Herefordshire Council

AGENDA

Cabinet

Date:	**Thursday 28 July 2016**
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.

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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

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Herefordshire Council

Meeting:	**Cabinet**
Meeting date:	**28 July 2016**
Title of report:	**One Herefordshire and the Herefordshire and Worcestershire sustainability and transformation plan**
Report by:	**Cabinet member health and wellbeing**

Classification

Open

Key decision

This is not a key decision.

Wards affected

Countywide

Purpose

This report provides an update on the One Herefordshire programme and the Herefordshire and Worcestershire sustainability and transformation plan (STP) submission and seeks the support of Cabinet for the strategic direction to be followed.

Recommendation(s)

THAT:

(a) the strategic direction of the One Herefordshire programme and of the Herefordshire and Worcestershire STP both be supported;

(b) the chief executive be tasked with exploring joint commissioning arrangements with Herefordshire Clinical Commissioning Group (CCG), as outlined at paragraphs 14-18 below and bringing back proposals for decision;

(c) the chief executive be authorised to enter into such non legally binding agreements on behalf of the council as may be appropriate to support the development of the One Herefordshire partnership, including potentially forming a shadow strategic alliance between the council, Herefordshire CCG, Wye Valley NHS Trust, 2gether NHS Foundation Trust and Taurus Healthcare, with links to the voluntary and community sector (VCS), and to provide updates on progress as part of future corporate performance reports.

Alternative options

1 The alternative option is not to proceed with the approach described in the One Herefordshire programme and the strengthened partnership arrangements within it. Not proceeding would represent a number of missed opportunities for the council including:

- Working in partnership with the NHS and the voluntary and community sector (VCS) to set a single strategic direction for Herefordshire, from a common starting point of "what is better for residents"

- Opportunities to improve the efficiency and impact of the commissioning function with the CCG, to provide value for money for Herefordshire residents.

2 Given the financial and operational challenges facing all of the health and social care organisations across the county, not proceeding with the One Herefordshire approach would increase the risk that one or other organisation would cease to be viable as a separate body and so might be merged with another organisation outside the county, thereby losing a clear focus on the needs of the Herefordshire population.

3 There is no alternative to the Herefordshire and Worcestershire STP, as this is a national process, mandated by NHS England.

Reasons for recommendations

4 The One Herefordshire programme, and the shadow alliance proposal within it, provides the framework for whole system leadership and collaboration. This will enable a system wide strategic direction and delivery mechanism to deliver the Health and Wellbeing Strategy and the Children and Young People's Plan. In turn, this will drive improved wellbeing for our residents, co-ordinating activities across the council and its health and VCS partners. It will enable the council to engage with wider public sector partners in a co-ordinated manner to increase efficiency and value for money.

5 Exploring joint commissioning arrangements with the CCG represents an opportunity to improve the efficiency and impact of the council's commissioning function alongside that of the NHS, to provider better value for money.

6 The STP process is intended to provide the central vehicle through which local government and the NHS can work together in order to achieve the 'triple aim' of improving the health and wellbeing of the local population, improving the quality and safety of care delivery and securing ongoing financial sustainability.

7 It is expected that the STP process will be merged with the requirement, flagged by the then Chancellor of the Exchequer in October 2015, for all areas in the country to produce a plan for the full integration of health and social care by 2020. Guidance on this process is expected to be published jointly by the Department of Health and the Department for Communities and Local Government during the autumn, with plans to be prepared by the end of the financial year.

Key considerations

8 The health and social care system in Herefordshire is under very significant pressure. Wye Valley NHS Trust (WVT) has been in special measures for some time, due to its

financial and care quality challenges, while Herefordshire CCG has also been facing considerable financial issues. The social care system is seeking to respond to growing demand, associated with demographic changes, within a steadily reducing budget. At its heart, too many people require more care than can be funded from the available resources, while the current configuration of services builds inefficiencies into the care delivery system and a range of factors mean that all services struggle to recruit and retain sufficient staff with the necessary expertise and experience. The result is that people experience a lower level of wellbeing, the quality and safety of care delivery is less than required by evidence-based standards and the financial viability of all organisations is uncertain.

9 The local response comprises two main elements: the One Herefordshire programme, part of which leads into closer commissioning arrangements between the council and the CCG; and the STP process, which covers Herefordshire and Worcestershire jointly.

One Herefordshire

10 The One Herefordshire programme seeks to provide a system wide, county wide strategic direction and delivery mechanism to deliver the Health and Wellbeing Strategy and the Children and Young People's Plan.

11 A One Herefordshire alliance has been proposed, which will drive improved wellbeing for our residents, co-ordinating activities across the council, health and VCS partners. It will enable all of those organisations to engage with wider public sector partners in a co-ordinated manner, to increase efficiency and value for money. It is proposed that the scope be explored for an alliance to be established in shadow form between the council, CCG, WVT, Taurus and 2Gether NHS Trust.

12 Any alliance would be established on the basis of a non legally binding document. The arrangements would make no changes in the powers or financial arrangements of any of the partner organisations. The key aim would be to make a statement of intent and adopt a set of common principles, that would form the basis for further work to develop a legal agreement in due course.

13 These arrangements would have no formal decision making authority, and existing governance would remain in place. Having a period of shadow form would enable the system, and the council within it, to identify key issues, risks and mitigating factors, with the lessons learnt embedded in any resulting future partnership working.

Joint commissioning

14 Within this context, exploring joint commissioning arrangements with the CCG, with particular reference to community services for both adults and children (including related public health services), provides an opportunity to work more effectively with health partners.

15 A key factor underlying the proposal to explore the scope for joint commissioning between the council and the CCG would be the existing interdependencies between the social care commissioning undertaken by the council and the community services commissioning undertaken by the CCG. Each organisation commissions some £70m to £80m of services within Herefordshire, and there are strong connections in many areas. For example, work is far advanced to implement a single contract for both organisations with care homes providing continuing healthcare, nursing care and residential care, while both the council and the CCG have a strong and shared interest in services to support carers or those individuals in the last year of life.

16 By extending the approach within the current Better Care Fund, working to a single set of agreed outcomes and combining commissioning resources, as well as

commissioning budgets, will enable both the council and the CCG to be more efficient, increase value for money and maximise wellbeing.

17 It is anticipated that this would be undertaken over a three year period, with considerations of issues, risks and lessons learnt at each stage as part of formal decision making through the governance process. The proposed approach would be:

a. Year 1 – align budgets, with existing budgets and reporting lines in place, exploring and understanding opportunities for integration
b. Year 2 – learn and describe how to consolidate learning into integrated budgets for specific services/areas, including integration of the associated commissioner management structure
c. Year 3 – run with integrated budgets, with explicit evaluation and implementation of lessons learnt challenges and opportunities

18 Again, existing governance processes for the respective partners will remain in place whilst the lessons learnt through the above process are assessed.

Herefordshire and Worcestershire STP

19 Guidance issued by NHS England in December 2015 requires all areas of the country to develop an STP. Through a process of consideration of different commissioning levels, the country has been divided into 44 STP 'footprints', covering an average of just over one million people, three upper tier councils and five CCGs, as well as a number of NHS trusts. For these purposes, Herefordshire has been linked with Worcestershire, forming one of the simpler STPs nationally, with three quarters of a million people, two upper tier councils and four CCGs. Geographically, however, it is large and faces significant issues around rurality. These are reflected in both hospital provider organisations being in special measures, due to both financial and service quality challenges. The patient flows from Powys also represent an important complexity.

20 Each STP footprint is led by a nominated senior officer, supported by a programme board comprising the key partners. The programme board for Herefordshire and Worcestershire has an independent chair, Mark Yates, until recently the chief fire officer, and includes top level representation from both councils, CCGs, NHS trusts, local GP bodies, VCS bodies and Healthwatch from both counties. The nominated lead is Sarah Dugan, chief executive of Worcestershire Community Healthcare Trust.

21 Initial outline submissions were required from all STP footprints on 15 April. These set out governance arrangements and outlined the key areas for further work to secure progress against all three elements of the triple aim (population wellbeing, quality and safety of delivery and financial sustainability). The submissions were subject to regional and national assurance, with feedback given on approach and robustness.

22 Further draft plans were submitted on 30 June, to a nationally defined template. The draft for Herefordshire and Worcestershire sets out the approach that has been adopted, the key challenges around the triple aims, the main transformation priorities (efficiency, prevention, out of hospital care, secondary care and workforce), along with the arrangements for delivery, communications and engagement, an investment plan and requests for national support. These are currently subject to further regional and national assurance through the NHS.

23 The council has been fully involved in the development of the STP plan from the start, with full membership of all of the programme governance structures, involving both the chief executive and the director for adults and wellbeing, and with the director of public health leading the work on the assessment of the gaps around population wellbeing.

24 The STP process is nationally mandated by NHS England and all local NHS bodies are required to participate. Since this represents the sole route through which all future support for healthcare service transformation will be channelled, and will be the basis upon which decisions around service change and structural configuration are made, involvement of the council in the process is essential.

25 While the council has been fully engaged in the development of the STP plan, it should be noted that the process remains focused upon healthcare and the NHS. The plan makes a number of references to the wider determinants of health, the importance of prevention, and the role of social care (both for adults and for children), but its core remains directed towards the management of services commissioned and delivered by the NHS. As a consequence, there are suggestions that this continues to represent an attempt by the NHS to resolve the major challenges facing healthcare delivery through changes to the healthcare system alone, with only limited recognition of the impact of changes in population wellbeing on demand for (and hence sustainability of) healthcare. The importance of economic development, educational achievement, housing availability, and public mental health in determining demand remains only partially understood by health colleagues and hence may not be fully reflected in the draft. This is a common issue nationally and is being pursued by the Local Government Association. Efforts will continue on the part of council officers locally to ensure that these factors are more fully addressed in future drafts of the plan.

26 Although national NHS planning is increasingly focused upon STP footprints as the basic building block, with improvement activities expected to be undertaken at that level by default, council officers, working with local NHS colleagues, continue to seek to embed the One Herefordshire approach within the Herefordshire and Worcestershire STP. This is intended to facilitate the developing wider public sector partnership working, which includes but goes beyond the NHS alone, in order to enable real improvements in wellbeing through co-ordinated approaches across the local system for the people of Herefordshire.

27 The process going forward is deliberately emergent, with respect to both the STP and One Herefordshire. For the STP, the assurance process being applied to the current drafts is expected to identify areas for improvement for most plans, though a handful nationally are expected to be signed off as they stand now. Most will require further development, with further drafts likely to be submitted in September. Once plans have been formally signed off nationally, likely to be towards the end of October, they will then be considered final and will at that stage be made public. At present, NHS England is clear that they remain drafts and, as such, not for publication. Equally, the place of the One Herefordshire programme within the context of the STP is expected to develop, especially in the light of the integration guidance due to be published in the autumn and the decisions to be made by NHS England regarding the future shape of NHS commissioning across the wider area.

Community impact

28 This proposal will support the delivery of the Health and Wellbeing Strategy and the Children and Young People's Plan.

29 Improving value for money will enable us to increase impact and improve wellbeing for residents within existing and future diminishing resources.

Equality duty

30 The One Herefordshire programme and the Herefordshire and Worcestershire STP are intended to provide the means by which the health and wellbeing of the people of Herefordshire can best be maintained and improved. The programmes have a particular focus on supporting the best possible level of wellbeing on the part of vulnerable members of Herefordshire's population.

Financial implications

31 There are no direct costs arising from this proposal. They represent an opportunity to improve future value for money from council resources and spend, and hence offer a route to securing the council's desired outcomes at a time of reducing financial resources.

Legal implications

32 Given the preliminary nature of the recommendations in this report, there are no significant legal issues yet arising

33 In time as decisions are made, officers will need to consult with Legal Services to obtain various contractual documentation (e.g. joint commissioning agreements, possibly a s75 agreement) and related legal advice.

Risk management

34 Since these arrangements have no legal force and make no alteration to the powers of the partners, no direct risks are associated with their adoption.

35 The arrangments can be expected to facailitate joint working across health and social care partners, strengthening the ability of the system as a whole to identify and mitigate future risks to both the system and to individual partner organisations.

36 Should we not proceed, it is likely that NHS England will increasingly focus its efforts at a joint Herefordshire and Worcestershire level, based on the STP footprint. This could lead to a loss of focus and resource for the specific issues facing the people of Herefordshire and the loss of opportunities for closer partnership working across the wider public sector at a Herefordshire level.

Consultees

37 None at present; the health and wellbeing board receive reports on the development of plans to enable it to fulfil its function of assuring plans against the aims of the Health and Wellbeing Strategy.

38 A briefing session is scheduled for the health and social care overview and scrutiny committee in September and will assist the committee in formulating its future work programme.

39 Once the NHS has authorised the STP for publication, there will be a need to communicate the plan effectively with the public and stakeholders and ensure effective engagement in the challenging decisions, which will undoubtedly be required to ensure quality health and social care services are delivered in the county for the benefit of residents within the resources available.

Appendices

None.

Background papers

None identified.

Meeting:	**Cabinet**
Meeting date:	**28 July 2016**
Title of report:	**West Midlands Combined Authority**
Report by:	**Leader of the council**

Classification

Open

Key decision

This is not a key decision.

Wards affected

Countywide

Purpose

To approve Herefordshire Council's application to become a non-constituent member of the West Midlands Combined Authority.

Recommendation(s)

THAT:

a) Herefordshire Council applies to become a non-constituent member of the West Midlands Combined Authority (WMCA) at an annual cost of £25k;

b) the leader of the council, or his nominated substitute, be authorised to represent the council at the WMCA board, and exercise the council's vote as a non-constituent member; and

c) **the general overview and scrutiny committee be invited to consider building into their future work programme an appraisal of further devolution options (to include the potential for the council to become a constituent member of WMCA) and report the outcome of their review to inform any future decision of Cabinet.**

Alternative options

1. The council could consider becoming a constituent member of WMCA. This is not currently recommended as there has been insufficient time to fully evaluate the governance, democratic and economic business case for doing so. However, we may consider this option at some point in the future.

2. The council could choose not to engage with WMCA. This is not currently recommended given that the government has a clear policy direction of devolution which indicates that engagement with a combined authority arrangement will become essential criteria to enable access to future growth funding. The council continues to explore devolution options with other potential partners but these discussions are insufficiently advanced at this stage to demonstrate how Herefordshire Council can meet the government's requirements.

Reasons for recommendations

3. To ensure the council is in the best possible position to continue to secure government funding to support the growth aspirations of the county whilst maintaining the flexibility needed to fully explore the implications of greater engagement in a combined authority arrangement.

Key considerations

4. The powers to establish a combined authority are detailed in the Local Government, Economic Development and Construction Act 2009.

5. The Cities and Local Government Devolution Act 2016, which received royal assent on 28 January 2016, provides for the creation of a directly-elected mayor of a combined authority to exercise specified functions e.g. economic development, regeneration and transport, etc. It also allows public authority functions to be conferred on a combined authority and enables the changing of local government structures e.g. mergers of councils and moves to unitary structures. The government has made clear its policy direction that devolution to councils should be contingent on a minimum population size in excess of 1m and on the establishment of combined authority arrangements with directly elected mayors.

6. The WMCA, which is currently composed of the twelve councils and three local enterprise partnerships (LEP), is working to devolve powers from Whitehall to the West Midlands and our locally elected politicians, who know this region best. Individual councils will still deliver services and retain their identity, but on the big decisions they would have the resources to work together.

7. WMCA would allow for integration and collaboration across member authorities, which would work together on growth in key areas including employment and skills, health, housing and transport.

8. WMCA has entered into an agreement with government which will see government making an annual contribution worth £40m for 30 years to support an overall investment package that will unlock £8b, alongside the creation of up to half a million jobs. This is in addition to any future Local Growth Fund allocation to the three LEPs, which will not be affected by this agreement.

9. The WMCA constituent members are currently: City of Birmingham, Wolverhampton Council, Coventry City Council, Dudley Metropolitan Borough Council, Sandwell Metropolitan Borough Council, Solihull Metropolitan Borough Council, and Walsall Council. The Non-Constituent Members are Cannock Chase District Council, Nuneaton and Bedworth Borough Council, Redditch Borough Council, Tamworth Borough Council and Telford, Wrekin Council, Black Country LEP, Coventry and Warwickshire LEP, and Greater Birmingham and Solihull LEP. Shropshire Council has applied to be a non-constituent member.

10. Initial discussions have been opened between the Marches LEP (covering Herefordshire, Shropshire and Telford and Wrekin council areas) and WMCA with a view to the LEP becoming a non-constituent member. To ensure that Herefordshire maintains the ability to access funding and influence economic policies for the region which will impact on the county, it is proposed that Herefordshire Council also apply to become a non-constituent member of WMCA.

11. As a non-constituent member, Herefordshire Council would be able to vote on the following:

    - adoption of growth plan and investment strategy and allocation of funding by WMCA;
    - the super Strategic Economic Plan along with its implementation plans and associated investment activity being undertaken using funding provided to WMCA;
    - the grant of further powers from central government and/or local public bodies that impacts on the area of a non-constituent member authority;
    - land and/or spatial activity undertaken by WMCA within the area of a non-constituent member authority;
    - public service reform which affects the areas of non-constituent member authorities
    - areas of LEP activity relevant to the non-constituent member authorities through geographical location or as part of a joint committee;
    - all WMCA matters concerned with education (further and higher), employment and skills, enterprise and business support, access to finance, inward investment, business regulation, innovation, transport, environmental sustainability, housing, economic intelligence, digital connectivity and regeneration;
    - future use of business rate retention funding generated beyond that retained within new and existing enterprise zones;
    - specific decisions to bid for and allocate revenue and capital funding provided to the WMCA for use in economic development activities; and
    - investment activity related to transport and connectivity, not funded by the transport levy and current maintenance and integrated transport blocks.

12. It should be noted that WMCA would have no say over the use of Herefordshire's business rates or how resources are allocated to transportation, skills or housing in the county.

13. It is also recommended that general overview and scrutiny committee be asked to consider the inclusion of an option appraisal for future devolution arrangements in their future work programme to inform any future cabinet consideration of the matter.

Community impact

14. The proposal to be part of the WMCA as a non-constituent member will support the

progression of the economic priorities of Herefordshire and it is anticipated that this will have a positive impact on the people of Herefordshire.

Equality duty

15. There are no direct impacts arising from the recommendations. As with any public body the combined authority will have to demonstrate how it is meeting its public sector equality duties in its decision making.

Financial Implications

16. Non-constituent membership is conditional on an annual membership fee of £25k. For 2016/2017 this will be met from within existing revenue budgets.

Legal implications

17. The Cities and Local Government Devolution Act 2016 provides for the creation of a directly-elected mayor of a combined authority to exercise specified functions e.g. economic development, regeneration and transport, etc. It also allows public authority functions to be conferred on a combined authority and enables the changing of local government structures e.g. mergers of councils and moves to unitary structures.

18. The powers to establish a combined authority are detailed in the Local Government, Economic Development and Construction Act 2009.

19. The regeneration, economic development and transport functions of Herefordshire Council cannot be undertaken by the WMCA, but remain in the council.

Risk management

20. A devolution deal which only has a strong urban focus could leave a rural blind spot in the discussion. There is a danger that the rural economic development agenda will be sidelined by urban economic plans.

21. The “rural recognition” and the rural-urban linkages and how these might be enhanced are the lacking elements in the devolution deals. There seems to be no recognition the contribution of rural hinterlands and rural areas to jobs and growth. Likewise, the deals do not recognise the urban-rural interdependency i.e. flows of people and things between places, as well as supply chain development.

22. In order to manage these risks, it is important that Herefordshire Council is part of the WMCA so that it can influence policy and funding decisions.

23. There is a risk that the uncertain economic climate and/or changes in government policy may make pursuit of a devolution deal a less compelling option. Becoming a non-constituent member, whilst further option appraisal is undertaken, ensures that the council remains in the best position to access funding and influence the development of policy, whilst retaining the flexibility to adapt to any future changes which may arise.

Consultees

24. The Marches LEP board agreed to apply to become a Non-Constituent Member of the WMCA on 5 July 2016. It also agreed to give the LEP Director and the LEP

Chairman the authority to carry out the necessary arrangements for becoming a non-constituent member and to represent the Marches LEP on appropriate groups of the WMCA.

Appendices

None.

Background papers

- **Summary of West Midlands Combined Authority's Statement of Intent**

West Midlands Combined Authority: Statement of Intent Summary

How the West Midlands Combined Authority will work?

The West Midlands Combined Authority vision will require a high degree of collaboration between its constituent Councils and the three LEPs. But the collaboration does not stop there. In the private sector, key business leaders and employer organisations, such as the Chambers of Commerce, have a vital role to play. In the public sector, the police and health commissioners and providers of every kind are going to be vital to the delivery of our vision. The university sector, further education colleges and the third sector will also play a significant role. We are committed to finding the most appropriate means of involving all our stakeholders and progress with our proposals as we begin the delivery of our vision for the West Midlands and the establishment of the Combined Authority in April 2016.

The role of the West Midlands Combined Authority

A Combined Authority is the administrative form by which Local Authorities can act together to deliver their economic and transport objectives and coordinate the functions that deliver them. By working in this way, members focus on shared strategic priorities that are best addressed at a scale above local boundaries. Examples are transport and skills. People cross Council boundaries every day as they travel to and from work, education and their homes. It makes sense for local authorities to collaborate in these areas in such a way that opportunities for people to work, to learn, to enjoy their leisure time and to access public services are maximised. That in turn helps places to be more efficient, more prosperous, and more effective in delivering what people need.

So a Combined Authority is an important mechanism which enables cities and regions in England to both achieve the scale needed to compete internationally and to remove the boundaries to joined-up government and policy making.

Combined Authorities and the existing local councils

Combined Authorities do not take power away from local councillors or the individual communities they serve. On the contrary, the existing local authorities remain in place and collectively form the Combined Authority with their partners. They remain “sovereign” and the principle of subsidiarity, whereby decisions are made at the spatial level closest to the people ‘on the ground’, applies. The regions that have already established Combined Authorities have already shown themselves to be in a better position to negotiate with government the devolution of power and resources from the national to the local level. The membership, the powers and the mode of operation of a Combined Authority are decisions for existing Councils to take.

Economic Priority:

- The emerging West Midlands Combined Authority is based on an extensive Functional Economic Market Area (FEMA) assessment, which tested whether the geographic area covered by the three LEPs would be more beneficial financially than the LEPs continuing to

work separately. As a result of this, the emerging WMCA plans on using the geography to jointly create an economy which is the strongest outside London and contributes fully to the Government's vision of a wider "Midlands Engine for Growth".

- The West Midlands region is renowned for its innovation – its businesses account for almost 10% of UK research and development (R&D) expenditure, much of which is delivered in partnership with local universities. It has some of the best performing educational institutions in the country and it has particular strengths in digital technology and computer science, healthcare, business administration, engineering and technology, and education. The region also has a range of internationally recognised research institutions. This is why the West Midlands Combined Authority has ambitious plans to build on these strong foundations.
- If the region grows at the same rate as the London economy then the West Midlands will be £26.4 million better off by 2030.

Skills Priority:

- The West Midlands suffers from a significant shortage of skills both at the lower and higher ends of the skills spectrum. The skills deficit is reflected in the high levels of unemployment (9.3%) across the seven Metropolitan Authorities. This is why skills is one of the West Midlands Combined Authority's key priorities.

Transport Priority:

- We need a fully integrated rail and rapid transit network that connects our main centres with quick and frequent services, and that increases the number of people who can readily access HS2 stations and main centres. By delivering this, we will reduce transport's impact on our environment, improving air quality, reducing carbon emissions and improving road safety. The resulting network will enable the efficient movement of goods to help businesses to connect to supply chains, key markets and strategic gateways.

Housing Priority:

- The West Midlands has a large and ever-increasing population, which needs to be accommodated for in the future. This is why housing is one the West Midlands Combined Authority's key priorities. The WMCA will therefore establish a Land Commission to help identify the land which can be used or regenerated to create homes for the future.

Herefordshire Council

Meeting:	**Cabinet**
Meeting date:	**28 July 2016**
Title of report:	**National unaccompanied asylum seeking children transfer scheme**
Report by:	**Cabinet member, young people and children's wellbeing**

Classification

Open

Key decision

This is not a key decision.

Wards affected

Countywide

Purpose

To approve joining the National Unaccompanied Asylum Seeking Children (UASC) Transfer Scheme and accept the statutory responsibility for a number equivalent of up to 0.07% of the child population within the county.

Recommendation(s)

THAT:

(a) the principle that the council will offer sufficient placements so that the number of UASC accommodated in its looked after system is equivalent to 0.07% of our child population be accepted; and

(b) the director for children's wellbeing be requested to, working with partner councils as appropriate, continue to make the case to government for sufficient funding to adequately resource these additional pressures and provide a further report on the outcome of those negotiations.

Alternative options

1 The current scheme is voluntary. Should Herefordshire Council refuse to join there is a risk of reputational damage with central government, the media and members of the public. There are provisions within the Immigration Act 2016 to enforce the scheme if local councils do not agree to join on a voluntary basis. The Home Office has made it clear that it would use these powers only as a last resort, however the council would risk losing control of when children are transferred to its area.

Reasons for recommendations

2 The current system means that in most cases children remain in the care of the local council where they claim asylum, resulting in a small number of councils looking after the vast majority of the children – most notably Kent – and many councils looking after very few or no UASC.

3 This is not sustainable and so over the past 12 months there has been discussion and negotiation on a national level with Directors and Assistant Directors of Children's Services and with the Local Government Association and central government about introducing a national transfer scheme; as shown in appendix 1.

4 The key principles underpinning the UASC transfer scheme are that there is a fair, equitable and transparent system for caring for children across the UK; the scheme is voluntary and locally led; distribution is based on a proportion of a county's child population; builds on existing structures and regional models with a phased introduction and that knowledge and resources are pooled recognising existing commitments to the adult dispersal scheme; as indicated within appendix 2.

5 The transfer scheme offers an opportunity to Herefordshire Council to demonstrate compassion and opportunities to children and young people who will have experienced conflict and trauma both within their home countries and during their journey to the UK.

Key considerations

6 3,043 UASCs claimed asylum in the UK during 2015. This was an increase of 56% compared with 2014. Currently over 900 UASCs are in Kent County Council's care and this is not sustainable for the council or for other services, including fostering agencies and supported living providers. The UASC population as a whole are mainly accommodated within London and the south-east with relatively small numbers in most other council areas. The increase in UASC is part of the impact of the wider mass migration from the Middle East and North Africa into Europe.

7 The figure of 0.07% has been calculated using data from the last census and Home Office data on current numbers of UK UASC, as well as forecasts of numbers likely to arrive this year (appendix 2). Therefore given that the child population within Herefordshire is recorded as 36,041, it is anticipated that Herefordshire Council accepts responsibility for up to 25 UASC. There are already six UASC within our current looked after children (LAC) population and so the national transfer scheme would require the council to accept responsibility for an additional 19 UASC. Depending upon the number of UASC who travel to the UK in the future this figure may need to be reviewed in time.

8 Of those children seeking asylum, 62% are aged 16 or 17 year olds and only a small minority are female. Almost all children aged under 16 are fostered with approximately half of those aged 16 to 17 being placed in foster care and half being placed in semi-supported accommodation. For UASC who are given leave to remain within the UK, they are entitled to the same care and support as any other care leavers.

9 UASC originate from a large range of countries. However, the highest numbers originate from Eritrea followed by Afghanistan and Albania.

10 UASC are considered to be looked after children and therefore if accepted through the transfer scheme, will have the same rights and entitlements as other looked after

children. Our LAC numbers will rise by the number of UASC we agree to accept. Evidence across councils with experience of caring for UASC highlights their academic motivation and desire to contribute to the community. Historically the council has cared for very small numbers of UASC, but we have had a small number accommodated over the past 12 months and so have strengthened our approach to meeting needs.

11 Over recent months the Home Office has written to the Directors of Children's Services and communicated with the Association of Directors of Children's Services (ADCS) on several occasions seeking support regarding the transfer scheme. The West Midlands Strategic Migration Partnership has now been tasked with supporting the regional response to the scheme and a briefing event attended by officers from Herefordshire was held on 21 June. The Council had to provide a direct response regarding Herefordshire's agreement to take part in the transfer scheme and timescales for political decision making.

12 The first phase of the scheme will commence on 1 July 2016. However, initial roll out is expected to be small numbers. In the first instance, Kent County Council has identified 150 children that could be transferred to other local councils.

13 Currently Herefordshire does not have placements either within the fostering service or available supported housing to meet needs, so would have to use independent fostering agencies. Planning has already commenced in regard to a marketing and communication strategy to enable suitable placements to be developed within the county. These will require engagement and momentum from council officers, leaders, strategic partners and the community to deliver change within a short timescale. The council will be able to plan for a gradual transfer of UASC in negotiations with central and regional government although if UASC are found or present themselves for the first time within Herefordshire, then the council immediately assumes legal responsibility and it is not possible to plan for this eventuality.

Community impact

14 The arrival of 19 UASC will pose challenges for colleagues in the school and health sectors. Education and communications staff are working with schools to prepare for this. The Children and Young People Partnership will consider how to respond across the sector including health, especially within the CAMHS arena and GP practices. The strategic refugee meeting is now incorporating planning for UASC to ensure joined up planning.

15 The council could lead the community response to new arrivals by highlighting the responsive and compassionate nature of its decision through a dynamic communications strategy.

Equality duty

16 The agreement to join the Unaccompanied Asylum Seeking Children (UASC) Transfer Scheme will pay due regard to our public sector equality duty as set out under Section 149, the "General Duty" on public authorities ensuring that we eliminate discrimination, harassment, victimisation and any other conduct prohibited by or under this Act. Furthermore, we will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Financial implications

17 The Home Office pays grants for the care of UASC and refugee children. From 1 July the amounts are:

- £41,610 per child per year for children under the age of 16;
- £33,215 per child per year for children aged 16 and 17;
- £200 per child per week for UASCs who qualify for leaving care support.

18 These will not decrease over the year, as previously proposed. Regional discussion suggests this will leave us with an average shortfall because it won't meet the full costs of placements and infrastructure costs of additional social workers, personal advisors, an independent reviewing officer and council officers' time required to administer the scheme e.g. finance. 19 UASC is the equivalent, for instance, of one social worker's caseload. The anticipated additional cost pressure of meeting the government's requirement for UASC is £100k full year. The part year affect in 2016/17 will be covered with reserves and an ongoing pressure will be included in future year budget pressures.

Legal implications

19 The National Unaccompanied Asylum Seeking Children Transfer Scheme is a voluntary agreement made between local councils to ensure a fairer distribution of unaccompanied children across all local councils and regions across the UK.

20 Section 72 of the Immigration Act 2016 enables the Secretary of State to require local councils to co-operate with the transfer scheme if they are unwilling to do so on a voluntary basis.

21 If an unaccompanied child first presents in a region which is under the ceiling of 0.07%, then the child would expect to be transferred to a local council within that region.

22 The 0.07% is not a target but will be used to indicate when a local council has reached the point where it would not be expected to receive any more unaccompanied children.

23 The interim protocol is operational from 1 July 2016 and will be reviewed on a yearly basis. The review will include the percentage at which a local council would not be expected to accept any more unaccompanied children.

24 Once accepted, the council will have the same statutory duties to these young people as we do for their LAC peers.

25 The council could choose not to volunteer to take part in the scheme, however the Secretary of State could direct participation.

26 When the unaccompanied child reaches majority, it will depend on their legal status as to whether their extended family can join them.

27 Currently the legislation relating to family not in the country at the same time as the UASC would include:

- A person joining their partner (Spouse, fiancé (e), civil or unmarried partner);
- A person joining their parents;
- A person coming to look after their child;

- Persons coming to be looked after by their family.

28 The UASC / adult would need to be:

- A British Citizen;
- Have settled in the UK;
- Have asylum of humanitarian protection in the UK

Risk management

29 There is a financial risk to the council as it is anticipated that agreeing to accept responsibility for an additional 19 UASC could cost £100,000 in excess of the eligible grants. The fostering service and strategic housing officers are working to develop placement options that will minimise our reliance on independent fostering agencies which will help to minimise costs.

30 There is a risk within the current climate of economic uncertainty that the current level of government funding could be reduced or withdrawn.

31 There is a risk that the worldwide levels of migration and conflict will continue resulting in higher numbers of UASC arriving in the UK and consequently a demand that Herefordshire Council accepts responsibility for greater numbers.

32 A decision not to take part voluntarily in the scheme risks reputational damage to the council locally and nationally and could result in the government choosing to use the legal powers available to force participation in the scheme. By voluntarily taking part in the scheme, there is the opportunity for the council, its strategic partners and the community to demonstrate compassion and opportunities to children who have experienced conflict and trauma.

33 There is a risk that services required to support UASC who have experienced trauma will not be available. There are opportunities to work with other councils within the region to develop the services required. The Corporate Parenting Panel will provide oversight of the experiences and outcomes for UASC.

34 There is already concern that the housing needs for existing care leavers are neither sufficient or of good enough quality to meet needs. There is a risk that the needs of UASC could be prioritised over those of young people originating from Herefordshire, which would be both unfair and risk impacting upon community cohesion.

Consultees

35 None

Appendices

Appendix 1 – Unaccompanied Asylum Seeking and Refugee Children, June 2016, Briefing Note from UK Government

Appendix 2 – Letter from the West Midlands Strategic Migration Partnership, July 2016 regarding the UASC transfer scheme

Background papers

- None identified.

Department for Education | Home Office | Department for Communities and Local Government | Department for International Development

UNACCOMPANIED ASYLUM SEEKING AND REFUGEE CHILDREN JUNE 2016

BRIEFING NOTE

Background

- The crisis in Syria and events in the Middle East, North Africa and beyond have seen an unprecedented number of migrants and asylum seekers arriving in Europe. Some have gone on to reach the UK via Northern France, including many unaccompanied asylum seeking children (UASC). Other children are still in the Middle East or North Africa or are in Europe and the Government has committed to resettle a number of these vulnerable children.

- The UK has a proud history of granting asylum to those who need our protection, including UASC. During the passage of the Immigration Act it was clear, across Parliament and the country, that there is a strong desire for the UK to provide support for vulnerable children seeking refuge, whether they are in the UK, Europe or the Middle East and North Africa.

- The current system means that in most cases these children stay in the care of the local authority where they claim asylum, resulting in a small number of local authorities looking after the vast majority of the children – most notably Kent – and many local authorities looking after very few or no UASC.

- That is why, in close consultation with the Local Government Association and Association of Directors of Children's Services, we are introducing a national transfer scheme, underpinned by powers in the Immigration Act 2016. The scheme will ensure there is a more equitable distribution of unaccompanied asylum seeking and refugee children across the country.

- The Immigration Act also includes a provision to resettle refugee children who are in Europe. The Government has committed to resettle vulnerable children who are in the Middle East and North Africa. Many of these children will either be with their family or reunited with family already living in the UK, but some will be unaccompanied in the UK. For unaccompanied refugee children brought to the UK under these programmes we intend to use the same national transfer scheme.

Unaccompanied Asylum Seeking and Refugee Children

- Across the UK there were over 3,000 asylum applications from UASC in 2015, a 56% rise compared to the year ending March 2015. This remains below the peak of over 3,900 reached in 2008.

- The Government has committed to resettle up to 3,000 individuals from the Middle East and North Africa region as part of the 'children at risk' scheme; we

expect the majority will arrive with family or carers but there will be some unaccompanied children within this cohort.

- The Government will also resettle a specified number of refugee children who are in Europe; many of these children will be reunited with family members in the UK, but there will be a number of unaccompanied children.

- Unaccompanied asylum seeking and refugee children can come from a variety of backgrounds and have a range of characteristics. The vast majority of spontaneous UASC are male (around 90%) and aged 16 or 17 (over 61%).

- According to analysis of Home Office data nearly all of UASC under 16 are fostered. For UASC aged 16-17 half are placed in semi-independent living arrangements, and half are fostered.

- Any person claiming to be an unaccompanied child seeking asylum undergoes a welfare interview by Home Office staff to collect biometrics and bio-data, establish whether they have immediate health or protection needs.

- For unaccompanied refugee children that are brought to the UK as part of a resettlement scheme we will have more information about the child before they arrive from a pre-arrival screening interview, this will include information on health and educational needs.

The national transfer scheme

- We are committed to having a transfer scheme operating from 1 July 2016.

- The principles of the scheme are for it to:
    - Be fair, equitable and transparent
    - Be voluntary and locally-led
    - Have distribution based on a proportion of the total child population (up to 0.07%)
    - Build on existing structures and regional models with a phased introduction
    - Pool knowledge and resources; joining up with, and recognising existing commitments.

- We would like all local authorities to join the transfer scheme and for there to be strong regional coordination facilitated by the Strategic Migration Partnerships.

- If a UASC arrives in a local authority area with a low concentration of UASC (below 0.07%) the expectation will be that the child is cared for by that local authority. If a UASC arrives in a local authority area with a high concentration of UASC (over 0.07%) the expectation will be that the child will be transferred to an area with lower numbers. Initially we would look to transfer within the region, but if the region has a high concentration of UASC the transfer would be to another region. For major ports of entry we are likely to transfer UASCs across regions to ensure an equitable share across the UK.

- For unaccompanied refugee children resettled in the UK, the national team will allocate children to regions, based on the proportion of children in each region and work with the regional coordination team to allocate to a local authority.

- The Home Office will produce regular data to show the number of unaccompanied asylum seeking and refugee children in each local authority area. Data on the current position will be provided at the forthcoming regional events.

- Whilst regional arrangements are put in place a national team will be in place to support the transfer of UACS.

Funding

- The same rates of funding will be provided for unaccompanied asylum seeking and refugee children regardless of their route into the UK.

- From 1 July new national rates for local authorities looking after unaccompanied asylum seeking and refugee children will be:

    - £41,610 per child per year for children under the age of 16;
    - £33,215 per child per year for children aged 16 and 17;
    - £200 per child per week for UASCs who qualify for leaving care support.

- These rates represent an increase of between 20 and 33 per cent when compared to the national rates for 2015.

- We are considering additional funding to support the regional coordination teams and will make a decision about that shortly.

Next Steps

- Over the next two weeks there will be follow up events in each region. Following those events we would like each local authority and region to:
    - Confirm that they will be part of the national transfer scheme;
    - Consider what arrangements will work best for regional coordination in your region;
    - Consider how many unaccompanied refugee children in Europe could be cared for in your area (in the context of likely UASC demands).

To: WMSMP Board, Chief Executives and Lead officers in local authorities
Date: 8th July 2016
Re: Unaccompanied Asylum Seeking Children (UASC) National Transfer Scheme

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Background and context

- This note has been prepared following national meetings around the UASC National Transfer Scheme that took place on the 6th and 7th July. The Home Office are asking that local authorities across the UK and devolved administrations support them in accommodating UASC's under a national scheme. This note:

    1. Provides a summary of the information made available to date along with some data around requirements of the scheme.
    2. A summary of the points made by Ministers and the Islington No Recourse to Public Funds Team.
    3. A summary of the questions and answers from the meetings.

- The West Midlands Strategic Migration Partnership will be holding a regional event in partnership with the Home Office to explore the request in further detail. The event targets portfolio holders, Chief Executives and Directors of Children's Services. For context on current numbers:

    - At the end of 2015 there were 3,043 UASC claims in the UK.
    - 9% of all asylum claims now come from UASC's.
    - This is a 56% increase on 2014.
    - There are now over 900 UASC's in the care of Kent County Council.

Groups of UASC's that are being considered for UK support

- There are 3 different groups of children under the transfer scheme. Essentially there will be children that arrive alone or children at risk but who are part of a family group. No matter which route of entry to the UK is used it is expected that all UASC's will be supported in the same manner. The categories are as follows:

    1. 3,000 Children at Risk – mainly from the MENA (Middle East and North African region) – it is expected that tis will include children that are part of families - not necessarily parents but could be children in extended families. There may be a small number of UASC's as part of this cohort of people. It is expected that this will run parallel to the existing Syrian Vulnerable Persons Relocation Scheme.
    2. Lord Dubs Scheme – reference was made to this in the Immigration Act 2016. An initial announcement was made that the UK would commit to accommodating 3,000 children who were UASC's currently in Europe. However since this time Home Office have agreed to consult with local authorities in the first instance to see how much capacity is in the system nationally before committing to a final number. This consultation commenced on the 7th

July at a national event in London. Consultation on this is now expected to continue through the regional events that are being led by the Strategic Migration Partnerships.

3. Spontaneous arrivals – those that make their own way to the UK.

- Group 1 and 2 will allow for arrivals to local authorities to happen in a controlled way and in advance authorities can be provided with pre arrival information, health screenings etc. However under route 3 where a person makes their own way to the UK will mean that this information will not be available immediately or pre arrival. Government are currently reviewing how information will be then provided to local authorities.

- It is important therefore that capacity is identified nationally in order to accommodate all of the above routes of entry to the UK.

Principles to the UASC Transfer Scheme

1. A fair, equitable and transparent scheme.
2. A voluntary and locally led scheme where local authorities opt in to support.
3. Distribution based on a proportion of the total child population of upto (0.07%)
4. Building on existing structures and regional models in areas.
5. Pooling of knowledge and resources. Joining up with existing schemes such as Syrian resettlement and asylum dispersal.

The legislative framework for the above scheme has the following four principles

1. The scheme allows for the transfer of legal responsibility from local authority to another.
2. A duty on a local authority to provide information to Government around available services.
3. An obligation on a local authority to set out in writing reasons for not supporting the transfer of children.
4. A duty to accept the transfer of children under a mandatory scheme (only to be used as a last resort).

Timelines and process

- Government would like to start a roll out of this scheme from the 1st of July.
- Initial roll out is expected to be small numbers. In the first instance Kent County Council have identified 150 children that could be transferred to other local authorities.
- By the end of this week (10/06) Home Office will share some draft protocols around the Transfer Scheme. In addition to the DFE are also looking at statutory guidance around trafficked children and UASC's. It was noted that children that go missing in the system is of particular concern.
- The flows of UASC's to the UK are gradual and therefore there is an expectation that capacity will be built up slowly.
- The Home Office will work with Strategic Migration Partnerships in order to develop regional models – it was acknowledged that the regional capacity and resource need to be reviewed.
- In the interim there will be some transitional teams centrally that will lead on engagement.

Funding

- As of the 1st July the following rates have been agreed:

    - 41,000 per annum for under 16s
    - 33, 215 per annum for 16- 17 year olds
    - 200 per week for children that qualify for leaving care

- There is no provision to backdate increased funding.

- Clarity is sought around some aspects of the funding ie. Seems that funding goes upto the age of 24 whereas leaving care can go upto the age of 25 – Home Office agreed to have an offline discussion around this.

The 0.07 figure and how this has been calculated

- The 0.07 request referred to in the letter to Leaders and Chief Executives recently refers to a percentage of the total child population and not the looked after children figure.
- The initial data source was taken from a number of sources to include the last census and Home Office data on current levels of UK UASC's. In addition calculations on where the UK is likely to be in terms of new numbers by the end of the year and then some scope for growth in the system. The Home Office have engaged with the ADCS and the LGA to determine an acceptable but fair figure.
- The 0.07 is not expected to be a target or a prediction of numbers of UASC's that will arrive this year and the figure is expected to allow for a lot of headroom/movement.
- If any particular area is above the 0.07 figure, it is expected that there could be a transfer of children to an area that is below that figure.

Profiling and accommodation needs

- The current information provided around the profile of UASC's was made available from census data. The Home Office are looking at new data and will make this available through SMP's shortly. From the information made available currently held it looks like:

    - 90% of UASC's are male with 2/3's aged 16 or 17 – this will need to be reflected when local authorities consider types of suitable accommodation.
    - Currently only 2% are in children's homes and it was noted that this is the most expensive way to accommodate individuals.
    - 1/3 are in independent living – there is growing demand for this type of accommodation and local authorities should consider this when making pledges. Kent who currently support the highest numbers of UASC's in the UK have highlighted that on the whole there is a need for good quality independent living arrangements for the young men that need to be supported.

- The LGA are pressing for further details from the Home Office on current numbers in order to ensure there is adequate capacity – both in terms of available placements and though processes. They have welcomed the opportunity to get the scheme right however highlighted the need to also ensure that regional infrastructure is in place in order to support the scheme.

Points raised by the No Recourse to Public Funds team around the Immigration Act

- The team advised that local authorities should consider the offer of pledges in line with the new Immigration Act 2016 and review the changes in support they are required to provide under the Act.
- LA's have asked Government for clarity and an outcome on closure of a claim – ie removal/assisted voluntary return/return. Clarity is sought on how this element of the process will work. Without this information there is the potential of increased destitution, safeguarding risks, cohesion pressures and in particular a greater burden on social services support resulting from the Immigration Act.
- It is important that when local authorities pledge support for the scheme that it is done with knowledge in the whole process – particularly around the impact that this will have on their own resource and capacity.

- It is expected that there will be a number of people that will abscond under this scheme. This needs to be taken into consideration. It is expected that there will be greater levels of destitution through the Act.
- Local authorities seem to hold all of the risk financially if a family/individual does not take up the offer of assisted voluntary return at the end of a process. Policy and process agreements need to be reached around this.
- This is the first time that there is clarity around Care leavers which is welcome. There has been confusion for some time. The Act provides clearer guidance and in addition absolves the local authority to provide higher education costs.
- There will be a need for local authorities to focus more on case resolution in order to keep local costs down. Partnership work is essential to resolve cases and local authorities are advised to join NRPF Connect in order to do this.

Summary of Ministerial responses to the scheme – James Brokenshire MP – Minister for Immigration, Richard Harrington MP – Minister for Syrian Refugees and Ed Timpson MP – Minister for Children and Families

- Government have introduced legislation to allow for a transfer scheme. This will allow for the transfer of the legal obligations from local authority to another.
- The first phase of the scheme will commence on the 1st July and consultation commences as of the 7th June.
- Ministers hope that the transfer scheme will remain a voluntary scheme however it should be noted that there are now provisions under the Immigration Act 2016 to designate areas if required (although hoped this would be a last resort).
- Government would like to prioritise children with family links in the UK and hopes that by doing so this will ease some of the pressures.
- They are also in the process of consulting with a number of other agencies such as UNHCR and NGO's.
- They are keen to ensure that all UASC's and refugee children are treated equally whatever the route into the UK.
- The Transfer scheme has 5 principles:
  1. Fair, equitable and transparent.
  2. Voluntary and locally led.
  3. Distribution based on a proportion of the total child population of upto (0.07%).
  4. Building on existing structures and regional models.
  5. Pooling of knowledge and resources. Joining up with existing schemes such as Syrian resettlement and asylum dispersal.
- Interim protocol will be available for local authorities from July with the final protocol being ready by August. This will set out the responsibility for local authorities.
- Funding from the 1st July will be, 41,000 per annum for under 16s, 33, 215 per annum for 16- 17 year olds, 200 per week for children that qualify for leaving care.
- The above will ensure that all local authorities will receive the same level of funding.
- Discussions need to now take place in order to provide back up to regional structures.
- They would like local authorities to pledge numbers so that the initial numbers of UASC's coming spontaneously can be accommodated.
- There needs to be a national solution to this current issue around UASC's.
- It is acknowledged that the profile of UASC's needs more work and this will be made available through SMP's. From the information currently held it looks like:

    - 90% of UASC's are male with the majority aged 16 or 17 – this will need to be reflected when local authorities consider types of suitable accommodation.

- Currently only 2% are in children's homes and noted that this is the most expensive way to accommodation.
- 1/3 are in independent living – there is growing demand for this type of accommodation and local authorities should consider this when making pledges.

- Government are looking to create a peer support system to help less experienced local authorities to develop expertise.
- In addition they are looking at better long term data collection – particularly when children go missing.
- Ministers said this is good opportunity to look at Childrens services as a whole and look at how advantage could be taken of some of the devolution deals.
- The Minister for Syrian Resettlement discussed how the addition commitment for 3,000 children at risk doesn't necessarily mean UASC's. Government are working with UNHCR to identify those that qualify from across the MENA region. Also noted was that the vast majority of children at risk are resettled in region as opposed to them coming to the UK.

Prepared by Dally Panesar
Lead Officer
West Midlands Strategic Migration Partnership
Tel: 07860 906 909

Summary of question and answers raised to date – last updated 8th July 2016

Q – Under the Children at Risk strand of the scheme will there be a funding allocation to local authorities for the adults arriving with children – as happens under the Syrian resettlement scheme?
A – Government are working through this at the moment.

Q – What is the exit plan for UASC's that find themselves at the end of process or appeals rights exhausted?
A – Response pending

Q – Where will screening and assessment take place?
A – Government are still working this through. Children that come through under the managed resettlement (strand 1 and 2) Home Office will be able to provide a level of information and background however those that arrive spontaneously will provide more of a challenge. Discussions are taking place around where best locations would be for screening, substantive interviews and ARC cards. They are looking to see if the system can be streamlined so that there are less official visits that are made by the child and social workers.

Q – At what point would an age assessment take place?
A – The current thinking is that the transfer would take place initially and then the age assessment would follow. If the person is deemed to be an adult then they would be transferred to the adult asylum dispersal system.

Q – (More of a point) Concerns raised around capacity of social work teams and the additional resource this may take. Particularly around official visits to the Home Office with additional UASC's
A – Home Office view is that it is not necessary for social workers to attend all visits to the Home Office with a UASC and that potentially this role could be fulfilled by a Support Worker. (there was some concern from social workers around this and whether it would be in the best interest of the child to send a support worker that may not have enough knowledge of the immigration system).

Q – Why are biometrics not taken on arrival, particularly when so many children go missing?
A – Home Office are looking for ways in which to improve immigration processes around what happens in this instance. DfE are looking at the data they currently collect that could also feed into this work and also around trafficking or children that disappear.

Q – What new processes will Government put into place to return people that should no longer be in the UK? This was followed up with an example from Bristol local authority where they have made some difficult decisions to return families that were failed asylum seekers themselves as they have found Home Office procedures to be too bureaucratic.
A – Point noted – not responded too.

Q – What happens with families with status to remain in the UK but have NRPF. Bristol again provided an example of families in this situation that had gained employment but were not earning enough to cover costs. The local authority have in some cases advised the family to stop working in order that the family becomes destitute as this is the only way for them to the receive support. It was highlighted that the system is not a good system or fit for purpose.

Q – How robustly has the new system been tested?
A – The Human Rights Assessment will no longer exist. There will be a new process however this has not been designed yet. The new process will focus on those that are Appeals Rights Exhausted but

not wishing to engage in Assisted Voluntary Return. They expect to consult with local authorities around this.

Q – Will the young men coming to the UK be entitled to UK benefits as the 200 per week leaving care costs may not cover support needs?
A – If the young men have regularised status then they will be entitled to the same benefits as those ordinarily resident in the UK. For over 18's this will depend on the immigration status, usually if possible there will be an expectation for them to return home if safe to do so.

Q – If a UASC goes missing, what will happen to the payment from the Home Office to the local authority, in addition how will the Police support in the recovery of missing children?
A – The Home Office will pay for the first 28 days only. They will also work with local authorities and the Police to try and locate the young person. There is some additional work needed to build knowledge around children being trafficked, conversations are needed with Police and Crime Commissioners around proper safeguarding of vulnerable children.

Q – Will the Home Office meet the actual costs or average costs of accommodating a UASC?
A – National rates have been set under the transfer scheme and this is what is available in terms of funding.

Q – What will be the immigration status of children in the UK under the 3 strands of the scheme?
A – This is yet to be agreed but expected it will be humanitarian protection in many cases.

Q – Is the 0.07 based upon those accepted by an authority or those placed out of area?
A – It is expected that in the first instance this will be where the child has the legal responsibility (i.e the placing authority).

Herefordshire Council

Meeting:	**Cabinet**
Meeting date:	**28 July 2016**
Title of report:	**Understanding Herefordshire: including the joint strategic needs assessment (JSNA) 2016**
Report by:	**Cabinet member health and wellbeing**

Classification

Open

Key decision

This is not a key decision.

Wards affected

Countywide

Purpose

To receive the annual update of Understanding Herefordshire including the JSNA, and to consider the implications of key findings for the determination of future policy and decision-making.

Recommendation(s)

(a) the 2016 Understanding Herefordshire JSNA 2016 summary report be noted;

(b) having regard to the key issues identified for Herefordshire, and any specific priorities cabinet wish to highlight, the directors for adults and wellbeing, children's wellbeing and economy, communities and corporate be requested to ensure that, as they review current policies and strategies and develop new policies and strategies, they ensure that these have full regard to identifying the most effective ways to assist in addressing the challenges identified within Understanding Herefordshire; and

(c) the evidence base provided by Understanding Herefordshire continue to be used to inform future decision-making.

Alternative options

1. There are no alternative options to the Joint Strategic Needs Assessment because its production is a statutory function of the Health and Wellbeing Board (Health and Social Care Act 2012, section 192).

Reasons for recommendations

2. To ensure that decision-making is informed by accurate and meaningful information and resources are prioritised to support greatest need.

Key considerations:

3. Herefordshire Council and the Herefordshire Clinical Commissioning Group (CCG) have joint duties in regard to the JSNA, but the development of Herefordshire's JSNA is a statutory function of the health and wellbeing board. The JSNA directly informs the development of the health and wellbeing strategy.

4. The purpose of the JSNA is to provide an integrated assessment of the health and wellbeing needs of people of Herefordshire. The board review the JSNA on annual basis to consider how it is used to inform commissioning activity to properly meet those needs. The board also ensures that the JSNA is supported by a robust engagement process in order to develop Understanding Herefordshire and make its findings accessible.

5. Understanding Herefordshire goes beyond the statutory requirements for the production of a JSNA and provides the strategic intelligence for commissioning and business planning across the range of council activity, and particularly informs the determination of priorities for resource allocation. Access to more detail about a topic or locality is available from the underpinning online evidence base https://factsandfigures.herefordshire.gov.uk/ .

6. The need for the council and partners to ensure that commissioning decisions are based on wellbeing in its broadest sense means that that core data that should be included in the JSNA (as determined by the Department of Health) is supplemented with local data and information where available. This means that by deeper analyses on a wide range of determinants of well-being such as housing or socio-economic backgrounds, the JSNA can help the council identify which groups of people can be targeted for direct support or signposting to other specialised support. For example, by identifying the characteristics of groups of people who are mostly likely to take drugs or to smoke, means these groups can be targeted for drug treatment programmes or smoking cessation.

7. The JSNA 2016 refresh uses data from a variety of sources to draw attention to issues that need particular attention in commissioning local services. It tries to answer questions about our county, drawing attention to issues that may need particular attention in commissioning local services. The JSNA tries to answer questions such as:

    - How is Herefordshire's population changing?
    - What does this mean for future services?
    - How does health in Herefordshire differ from other areas in England?
    - What are the main inequalities within the county?

- How satisfied are our customers with our current services?
- How safe do people feel in Herefordshire from crime, abuse or exploitation?
- Where can we invest time and resources to make the biggest difference?
- How can we do things differently to better support the most vulnerable in our county?

8. The key messages from the JSNA 2016 refresh are:

I. With an older age structure and a dispersed population, Herefordshire has particular challenges to resolve for those people who are living longer but in poorer health, especially those isolated in rural hamlets.

II. A significant change since 2010 is that there are 12 LSOAs in the county that are in the 25 per cent most deprived nationally – four more than there were in 2010. (*Source*: IMD 2010 and IMD 2015).

III. The JSNA found that lifestyle issues have strong associations with deprivation in Herefordshire. Consideration is to be given to encouraging and expecting people to take more responsibility for self-care but also to understand that the context in which choices are made, especially for people lower down the socio-economic gradient.

IV. A solid education is the most decisive factor in enabling children and young people to succeed in higher education and employment and attain a better quality of life. Targeted support to particular groups will help successful transition to healthy adulthood, for example, those who are eligible for free school meals; whom have English as an Additional Language; those who are not in employment, education or training; teenage parents; and other vulnerable groups identified in the JSNA.

9. The data enables public service providers to focus on a number of key priorities to meet the health and wellbeing needs of the people of Herefordshire. This should be seen in a broader light than simply ensuring that the council and its partners meet their statutory duties with regard to the promotion of public health. There is clear evidence that the health and wellbeing of the population has a substantial impact on the ability of the council and its partners to meet their wider objectives. For example, the level of public mental health is known to be a major factor influencing the rate of economic development, while the health of children has a significant impact on their educational achievement. Through the work on the JSNA, all departments within the council and its partners can expect to have access to information that will enable them to take account of health and wellbeing issues that enable them to achieve their objectives more effectively.

10. The strategic intelligence (SI) team has undertaken a variety of research projects over the past year. Modelled around four areas of activity, SI work programme for 2015-16 included:

I. **Core offers**. SI undertakes research activity identified by the Herefordshire Clinical Commissioning Group and the Community Safety Partnership arising from the council's service level agreements held with them. These have included for example, over the last twelve months, the evaluation of primary care services, mortality and morbidity profiles, analyses of re-offending and domestic violence and abuse data, and the community safety strategic assessment (a statutory

requirement).

II. **Core data** as required by the Department of Health, for example, local demography and health inequalities formed an essential part of SI's annual work plan.

III. **Commissioned work**. Bespoke research projects specifically commissioned from SI have included research on child sexual exploitation, home care and reablement, the council's budget consultation survey and a vast number of surveys (across all directorates).

IV. **Collaborative work**. SI contributed to other work of the council such as the Strategic Transformation Programme(STP), council funding bids (Destination Hereford, Hereford University), and the public health annual report. SI provided guidance and advice on research methodology to stakeholders.

The analyses of seemingly separate research activities are brought together for deeper analyses (or triangulated) to identify common themes in order to report on the wider health and wellbeing agenda. These data and information informs the JSNA and also builds up the online evidence base underpinning Understanding Herefordshire.

11. The JSNA summary report is available at appendix 1 and key issues highlighted in the presentation to be given to cabinet at appendix 2.

12. The health and wellbeing board approved the summary report for publication at its meeting on 19 July and also requested that the director of public health work with key partners to put in place robust arrangements to support the future review and development of Understanding Herefordshire, including arrangements for its publication in the most appropriate format, to ensure it remains current, relevant and accessible.

Community impact

13. Understanding Herefordshire is a key enabler of effective commissioning which will in turn achieve positive outcomes for people who live and work in Herefordshire. The contribution made by the high quality data, analyses and information (evidence base) to health and wellbeing strategy priorities will ensure that

Equality duty

14. The information within Understanding Herefordshire supports the council and its partners to fulfil their duties by ensuring evidence on need is available and accessible to inform decision making. It provides, where possible, data and analyses on key health and other inequalities so that plans and strategies can be developed to reduce the inequality gap, opportunities for individuals to improve their health and wellbeing are advanced, and where required supported so that positive outcomes are achieved for children, adults and families living in Herefordshire. These are both in areas directly associated with health issues and the wider objectives of the council and its partners.

Financial implications

15. There are no financial implications arising directly from the recommendations of this report, other than the effective use of resources based on need. The Health and Social

Care Act 2012 outlines that commissioners should take regard of the JSNA and JHWS when exercising their function in relation to the commissioning of health and social care services. Subsequent changes to commissioning plans and strategies as a result of issues highlighted in the JSNA 2016 would go through commissioning processes in their own right which may or may not have cost implications.

Legal implications

16. Section 116 of the Local Government and Public Involvement of Health Act 2007 requires local authorities and the Clinical Commissioning Groups to prepare a JSNA which must be published by the local authority. Under section 192 and 196(1) of the Health and Social Care Act 2012, this function is exercised through the Health and Wellbeing Board. The joint health and wellbeing strategy is developed on the basis of needs identified in the JSNA. Herefordshire Council, the Herefordshire CCG and the NHS commissioning board (operating as NHS England) must have regard to these documents when exercising these functions. Failure to comply with the relevant legislation could lead to the council being criticised and challenged.

Risk management

17. Understanding Herefordshire mitigates the risk that priorities and commissioning decisions are not based upon assessment of need. However, this requires that available evidence is used to inform decisions.

Consultees

18. None directly in relation to this report. Information and evidence gathered from consultations undertaken informs the development of Understanding Herefordshire.

Appendices

Appendix 1: Understanding Herefordshire (JSNA) 2016 summary report.

Appendix 2: Presentation (To follow)

Background papers

None identified.

Understanding Herefordshire

Joint Strategic Needs Assessment 2016

Version 1.1

Herefordshire Council Strategic Intelligence Team

8 July 2016

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1. INTRODUCTION

The purpose of the Joint Strategic Needs Assessment (JSNA) is to provide an integrated assessment of the current and future health and wellbeing needs of people of Herefordshire.

The JSNA in Herefordshire, the online evidence base (that is the facts and figures website) and the JSNA are commonly referred to as 'Understanding Herefordshire' which forms the basis for the development of the Joint Health and Wellbeing Strategy. *Understanding Herefordshire* is viewed as a key enabler of effective commissioning, linked to plans and strategies, to improve the health and wellbeing outcomes of the residents of Herefordshire.

The 2016 refresh of the JSNA highlights the current position of the county regarding key inequalities experienced by its residents. The report takes a life-course approach; considering pregnancy and the postnatal period; the health of school children; and lifestyle factors in school age children and adults, as well as particular issues for older people.

ABOUT HEREFORDSHIRE

Herefordshire covers a land area of 2,180 square kilometres (842 square miles) (excluding inland water), and is a predominantly rural county (95 per cent of land area classified as such), with the fourth least densely populated area in England (86 persons per square kilometre).

Situated in the south-west of the West Midlands region bordering Wales, Herefordshire's principal urban locations are the city of Hereford, and the market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington.

2. INEQUALITIES

The JSNA 2016 reports on the findings of the index of multiple deprivation[1] which is a combined measure of the individual determinants of health and quality of life within the context of the wider determinants of health and wellbeing. The JSNA also provides a data and information profile of health inequalities, as well as the wider determinants of health.

Herefordshire has affluent areas where residents enjoy good health and wellbeing outcomes, alongside areas which rank amongst the most deprived in England where residents have significantly poorer outcomes.

Herefordshire, as a whole, experiences fairly 'average' levels of multiple deprivation being around the 60 per cent most deprived out of all county or shire council authorities in England; relatively more deprived than its neighbours Shropshire, Worcestershire and Gloucestershire. The most deprived areas of the county are in Hereford city and the market towns of Leominster, Ross-on-Wye and **for the first time Bromyard**. There are currently 12 LSOAs[2] in the county that are in the 25 per cent most deprived nationally; **four more** than there were in 2010.

Addressing the challenges highlighted in the report requires a fuller understanding of the complex workings and inter-relationships between the different dimensions of human existence – material, biological, social and cultural. To treat any part in isolation would fail to place importance on the scale of the threat to health and well-being of Herefordshire's residents who are adversely affected by the circumstances of their birth and/or the circumstances in which they find themselves. Everything is connected in some way, and the health map below captures the implicit drivers that determine the health and wellbeing for Herefordshire's citizens. This JSNA 'tells the story' of how big a challenge that might be for Herefordshire.

[1] The Indices of Deprivation 2015 provide a set of relative measures of deprivation across England, based on seven different domains of deprivation - (i) income; (ii) employment; (iii) education, skills & training; (iv) health & disability; (v) crime; (vi) barriers to housing and services and (vii) living environment

[2] LSOA refers to Local Super Output Area, representing a geographical area with a minimum size of 5000 residents and 2000 households, or an average population size of around 7,500. LSOAs improve the reporting of small area statistics.

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The Wider Determinants of Health: The Health Map

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

3. POPULATION

- The **resident population** **is 187,200** [mid-2014 estimate]; a 0.6 per cent rise from last year, and a seven per cent growth from 2001.

- **The population is dispersed** right across its 842 square miles. Just under a third (60,000 people) lives in Hereford city and just over a fifth (40,500) in one of the five market towns, but over two-fifths (79,400) lives in areas classified as 'rural village and dispersed'.

- One thousand more people moved to Herefordshire in 2013-14 than left it, 150 more than the year before. Natural change (births minus deaths) remained at zero, as it has been since births grew to the same level as deaths in 2009 (around 1,900 of each a year).

- **Since the 1990s, migration has been the sole driver of population growth in the county**. Since 2005-06 just less than three quarters of net migration has been from overseas. Although net international migration is

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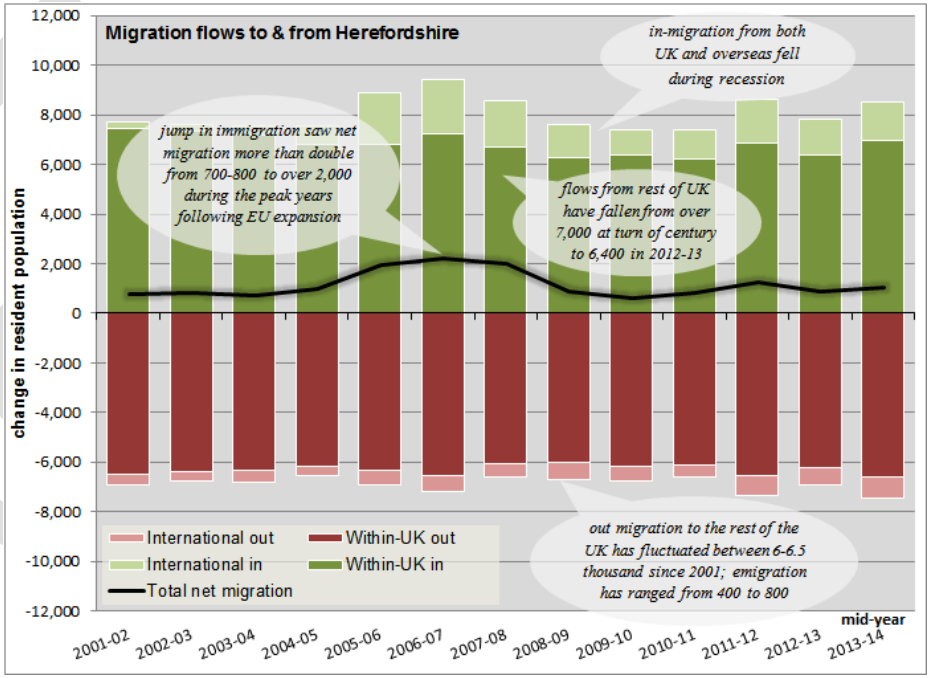
larger than within UK migration, moves between Herefordshire and other parts of the UK are much more important in terms of actual flows of people, (see Figure 1). Over half of international migrants to Herefordshire are aged between 20 and 40; and over half are males. Overall, the county receives annual net inflows of people of all ages except 18-20.

- Female migrants have also driven the increase in the number of births, with one in ten babies now born to a mother from 'new' Europe.

- In the most recent **school census** of all primary and secondary schools (October 2015), the year groups with the highest number of pupils were Reception (1,976), Year 1 (1923) and Year 3 (1900). The significance of the three largest year groups being in the first years of the primary phase reflects the increase in the population of young children seen locally and nationally in recent years.

Figure 1: Annual migration flows to and from Herefordshire



Source: Office for National Statistics (ONS) mid-year estimates. Crown copyright

- 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. See Figure 2.

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- 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 (+404 per cent to over 62,500 by 2031) as the post-war 'baby boomers' move into older age.

- If recent trends were to continue, this same natural ageing of the population structure would see the **working age population fall** from 112,300 to 109,700 in 2031 (two per cent) – with the sharpest decline after 2025 when the second generation of 'baby boomers', those born in the 1960s, begin to move into retirement age.

- Herefordshire has a slightly **lower proportion of younger children** than nationally (11 per cent aged under ten compared to 12 per cent in England and Wales), although a similar proportion of 10-17 year-olds. See Figure 3.

- **Latest projections** (2014 based) suggest that the total population would increase to 203,500 by 2031 (+9 per cent) if recent demographic trends were to continue.

- There has been no update to the **ethnic diversity** profile since the 2011 Census which reported that Herefordshire's largest ethnic minority group were those residents who are identified themselves as 'white other' (3.9 per cent). The 2011 Census also reported that 6.3 per cent of the population (11,600 people) were from an ethnic group other than 'white British' (the BAME population).

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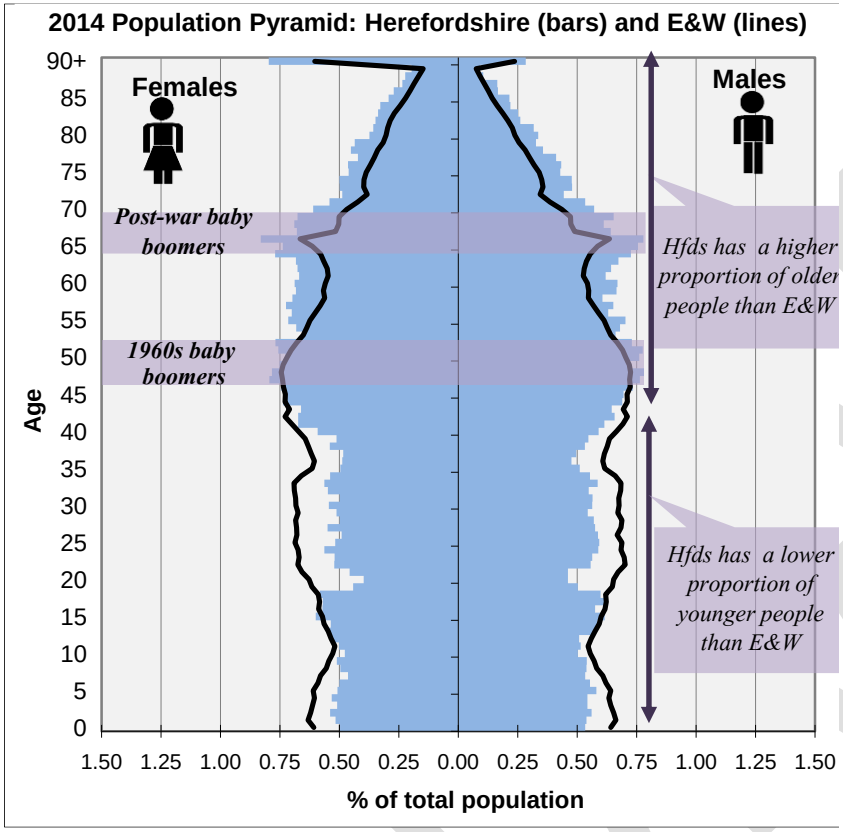
Figure 2: Age structure of population, mid-2014



Source: ONS mid-year estimates. Crown copyright.

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4. VULNERABLE POPULATIONS

4.1 CHILDREN IN CARE

The current population of children looked after in Herefordshire is 280 (end of May 2016). For 2014/15, the rate (per 10,000 people) for Herefordshire was 75.5, marginally higher than the West Midlands (74.9) and significantly higher than England at 69.5.

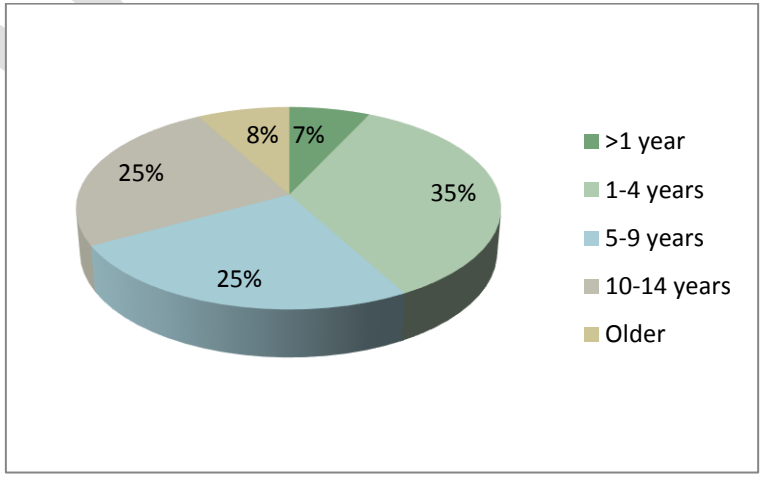
4.2 CHILDREN WHO ARE SEXUALLY EXPLOITED (CSE)

Sexual exploitation of children and young people under 18 is a form of child abuse. Children and young people who are sexually exploited will experience difficulty and/or confusion around their autonomy to make choices, and their understanding around sex, sexuality and the sexual activity into which they have been coerced. This makes them all the more vulnerable to continued abuse and to repeat victimisation. A multi-agency CSE project is underway to understand the prevalence of CSE in Herefordshire. This will enable agencies to capture local intelligence in order to better safeguard vulnerable children and young people.

CHILDREN EXPOSED TO DOMESTIC VIOLENCE AND ABUSE

In the year to September 2015, West Mercia police recorded **1,174 children exposed to domestic abuse**, as a witness to or resident at the address where the incident or crime took place. West Mercia Women's Aid (WMWA) recorded a monthly average of 101 service user children in the year ending September 2015. See figure 3.

Figure 3: Age breakdown of children supported by WMWA.



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4.3. CARERS

In March 2016, Herefordshire Carers' Support (HCS) had **4,963 carers registered**, made up of 3708 adult carers, 910 parent carers, 30 young adult carers and 345 young carers. All carers provide unpaid care and support to frail, ill and disabled members of families and friends.

The majority of **young carers** are aged between 10 and 15 years old, consistent with national figures. Young carers are a largely hidden group, since they may not be recognised within the family as young carers, and young people themselves may not identify themselves with that role. Young carers have particular needs. Evidence suggests that young carers are one and half times more likely to have special educational needs or a long standing illness or disability, and are more prone to mental health issues and social isolation.

The number of **adult carers** known to the Herefordshire council at March 2016 was 1,882, around a hundred more carers than at the same time last year. The largest proportion of carers was aged 45-64 with the next highest proportion aged 65–80. This suggests that there will be more elderly carers in the future in line with the ageing demographic.

Over 910 **parent carers** are registered with Herefordshire Carers Support.

The Adults Social Care Outcomes Framework measures carer satisfaction' and 'carer-reported quality of life'. In respect of satisfaction, Herefordshire's carers are less happy compared than carers in England as a whole (38.6 per cent compared to 41.2 per cent). The carers' 'carer-reported quality of life' score is similar to the scores reported regionally (7.8) and nationally (7.9) scores. Out of a possible score of 12, Herefordshire scored 7.6, where higher scores suggest a better quality of the life. Herefordshire's male carers have a marginally better result than females (7.7 compared to 7.6), and carers aged under 65 were less satisfied than those aged 65+ (7.3 compared to 7.8).

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The caring contribution is worth an estimated £119 billion a year to the UK economy – more than the total cost of the NHS.

Valuing Carers (2011) Carers UK and Leeds University

4.4 PEOPLE WITH LEARNING DISABILITIES

An estimated[3] 2,600 people aged 18-64 in Herefordshire currently have a learning disability (LD). Of these, 600 are estimated to have a moderate or severe learning disability, and hence likely to be in receipt of services - 200 of whom (28 per cent) currently live with their parents. Just over 500 people aged 18-64 are currently in receipt of social care services from Herefordshire Council because of a learning disability

A further 950 people aged 65+ are estimated to have an LD; 150 classed as moderate or severe. Around 60 people aged 65+ receive social care support related to an LD.

Assuming that prevalence of LD remains the same, predicted demographic changes will not have any significant impact on the numbers of people with LD in Herefordshire by 2030.

Citizens in receipt of council-funded domiciliary or home care for needs related to a learning disability have a much younger age profile compared to those with other needs (e.g. physical support), with 80 per cent aged under 50.

4.5 PEOPLE WHO RECEIVE SOCIAL CARE SUPPORT

In Herefordshire, approximately 2,400 people are in receipt of long-term support[4] from adult social care at any one time, 1,600 (two-thirds) of whom are supported in some way to live in their own homes (the remaining 800 are in permanent residential placements).

The majority (75 per cent) of the 800 clients receiving domiciliary (home) care services commissioned by Herefordshire Council are aged 65+, of which the largest proportion (42 per cent of the total) are aged 85+, and just

[3] Source: PANSI (Projecting Adult Needs & Service Information System), using rates from Emerson & Hatton - Institute for Health Research (2004)

[4] Defined as permanent residential or nursing placements; domiciliary care; day opportunities; extra care housing; supported living; Skills for Daily Living; or Direct Payments.

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over two-thirds of all domiciliary care users are female, although this varies with age group (highest for older ages). The vast majority of clients (91 per cent) aged 50+ are in receipt of 'physical support', whereas the 90 clients aged under 50 are most likely to be receiving support in relation to a learning disability (half of them). See Figure 4.

The Mosaic Public Sector[5] profile of people in receipt of domiciliary (home) care reveals that they are most likely to be elderly people reliant on state support, characterised by low incomes, a reliance on a state pension, living alone, not having a car, being unable to look after their home anymore, and being in poor health with a high likelihood of emergency hospital admission. Around one in five live in isolated rural communities where there is a strong sense of community and reluctance to depend on the state despite low incomes, often in homes that might benefit from investment in bathrooms and insulation.

Elderly care needs are not static, changing as new circumstances come to bear. A fall, an illness or other factor may precipitate people to seeking health and social care support. Effective demand for social care is related to a person's inability to undertake 'instrumental activities of daily living'. An estimated 17,900 people aged 65+ in Herefordshire are unable to undertake at least one domestic task for themselves (e.g. shopping, washing up, cleaning windows inside, vacuuming floors, dealing with personal affairs, undertaking practical activities). An estimated 14,700 are unable to perform at least one self-care activity (i.e. bathe, shower or wash all over; dress/undress; wash hands and face; feed themselves; cut toenails; take medicines).

[5] A customer segmentation tool developed by Experian, which classifies the UK population into one of 15 groups and 69 types, based on over 1,500 variables

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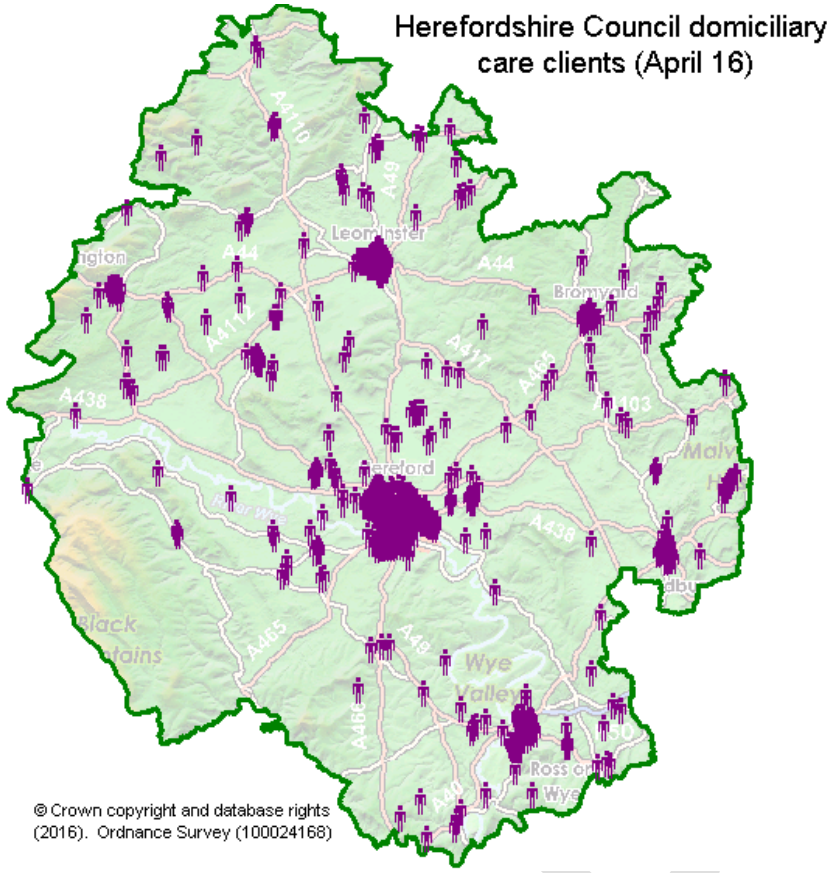
Figure 4: Geographical distribution of people in receipt of home care commissioned by Herefordshire Council.



4.6 REFUGEES AND ASYLUM SEEKERS

Herefordshire council has agreed to the Home Office's request to accept the re-settlement of Syrian Refugees and Unaccompanied Asylum Seeker Children (UASC) only. At present, the council is not offering to take young adult asylum seekers. All three groups each have different legal status and consequently different rights in the UK. Vulnerable Syrian refugees (60 individuals in 15-20 family groups) from United Nations High Commission for Refugees (UMHCR) camps in Syria are being re-settled from September 2016, as part of a five year government funded programme. Seven UASC are supported in foster placements with a further six in the next few months. Children are expected to remain in the UK at least until they are 18, and the authority receives funding up to this age. A range of support is planned starting with an orientation service to help settle refugees to their new life which will connect them to key services and promote community inclusion and cohesion. There is significant support for welcoming refugees to the county and the Diocese of Hereford has been co-ordinating dialogue across organisations and with the council to provide appropriate support.

4.7 YOUNG PEOPLE NOT IN EDUCATON, EMPLOYMENT OR TRAINING (NEET)

A **NEET** is a young person who will always be either unemployed or economically inactive (not employed and not in training). An estimated 260 NEET young people were known to the local authority in 2015, or 4.5 per cent of all 16-18 year olds resident in the county, compared to 4.3 per cent in the West Midlands. This represents a reduction from 5.7 per cent in 2014, 6.4 per cent in 2013 and 6.2 per cent in 2012.

As at March 2016, there were 266 NEET young people in Herefordshire; 123 (46.2 per cent) were male and 143 (53.8 per cent) female. 70 or 26 per cent of this NEET cohort were eligible to free school meals when they were in compulsory education.[6] Of those in the NEET cohort with an identified ethnicity, 94 per cent were of White British ethnicity.

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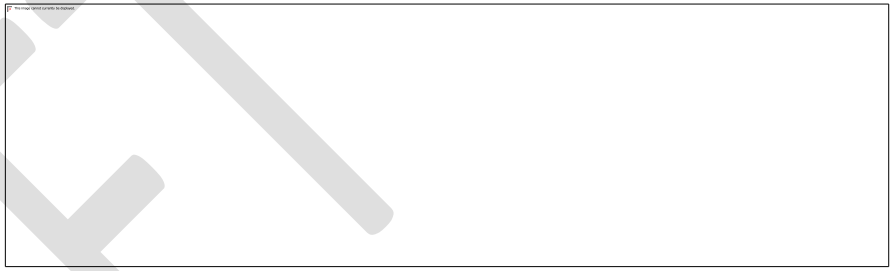
[6] School Census Spring 2016

5. CHILDREN STARTING WELL -KEY INEQUALITIES

By starting well in life, a child's chances of good physical, mental and emotional health and wellbeing are vastly increased into adulthood.

Smoking during pregnancy harms an unborn child's development. Available data shows a year on year increase of mothers smoking during pregnancy, rising from 11 per cent (2011/12) to 14 per cent in 2013/14 which is significantly higher than the national rate (12 per cent) and the West Midlands (13 per cent). **Smoke inhalation** damages foetal growth contributing to premature birth, low birth weight, cot death, respiratory and other illnesses. In 2014, the proportion of babies delivered at full term with low weight in Herefordshire was 3 per cent of all full term deliveries which is not significantly different than rates for England and the West Midlands, but nevertheless nearly double the rate of 1.6 per cent in 2011 for the county.

According to the Marmot Review "*low birthweight in particular is associated with poorer long-term health outcomes and the evidence also suggests that maternal health is related to socio-economic status*". Babies born to women who smoke weigh, on average, 200 grams less than babies born to non-smokers.



Children and young people up to the age of 19 years are offered routine **immunisations** to protect them from preventable infections and communicable diseases. In Herefordshire, primary vaccine uptake is comparable with regional and national levels, although still marginally lower than the World Health Organisation (WHO) target of at least 95 per cent coverage since 2012-13. In 2014/15 the uptake of pre-school boosters improved over the previous year continuing a trend evident since 2010/11. MMR (measles, mumps and rubella) immunisation coverage at five years is steadily improving (87.6 per cent in 2014/15).

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The benefits of **breast feeding** are established; it protects children from asthma, viruses and other infections. The incidence of breast cancer is lower in women who breast feed. More babies are being breastfed in Herefordshire at 6-8 weeks after birth since 2010/1. In 2014/15 the rate in Herefordshire was 48.8 per cent, an increase on the previous year's value of 48 per cent, and significantly higher than the 2014/15 rate for England of 43.8 per cent[7]. It is also known that mothers living in deprived communities are less likely to breast feed.

Key consideration. All women are offered an antenatal face to face contact with a Health Visitor to identify individual health, social and psychological needs from 28 weeks gestation. However, uptake of this service is varied across the county; for example, in Bromyard, for the period October 2014-September 2015, 44 per cent of the 78 women contacted, with regard to an antenatal visit, either declined or delivered early. There is a need to better understand the barriers and facilitators that make it difficult for women, (particularly those at high risk of materno-foetal outcomes), who are late in accessing or not at all for antenatal care. The **health visitor service** is well placed to support women as the service includes an antenatal check, new birth visit and 6-8 week review. Locally, more could be done to support mothers to breastfeed their babies for longer.

[7] Public Health England - Children and Young People's Health Benchmarking Tool.

6. CHILDREN & YOUNG PEOPLE DEVELOPING WELL: KEY INEQUALITIES

Inequalities in health and social factors affect children's education, health and social outcomes into adult-hood.

In Herefordshire, **4,300 children** (14 per cent) under the age of 16 **live in income deprived households**. There are ten areas of the county where more than one out of every four children live in income deprivation. Six of these areas fall within the 20 per cent most deprived in England – all in Leominster and south Hereford; the other four are in the 25 per cent most deprived. 'Leominster Ridgemoor' remains the most deprived area, with almost two in every five children (38 per cent) experiencing income deprivation.[8]

[8] *Source: The English Indices of Deprivation 2015. Department for Communities and Local Government*.

EDUCATION

Education is a major determinant of a person's economic wealth and social wellbeing, and a decisive factor in enabling young people to succeed in employment.

The key performance measure in early years is the achievement of a **Good Level of Development** (or GLD) at the end of reception year and the **phonics screening check** which assesses if pupils have learned to read quickly and skilfully by the age of six. Herefordshire did very well in 2015 for both measures broadly in line with national results. However, attainment at **key stage levels** (in reading, writing and mathematics) shows a mixed picture again in Herefordshire.

The performance of children whose parents claim **Free School Meals (FSM) for** their children is still performing below their peers nationally. At all key stages (1, 2 and 4), the gap in attainment between pupils who have FSM and those who do not, remains wide as it has been for the past three years.

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Of the 266 NEET (Not in Education, Employment or Training) young people in Herefordshire in 2016, 70 (or 26 per cent) were eligible to free school meals during the years of compulsory education.

Whilst the attainment of pupils in Herefordshire with a first language of English is in line with national average, pupils with **English** as an **Additional Language** (EAL) are currently 13 percentage points behind their peers nationally. Some progress was made in the Early Years Foundation Stage (EYFS) where the gap between EAL and non-EAL pupils reduced by two percentage points in 2015, having fallen in consecutive years. However, it still **greatly exceeds** the **national gap by two and half times.**

Countries of Eastern Europe, including Bulgaria, Hungary, Lithuania, Latvia, Poland, Romania, Croatia, Slovakia, Slovenia and Ukraine accounted for 984 of the 1,579 EAL pupils, or over 62 per cent in Spring 2015[9], representing an increase of almost 68 per cent from 941 in Spring 2012. In Spring 2012 a total of 51 different languages other than English were recorded in the school census. By Spring 2015, 63 different languages other than English were spoken by at least one pupil.

The performance of **Special Needs Education** (SEN) support pupils in Herefordshire also continues to present a mixed picture. The inequality gap between SEN and non-SEN pupils in Herefordshire has widened to 45 percentage points compared to 40 percentage points nationally.

Key consideration.

Better understanding, better evidence and better knowledge of 'what works' of best practice in education can better support all children and young people to improve their chances in life and achieve their educational potential. Children who are disadvantaged as identified above have the most to gain from this.

[9] 'Spring 2015' refers to the spring academic term.

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PHYSICAL HEALTH

For 2013/14 19 per cent of reception year children (aged four to five years) locally were either **obese or overweight**, while 31 per cent of children in year 6 were either obese or overweight – both obesity rates were significantly lower than in England as a whole. However, research indicates that obese children often grow up to be over-weight adults, and therefore, it is essential to address nutrition and diet during childhood as a preventative measure. The prevalence of obesity among year 6 children in Herefordshire is generally estimated to be higher in urban areas than in the 'countryside'. Childhood obesity has a wider social impact with children who are overweight experiencing more emotional and behavioural problems as a result of stigmatisation, bullying and low self-esteem.

Recent Public Health England (PHE) data (mid-2014)[10] on tooth decay among five year olds showed that 41 per cent of children in Herefordshire have **tooth decay**, compared to our statistical neighbor Shropshire where 21 per cent of five year olds have tooth decay. A contributory factor for tooth decay is recognised as being the absence of fluoridated water in Herefordshire, and that using toothpaste alone for children is insufficient in reducing the risk of dental caries (Public Health England, 2013). Tooth decay is preventable.

[10] 16.5% of the 5 year old population in England took part in the PHE Oral Health survey (May 2016)

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TEENAGE PREGNANCY

Teenagers in Herefordshire are having fewer pregnancies with a downward trend evidence since 1998 which reflects the national trend. However, compared to the CIPFA comparator group[11] the Herefordshire pregnancy rate for 2014 was higher than the five areas considered which, when combined, had an average pregnancy rate of 14.2 per 1,000 girls compared to 20.4 per 1,000 girls (or 65 pregnancies) for Herefordshire. In 2014, there were 10 pregnancies (that is, a rate of 3.3 conceptions per 1,000 of under 16+ girls) showing a steady decline. Those who are most at risk of unplanned or unintended pregnancy include women who have had a previous termination, young women who have had repeat pregnancies in adolescence and some women in areas of deprivation.[12] High risk populations include those who are in care, young offenders, and those not in education, employment or training.

Thirty of Herefordshire's 2016 cohort of NEET young people are parents, and 12 were pregnant; patterns which support evidence that teenage mothers are more likely to have fewer educational and employment opportunities compared to other teenagers.

Key consideration. Whilst acknowledging the reality of teenage sexual activity, research shows that sex and health education play an important role in reducing risky sexual behaviours in young people, and in reducing the health inequalities gap for sexual health. Risk factors for adolescent pregnancies are forced sexual activity and lack of connectedness with parents. The **school nursing service** presents new opportunities for bringing about positive outcomes for young people across both health and local authority services.[13]

[11] The comparator group includes the most statistically similar areas to Herefordshire as determined by the Chartered Institute of Public Finance and Accounting (CIPFA) which are, in descending order of similarity, Shropshire, South Cheshire, Bath and North East Somerset, Wiltshire and Rutland; Worcestershire is also included as a geographical neighbour.

[12] The Sexual Health and Blood Bourne Virus Framework 2011-2015, Scottish Government (2011)

[13] The Department of Health's guidance to support commissioning of public health provision for school aged children 5-19 stipulates that additional or targeted school nursing support can be planned as identified in the JSNA.

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7. ADULTS BEING WELL - KEY INEQUALITIES

Public Health England Outcomes Framework (2013-2016) aims for two achievements:

(i) Increased healthy life expectancy

(ii) Reduced differences between life expectancy and health life expectancy between communities.

These measures reflect not just on how long people live (life expectancy) but also the quality of their lives or how well people live (health life expectancy). The second outcome focuses on reducing health inequalities.

People living in Herefordshire enjoy higher life expectancies than nationally.[14] For several years, both male and female life expectancies in Herefordshire have remained significantly higher than national and regional levels since 2000.

In 2012-14 **life expectancy for males** born in Herefordshire is **80.7 years**, having risen by one year from 2010-2012, significantly higher than the national life expectancy (79.5 years) and regional life expectancy for the West Midlands (78.9 years). A similar pattern is evident **for females** born in Herefordshire in 2012-14 where the **life-expectancy of 84.2** years is higher than both the national (83.2 years) and regional (82.9 years) levels.

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 households[15] have a long standing condition (or long term limiting condition/LTLC).

[14] In terms of how long people born in a particular year can be expected to live, based on a statistical average.

[15] Excluding those living in communal establishments such as care homes

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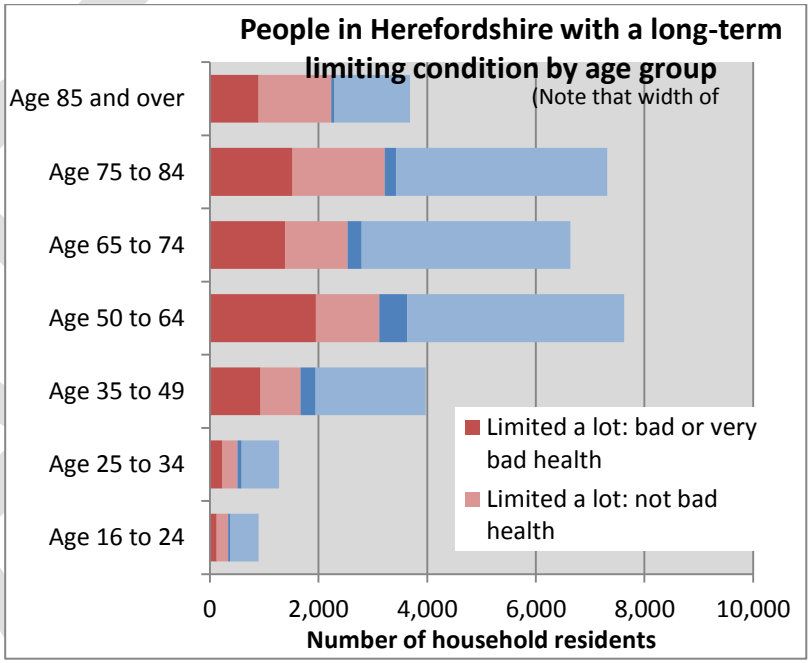
- 14,100 have their activities appreciably limited by their condition, and 7,200 of these consider themselves to be in bad / very bad health (4 per cent of the total population).

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

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). See Figure 4. The impact of multi-morbidity has far reaching consequences; for the individual – poor quality of life and poor clinical outcomes that often results in longer hospital stays and institutional care; and for health professionals and social care commissioners this is the most costly group of patients/service users. Evidence further suggests that people with LTLC tend to get poorer treatment than others.[16]

Figure 4: People in Herefordshire with LTLC by age group



Source: Strategic Intelligence, Herefordshire Council

[16] The King's Fund, 2010. http://www.kingsfund.org.uk/sites/files/kf/field/field_document/managing-people-long-term-conditions-gp-inquiry-research-paper-mar11.pdf

MORTALITY AND PREMATURE MORTALITY

Mortality is related to the risk of death. 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[17][18] 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 mortality gap has widened for both males and females (temporal trends).

The four **leading causes of death** in Herefordshire are: **coronary heart disease (CHD), respiratory diseases, alcohol specific and smoking related deaths**.

Over the period 2006-2010 and 2010-14, the mortality gap widened for the above four disease groups while notably, the gaps for cancer and stroke fell in the county.

In terms of **premature mortality (deaths under 75 years)** the mortality gap has also widened across all disease groups; by 21 per cent across all causes pooled to as much as 60-70 per cent for alcohol-specific and smoking-related conditions. A more detailed investigation into the disease groups with worst-performing trends revealed that among the most deprived quartile of population **male mortality rates** were **higher for respiratory diseases** (by seven per cent) and smoking-related conditions (by two per cent). In contrast, among the county population as a whole male mortality rates reduced across each disease group.

[17] *Source: The English Indices of Deprivation 2015. Department for Communities and Local Government*.

[18] Mortality rate is the rate of death in a population, expressed per 1000 per year.

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Female mortality rates among the most deprived quartile of population are significantly **higher for alcohol-specific conditions** (by 102 per cent) and respiratory diseases (6 per cent). Increases of 49 per cent and 3 per cent respectively were recorded for alcohol-specific conditions and respiratory diseases for the county as a whole.

LIFE STYLE CHOICE

As people live longer but in bad health, the focus on lowering morbidity (that is, their level of ill-health) is on educating and encouraging people throughout the life course to create healthy habits, to monitor their own health outcomes, and receive regular check-ups to promote lifelong health before any signs of disease or disability occur. Better lifestyle choices, such as not smoking, responsible drinking, and regular physical activity can reduce risk factors that contribute to a range of conditions such as heart disease, respiratory conditions, cancers, and dementia. Crucially, these life style issues have strong associations with deprivation and poverty in Herefordshire.

Falls

In the UK, **falls** are the most common cause of **injury related deaths** in people over the age of 75, and the most common cause of emergency hospital admissions over the age of 65 years. Between 1 April 2015 to 30 March 2016, 189 Herefordshire residents were admitted to hospital (emergency admissions) for falls related to age or unclear health conditions, each spending an average of 66 days in hospital. Estimates suggest this is currently around 900 per year in Herefordshire [1,1] but expected demographic changes would see this increase to 1,100 (+16 per cent) by 2020. High risk groups are women and those living in deprived communities. Falls is a major reason for people moving from their own homes to long term residential or nursing care.

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SMOKING

A good estimate of **smoking** prevalence is the proportion of GP registered patients recorded as smokers as measured by the Quality and Outcomes Framework (QOF). In 2014/15 the smoking prevalence across the county as a whole was 17.5 per cent, slightly lower than the national rate of 18.6 per cent. Prevalence varied across Herefordshire GP practices, from 10.4 per cent at Much Birch to 25.4 per cent at Belmont, which are respectively within the least and most deprived areas of the county. The full data indicated that people living in more deprived areas smoke more and therefore, are at greater risk of contracting respiratory illnesses as a result compared to the general population. Further evidence shows that the rate of hospital admission related to smoking-attributable conditions in the most deprived quartile is 56 per cent higher than that of the least deprived quartile and also significantly higher (45 per cent) than across the county as a whole.

Chronic obstructive pulmonary disease (COPD) is a common disabling respiratory condition with a high mortality. The prevalence of COPD in Herefordshire has shown an increasing trend since 2009/10 rising from 1.6 per cent of GP registered patients to 2 per cent in 2014/15, significantly higher than national (1.82 per cent) and that recorded for the West Midlands (1.76 per cent). The Herefordshire prevalence was also significantly higher than those recorded in comparator CCGs which were all lower than the national rate. The prevalence of COPD in Herefordshire has risen year on year representing a proportional increase of 32 per cent from 2009/10 to 2014/15. It is estimated that, by 2030, over 1,000 residents of Herefordshire aged 65+ years will have a longstanding health condition caused by bronchitis or emphysema[19].

Key consideration. Persons residing in the most deprived areas are more than twice as likely to die (and also to die prematurely) of chronic lower respiratory disease as those in the least deprived areas, and this variation is statistically significant. Similarly rates of hospital admission due to chronic lower respiratory disease are more than 50 per cent higher than expected in these areas.

[19] Data from POPPI - Projecting Older People Population Information System

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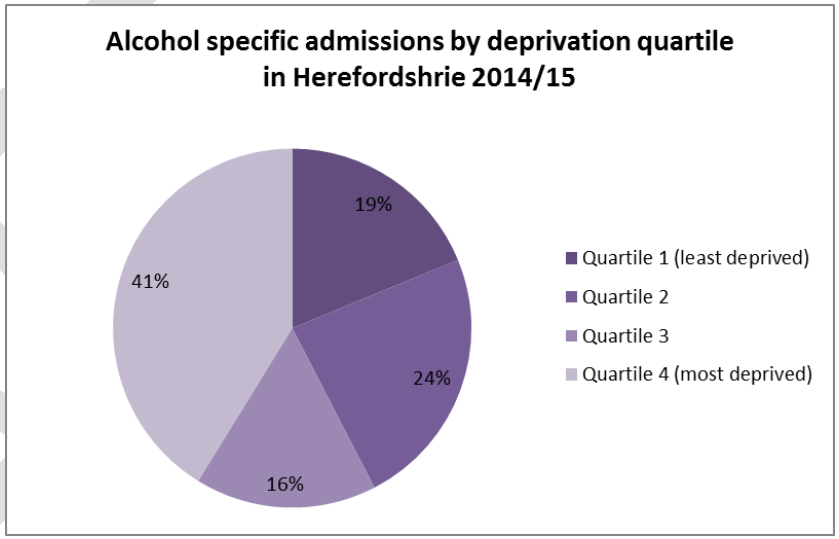
Key consideration. Whilst it is important to improve health across all socio-economic groups, the Local Tobacco Control Profile reported that for 2014 smoking prevalence among routine and manual workers across the county was 25 per cent (compared to a county wide rate of 14 per cent). Given that the largest employer in Herefordshire is the manufacturing industry, there is greater need to improve health for each step down in the socio-economic group.

ALCOHOL

Although, **alcohol-related admissions** for Herefordshire residents have also remained fairly stable over the last few years, with significantly better rates than those seen regionally and nationally, around **45 per cent of all alcohol-specific admissions are from residents living in the most deprived communities of the county.** In other words, a person residing in the most deprived areas of the county is over three times as likely to be admitted to hospital due directly to alcohol consumption as someone resident in the least deprived area of the county. See Figure 5.

Figure 5: Alcohol-specific admissions by deprivation quartile for Herefordshire residents in 2014/15.



Source: Strategic Intelligence, Herefordshire Council

In 2014/15, the largest proportion of admissions was in the 65-69 age bracket. Generally more men were likely to be admitted, although women accounted for almost 60 per cent of admissions in the 45 to 54 age bracket. See Figure 6.

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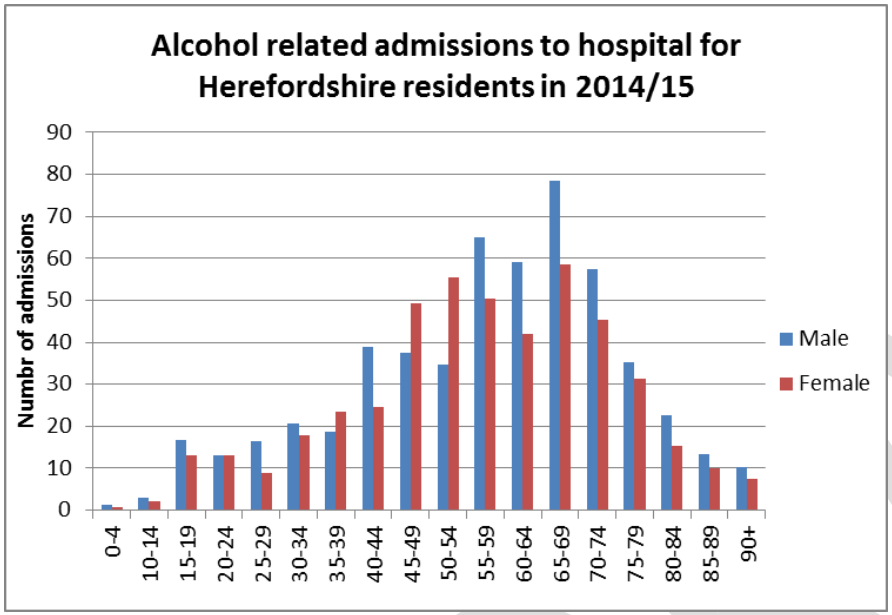
Figure 6: Alcohol related admissions to hospital for Herefordshire residents in 2014/15



Source: Strategic Intelligence, HC

OBESITY

Being **overweight** or **obese** increases the risk of hyper-tension, coronary heart disease (CHD), type 2 diabetes, some types of cancer and mental health problems. Obesity can reduce life expectancy by an average of three years, and severe obesity can reduce it by an average of 8-10 years.[20]

Approximately 15,300 adults registered with a Herefordshire general practitioner (GP) practice in 2014 were recorded as obese (10 per cent of all patients aged 16+), although the number is likely to be underestimated.

Obesity does not affect all groups equally, being more common amongst people in deprived communities. In 2014/15 the obesity prevalence at Herefordshire GP practices ranged from 4.3 per cent at Colwall to 17.6 per cent at Belmont. High levels of obesity were also recorded at Westfield Walk and The Marches and cumulatively these three practices represent 21 per cent of all recorded obesity in Herefordshire Clinical Commissioning Group. See Figure 7.

[20] Dent, M. & Swanston, D (2010), Briefing Note: Obesity and Life Expectancy, Oxford, National Obesity Observatory

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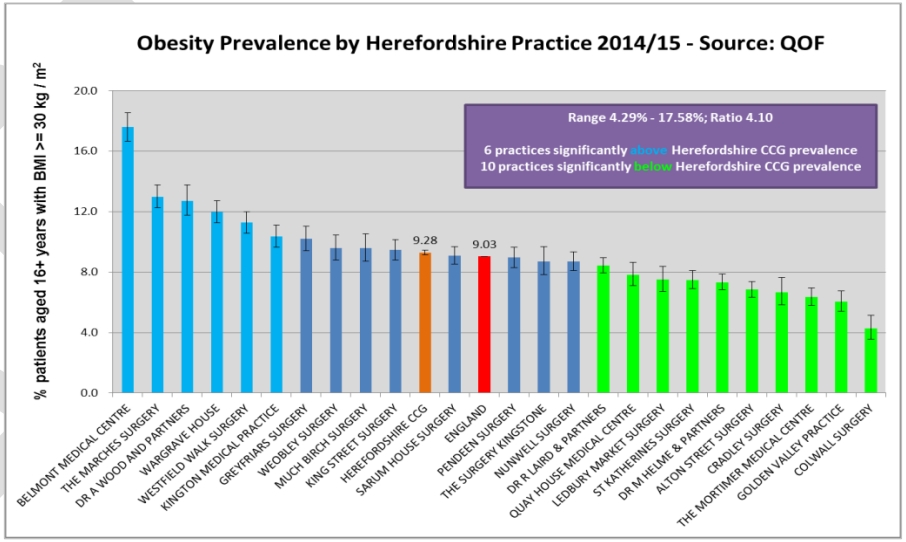
Type 2 diabetes is linked to overweight and obese individuals while age can also be a factor. There is a clear correlation between diabetes prevalence and rate of obesity in Herefordshire GP practices although no relationship was evident between diabetes prevalence and those aged 65 and over. In 2014/15, thirteen out of the county's 24 practices report diabetes prevalence above the national average (6.4 per cent), although no reported prevalence is significantly higher than the national level. Five practices with the highest rates of diabetes had above average proportion of their populations living in the most deprived areas of the county.

***Key consideration*:** Obesity is a complex condition impacting on individuals, communities and places a burden on wider systems such as the health economy, on employers due to lost productivity, and on families who might need to care for people who have long term chronic disability arising from obesity such as back and sleep problems. Public Health England estimates that health costs between 2010 and 2030 will be £2 billion.

Figure 7: Diagnosed Obesity Prevalence among Adults 2014/15.



Source: Strategic Intelligence Team, Herefordshire Council

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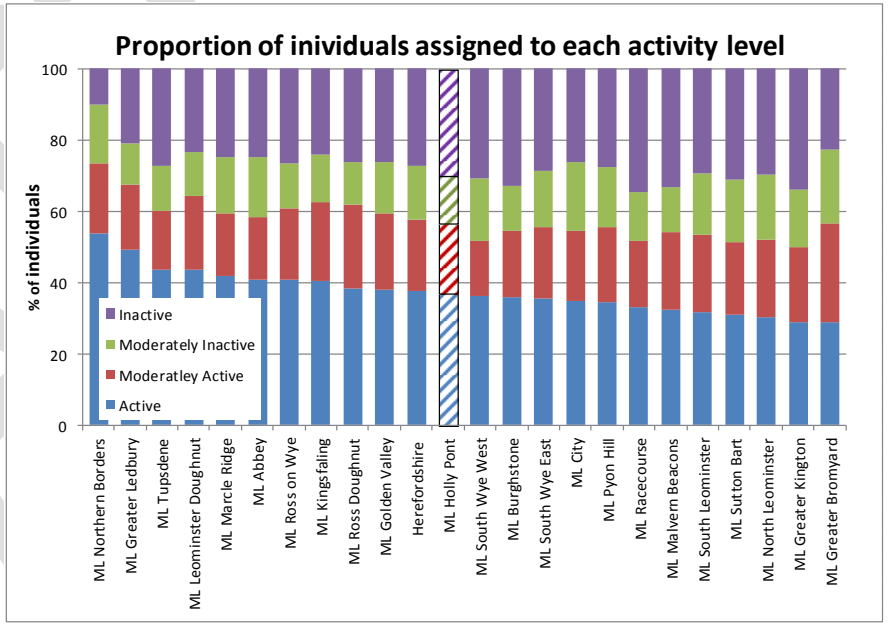
PHYSICAL ACTIVITY AND DIET

The general pattern evident across Herefordshire is where there are higher levels of obesity, people are less engaged in physical activity, and conversely, where there are high levels of physical activity the prevalence of obesity in the population is lower.

It is estimated that **26 per cent of adults** in Herefordshire are **physically inactive**. In 2013/15 a wide variability in the prevalence of active individuals was evident between MSOA[21]s throughout Herefordshire with a range of between 29 per cent at Greater Bromyard to 53 per cent in the Northern Borders (figure 8), indicating significant differences between proportions of active individuals across the county along the socio-economic gradient.

As part of a healthy diet the Government recommends that adults consume at least **five portions of a variety of fruit** and vegetables each day**;** one adult portion corresponds to 80 grams of fresh fruit or vegetables[22].

Figure 8: Proportion of all activity categories in population in each MSOA.



Source: Strategic Intelligence Team, Herefordshire Council

[21] MSOA = middle super output area

[22] http://www.nhs.uk/Livewell/5ADAY/Pages/Portionsizes.aspx.

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In 2009, the direct healthcare cost of all CVD in the UK was £8.7 billion, and the total economic cost (healthcare, informal care and loss of productivity) was £18.9 billion.

The average cost of a hospital admission for a CVD event is estimated to be £4,614.

British Heart Foundation National Centre: Physical Activity + Health Evidence Briefing, Loughborough University, 2010

Information collected from over 8,000 individuals across Herefordshire during in the Hereford Health Check Programme (October 2015 – April 2016) were assessed for consumption of fruit and vegetables per day. It found that more than 60 per cent of individuals consumed five portions or above of fruit and vegetable per day, while less than 1 per cent consumed no fruit and vegetable per day. Furthermore, less than 3 per cent of participants had one portion, and less than 15 per cent of individuals consumed either three or four portions a day, respectively.

The greatest proportion of individuals consuming 5+ portions per day lived in the Northern Borders MSOA (89 per cent) and the lowest in Hereford City (45 per cent). The greatest proportion of individuals consuming no fruit or vegetables was recorded in the Hereford City (2.4 percent) while of those living in the Golden Valley and Greater Kington none reported consuming no fruit and vegetables.

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Key Consideration

Sustained changes to better lifestyle choices will require whole system changes to food, physical activity and social environments. The above evidence makes a case for a greater role for health in local spatial planning, such as new developments and food outlets when establishing the engineering university in Herefordshire.

An organisation employing 1000 people could have an average of £126,000 a year of loss in productivity a result of sickness absenteeism for back and sleep problems.

National Institute for Care and Health Excellence, Workplace Health, NICE advice (LGB2] 2012.

Dementia

The average prevalence of dementia for Herefordshire is higher than the national average but the difference is not statistically significant. There is very little variability in the prevalence of dementia across the county with a difference of less than 10 per cent observed between the lowest value in the Golden Valley and the highest at Leominster. More deprived communities tend to show higher levels of dementia. A greater awareness of the role of vascular risk factors (for example, smoking, hypertension, and high cholesterol), in developing dementia would help educate the general public that health lifestyle choices can help prevent some forms of dementia. Managing other risks such as depression diabetes, and poor care environments will also help people with dementia to live healthier lives, which in turn improves the lives of their families and carers.

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8. LIFE'S PROSPECTS – KEY INEQUALITIES

8.1 WORKING WELL

The latest Business Register and Employment Survey (BRES) estimates a total of 71,700 employees in 2014 in the county, a two per cent increase from 2013 (70,000). BRES also confirms that in 2014, the four industries employing the largest numbers of people (manufacturing, health, retail and education sectors) is unchanged from previous years. See Figure 9.

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.

GENDER GAP

In 2015, Herefordshire gender pay gap was large compared to most of the West Midland's and neighbouring authorities (women's earnings were 23 per cent lower than men's); the overall gap in the West Midlands was 20 per cent and 17 percent in England.

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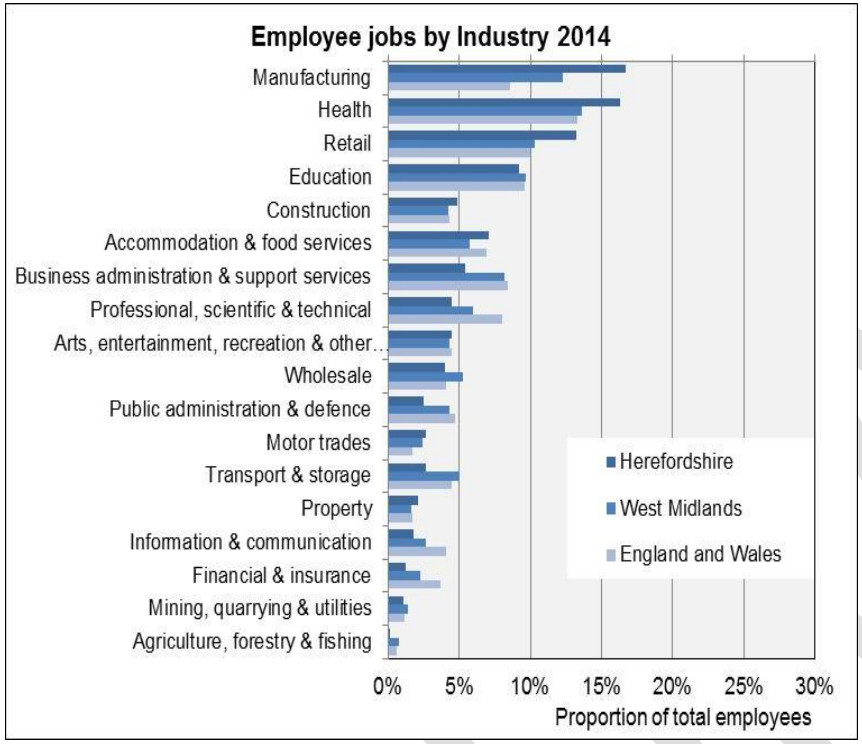
Figure 9: Percentage of total employees by industry sector
(Source: BRES 2014).



INCOME DEPRIVATION

Income deprivation is mostly seen in areas of the city and the market towns, and more scattered in rural areas.

Across Herefordshire as a whole, 11 per cent (around 20,500 people) of the population are living in income deprivation. The most income deprived areas of Herefordshire are in south Hereford, Leominster, Bromyard and Ross – all in the 25 per cent most deprived in England with at least one in five residents affected. 'Golden Post-Newton Farm' in south Hereford & 'Leominster Ridgemoor' are in the 10 per cent most income deprived in England, affecting one in three residents.

13 per cent of all people aged 60 or over in Herefordshire live in income deprived households, equating to 7,100 people. 15 areas fall within the 25 per cent most deprived in England - most are in either north or south Hereford with a further three in Leominster and one each in Bromyard, Ross and ledbury. 'Leominster Ridgemoor' and Hereford city's 'Hunderton' and 'College Estate' had the greatest proportions, each with 34 per cent.

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Overall 8,900 people or 43 per cent of those experiencing income deprivation live in **rural areas** of Herefordshire (31 per cent in 'rural village and dispersed' areas and 12 per cent in 'rural town and fringe').

EMPLOYMENT DEPRIVATION

Similarly 3,800 people or 40 per cent of people experiencing employment deprivation live in **rural Herefordshire** (29 per cent in 'rural village and dispersed' and 11 per cent in 'rural town and fringe'). Nine per cent of the county's working age population is living in employment deprivation – 9,500 people. 'Golden Post-Newton Farm' in south Hereford is one of the 10 per cent most employment deprived areas in England – affecting one in four working age residents.

Significantly, **the 10 most employment deprived areas are also the most income deprived**. The 'top three' most employment deprived areas are in the south of Hereford city.

ADULT SKILLS DEPRIVATION

Four LSOAs in south Hereford and one in Leominster are in the 10 per cent most deprived in England for **adult skills deprivation**. Adult skills – which includes qualification levels and the ability to speak English – is a particular issue for the county.

In Spring 2012 a total of 51 different languages other than English were recorded in Herefordshire's school census. By Spring 2015, 63 different languages other than English were spoken by school children.

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8.2 THE PLACE ASPECT OF LIVING

HOUSING AFFORDABILITY

While the average (median) house price in Herefordshire is similar to the national average (£205K [23] compared to a national average (median) of £208K[23]), the average (median) gross annual earnings for a full time worker on adult rates in Herefordshire is considerably worse than the national figure (£22K[24] compared to a national average (median) of £28K[24]). 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.

[23] Across all property types, for the period October to December 2015. Based on Land Registry Price paid data. (Department for Communities & Local Government).
[24] Based on provisional figures from the Annual Survey of Hours and Earnings (ASHE) 2015.

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.

HOUSING PROVISION FOR OFFENDERS

In a county where on average 12 properties become available a week, it is improbable that a person ranked red on the housing register, as most offenders are, is likely to be housed in the short term. Homelessness and re-offending have a complex relationship where for many they are both the cause and effect of each other.[25] Homelessness has been found to

[25] Homeless Report 2011: http://www.homeless.org.uk/sites/default/files/site-attachments/2.Better%20Together%20-%20full%20report.pdf

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increase the chances of re-offending; if a prisoner is released homeless, they are twice as likely to re-offend when compared to those in stable accommodation[26].

8.3 BEING SAFE, STAYING SAFE

The majority of residents in Herefordshire feel safe. Around 59 per cent of people feel very or completely safe (remaining stable since 2011/12) but the proportion of people not feeling safe increased from five per cent in 2011/12 to nine per cent in 2014/15. Further information on crime and safety can be found in the 2015 Community Safety Strategic Assessment.

SEXUAL OFFENCES

The number of other sexual offences saw the largest rise in the county with a reported 87 in 2011/12 to 291 in 2015/16. The rise in reported sexual offences has been mirrored across the county; a reported 29 per cent year-on-year increase in reported rapes in 2015[27]. The reasons behind the rise have been attributed to improvements in the handling and reporting of allegations by the police and increased victim confidence. Further analysis of rape and other sexual offences is underway to better understand the threat and risk associated with the increase in reporting. See Figure 10.

Key Consideration

Evidence suggests that the prison population has people who come through the state care system at some point with 50 per cent of women in prisons known to have been in care. Offending at an early age can disproportionately set young people who are looked after onto a path of unnecessary criminalisation with lifetime consequences.

[26] Homeless Link, SNAP 2011

[27] Office of National Statistics (ONS)

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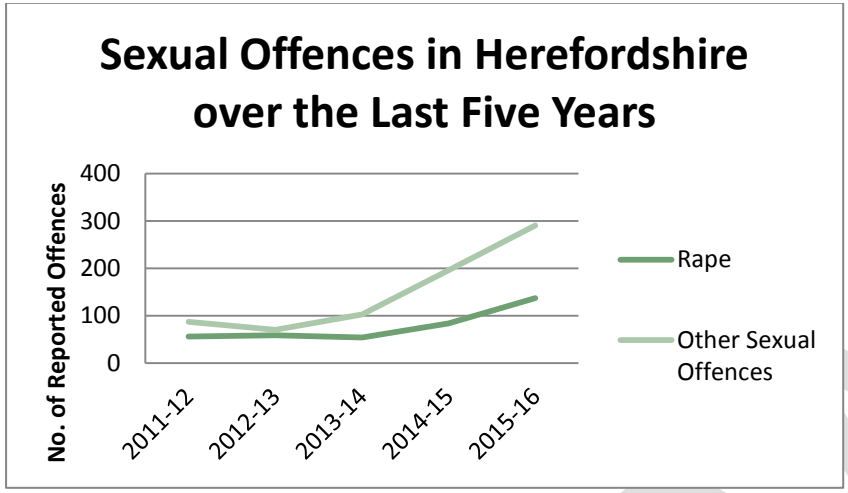
Figure 10: Five year trend of sexual offences in Herefordshire



Source: Strategic Intelligence, HC

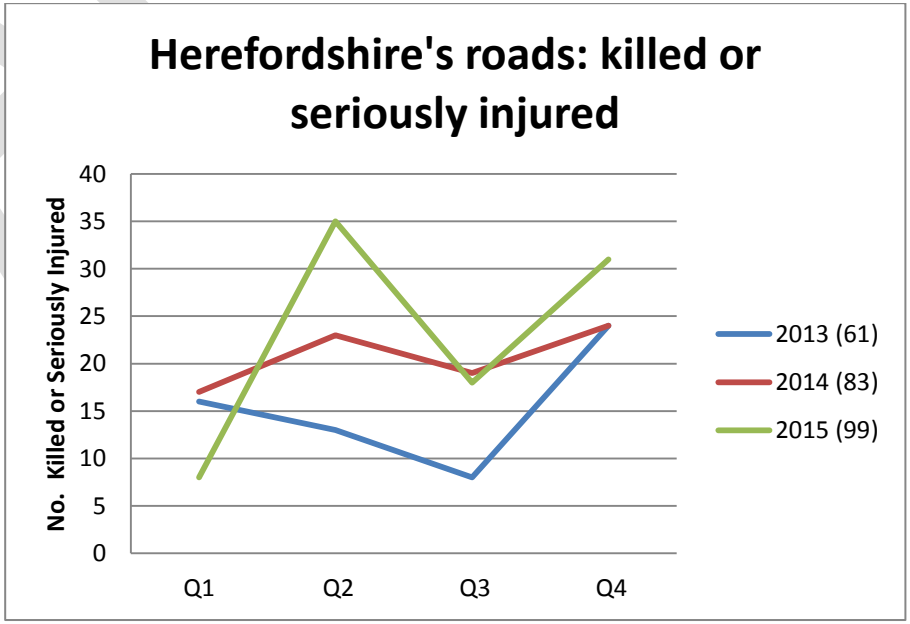
ROAD SAFETY

The number killed or seriously injured (KSI) on the Herefordshire road network in the years 2013-15, show that there has been a year-on-year increase in the numbers killed or seriously injured. See Figure 14. The number of fatal collisions, a component of the KSI figure, fell from 13 in 2014 to 7 in 2015. In 2015, there were 40 child casualties (0-15 years). The top three age categories for casualties were: 20-29 year olds (134); 30-29 years (85) and 40-49 years (80).

The distribution of casualties is comparable with those in previous years.

The road network is vital to supporting the socio-economic viability of Herefordshire, with road safety being a priority concern for all road users. Accidents are complex and variable events so simple headline analysis cannot be undertaken.

Figure 11: Number KSI over past three years in Herefordshire



Source: Strategic Intelligence, HC

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End of Report

For further information regarding this report, please email

researchteam@herefordshire.gov.uk

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Meeting:	**Cabinet**
Meeting date:	**28 July 2016**
Title of report:	**Restated 2015/16 capital outturn per scheme**
Report by:	**Economy and corporate services**

Classification

Open

Key decision

This is not a key decision.

Wards affected

Countywide

Purpose

To inform cabinet of the revised presentation of the capital outturn figures for 2015/16 following the identification of errors in one table within the report to cabinet on 16 June.

Recommendation(s)

THAT:

(a) the revised table (at paragraph 7 below) summarising capital spend against budget in2015/16 be noted.

Alternative options

1 This report is for information only; there is no alternative option.

Reasons for recommendations

2 To ensure clear and accurate information is available.

Key considerations

3 Cabinet noted the 2015/16 capital outturn on 16 June. The report contained correct data relating to capital spend in 2015/16; however the finance team subsequently identified that the second table in appendix B to the report showing spend per capital scheme contained twenty three inaccuracies.

4 This error has not affected the total capital spend reported, the funding of that investment or the 2016/17 capital budgets presented on 21 June. This error does not impact on the treasury management outturn approved by Council on 15 July, and no decisions have been founded on the inaccurate data in the table.

5 The error arose from moving source data into the 2015/16 outturn compared to 2015/16 budget table included in appendix B. The table is intended to provide greater clarity on where capital investment in 2015/16 was allocated by capital scheme. Action has been taken to strengthen the quality assurance of data tables produced for reports to minimise the potential for such human error in the future.

6 A corrected version of the table is provided below the figures underlined are those which have been amended.

Scheme	2015/16 budget	2015/16 investment	Total spend to 31.03.16	Comments
	£000	£000	£000	
Children's wellbeing				
Colwall replacement school	1,574	33	33	To provide a new school
Peterchurch primary school	1,000	6	6	Replace a leaking roof and internal remodelling work
Aylestone and Broadlands relocation	983	1,302	1,302	Refurbish and combine both schools and release the Broadlands site for disposal
Condition property works	2,477	1,895	1,895	Annual programme of works at various school sites committed on a highest need first basis
Adults and wellbeing				
Disabled facilities grant	1,277	1,101	1,101	Individual grants awarded through an application process, enabling independent living
Economy, communities and corporate				
Leisure centre improvements	5,539	3,255	7,268	Works at Leominster, Ross and Hereford leisure centres completed. Ledbury works to commence in summer 2016.
Local transport plan	12,592	11,211	11,211	Annual programme of capital works to highways, footways and bridges
Fastershire broadband	6,200	10,282	18,677	Investment in rural broadband infrastructure in

				Herefordshire and Gloucestershire.
Link road	7,513	6,917	17,575	Acquisition costs and early construction works
LED street lighting	4,889	3,984	4,750	Phased installation of LED street lighting throughout Herefordshire
Solar panel installations	599	428	463	Photovoltaic instalment at various locations
South wye transport package	1,000	1,983	1,983	Funded from LEP growth deal, construction to start in 2017
Hereford enterprise zone	2,500	5,071	5,071	Self-financed investment in serviced plots, accelerated works funding brought forward
Road investment	4,387	5,156	19,769	Investment improvements to the highway infrastructure
Three elms trading estate	2,350	2,109	2,109	Purchase and improvement works to be funded from rental income
Energy from waste plant	14,000	17,403	23,412	Construction loan, accelerated spend due to faster than anticipated completion of elements of work. The plant remains on schedule to open in early 2017
Marches and Worcestershire LEP redundant building grant scheme	1,500	958	958	Capital grant support of £3k to £50k to small job-creating businesses to refurbish underused and redundant buildings, bringing them back into commercial use.
Other schemes	6,709	3,953	n/a	
Total	**77,089**	**77,047**	**117,583**	

Community impact

7 The recommendations within the report do not have a community impact.

Equality duty

8 There are no specific implications in this 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

9 This correction does not impact on the 2015/16 year end accounts, the other outturn performance reports shared on 16 June or the 2016/17 budget monitoring report to cabinet on 21 July.

Legal implications

10 None.

Risk management

11 The identification of this error has led to a review and amendment to the processes of reviewing and checking reports before publication with the aim to avoid a similar issue arising again.

Consultees

12 None.

Appendices

- Appendix 1 – Capital out-turn 2015-16

Background papers

- None

Appendix 1

2015/16 Capital outturn

Capital investment in 2015/16 totalled £77.0m. This includes £4.1m on Gloucestershire broadband infrastructure which forms part of the Fastershire broadband contract hosted by Herefordshire. It also includes £17.4m on a loan for an energy from waste plant as part of the joint PFI arrangement with Worcestershire. The total outturn and funding is summarised below.

Table A –Summary outturn and sources of funding 2015/16

	15/16 Budget £000	15/16 Outturn £000
Directorate Outturn		
Adults Wellbeing	1,277	1,001
Children's Wellbeing	6,034	3,232
Economy, Communities and Corporate	69,778	72,814
Total	**77,089**	**77,047**
Funding		
Capital Grants	30,267	39,148
Prudential Borrowing	40,809	31,858
Capital Receipts	5,763	5,691
Revenue	250	350
Total	**77,089**	**77,047**

2015/16 outturn compared to 2015/16 budget

Scheme	2015/16 budget	2015/16 investment	Total spend to 31.03.16	Comments
	£000	£000	£000	
Children's wellbeing				
Colwall replacement school	1,574	33	33	To provide a new school
Peterchurch primary school	1,000	6	6	Replace a leaking roof and internal remodelling work
Aylestone and Broadlands relocation	983	1,302	1,302	Refurbish and combine both schools and release the Broadlands site for disposal
Condition property works	2,477	1,891	1,891	Annual programme of works at various school sites committed on a highest need first basis
Adults and wellbeing				
Disabled facilities grant	1,277	1,001	1,001	Individual grants awarded through an application process, enabling independent living
Economy, communities and corporate				
Leisure centre improvements	5,539	3,255	7,268	Works at Leominster, Ross and Hereford leisure centres completed. Ledbury works to commence in summer 2016.
Local transport plan	12,542	11,082	11,082	Annual programme of capital works to highways, footways and bridges
Fastershire broadband	6,200	10,282	18,677	Investment in rural broadband infrastructure in Herefordshire and Gloucestershire.
Link road	7,513	3,984	14,642	Acquisition costs and early construction works
LED street lighting	4,889	4,670	5,436	Phased installation of LED street lighting throughout Herefordshire
Solar panel installations	599	428	463	Photovoltaic instalment at various locations
South wye transport package	1,000	1,712	1,712	Funded from LEP growth deal, construction to start in 2017
Hereford enterprise zone	2,500	5,071	5,071	Self-financed investment in serviced plots, accelerated works funding brought forward
Road investment	4,387	5,166	19,779	Investment improvements to the highway infrastructure
Three elms trading estate	2,350	2,109	2,109	Purchase and improvement works to be funded from rental income
Energy from waste plant	14,000	17,408	23,417	Construction loan, accelerated spend due to faster than anticipated completion of elements of work. The plant remains on schedule to open in early 2017
Marches and Worcestershire LEP redundant building grant	327	327	327	Capital grant support of £3k to £50k to small job-creating businesses to refurbish underused and redundant

scheme				buildings, bringing them back into commercial use.
Other schemes	7,932	7,320	n/a	
Total	**77,089**	**77,047**	**114,216**	

Capital receipts reserve

The capital receipts reserve totalled £0.4m at 31 March 2016, a net decrease of £3.9m from 1 April 2015, movements in year are summarised in the table below.

	£m
Opening balance	4.3
Plus total capital receipts	1.8
Less funding of 2015/16 capital spend	(5.7)
Closing balance as at 31.03.16	**0.4**

The carried forward balance and future capital receipts will fund approved capital scheme spend in future years.