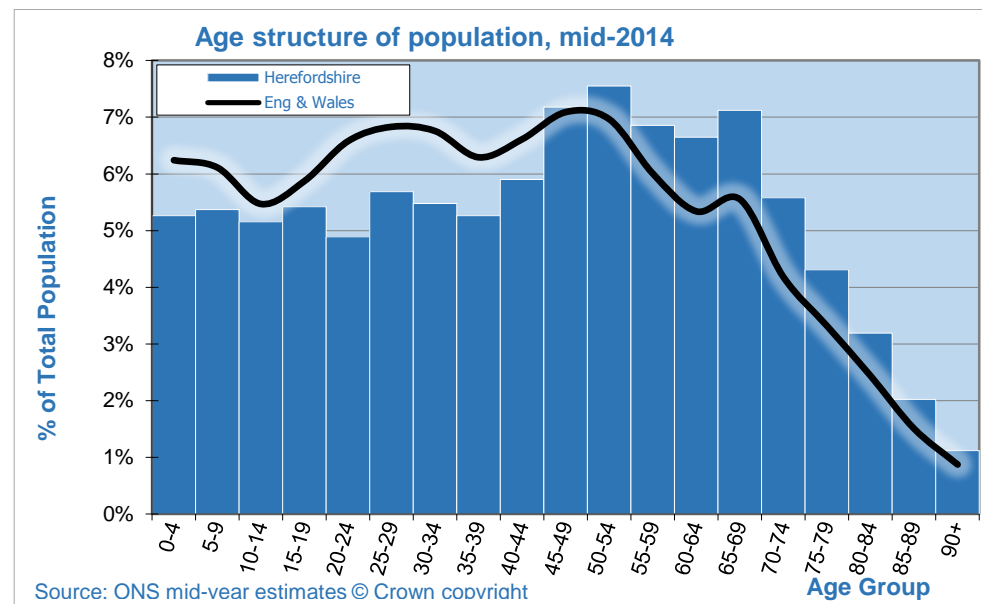
Key issues:

Herefordshire remains one of the least densely populated areas of the country, with residents scattered across its 842 square miles. Two-fifths of residents live in the most rural areas of the county. Providing services to people over this large area presents a challenge.

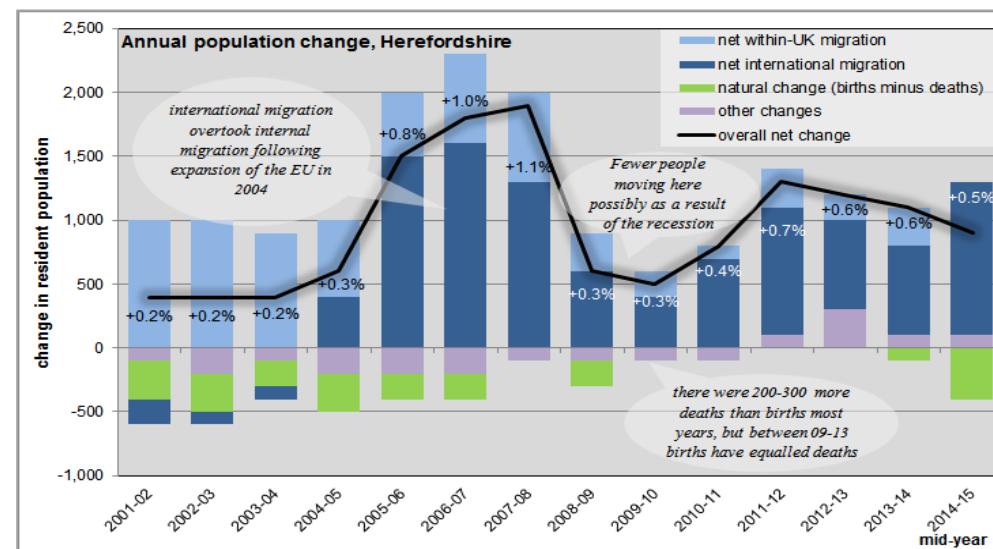
There are differences in [age structure around the county](#); most notably Hereford city has relatively high proportions of young adults (aged 20-34), whilst rural Herefordshire has relatively high proportions of older adults (aged 45-79). The market towns have the highest proportions of people aged 80+.

To find out more, read [information on population statistics across the county](#)

The current age profile of the population in the county



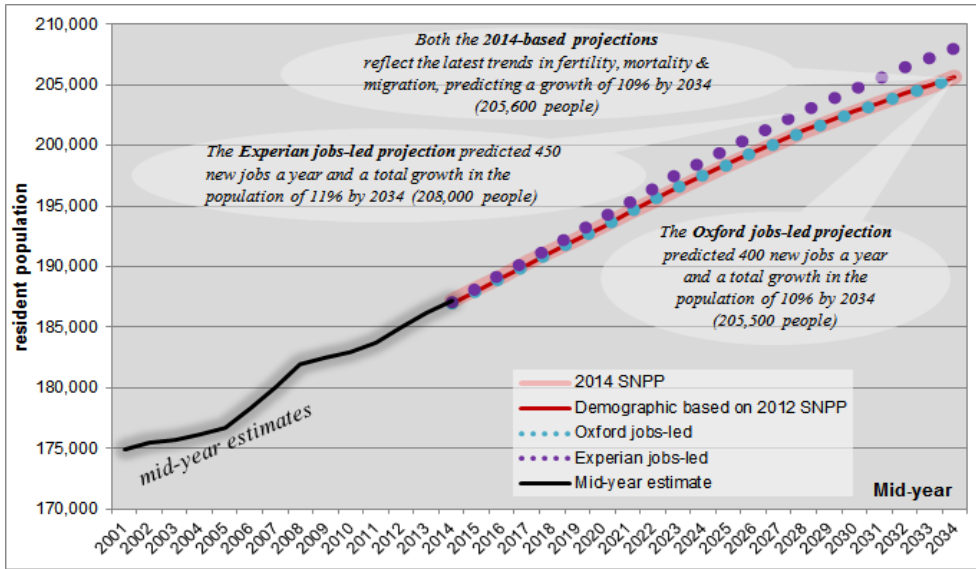
Reasons for recent population changes



To find out more, access [the chart and source data](#)

Projected changes in population

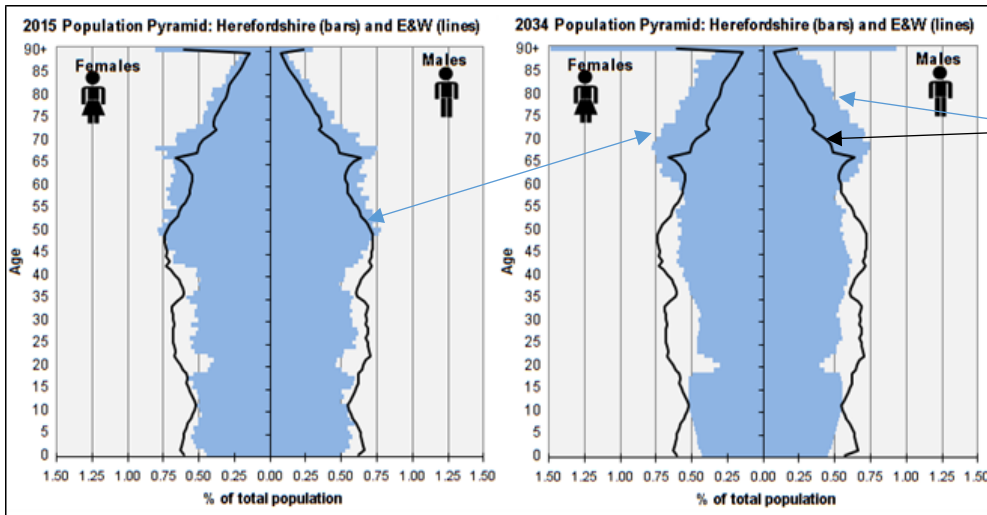
Historic Population Growth



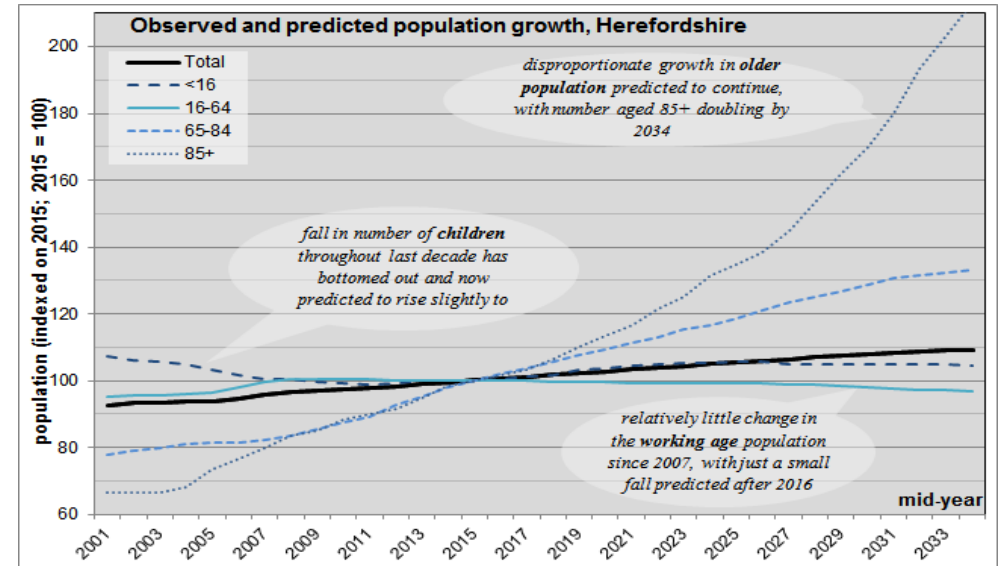
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To find out more, access [the chart and source data](#)

Current and Predicted (2034) Population Profile



Observed and predicted change in broad age groups, Herefordshire 2001-34



To find out more, read the [projected population change information](#)

The effects of the “baby boomer” generation moving into old age between 2015 (left hand pyramid) and 2034 (right hand pyramid) is clear

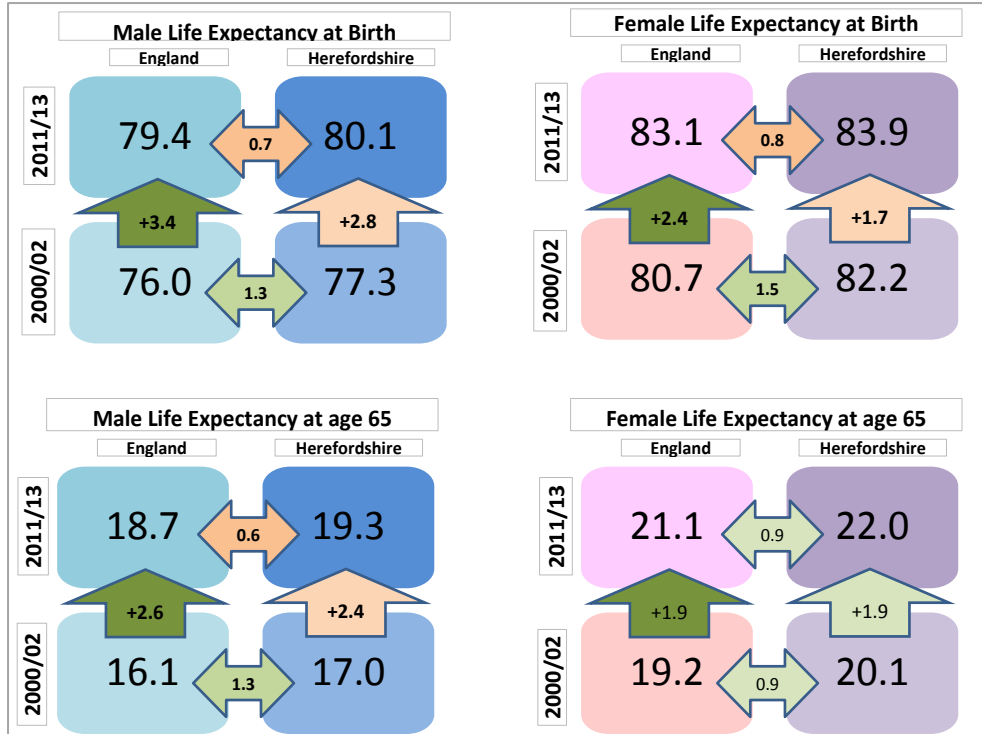
The proportion of older people compared to the national position is set to become even more starkly pronounced in the future.

This has major implications for the provision of care and support to the older people of the county in the coming years

The health and wellbeing of the local population

Life expectancy

Overall the population of Herefordshire lives longer than the national average for England at birth and also at age 65, however the gap is closing as shown below:



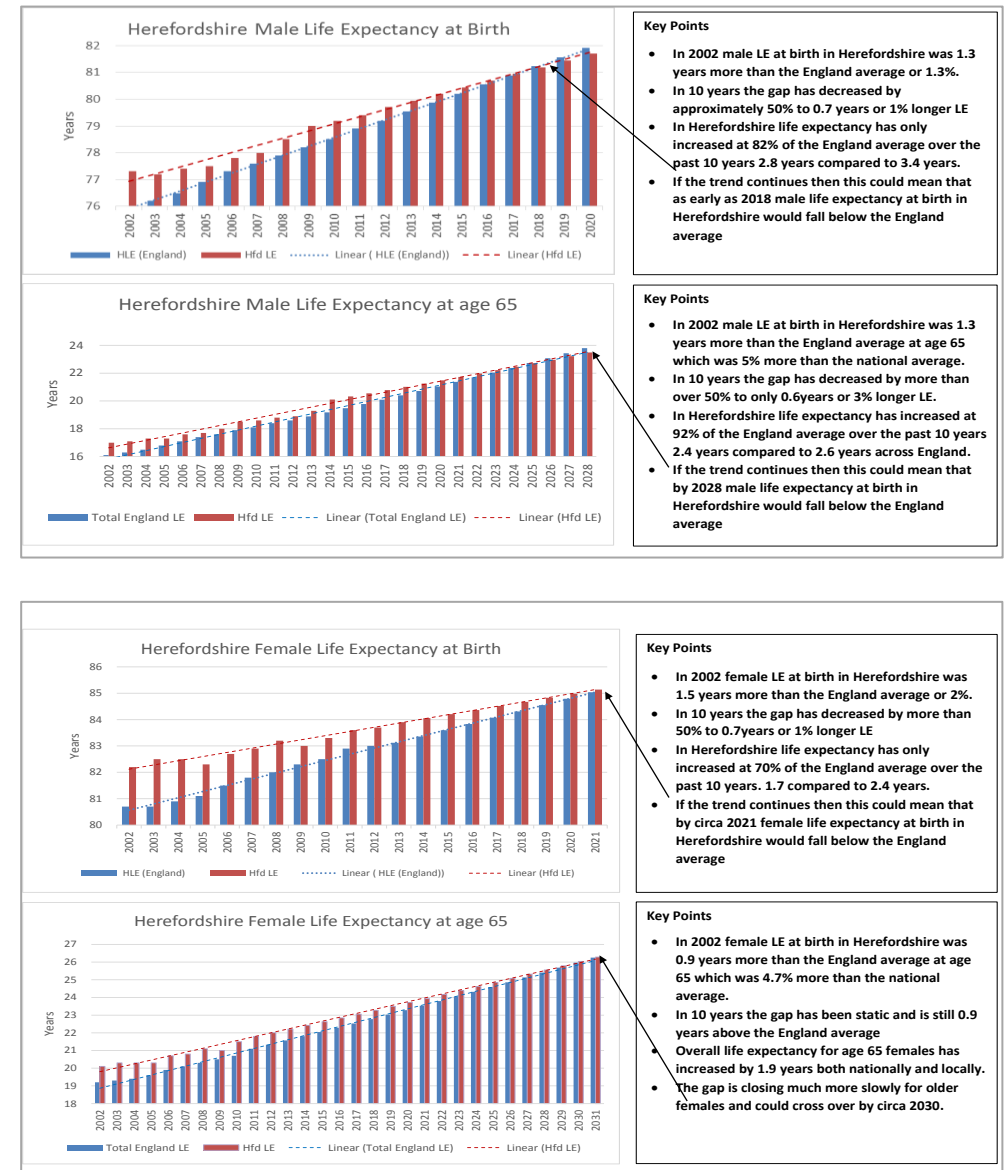
Matrix Key:

- Rectangles** show life expectancy by year / England / Herefordshire
- Upward arrows** show increase from 2002 to 2012
- Horizontal arrows** show number of years that Herefordshire life is expectancy above England average
- Green arrows** -improving trend locally and nationally
- Orange arrows** - Herefordshire rate of improvement increasing below

To find out more, read about [the health of the population in Herefordshire](#)

Predicted life expectancy trends

The following charts show that in future life expectancies in the county may fall below the England average.



Healthy life expectancy

People are living longer, but improvements in **healthy life expectancy** have not kept up, meaning that residents are having extended lives but are living it in poor health. The proportion of life expected to be lived in good health has fallen consistently during the last thirty years, from 82 per cent for men born in England in 1981 to 80 per cent in 2011/13, and from 79 per cent for women to 77 per cent (for the same period).

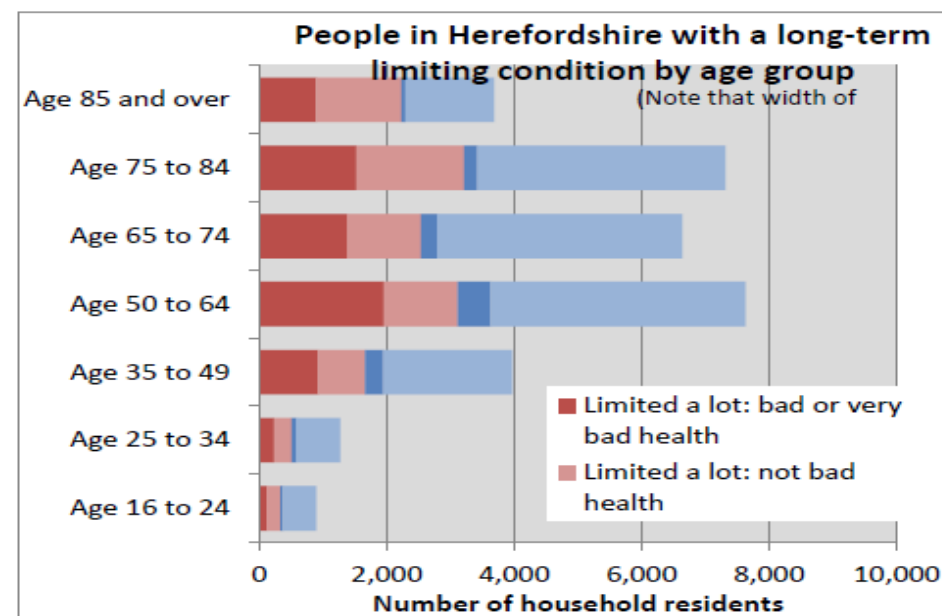
The 2011 Census found that:

32,500 people (18 per cent of the population) in Herefordshire households¹⁵ have a long standing condition (or long term limiting condition/LTLC).

14,100 have their activities appreciably limited by their condition, and 7,200 of these consider themselves to be in bad / very bad health (4 per cent of the total population).

17,000 people are in fair health, limited a little by their condition.

¹³⁴ Prevalence of LTLCs increases with age, and because of Herefordshire's aging population structure, the largest number of people who have an LTLC and are in bad/very bad health are aged 50-64 (2,000 people).



The tables below show the proportion of non-healthy life expectancy improvement for England and Herefordshire. This shows that people in Herefordshire can expect to spend a greater proportion of their lives with ill health than the national average.

At Birth % life not healthy				
	England		Herefordshire	
	Male	Female	Male	Female
2005/07	20.6	23.1	N/A	N/A
2009/11	19.9	22.6	16.2	18.9
HLE gain	0.7	0.5	N/A	N/A

NB. The ONS changed the measures of healthy life expectancy in 2005/07 data to reflect 5 components instead of the previous 3 measures.

At age 65 % life not healthy				
	England		Herefordshire	
	Male	Female	Male	Female
2005/07	43.2	45.3	N/A	N/A
2009/11	40.8	42.2	45.5	49.5
HLE gain	2.4	3.1	N/A	N/A

Impacts of deprivation on health and life expectancy

Mortality and premature mortality

In Herefordshire, those that live in deprived communities have a higher risk of death than if they lived elsewhere in the county. Over the last five years, the mortality rate has increased by 1.4 per cent (from 2006-10 to 2010-14) in the most deprived 1718 areas of the county, compared with a marginal 0.3 per cent in the county as a whole.

While increases have occurred for other causes of death, there has been a reduction in the numbers of deaths as a result of strokes (16 per cent). Notably, increases in alcohol specific deaths are more evident in the most deprived areas, (10 per cent across Herefordshire and 27 per cent in the most deprived areas).

The difference between mortality rates in the most and least deprived areas is referred to as the 'mortality gap'. For all ages and across all causes of mortality combined this gap has increased from 20 per cent in 2006-10 to 22 per cent in 2010-14. Where it relates to gender-specific, the gap has widened for both males and females (temporal trends).

The local care market

Self-funder profile

The proportion of clients who can afford to fund their own care (self-funders) varies significantly across the country, in wealthier parts of the country councils fund only a small proportion of the people in the local market whereas in poorer parts of the country councils will have to fund the majority of care.

Here in Herefordshire the majority of people in Herefordshire who need formal care services are self-funders. We have an accurate estimate of the residential and nursing care market being used by self-funders as we have a clear picture of the number of beds available across the county and we also know how many of those beds are occupied by people funded by the council and / or Herefordshire Clinical Commissioning Group (HCCG). See

Market information gap – self-funders with domiciliary care

We would like to get more information about the self-funders receiving domiciliary care in Herefordshire including:

- Numbers supported
- What type of care / how much they receive
- What the hourly rates are
- Numbers and hours supported
- When they are likely to drop below self-funder thresholds?

Residential and Nursing MPS for more details.

However for people purchasing care and support to be delivered within their own homes the position is less clear.

Provider overview

In common with the majority of councils, Herefordshire does not provide care directly for people in Herefordshire but commissions the care to be provided by a range of providers. The vast majority of these providers are commercial businesses however some are not for profit organisations.

We have a clear understanding of our care home providers in terms of what type of organisation they are, how many beds they offer, and the type

of care needs supported etc. however our knowledge of our homecare providers needs further development.

Market information gap – domiciliary care providers

We would like to get more information about the domiciliary care providers in Herefordshire including:

- Capacity
- Type of organisation e.g. large group / sole trader etc.
- Numbers of staff employed

Market stability

In Herefordshire care is provided largely by local or regional providers. As the market is relatively small it has not attracted a large inward investment from major care providers.

Across the residential and nursing care sector this means that there is little risk in relation to failure of a major provider having a significant detrimental effect in Herefordshire. However there is a relatively high proportion of single owner / managed care homes, and many of these have a small number of beds. This gives rise to two significant risks, firstly the continuation of the care provision if the owners wish to sell / retire, and secondly there is a greater risk of financial failure if a care home is too small.

One care home has closed within the past twelve months and there have been a number of changes of ownership and group consolidations/ changes as the market rationalises.

Providers continue to flag the cost of care as a major concern and the council is committed to working closely with providers to ensure the long term sustainability of the market through paying a fair price for care at an affordable rate.

Domiciliary care providers have flagged the challenges of delivering care in the remote parts of the county and regularly handback packages of care as being financially unaffordable to deliver, clients challenging behaviour is also reported as a frequent reason for a handback.

We are working closely with providers to develop a new framework approach and new model for community care.

Future developments

As outlined in the vision and philosophy sections above the council is aiming to transform the care services it commissions in the coming years.

Wherever possible the plan will be to keep people independent in their own homes for as long as possible, and when it is not to offer people a choice of affordable good quality care.

Future developments in residential and nursing care

- No growth in demand for council commissioned placements
- Increased need for dementia care
- Enhanced capacity for complex care to be provided in county – especially learning disabilities and complex health care needs
- Greater use of technology to support telehealth
- Reduced admissions to hospital from care homes
- Improved discharge pathways leading to reduction in delayed discharges from hospital

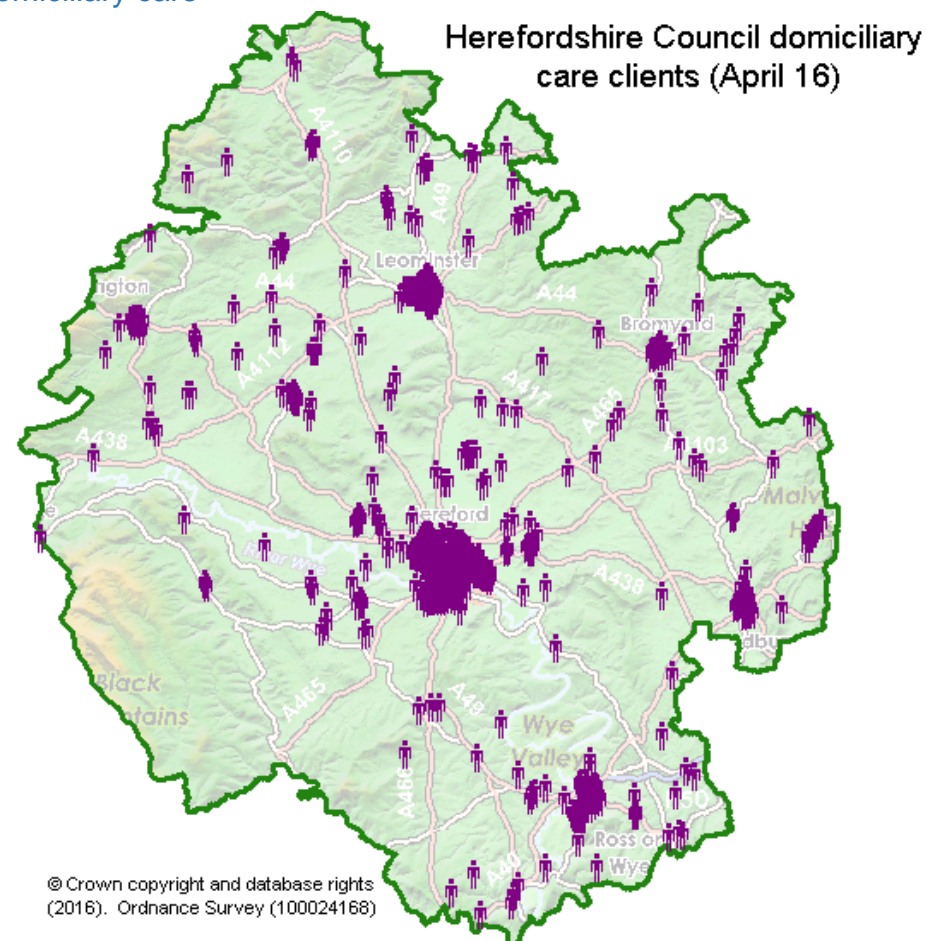
Future developments in community based support

- Development of voluntary and third sector support to enable people to live independently at home
- Further development of WISH website to be the first choice / source of information

In the community based care sector

Client numbers and geographical profiles

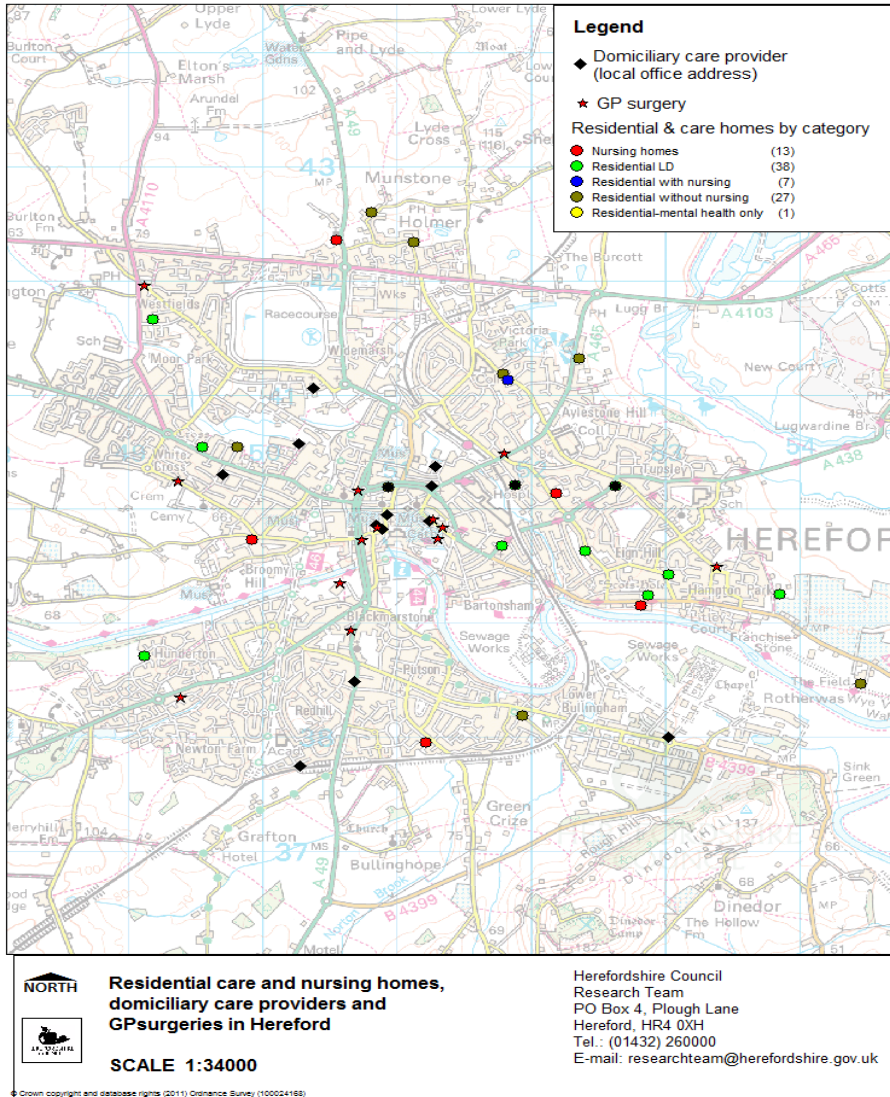
Domiciliary care



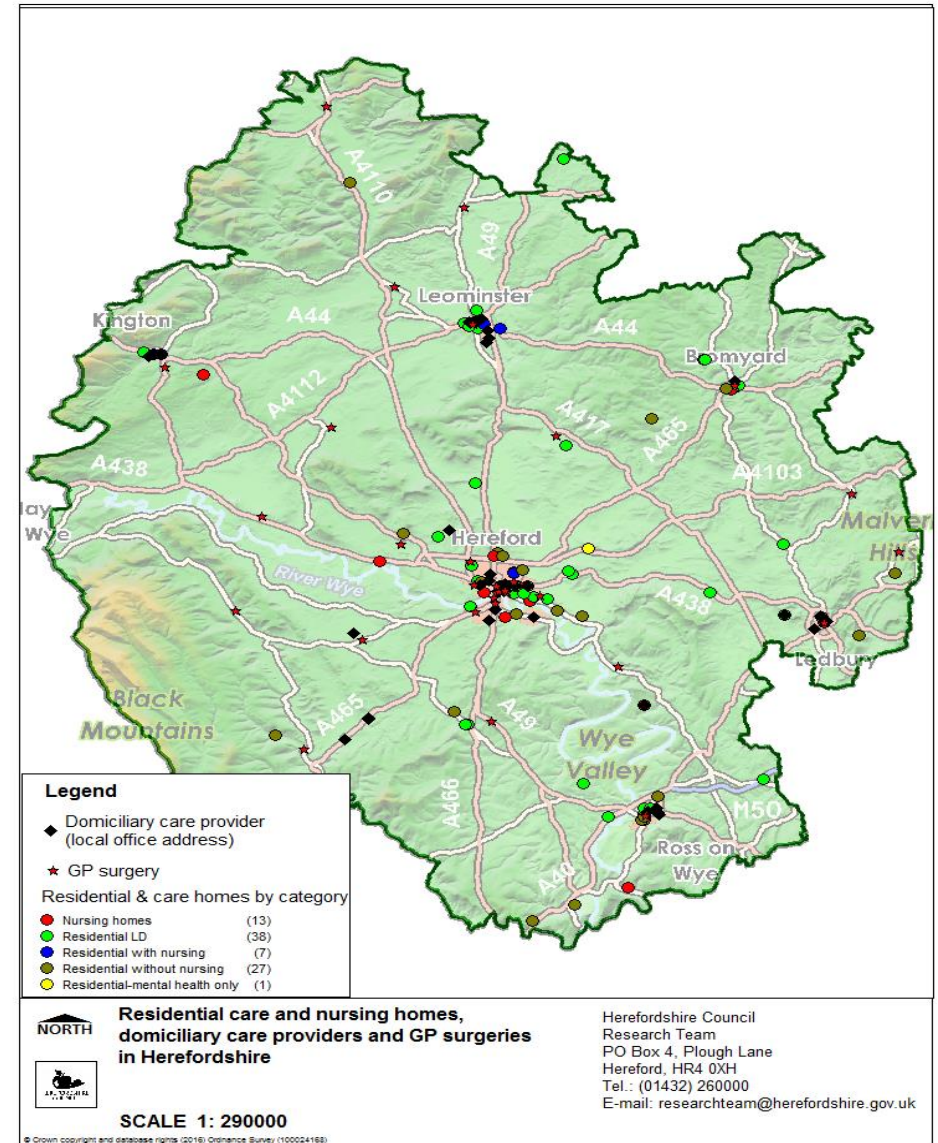
The map above provides a snapshot of the distribution of the care provided to people in their own homes across the county. Further analysis and information on the community care market can be found in the relevant market position statement.

Residential and nursing care

City provision



County wide provision



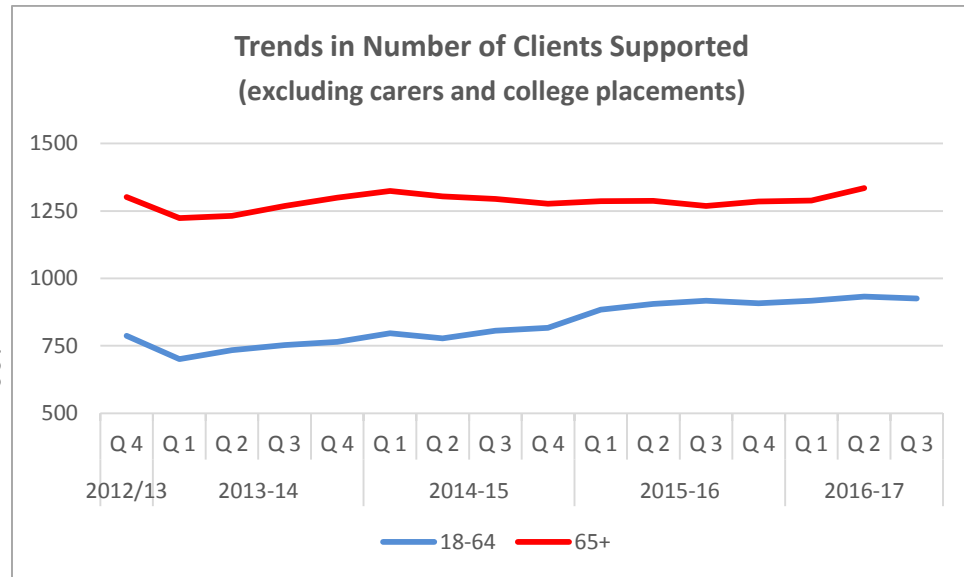
More details can be found in the Residential and Nursing MPS

Current demand and service profiles

Trends by client type

The charts below show the trends in overall client numbers in recent years. These numbers represent the clients for whom support has been commissioned on a spot basis. There are a limited number of block residential and supported living placements but these have remained static over the period and have been excluded. Also excluded is support provided to carers and residential college placements for young adults.

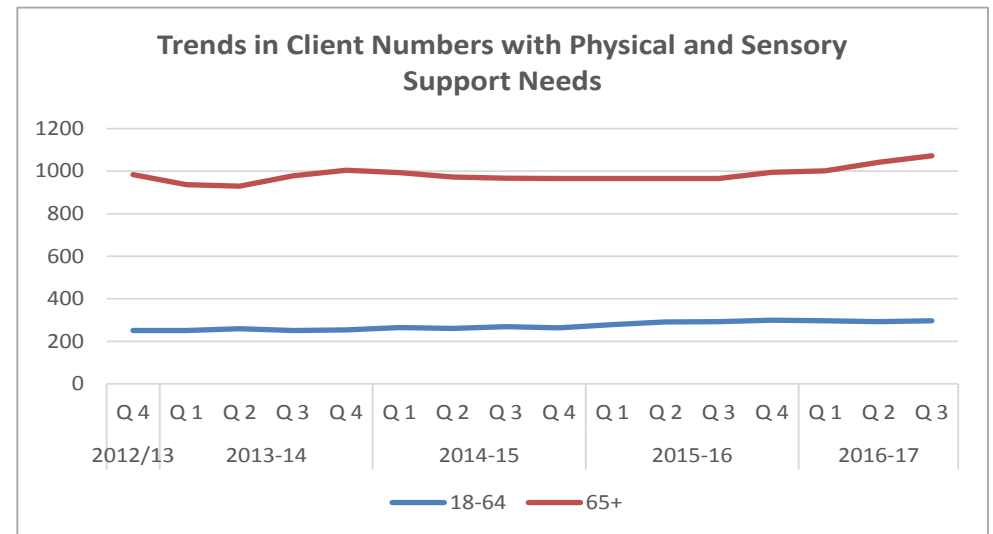
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National reporting classifications changed in 2014/15 with the older people category removed and new categories of physical support, sensory support and memory and cognition created. For presentation purposes clients have been grouped according to learning, physical / sensory and mental health / memory needs.

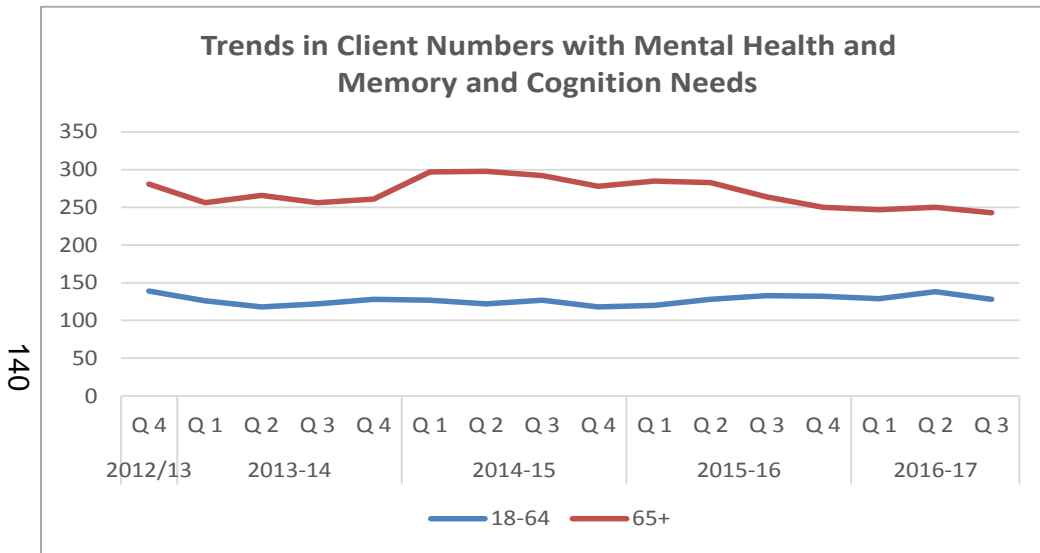
Overall client numbers increased .by 9% between March 2013 and December 2016, but this includes a 19% increase in working age clients compared to a 3% increase for older people. The ONS 2014 population estimates for Herefordshire predicted population growth of just 0.1% between 2013 and 2016 for people aged 18-64 and 10% for those aged over 65.

This is at least in part reflective of the national trend for children borne with disabilities to live longer.

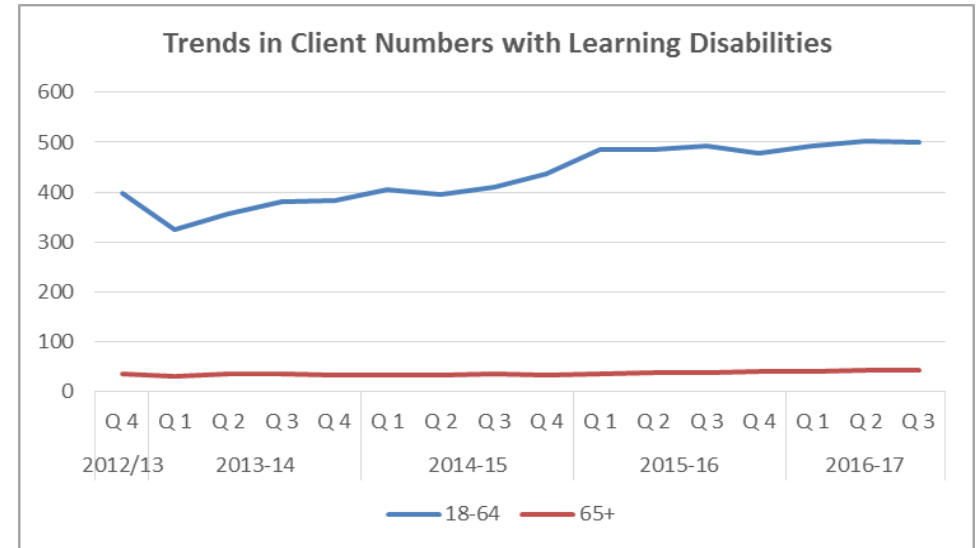


Numbers of people aged 18-64 supported has increased by 18%, whilst numbers of over 65's has increased by 9%, which is broadly in line with demographic changes.

In comparison there has been a 12% fall in numbers supported who have a mental health or memory and cognition need. This is 8% in working age adults but is more stark in over 65's with a fall of 14% in the period.

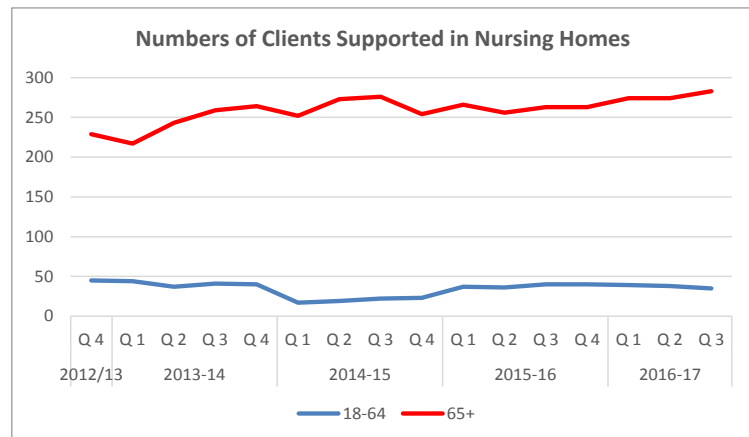


The most significant growth has been across the learning disability cohort which has seen a 26% increase in the under 65 age group and a 16% increase for over 65's.

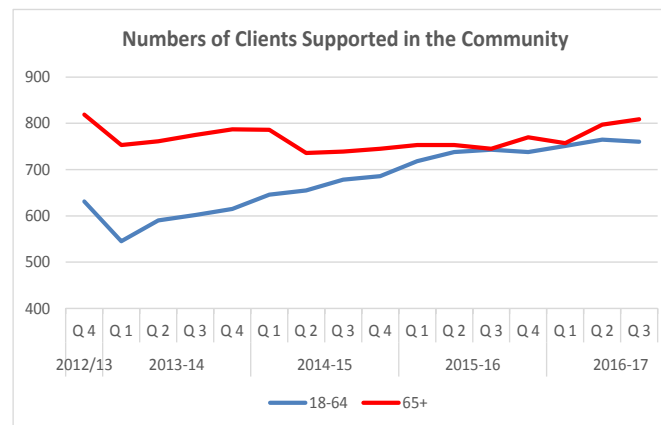


The latter is consistent with the latest data from the Improving Health and Lives Learning Disabilities Observatories, but are explored in more depth in the detailed MPS reports.

Trends by age and type of care



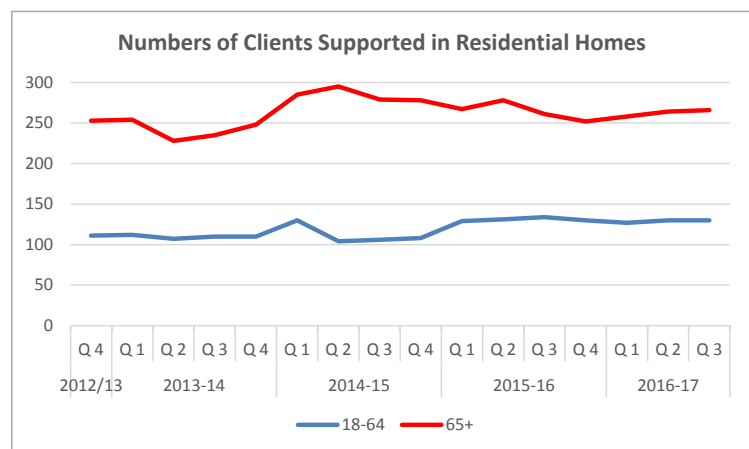
Since March 2013 there has been a fall of 16% of people aged 18-64 in a nursing home, whilst in the same period there has been a 20% increase for those aged 65 and over.



There has been a sharp increase of 21% in the number of 18-64 year olds supported in the community, driven by the growth in LD client numbers. In the same period there has been a 3% fall in numbers of over 65's supported.

The trends are reversed when residential home placements are considered, with a 17% increase in placements for those aged 18-64, compared to a 4% increase for those aged 65 and over.

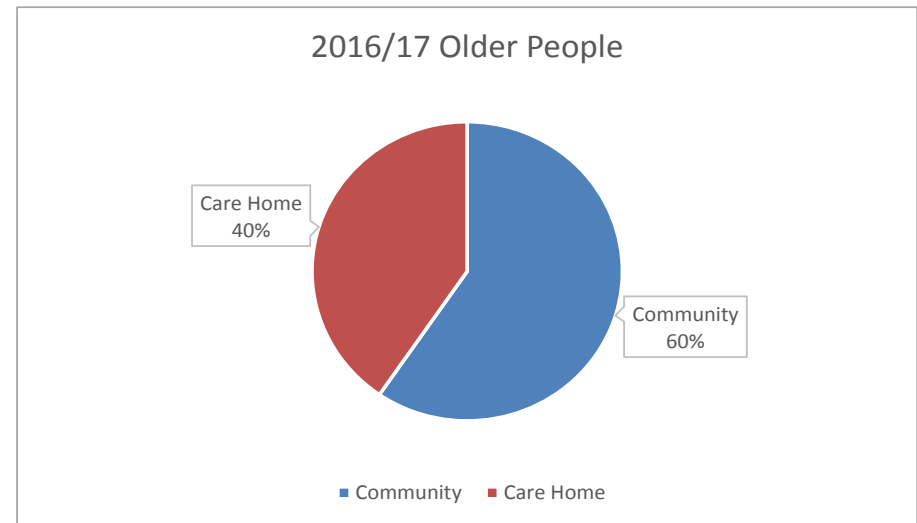
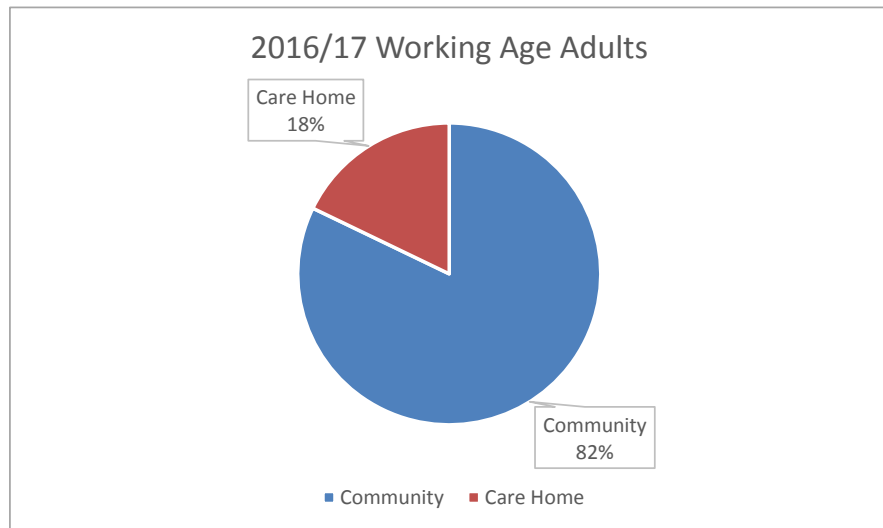
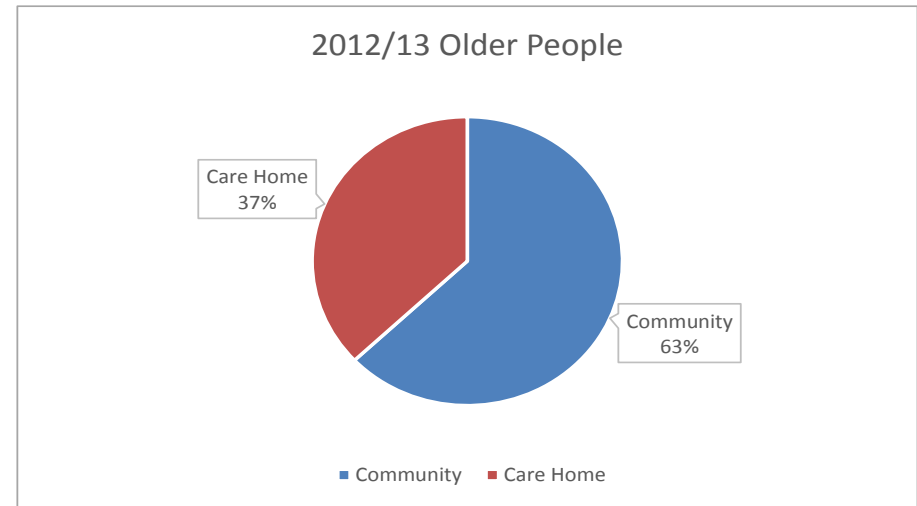
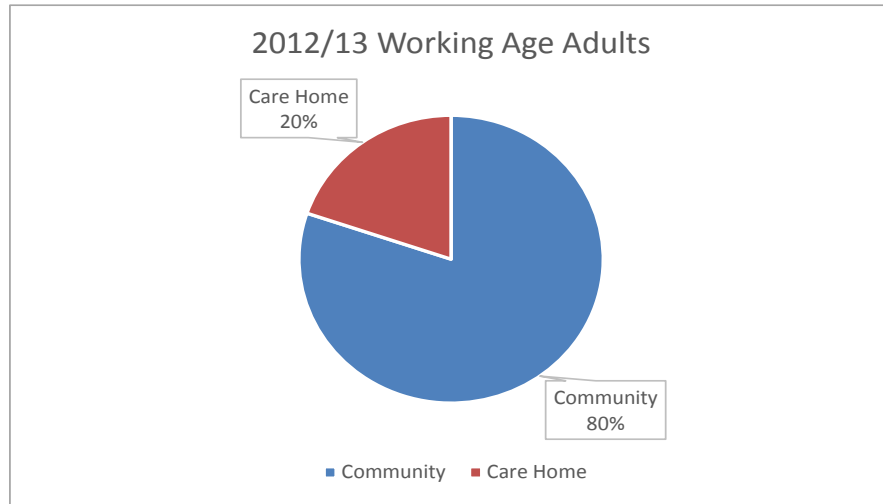
141 The following chart of trends of numbers supported in the community includes council commissioned domiciliary care, personal budgets (including direct payments) together with supported living and adult placements.



High level market opportunities

- The emerging trends in client numbers indicate increasing numbers of people with learning disabilities will need support. Additional services and support within the county are likely to be required in particular to support those people with more complex needs. (see supporting MPS documents for more details of opportunities)
- National projections are for a significant growth in people with learning disabilities aged 65 and above.
- Fewer people with physical / sensory support needs being supported by the council, this is particularly noticeable in relation to residential care for older people where there has been a decline in council supported placements for both older and younger adults.
- However nursing care requirements for older people with dementia are likely to rise (see supporting MPS documents for more details).

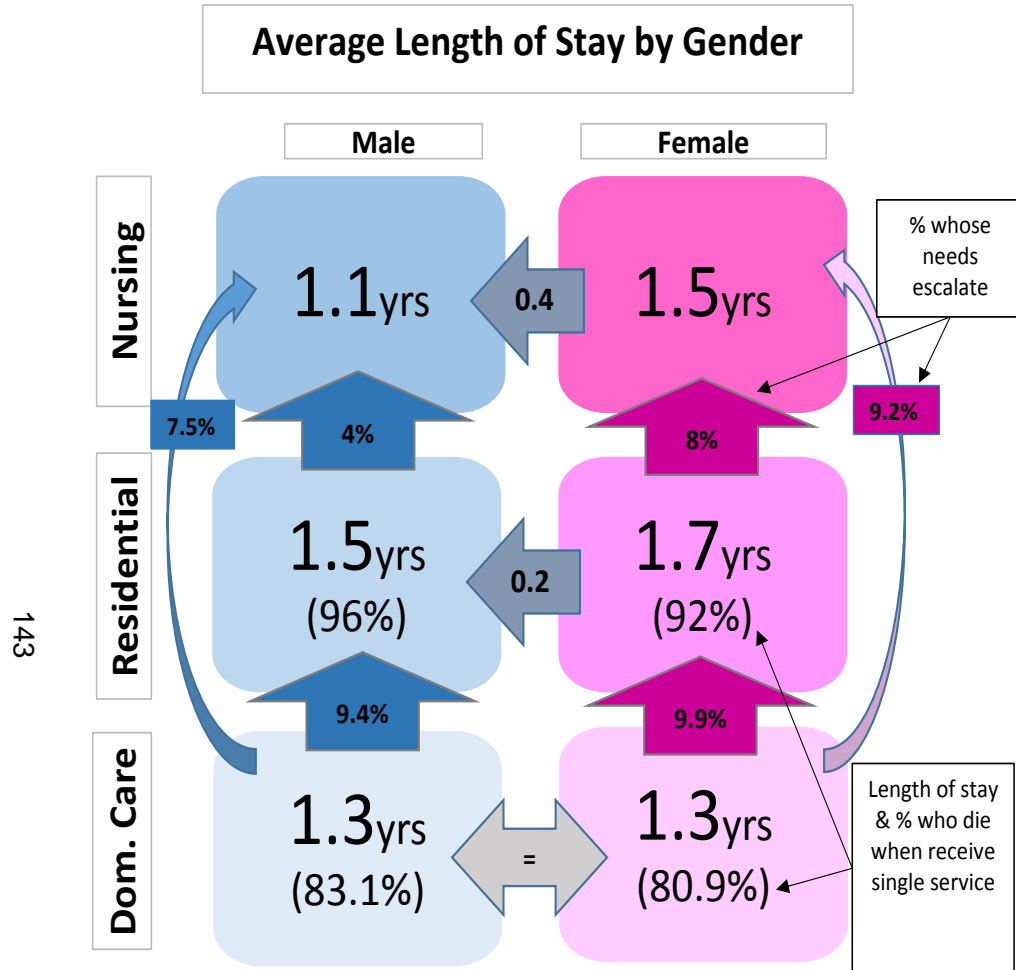
Current demand and service profiles



Over the last three and a half years there has been a move towards more community based support for working age adults focused around domiciliary care and personal budgets and less on residential based placements.

In contrast for older people there has been a swing towards more residential based care. See supporting MPS documents for more information..

How long we provide support for



The above graphic shows the council's service user flow through the care system. This is based on a data set covering the period April 2013 to February 2015 for council funded clients.

Key points

- Measuring the service users who received domiciliary care support, of those whose care package ended over 80% of both males and females died whilst in receipt of domiciliary care.
- A greater proportion (2%) of female service users have needs which escalate to residential or nursing care support than males.
- The period of care for females is longer than for males.
- The ratio of clients male / female is weighted towards females. The table below shows the total service user ratio by service type.

Total SU ratio	Males	Females
Dom Care	33%	67%
Residential	27%	73%
Nursing	32%	68%

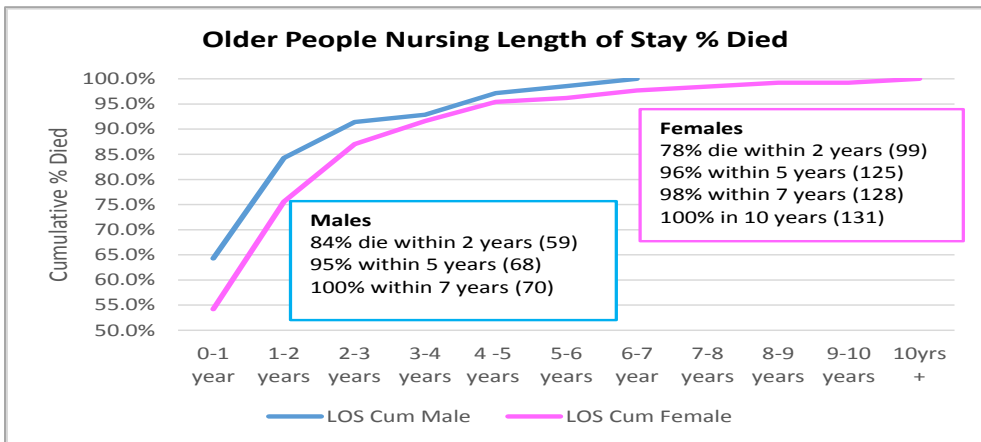
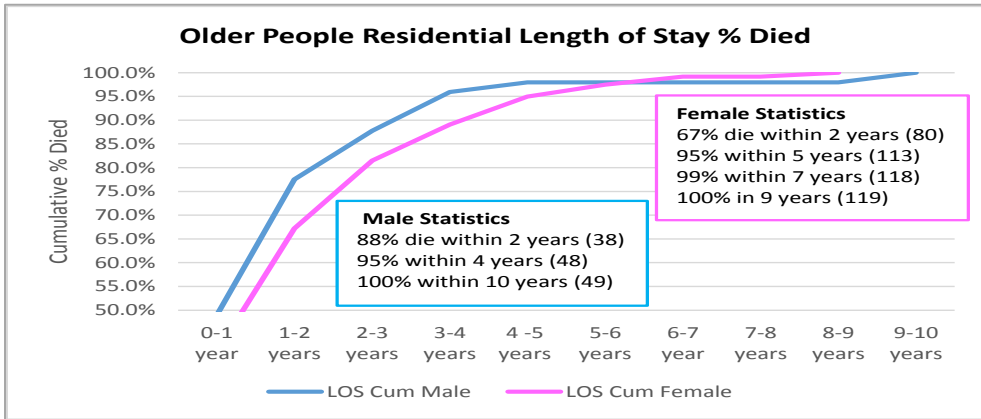
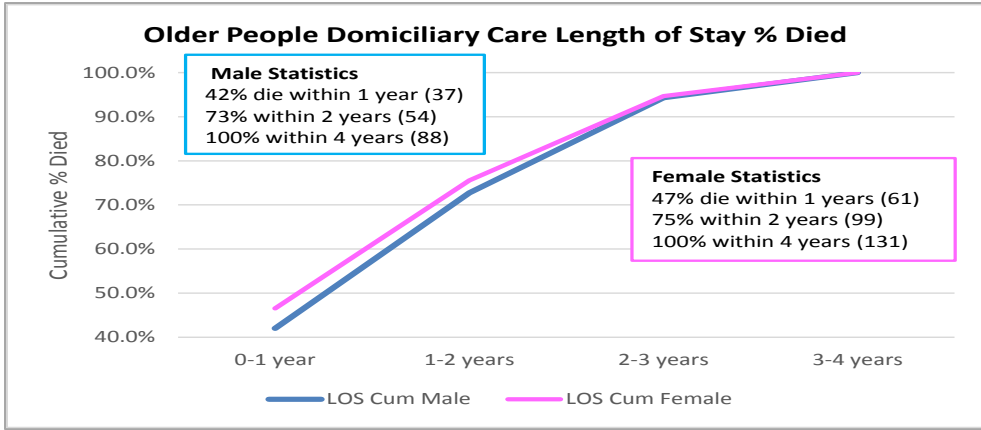
- This changes as shown in the table below when the sample of all care packages which ended is broken down by gender.

Service Sample	Males	Females
Dom Care	40%	60%
Residential	28%	72%
Nursing	26%	74%

Market information gap – length of support to self-funders

We would like to get more information about self-funders

- Do they commission support earlier
- Do they have support for longer – if so how much longer



Key points – domiciliary care

- There is no variation between genders where the service user dies whilst in receipt of a domiciliary care package.
- Females are 5% more likely to die within one year of receiving domiciliary care support than males, by the end of two years the gap is only 2%.
- No clients of either sex (who did not transfer to either residential or nursing care) lived longer than 4 years.

Key points – residential care

- The total data set for residential care comprised 436 service users (119 / 316 male / female).
- It includes 27 service users who previously received a domiciliary care package, 10 male / 17 female.

Residential Care Length of Stay Summary to Death	Incl. +5 days pd by from DOD	
	LOS Male	LOS Female
Total client	49	119
Average LOS years	1.5	1.7

- All bar 1(9.5yrs) male died within 5 years
- All bar 1 (8.8yrs) female died within 7 years.
- 12 I service users progressed to nursing care (2 male / 10 female),

Key points - nursing

- The total data set for residential care comprised 427 service users (138 / 289 male / female).
- Including 12 service users previously in receipt of a residential care package, 2 male / 10 female one of whom began with a domiciliary care package.

Nursing Care Length of Stay Summary to Death	Incl. +5 days pd by from DOD	
	LOS Male	LOS Female
Total client	70	131
Average LOS years	1.1	1.5

- All males died within 7 years, longest LoS 6.5 years

The social care workforce

A summary of the adult social care sector and workforce in Herefordshire October 2016



Introduction

This report gives a summary of the adult social care sector and workforce in the Herefordshire local authority area and includes Skills for Care's workforce estimates created using the 'National Minimum Data Set for Social Care' (NMDS-SC).

Skills for Care helps create a better-led, skilled and valued adult social care workforce. We provide practical tools and support to help adult social care organisations recruit, develop and lead their workforce. We work with employers and related services to ensure dignity and respect are at the heart of service delivery.



In 2015 the adult social care sector had around **19,300** organisations, **40,100** care providing locations and a workforce of around **1.55 million** jobs in England. In Herefordshire there were an estimated 6,100 jobs in adult social care. These were split between the statutory sector (5%), the independent sector (87%) and direct payment recipients (8%). As at September 2015 Herefordshire contained 134 CQC regulated services, of these, 89 were residential and 45 were non-residential services.



Adult social care is a growing sector that had increased by 18%, in terms of jobs, since 2009 in England. If the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population then the number of adult social care jobs in England will increase by a further 18% to 1.83 million jobs by 2025.

Staffing overview

The estimated number of adult social care jobs in the Herefordshire area in 2015/16 was 6,100, this included 500 managerial roles, 300 regulated professionals, 4,600 direct care (including 3,400 care workers), and 750 other-non-care providing roles.

Approximately half (44%) of the workforce worked on a part-time basis, 42% were full-time and the remaining 15% had no fixed hours. Over a quarter (27%) of the workforce were recorded as being on zero-hours contracts (23% in the West Midlands and 24% England).

The average number of sickness days taken in the past year was 4.7 (5.1 in the West Midlands and 5.2 across England). With an estimated workforce of 6,100 this would mean Herefordshire lost approximately 28,900 days to sickness in the last year.

Demographics



The majority (82%) of the workforce in Herefordshire were female and the average age of was 43 years old. Those aged 24 and under represented 11% of the workforce and those aged over 55 represented 25%,

therefore approximately 1,500 people may retire in the next 10 years.

Around 88% of the workforce in Herefordshire were British, 8% were from within the EU and 3% from outside the EU, therefore there was a greater reliance on EU workers than non-EU workers. Nationality varied by region, in England 83% of the workforce were British, in West Midlands this was 88%.

Around 95% of the workforce in Herefordshire were of white ethnicity and 5% were from Black, Asian or Minority ethnic groups. In West Midlands, 80% were of white ethnicity and 20% were of BAME groups and in England 80% were of white ethnicity and 20% were of BAME groups.

Recruitment and retention



Skills for Care estimates that the starters rate in the past 12 months was 38.0%, (35.8% in West Midlands and 35.0% in England). Of new starters, approximately two thirds (56%) were recruited from within the adult social care sector, therefore the sector retains their skills and experience.

The turnover rate of directly employed staff was 34.7%, this means approximately 2,100 leavers per year. This turnover rate was higher than the region average, at 29.4% and higher than England at 27.3%.

Adult social care has an experienced 'core' of workers. Workers in Herefordshire had on average 7.7 years of experience in the sector and around 69% of the workforce had been working in the sector for at least three years.

Skills for Care estimates that in Herefordshire, 3.6% of roles in adult social care were vacant, this gives an average of approximately 200 vacancies at any one time. This vacancy rate was lower than the region average, at 6.9% and lower than England at 7.3%.

It is vital that adult social care can attract and retain staff with the right skills, values and behaviours, to raise standards for people using social care services.

Pay

It is important to note that the pay data used in this analysis predates the mandatory National Living Wage (NLW) introduced in April 2016, so some hourly wages may fall below the £7.20 limit. Statutory local authority pay data was as at September 2015 and independent sector pay data was as at March 2016. Skills for Care will be publishing analysis on the NLW later this year, however early evidence from NMDS-SC shows that rates have increased since April 2016. The average annual and hourly pay by job group for your area, and how these compare with the regional and national averages, is shown Table 1 below.

Table 1. Average full time equivalent (FTE) annual and hourly pay by job group in Herefordshire, West Midlands and England

	Herefordshire	West Midlands	England
Average FTE annual pay of managerial staff	£25,800	£25,700	£26,300
Average FTE annual pay of regulated professionals	£26,600	£26,900	£27,400
Average hourly pay of direct care staff	£7.70	£7.46	£7.69

Qualifications, training and skills



Skills for Care believe that everyone working in adult social care should be able to take part in learning and development so they can carry out their role effectively, this will help to develop the right skills and knowledge so they can provide high quality care and support.

The NMDS-SC shows that 52% of the workforce in Herefordshire hold a relevant adult social care qualification (54% in West Midlands and 57% in England).

Of those workers without a relevant adult social care qualification recorded, 24% had five or more years' experience in their current role and 62% had completed either an induction or the Care Certificate.

More information

2015/16 workforce estimates were based on independent sector information derived from the NMDS-SC as at March 2016 and local authority information as at September 2015. For more information about the methodology used to create these workforce please see www.skillsforcare.org.uk/sizeof.

For a bespoke analysis of workforce information at local level or to answer any specific questions you have about the adult social care workforce please contact analysis@skillsforcare.org.uk. Example topics include; Workforce size, employment information, provision of care towards people with learning disabilities or other types of people who use social care services, recruitment and retention issues, workforce demographics, pay, qualification rates and future workforce forecasts. Also trend analysis, economic contribution or effects of the new National Living Wage.

For a report about the adult sector and workforce in the West Midlands region please see www.skillsforcare.org.uk/regionalreports or to perform your own analysis of information held in the NMDS-SC please visit the Skills for Care Open Access NMDS-SC Dashboards at: <https://www.nmds-sc-online.org.uk/reportengine/dashboard.aspx>

For more information on Skills for Care and how the NMDS-SC can benefit your area please visit our website at: <http://www.skillsforcare.org.uk/nmds-sc>. To be kept up to date with news from Skills for Care please join our mailing list by visiting myaccount.skillsforcare.org.uk and select your areas of interest or for the latest reports, briefings and infographics from the NMDS-SC, please also follow us on twitter @SfC_NMDS_SC.



For more information please email analysis@skillsforcare.org.uk

Workforce challenges

The key workforce challenges for Herefordshire relate to:

- The ageing workforce giving rise to potential future recruitment issues with 1500 people within the care sector who may retire in the next ten years.
- 3.6% of the roles are estimated to be vacant – approximately 200 jobs.
- Turnover of directly employed staff is 34.7%, which is significantly higher than across the West Midlands and England, however it would appear that much of this is people moving within the sector between employers
- Skills for care projects a further increase in the need for care workers of 18% by 2025. If applied to the direct care workforce of 4600 this equates to over 800 more staff needed in the county by 2025.

What we can do to help

- Help to work with schools and colleges to develop offers of a career in care to attract more school leavers.
- Using skills of Hoople to develop more apprenticeship offers for school leavers.
- Develop and focus Hoople recruitment on supporting and facilitating workforce recruitment.
- Develop training programmes to improve skills of workforce / improve job satisfaction and help retention of staff.

- In addition up to 1,500 of the workforce may retire in the next ten years in
- Zero hours contracts represent 27% of workforce profile.

Strengths of the local workforce

- Sickness rates are lower than the regional and national average at 4.7 days per annum.

- The average hourly pay for direct care staff is £7.70 per hour, 3% above the regional average and in line with the England average of £7.69.

Quality of care

CQC inspections

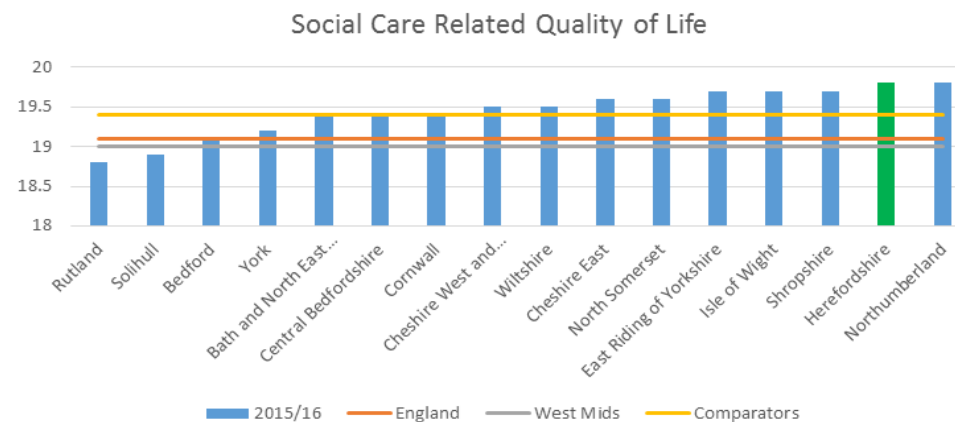
Since the change in the CQC inspection regime a total of 82 residential nursing and care homes in Herefordshire have been inspected (up to December 2016).

The table below shows the CQC ratings, for comparison the December ratings for care home inspections across England are also shown:

	No Homes	% of Inspections	England Dec. %
Outstanding	2	2.4%	1%
Good	69	84.1%	56%
Requires Improvement	9	11.0%	33%
Inadequate	2	2.4%	8%
Total Rated	0	0	2%
Total	82	100%	100%

The quality of care provided by Herefordshire care homes is significantly better than current England average.

For 2015/16 the Adult social care outcomes framework (ASCOF) reported that Herefordshire has the 5th best score of 150 councils for social care related quality of life. The chart below shows relative performance compared to statistical neighbours.



Engagement and communication

With the service users and their carers

The views of people who use services, and their carers, are continually being sought and incorporated into commissioning reviews and service specifications. For example the Help to Live at Home contract has been co-produced from identification of need to developing a zone-based model and assessing tender bids.

Outreach engagement with hard to reach groups and individuals has helped the council understand demand and the impact of change as it implements a new strengths-based approach to assessments and reviews.

In addition to the increased engagement work associated with each contract review and service redesign, the council has developed a service user model (see below). Each group has its own terms of reference and membership with a focus on service-user led agendas.

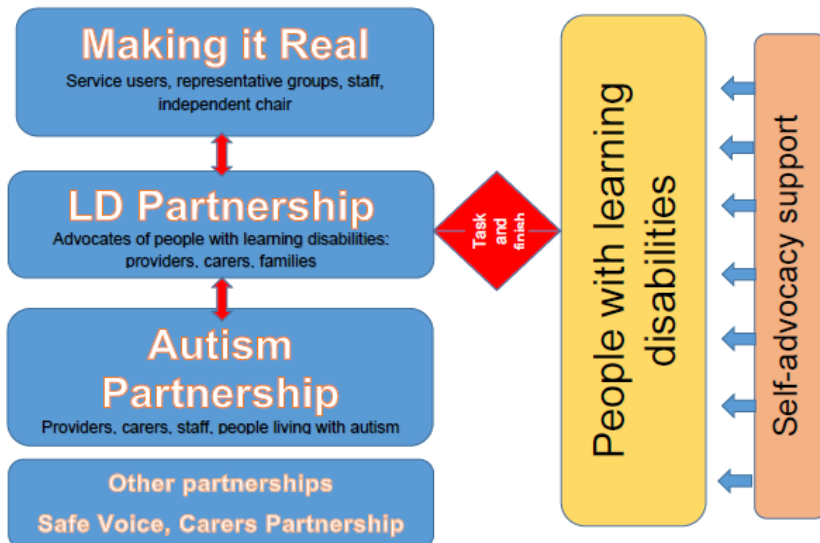
With the wider population

The council embarked on a big conversation in the summer of 2015 about the future of adult social care. The conversation focussed on all age groups across the county's market towns. The findings underpin the directorate of adults and wellbeing's strategic approach:

- People want to live independently for as long as they can.
- Any care and support plan must put the person at the centre.
- Residents want better joined up working between health and social care.
- Information needs to be easier to find and understand.
- Cultures need to change - demand is often driven by expectation based on what has been available historically.

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Engaging with people who use services



What's happened since 2014

- ✓ Redesign step up step down provision
- ✓ Introduced unified contract for care home market
- ✓ Externalised and improved community equipment service
- ✓ Redesign step up / step down provision
- ✓ Redesigned and outsourced day opportunities
- ✓ Developed website for information and advice (WISH)
- ✓ Recommissioned sexual health services and substance misuse services
- ✓ Carers health and wellbeing service redesigned and recommissioned
- ✓ Shared lives service outsourced

In progress

- Redesign and recommissioning home care services
- Further development of WISH website
- Community support programme in Leominster
- Placing refugees within the county
- New hostel for women suffering from domestic abuse
- New housing allocations policy being developed
- Engagement with new development partner for infrastructure and housing

Commissioning intentions

- ❖ Further development of unified contract to
 - Engage care homes in helping avoiding hospital admissions and
 - Facilitate hospital discharge
- ❖ Development of integrated care pathway (with health)
- ❖ Redesign of LD health services
- ❖ Development of additional supported living accommodation

Key links and contacts

To find out more, read the [Herefordshire JSNA 2016](#)