

Understanding Herefordshire 2012

An Integrated Needs Assessment

V.2.4

See www.herefordshire.gov.uk/understandhere

May 2012

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Table of Contents

Table of Contents.....	1
About Understanding Herefordshire 2012.....	1
Understanding localities.....	2
Population and Changing Demographics.....	3
Health and Wellbeing.....	4
Places and Communities.....	8
Stronger Communities.....	10
Safer Communities.....	10
Inequalities and Deprivation.....	11
Health Inequalities.....	14
Children and Young People.....	14
Older People.....	15
Recommendations.....	17

About Understanding Herefordshire 2012

Understanding Herefordshire provides a single integrated assessment of the health and well-being needs of the people of Herefordshire, bringing together the Joint Strategic Needs Assessment and the State of Herefordshire Report. It provides an explicit evidence base to inform commissioning decisions, particularly those relating to priority setting and resource allocation. It also demonstrates the interdependencies of many health and wellbeing outcomes, and the opportunities for joint working across organisations and initiatives.

Understanding Herefordshire forms the first of a three year development programme, to produce a “gold standard” integrated needs assessment in 2014. We’ve begun by improving our qualitative information by engaging with the third sector for a better understanding of the needs of people living with dementia and their carers. We have also adopted an asset based approach to identify the strengths and opportunities within our communities, localities and services.

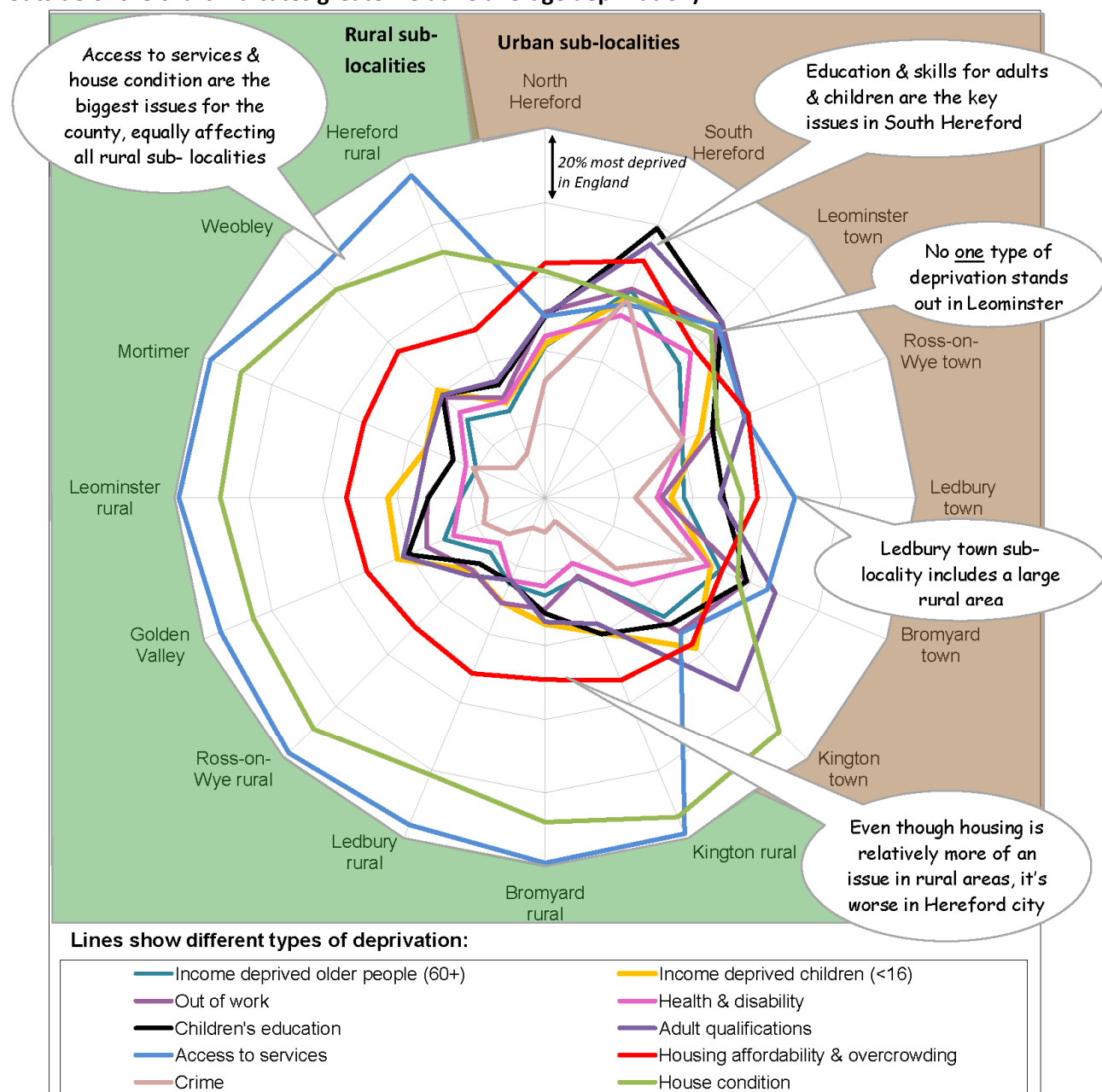
This document provides only a high level summary. Electronic links to the underlying evidence are provided throughout the document, where more detail and supporting strategies can be found. The integrated evidence base is available at www.herefordshire.gov.uk/factsandfigures. This is updated regularly and will be developed further to make it easier to find information.

Understanding localities



This document is a summary of the needs of Herefordshire as a whole, but wherever possible the underlying analysis has been carried out for smaller areas – and is available by following the **electronic links** to the evidence base. Major geographical differences have been mentioned here where appropriate, but for a fuller understanding of a particular locality *Understanding Herefordshire* should be used alongside the *Key Findings About Herefordshire Localities* available at www.herefordshire.gov.uk/aboutlocalities. These will be developed during the coming year to draw out the specific needs of each locality, but the diagram below gives an overview of how different areas are affected by different types of deprivation and how they compare with the national picture.

Figure 1. Deprivation in Herefordshire localities relative to all of England (a point nearer the outside of the chart indicates greater relative average deprivation)



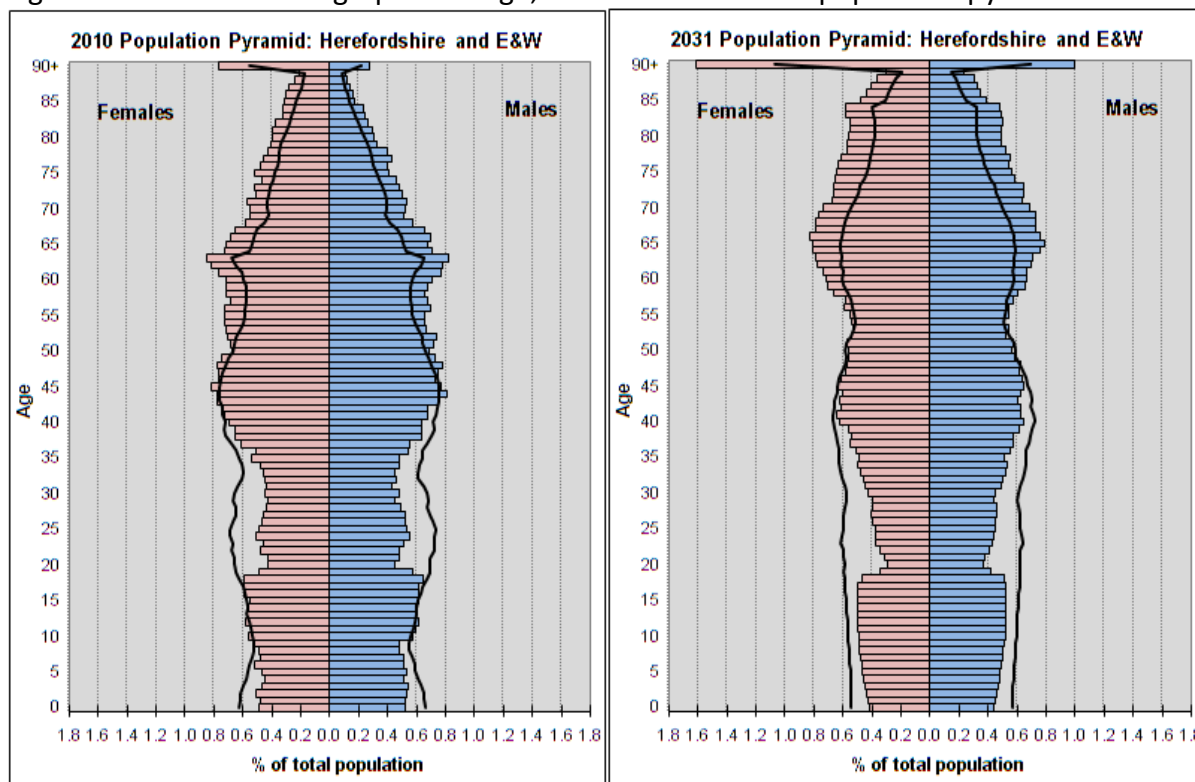
Also available online are statistical profiles of particular areas, including [localities](#):

- [Wards, market towns and smaller areas within them](#)
- [GP practices](#)

Population and Changing Demographics

Provisional figures estimate the county's **population** is 182,800 (2010 figure). This represents growth of 4% (7,900 people) since 2001 which is almost double the increase expected from official estimates. The difference is due to an underestimation of immigration, particularly in younger adults. This has not significantly changed the overall shape of the population pyramid, either now or in the future.

Figure 2. Predicted demographic change; current and forecast population pyramids.



Sources: Hfds (pink & blue bars) – ONS mid-2010 indicative population estimates; Hfds 2010-based population forecasts; E&W (black lines) – ONS mid-2010 population estimates & 2010-based national population projections. ONS data is Crown Copyright.

The population growth is still less than the 6% growth in the population of England and Wales overall, and the county's annual growth has slowed since 2008-09. Herefordshire still remains one of the least densely populated areas of the country, with residents scattered across its 842 square miles.

Forecasts predict the population to grow to 205,700 by 2031, 13% higher than in 2010; an annual average increase of 0.5%. Herefordshire's population already has a relatively old age structure and numbers of older people are expected to increase disproportionately to the total population. In particular, the number of people aged 85+ will more than double to 12,700 by 2031.



There have been higher **numbers of births** than expected over the last few years (1,800-1,900 rather than 1,600-1,700) due to high fertility rates nationally and locally and an underestimation of the number of women of child-bearing age in the county. Latest forecasts suggest this will lead to a slight increase in the number of children between 2016 and 2025, before levelling off at 31,800 - 3% higher than currently (31,000) but still lower than in any year prior to 2007.

Herefordshire has a relatively small, but growing, **Black, Asian & Minority Ethnic (BAME)** population (at least 10,600 people in 2009 - 6% of total population compared to 3% in 2001). The largest single group is 'White: other than British or Irish' (at least 4,300 people), and it is likely that many are Polish. Language and cultural differences of recent migrants are beginning to pose challenges for public services.

Health and Wellbeing

Life expectancy at birth remains significantly higher in Herefordshire than regionally and nationally, for both males and females. On average male life expectancy is 79.3 years (compared to 78.6 years nationally), and female life expectancy is 83.6 years (compared to 82.6 years nationally). However the gap between Herefordshire and other areas has narrowed.



Herefordshire's mortality rates are consistently lower than nationally and in comparator PCTs. The directly standardised all age, all cause mortality rate is approximately 500 deaths per 100,000 population, which equates to approximately 1,900 deaths per year. The three disease groups of circulatory diseases, neoplasms (cancers) and respiratory diseases account for almost 80% of all mortality in the county.

Herefordshire's premature mortality rate (mortality aged under 75 years) is consistently lower (246 deaths per 100,000 population in 2010) than the average rate for England and Wales and generally lower than comparator PCTs. Circulatory diseases, cancers and external causes such as suicide and accidents account for almost 80% of all premature mortality. Across the county almost 7,500 years of life were lost between 2008 and 2010 due to people dying before the age of 75. Almost 40% of these lost years were due to people dying of cancer and a further 20% due to people dying of circulatory diseases. Premature mortality is far more prevalent among males.

Hospital admissions amongst Herefordshire residents are significantly lower than PCT comparators for both elective and emergency admissions, but continue to rise in line with national trends. Elective admissions have risen by 12.4% from 2006-7 to the latest figure of approximately 24,700 admissions or 'spells' in 2010-11. Cataracts are the most frequent cause of elective admissions – they also have the highest growth rate, along with cancer of the breast and colo-rectal cancer. Emergency admissions have risen by 11.6% since 2006-7 with approx 14,850 admissions in 2010-11 and a further 4,400 spells related to maternity and birth. The commonest causes are complications in pregnancy, bronchitis/COPD and pneumonia. Rates in accident and emergency attendance fluctuate (14,010 attendances in quarter 2 of 2011-12) but fewer attendances than expected result in a hospital admission.

For vulnerable adults such as those with mental health, physical or learning disabilities, the emphasis on supporting people in their own homes is reflected in the decline of both residential and nursing care since 2007-8 (from 1,200 service users to about 1,000 in 2010-11). Around 48% of people receiving care report that they are "moderately" anxious or depressed, highlighting the interdependencies between physical and mental well-being.

Older people make up the majority of the physical disability social care client group and this group are also the main users of homecare services. The number of people aged over 65 with learning disabilities is also projected to increase by one third between 2011 and 2015.

Engagement with parents and carers of **children with learning disabilities** suggest a lack of communication around the “new world” picture of service provision. Parents need information in order to understand available services and to remove barriers to access.

Dementia presents a significant and urgent challenge to Herefordshire. The number of people living with dementia is estimated to be 3,000 but approximately two-thirds of these are undiagnosed. The prevalence is predicted to increase to nearly 3,900 by 2015 and 5,500 by 2030.



The engagement programme with third sector organisations highlights the social isolation and lack of service coordination experienced by people with dementia and their carers. We need to develop a community based approach that builds on our assets of carers, third sector organisations and statutory services. Although many individuals are receiving support through agencies, day care, respite and residential placements, approximately half receive additional support and care from unpaid carers for example family or friends.



Adult social care provision will be affected by predicted demographic change. Herefordshire has a slightly lower level of average provision of social care for older people (1,095 per 10,000 people aged 65+) and a higher rate of provision for younger adults (195 per 10,000 people aged 18-64) than other comparable local authority areas, although the speed of assessment and user satisfaction are both above the national average. Overall, while the number of people helped with either residential, nursing or homecare during the course of each year has decreased (from 3,000 in 2007-8 to 2,600 people in 2010-11, more intense support is provided to individuals and total provision of support is rising (e.g. 43% rise in homecare hours delivered in 2010-11 compared to the previous year).



In line with national trends only those assessed as having 'substantial' and 'critical' needs receive social care and a community response is needed to support those with lower levels of need. We have good examples of this in Herefordshire which we need to build on to ensure consistency of support across the county.

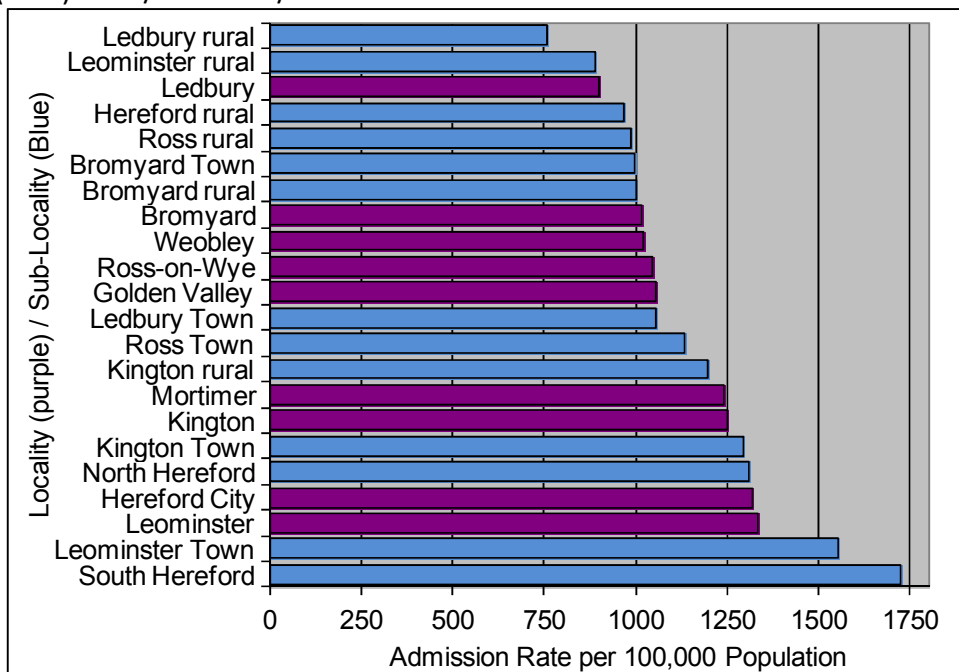
There are approximately 31,200 adult smokers in Herefordshire, the prevalence rate of 21% being similar to the national rate. However 61% of current smokers (19,000 people) would like to stop. Despite the ban on smoking in public places almost a quarter of adult non-smokers reported being regularly exposed to other people's tobacco smoke, indoors or outdoors.



Smoking remains the major cause of preventable death within Herefordshire, with approximately 315 smoking related deaths per year in those aged 35+ years. In addition there are approximately 1,700 hospital admissions per year related to smoking, the major causes being lung cancer, ischemic heart disease and chronic airway obstruction. In 2010-11 this was estimated to cost NHS Herefordshire £3.15 million. Figure 3 shows smoking-related admission rates are highest in Leominster town and South Hereford.



Figure 3. Directly Standardised Smoking-Related Admission Rates by Locality (Purple) & Sub-Locality (Blue) 2007/08 - 2009/10 Pooled.

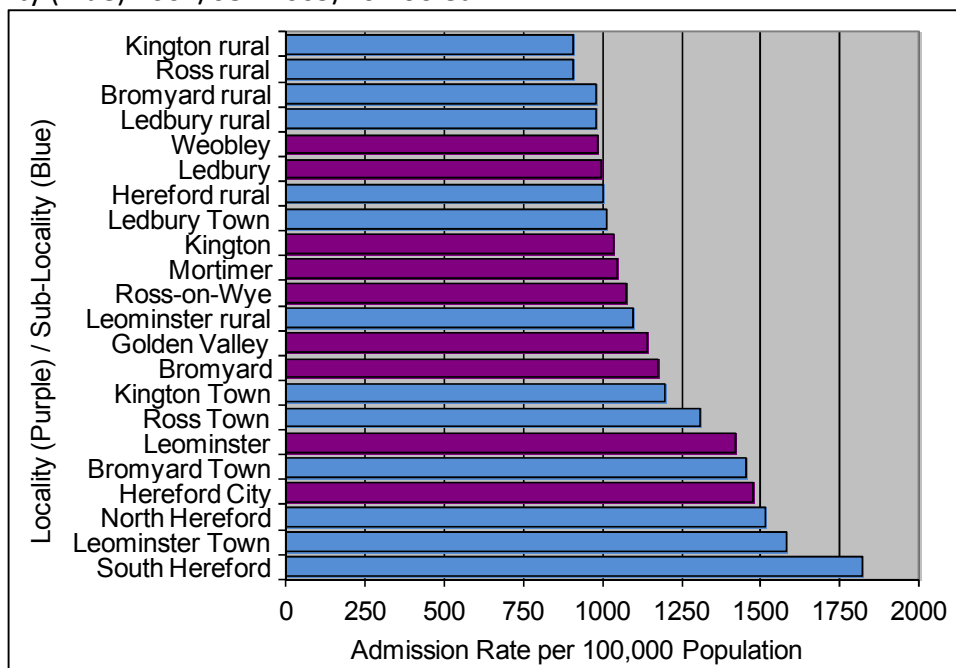


Around two in five adults report drinking [alcohol](#) above the recommended guidelines on at least one day in the previous week, including a fifth who report binge drinking. Twice as many men binge drink than women, and the highest prevalence is found in residents of Hereford City.

[Alcohol related hospital admissions](#) increased to 3,500 in 2010-11, a 30% rise since 2007-8 and the second highest rate in the West Midlands. The majority are emergency admissions. By the end of quarter 3 of 2011-12, alcohol related admissions had cost NHS Herefordshire £4.6 million that year. Figure 4 shows alcohol-attributable hospital admission rates are highest in South Hereford with 1,820 admissions per 100,000 population.



Figure 4. Directly Standardised Alcohol-Attributable Admission Rates by Locality (Purple) & Sub-Locality (Blue) 2007/08 - 2009/10 Pooled.



Around 55% of adults are classified as **overweight or obese**; with 23% of women and 18% of men classified as obese. 36% of adults reported eating the recommended five or more portions of fruit and vegetables on the previous day and around one in three adults reported meeting the guidelines for physical activity in the past week.

23% of children aged 4-5 were either **obese or overweight** in 2010-11 (9% were obese). 33% of children aged 10-11 were either obese or overweight (18% were obese). Although the prevalence figures fluctuate year on year they appear to be increasing overall - this differs from England data which has a decreasing prevalence of obesity in children aged 4-5.

In 2009, 24% of children ate the recommended 5 or more portions of fruit and vegetables a day (higher than other areas), 8% had none. 68% of pupils said they had done at least one hour of physical activity in the previous day – the “Destination Hereford” programme will enable us to examine the relationship between behaviour change, travel choices and obesity levels.



Rates of problematic **drug users** (8 per 1,000 population) are slightly below the national average (8 per 1,000) but rates of injecting drug users (4 per 1,000 population) are higher than nationally (3 per 1,000). Herefordshire has a comprehensive harm reduction service that provides structured treatment, but we need to move towards a full recovery model – currently only 11% achieve successful treatment within 2 years and over 55% have been on treatment for more than 2 years. The systems to achieve the national strategy of a full recovery model (drug free and integrated into society) need to be developed.



In terms of **sexual health**, there are gradual reductions in rates of teenage pregnancy (19% reduction over ten years to 30 conceptions per 1,000 girls aged 15-17 in 2008-10). In 2010, rates of STIs remain stable at 726 per 100,000 population in line with the West Midlands and lower than rates in England overall. An increase in reported chlamydia rates has been identified and is being investigated further.

Immunisation rates have not improved in Herefordshire in the way that they have elsewhere and we have slipped from above average to poor. Rates for children under 5 were lower than both the England and West Midlands' averages in 2010/11, with differences apparent between Herefordshire's 24 GP practices. This follows a steady increase since the last dip in 2007-08 for the full courses of diphtheria, tetanus, pertussis, polio, measles, mumps and rubella. Herefordshire figures appear to follow the national trend in that uptake rate for the vaccines at age 1 are higher than those at age 5, e.g. for Diphtheria, tetanus, pertussis, polio and haemophilus influenzae type b (Hib) at 1st birthday the rate in 2010-11 was 92% whereas the booster for Diphtheria, tetanus and polio at 5th birthday in 2010-11 was 85%.

The dental health of children in Herefordshire continues to be poor – two in every five children have some experience of tooth decay by the age of 5 years and more than two in every five have experienced decay in at least one of their permanent teeth by the age of 12.

Places and Communities

Herefordshire's **economic output** is low compared to regionally and nationally; in 2009 GVA¹ per head in Herefordshire was £15,296 compared to £16,602 in the West Midlands and £20,498 across England. This is partly a result of persistently lower **wages** in the county, with median weekly earnings of £385.10 in 2011. Increased housing provision and population growth is predicted to mean increased demand for **jobs** in 2031 – uncertainty over economic conditions makes it difficult to predict how many jobs there will be to meet this demand. Herefordshire has a lower rate of new **business start-ups** (41 per 10,000 population aged 16 and over) than England as a whole (49), and in 2010 the rate of new business formation was still lower than prior to the recession. However start-ups are surviving longer than regionally and nationally.

Unemployment is low (2.8%) compared with the West Midlands (5.0%) and England (4.0%), but still as high as during the recession. Female, young people and long term claimants are higher than previously. More people claim an out-of-work benefit because they are unable to work for health reasons than because they are unemployed and actively seeking work.

Herefordshire's working age population is now less well **qualified** (14% had no qualifications in 2010) than across England (11%). In 2009 a quarter of Herefordshire employers reported having **hard-to-fill vacancies**, largely because of a lack of **skills** from applicants, particularly skilled trade occupations. A considerable proportion also reported that **young people** leaving education were poorly prepared for work. There is still demand for **migrant labour** in Herefordshire that employers report would be difficult to fill from other sources. This includes several thousand temporary seasonal farm workers every spring or summer.

Volatility in energy prices poses a challenge for **businesses**. Although the cost of renting commercial premises is comparatively low, it is perceived to be a barrier to commercial growth. For businesses looking to establish rurally-based premises poor infrastructure (water, drainage, electricity, broadband, and mobile phone coverage) prevented them from growing and diversifying.



Herefordshire has the worst **housing affordability ratio** (8.6 house prices to earnings) within the West Midlands region. There is high demand for affordable properties in Herefordshire, in particular Hereford City (with an average of 64 bids per property), and the waiting list for social housing is approximately 5,000 households.



There has been a shift in **housing tenure** away from owner occupation towards the private rented sector over the last six years (2005-2011). Across all housing types 27% of houses are in sub-standard condition - an improvement since 2005 (40%) and a similar level to the national rate. Energy efficiency in all residential dwellings has improved to above the national average, but although the standard of insulation has improved this is counterbalanced by increases in fuel prices. This is reflected in the steep increase in the percentage of households experiencing **fuel poverty** in the county (from 7% in 2005 to 17% in 2011).

¹ Gross Value Added (GVA) measures the contribution to the economy of each individual producer, industry or sector in the United Kingdom and is a headline measure used to monitor economic performance.

A recent **local housing market assessment** has recommended a long-term target to help balance the rented housing market as 45% social rented and 55% intermediate tenure. This reflects the volume of existing and emerging households who can afford more than social rents, but cannot afford to rent privately or to purchase a home. The proportion of intermediate tenure on the affordable housing stock list is currently very low.

There has been a rise in the number of people applying as **homeless** in Herefordshire (112 applications in Quarter 3 of 2011-12 compared to 92 in the same quarter the year before), resulting in an increase in the number in temporary accommodation (80 households in quarter 3 of 2011-12). There has also been a noticeable increase in the numbers of homeless applications from teenagers as a result of parents no longer willing or able to accommodate them.



The number of new houses proposed to be built in the county by 2031 has been revised from 18,000 to 16,500. Coordinated delivery of housing, employment and infrastructure is likely to be particularly important in Leominster and Hereford reflecting the levels of new development proposed. In particular transport infrastructure including sustainable transport, parking and the Hereford relief road.



There is a need to build more **accommodation suitable for older people**. Location is paramount when choosing future accommodation, including access to transport and the ability to stay in the local area. Changing demographics and increasing prevalence of long term conditions means the numbers needing specialist accommodation of some sort will increase. Development of “homes for life” that facilitate and enable continued independent living when people develop care needs should be a priority.

The **natural and built environments** are important assets for both residents and businesses (particularly tourism); and access to green space is generally good for residents. The proportion of wildlife sites with active management has seen considerable improvement in recent years (58% compared to 43% in 2009-10). Less of Herefordshire’s designated built and historic environment is at high risk (51 scheduled monuments in 2011 compared to 35 in 2010), although this measure only covers a small proportion of heritage assets.



Recent initiatives have been effective in increasing **household recycling of waste** (40% in 2010-11) and reducing the amount going to landfill. We also have relatively low levels of **air pollution** but there are still air quality management areas in Hereford, Leominster and Pencraig and emissions of carbon dioxide per head of population remain much higher in Herefordshire (8.6 tonnes per capita) compared to the UK (7.4). Water quality in parts of the rivers Lugg and Wye is such that further development in the surrounding area will risk breaching water quality standards.

There are a lack of transport options for many rural communities and therefore **high car ownership and dependency**. Population growth is likely to increase the requirement for public and community transport services, and there are potential economies of scale through the integration of transport for health, social services and education, particularly for dispersed populations. Road traffic is expected to increase in the future, although more efficient vehicles are expected to reduce average driving costs and emissions.





Hereford City and the market towns have significant proportions of residents who **travel to work by car** despite living less than 5km from work. There is also significant use of the car for school journeys particularly at primary level. Both these factors contribute to high vehicle demand in the city causing congestion, journey time delays and air pollution. Local research is needed to determine whether these are linked to poor health outcomes.

Stronger Communities



Herefordshire residents have mapped out a wide range of community assets in localities such as **Bromyard**, and also identified opportunities for using assets more effectively, especially to reach socially isolated older people.



Herefordshire also has a **strong community and voluntary sector** with an estimated 1,500 so-called 'third sector' organisations. Most of these do not have a national or regional parent body and are most likely to describe themselves as a charity (54%), voluntary organisation (36%) or community organisation (33%).



We have begun a programme of **engagement with the third sector** as part of the 2012 integrated needs assessment, to gain their intelligence relating to unmet need and quality of services. This commenced with the topic of people with living with dementia, and we need to identify a programme of topics to take this engagement work forward.

We have high levels of **volunteering** with 29% of people reporting that they had volunteered at least once a month in 2008, compared to 23% in England overall. It is estimated that we have 53,000 adults who volunteer in the county, providing the equivalent of just over 3,000 full-time employees and contributing £60 million to the local economy. In addition 21% of the adult population provide **unpaid care**, suggesting that Herefordshire has and is relying on approximately 30,000 **carers**. However only 3,500 carers are currently registered with Herefordshire Carers Support.



The main issues identified by unpaid carers are the need for additional support hours and the length of time taken by services to make decisions or follow through on any actions identified. Practitioners generally echoed these views with more specific points about the funding panels and lack of resources to offer services.

Safer Communities

Crime remains low in the county with a 13% reduction in total crimes over the three years to March 2011. **Anti-social behaviour** and **criminal damage** offences have also reduced, although rural crime, in particular theft of metal and fuel, has become an issue. **Alcohol** is a contributing factor in a number of crimes and there has been a small but steady increase in alcohol-related violent offences since 2008. Alcohol-related assaults generally occur near to licensed premises.



The rate of repeat incidences of **domestic violence** is high (45% of cases heard at MARAC² in the six months April to September 2011), even after accounting for national rising trends and the move to a multi-agency approach of assessing and managing risk. Alcohol use and misuse is a recognised contributory factor, and 39% of domestic abuse offences were alcohol related in 2010.

There is an on-going need to address re-offending; although the proportion of offenders in Herefordshire that go on to commit another crime is slightly lower than across England (Herefordshire 23% compared to England 25%), the average number of times that they re-offend is greater (3 offences per offender in Herefordshire compared to 2.8 offences across England).



Despite low crime levels in the county there is still a need to **focus on particular areas** such as Hereford, Ross-on-Wye, Leominster and Ledbury where crime is higher. There is also a need to continue to improve engagement with those areas that experience higher than average **fear of crime**, such as Belmont, St Martin's and Hinton, Three Elms wards and Ross town centre.



The number of people **killed or seriously injured** on Herefordshire's roads has generally been decreasing although there has been a slight increase in 2011 to 75 adults and 3 children (76% lower than our 1994-98 baseline). Hereford & Worcester Fire and Rescue Service still attend the equivalent of four road traffic collisions each week in the county.

Road safety is a key concern for Herefordshire residents, particularly speeding traffic which is seen as anti-social behaviour by local communities. The number of fatal incidents involving young road users is a concern, along with the increase in "drink drive" related accidents.

Inequalities and Deprivation



Overall Herefordshire has relatively low levels of **multiple deprivation**. However the gap between the most and least deprived areas is widening and several areas of South Hereford and Leominster have been amongst the most deprived in England for over 10 years.



Around a fifth of households in Herefordshire live in **poverty**³ (14,500 households), a similar proportion to nationally and regionally. Income deprivation mostly occurs in the urban areas of Herefordshire, including Hereford City, Leominster and Ross-on-Wye, but also to a lesser extent the market towns of Kington and Bromyard. Smaller pockets also occur in more rural areas. Rural households are also likely to face additional costs associated with transport and heating the home, which have increased at a higher rate than inflation.

The link between poverty and households being **out-of-work** is reflected in the areas with the highest rates of poverty having the highest rates of claiming for out-of-work benefits.

² The Multi-Agency Risk Assessment Conference (MARAC) is part of a coordinated community response to domestic abuse.

³ A household is considered to be in poverty if its net income (after housing costs and taxes) is less than 60% of the national average (median).

However people on low wages are also at risk of being in poverty, and wages in the county are significantly lower than nationally and have seen much lower growth than nationally over recent years. The recession has had less of an effect on employment levels than might have been expected given its length and depth. Whilst this is clearly positive, the way in which redundancies have been reduced i.e. through more part-time working and pay freezes, may have exacerbated the problem of “in work poverty” during the recession.

In Herefordshire two and a half times as many people claim an out-of-work benefit due to poor health than because they are unemployed and actively seeking work. In addition proportionally more children are affected by poverty (15% of under 16 year olds) compared to working age adults (8% of 16-59 year olds), and lone parent households are much more likely to live in poverty than cohabiting or married families. Although still below the national average (22%) the percentage of children in poverty rose from 14% to 15% between 2008 and 2009 (315 more children). The areas with children in poverty remain largely unchanged; with Leominster Ridgemoor still the area with the highest percentage (39%).



THREAT &
CHALLENGE

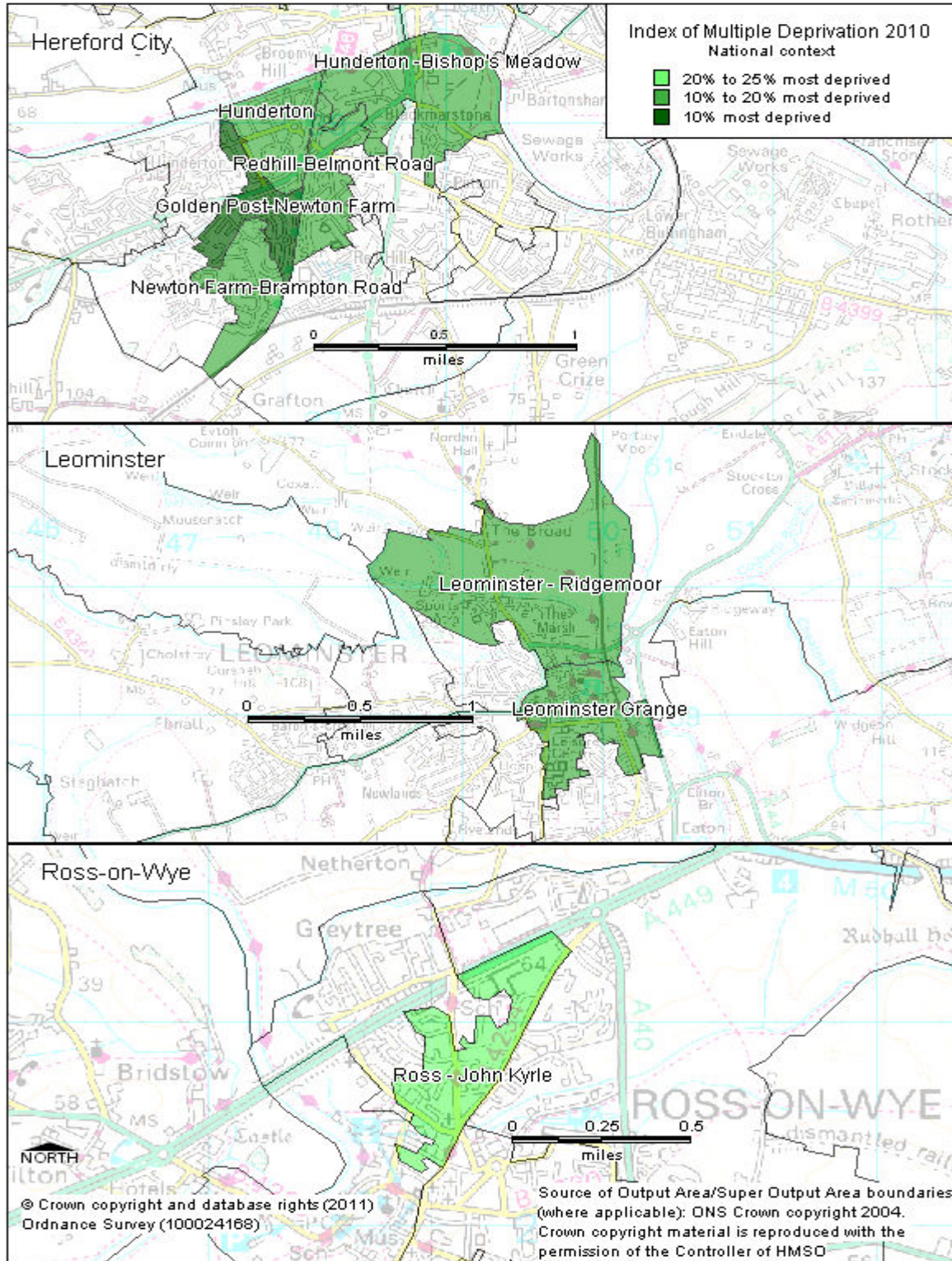
The proportion of older people (60 and over) living in income deprivation (14%) is considerably higher than the proportion of working age people (8%). However nationally 16% of pensioners live in poverty compared to 22% of working age people. Whilst older people are likely to see a reduction of income in retirement they are also more likely to have reduced housing costs compared to younger age groups, which may explain the difference in the two measures.

54% of Herefordshire’s population live in rural areas, and 43% live in the most rural locations. Providing services to a scattered population across a large geographic area is a challenge and additional resources will be required for professionals that need to visit clients across the county. Some health services - such as dentist, GP and hospital - were felt to be **difficult to access** by Herefordshire residents, along with other services such as post office and public transport. Further work is underway to understand access to health services as to whether it is access to appointments, transport, parking or a combination.

THREAT &
CHALLENGE

Ethnic minority groups and migrant workers highlighted **language as a barrier** for accessing some services.

Figure 5. Areas falling within most deprived areas of England (2010 IMD classification).



Source: Department of Communities and Local Government

Health Inequalities



There is a gap in life expectancy at birth between the most and least deprived areas of the county. This gap has fallen a little for men since 2002, but widened for women; it is now 6.2 years for men and 5.9 for females. As well as having a lower life expectancy those in deprived areas also spend more of their lives with a disability; spending on average 12.9 more years with a disability compared to those from the least deprived areas.

There are higher mortality rates for conditions such as coronary heart disease and cancers in those from deprived areas, however this is not reflected in their hospital admission rates - suggesting there may be an issue with access to services from people living in those areas. The association between alcohol and deprivation is easier to see, with hospital admissions for alcohol specific conditions in the under 18s being 12 times higher in people from deprived areas of the county compared with the less deprived areas.

Further analysis of the health and well-being survey is planned to investigate the association between obesity and adults living in the most deprived areas.



Children and Young People

There has been an increase in the number of children receiving **child protection** plans, to 61 per 10,000 population by the end March 2011. This is significantly above both national rates (38) and comparative authorities (30). This mirrored the national rising trend, with local impacts of the recession, high levels of substance misuse and domestic violence. The last “Serious Case Review” also led to greater awareness and more cases being referred to children’s social care. Since the start of 2012 targeted action across agencies has resulted in a significant reduction of plans, to 46 per 10,000 population by end of March 2012 which is similar to comparative authorities and England averages. However the number of children in the cohort who are aged less than 5 years remains disproportionately high.

Educational attainment across the key stages, including the Early Years Foundation Stage Profile, has improved. However the overall rate of improvement is slower than that of comparable authorities and attainment levels remain lower than national figures. Further work is needed to achieve top quartile performance across all the stages:



- Focused improvement within primary schools and early years settings in 2011 led to a rise in performance in the Early Years Foundation Stage Profile. This has risen to 56% compared to 59% nationally. In primary schools the proportion of children reaching expected levels of attainment (level 2c+) in reading, writing and mathematics by the age of 7 has improved and Herefordshire is now above the national average for reading and writing.
- Although still below the national average, achievements at the age of 11 indicate an upward trend which, if continued, will move Herefordshire primary schools into the upper quartile of performance nationally within the medium term.
- The performance of young people by the age of 16 and those in full time education up to 19 has been strong in Herefordshire’s schools and colleges, with performance consistently in or close to the upper quartile nationally for A levels. The proportion of pupils

achieving 5 A*-C GCSEs including English and Maths was 57.5% in 2011 which is below the national average of 58.4%.

- Although the performance gap between boys and girls achievement has narrowed, there remains the need to raise boys' performance in some schools where the difference is too great.
- Similarly the **inequality gap** in educational attainment between those children receiving free school meals and their peers has narrowed at all key stages, including the Early Years Foundation Stage Profile, Key Stage 2 and Key Stage 4.

The percentage of young people who are not in education, employment and training fell slightly in 2011 (from 7.8% to 7.7%). However, it still exceeds the figures for the West Midlands (6.2%) and England (6.1%).

Older People

Approximately 6,500 households are likely to consist of an **elderly, socially isolated person**, with critical factors being a change in circumstance such as becoming a widow, retirement, developing a limiting long term illness, as well as the support network in place. Being physically isolated in a rural area can add additional challenges in terms of accessing services, and in terms of interacting socially.

Older people are the main users of health and social services. At national level people aged 65 and over make up 16% of the population but account for 43% (£16.47bn) of total NHS spend and 58% of the total social services budget (£6.38bn).

Falls remain an important cause of avoidable ill-health and death. They are the commonest cause of accident-related hospital admission and the third most common cause of accidental death in Herefordshire. Over 60% of the falls that lead to hospital admission in Herefordshire occur in people over the age of 65 and over half of all serious falls occur at home.

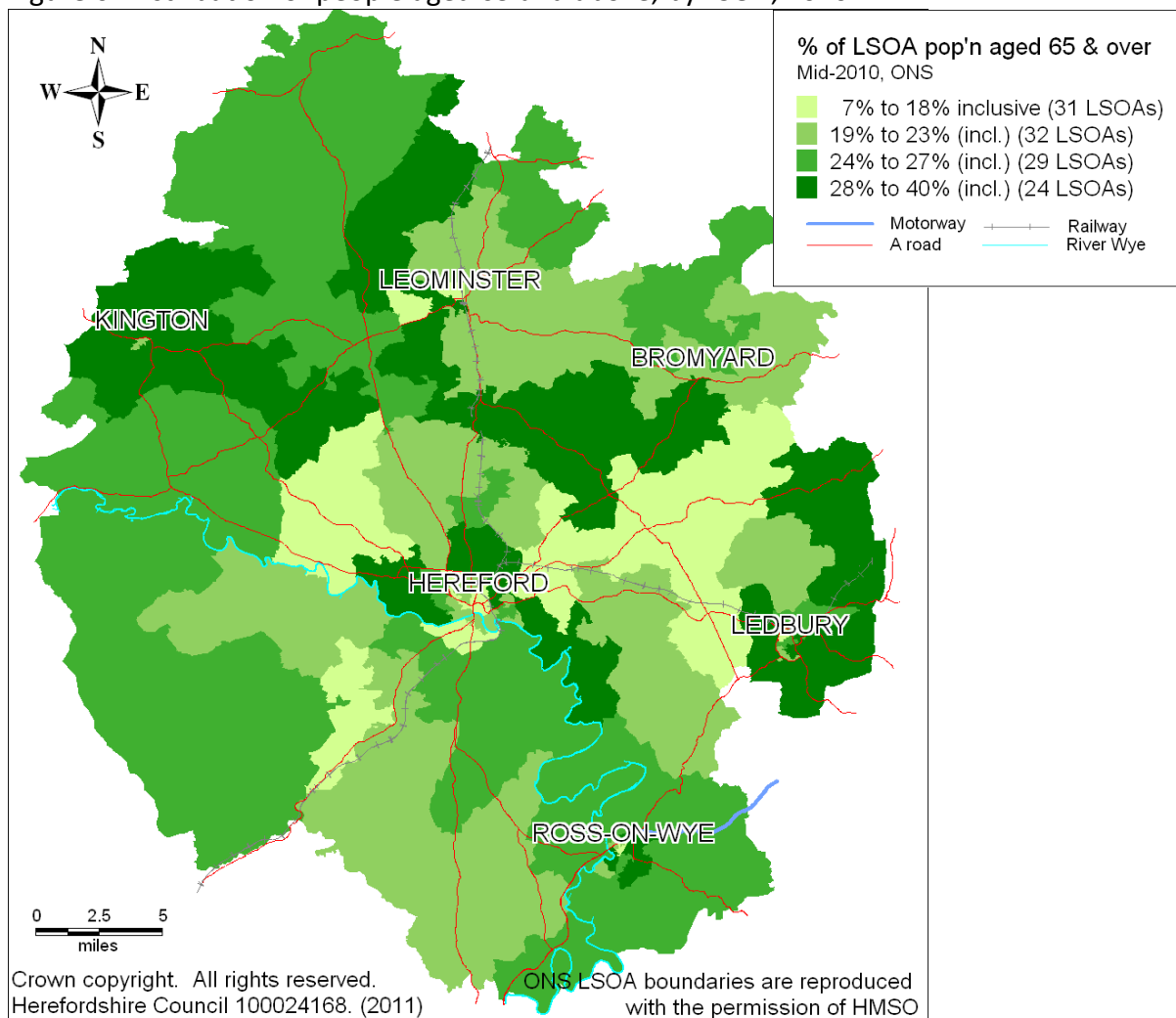
However older people also represent an important asset. They provide large amounts of formal and informal care and community support, and are more likely to volunteer than other age groups. Older residents have themselves identified that they are not necessarily using the knowledge, experience and wisdom they have acquired throughout their life.



There are differences in age structure around the county; most notably Hereford city has relatively high proportions of young adults (aged 20-34), whilst rural Herefordshire has relatively high proportions of older adults (aged 45-75). The market towns have the highest proportions of people aged 80+. Despite these overall patterns, all localities have pockets where there are relatively high proportions of either younger or older people (see Figure 6).



Figure 6. Distribution of people aged 65 and above, by LSOA, 2010.



Source: ONS LSOA Boundaries & Small Area Population Estimates, mid-2010.
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Recommendations

- Be proactive about our changing demographics, identifying the predicted rise in need for services and ways to address it.
- Develop the services and support networks needed to promote self-help and a sense of personal responsibility and to enable people to live independently. This will include direct service provision as well as housing and accommodation that facilitates independence, the economy, spatial planning, transport, engagement with the third sector and communities, and support for carers.
- Continue to build on a community based approach, developing our assets of volunteers, carers, third sector organisations, active communities and statutory services.
- Adopt this community based approach to provide comprehensive and integrated services and support for people living with dementia.
- Ensure that the environment and infra-structure enables people to make healthy choices such as cycling and walking, as well as supporting economic growth and improved connectivity.
- Target preventative activities at the major causes of morbidity and premature mortality, in particular smoking, alcohol and falls.
- Make childhood obesity a priority for all stakeholders, tackling the underlying causes as part of a joined up strategy.
- Ensure continued improvement for Early Years and Foundation Programme, primary and secondary school children to achieve top quartile performance.
- Ensure the various strategies targeting families living in poverty are joined up to provide an integrated response.
- Address social inequalities through a comprehensive approach, encompassing opportunities such as employment as well as lifestyle behaviours, access to services and community engagement.
- Undertake more in depth analysis in the following areas:
 - Domestic violence
 - The care needs of people with learning disabilities
 - Impact of changes to the welfare system, particularly on families

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