

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

**1. Classification**

Open

**2. Key decision**

This is not a key decision

**3. Wards Affected**

County-wide

**4. Purpose**

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

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

**5. Recommendation**

**THAT:**

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

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

**6. Alternative Options**

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

outcomes for improved health and wellbeing across Herefordshire.

## **7. Reasons for Recommendations**

- 7.1 'Understanding Herefordshire' our population needs assessment is produced to ensure that future decisions on service priorities, planning and commissioning are based on what we understand about the key issues and long-term challenges in Herefordshire. It is a resource for use by the public sector, voluntary sector and the independent sector to inform decision making to ensure the needs of the population are responded to. As an evidence base it can be used to inform the process for budget decision making and obtaining funding to meet need in the county (from government, the EU and investment by the private sector in the county).
- 7.2 We have developed a health and wellbeing strategy based on the needs assessment and through engagement with a wide range of stakeholders and communities we have developed a health and wellbeing strategy. This sets out the vision and strategic direction for public sector partners in collaboration with the independent sector, voluntary sector and communities to improve the health and wellbeing of the population over the next five years. It provides an overarching framework for commissioning and service planning across the local public sector system. The health and wellbeing strategy sets out the vision and the five year approach to providing and commissioning the shared priorities for improving the health and wellbeing and reducing health inequalities in the population. It provides an overarching framework for commissioning and service planning across local health, social care and voluntary.

## **8. Key Considerations**

- 8.1 Understanding Herefordshire 2015 provides a single integrated assessment of health and wellbeing needs of the people of Herefordshire, meeting the statutory requirement to produce a joint strategic needs assessment (JSNA) to inform corporate business planning and commissioning intentions across the council. The full evidence database forming and underpinning Understanding Herefordshire will be available on the facts and figures website. The JSNA informs the health and wellbeing strategy, which has recently been approved by the health & wellbeing board and is attached at Appendix A.
- 8.2 The health and wellbeing strategy has been developed through extensive engagement with a wide range of stakeholders including communities and voluntary sector groups. The seven priorities identified in the strategy will be monitored by the health and wellbeing board to ensure that progress is made on delivering outcomes.

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

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

- I. Herefordshire's economic growth is still slow several years after the economic downturn at the end of the last decade, impacting negatively on resources and assets that the community at large have at their disposal. At a time when there is significant pressure on public finances and organisations need to deliver statutory services at a reduced cost and improve the outcomes for the population, it is essential that the best use of collective resources is made and this is a key part of the council's corporate plan priorities. The two are inter-linked.
- II. Given the aging structure of the county, enabling residents to be independent and lead fulfilling lives by improving outcomes for all adults is a priority, particularly for those who are made vulnerable by circumstance. The overarching vision for adult social care is to fundamentally change the way services are delivered by enabling adults to reduce dependency on the state, supporting them (and their carers if any) to look after themselves better and empowering the community to support individuals' self determination as long as possible. By focusing on improving public health outcomes, strengthening our housing offer and encouraging people to live a healthier lifestyle then demand on adult social care and the NHS will reduce.
- III. Herefordshire's overarching vision for looked after children and those with complex needs is the same as for all of Herefordshire's children and young people – *that we keep them safe and give them a great start in life*. Here too the way services are delivered is changing enabling children, young people, families and communities to exercise more choice and control over their lives.

#### 8.5 **Children's**

- a) The identification and response to critical issues that affect the development of children and young people so as to make a positive long term contribution to their lives was explored under various topics.
- b) Physical health of children needs improvement in terms of uptake of vaccination boosters; a particular concern for Public Health England is low uptake of human papilloma virus (HPV) vaccine for girls aged 12 -

13 years.

- c) Obesity in children is increasing, although current rates are not significantly higher than the national figures for under 5 year olds and Year 6 cohorts (10-12 years). There is a clear link between obesity and income deprivation affecting children due to a poor diet of saturated fats, sugars and carbohydrates through consumption of processed foods which are cheaper to purchase.
- d) Increase in the number of children that are ready for school at the end of the Early Years Foundation Stage (EYFS) to make a successful transition to school, with children rated as achieving a good level of development in the top quartile nationally. Educational attainment is improving steadily at all key stages with excellent progress at Key Stage 4, in comparison with England. However, the educational achievement gap between children in receipt of free school meals and who have English as an additional language compared with children who do not is wide and wider than the national average (England).
- e) The incidence of teenage pregnancy, repeat abortions and sexually transmitted infections (STIs) is high among young people aged under 19 years. The rates of STIs across the county are highest in the most deprived communities in Herefordshire, around three quarters higher than the rest of the county. Re-infection amongst young people is a marker of persistent risky behaviour, suggesting a lack of health information, or understanding of health risks, preventative measures or possibly, the effect of cultural pressures that override practicing safe sex.
- f) Emotional wellbeing and mental health of children is a concern. Young people are accessing the Child and Adolescent Mental Health Services (CAMHS), but many fall through the net as they transfer from CAMHS to adult mental health services. The service needs to be more person centred, with clear pathways and easier access to health services. More young women aged 15-19 years self harm than young men.
- g) In 2014, 75 juveniles aged 10-17 entered the youth justice system in the county for the first time. Although numbers have declined steadily from 2007, reducing crime in young people is a high priority as potentially, these offenders can be rehabilitated to seek a better way of life. This requires a better understanding of the drivers leading to offending and re-offending. Domestic abuse is the main reason why children have protection plans and/or taken into care. Whilst protection of children and young people has improved, there is limited availability of therapeutic services for children and young people, leaving many with life long emotional and mental problems after the abuse ends.

## 8.6 Adults

- a) The main causes of adult mortality in Herefordshire in 2014 were cardiovascular diseases, principally coronary heart disease and stroke (32 per cent), cancers (28 per cent), respiratory diseases (12 per cent). All of these diseases are preventable by making the right lifestyle choices such as not smoking tobacco, drinking alcohol in moderation, engaging in regular physical activity, and a having healthy diet. Evidence shows that people in Herefordshire could make better choices. In 2012, 66 per cent of adults were estimated to be either overweight or obese.
- b) Dementia accounted for 7 per cent of all deaths. With an aging population, it is clear that the prevalence of dementia will also increase as age is an indicator of dementia. By 2030, it is projected that Herefordshire will have over 5,000 persons aged 65+ years with dementia, and around 30 per cent of the population aged 90+ years are anticipated to develop the condition.
- c) Premature mortality (that is, under the age of 75 years) during 2010 and 2014 accounted for approximately 30 per cent of all age mortality in the county, with cancers and cardiovascular diseases being the main cause of death. Cancers and circulatory diseases account for around 60 per cent of the annual total of years of life lost in the county.
- d) In Herefordshire, where a person is born influences how long they live: life expectancy measures at birth show a clear link between low life expectancy and high levels of deprivation.
- e) Living well can sometimes be a challenge for the county's residents. The national target is to achieve 75 per cent uptake of influenza vaccine across those aged 65+ years is proving challenging locally (53.9 per cent) and nationally (52.3 per cent). The potential impact of 'flu' and pneumonia on health may be gauged by the current mortality spike being experienced locally with 50 deaths from January to March 2015 alone. A mental health needs assessment in 2014 found that Herefordshire is estimated to have over 14,000 adults with common mental health conditions<sup>1</sup>, higher among females across all conditions. Severe and enduring conditions<sup>2</sup> accounted for over 1400 registered patients at the end of 2013/14. There is a potential correlation between an increase in deprivation and propensity to self-harm, with more women self harming than men.
- f) There is a pronounced correlation between alcohol-specific (caused exclusively by the consumption of alcohol) hospital admission and deprivation across the county. In 2013/14, around 25 per cent of alcohol related admissions in the county were of adults aged less than

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<sup>1</sup> Such as, anxiety, depression, neuroses and phobias, post traumatic stress disorder, obsessive compulsive disorder.

<sup>2</sup> Such as non-organic psychosis, eating disorders, personality disorders, affective disorders, schizophrenia, self-harm.

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

## 8.7 Economic Growth

- a) In 2013, Herefordshire was estimated to have 112,400 residents aged between 16 and 64. Just over 75 per cent of the working population are in employment.
- b) The manufacturing and retail industries dominate the industrial landscape of Herefordshire. They are fewer in number but employ a large proportion of the working population on a full time basis. Ostensibly, jobs in these industries do not offer much value to the economy in terms of gross value added output (GVAO). Low economic productivity in turn influences how much employees can be paid, and how much they can demand, (creating a so called 'Catch 22' scenario). Therefore, a cause for concern is the low average weekly earnings of £405 compared to neighbouring counties and England. This is reflected in the low disposable income (GDHI) of a large proportion of the county's population, impacting more on women than men as women earn less than their male counterparts.
- c) Deeper analyses reveals that there is a shortage of high level skills in the county, and this requires further exploration, particularly in regard to small businesses operating across Herefordshire.
- d) The contribution of the self-employed is an important component of the county's economy; however, more forensic analysis is required to understand the economic components of self employment and small businesses/enterprises in the county, and their contribution to Herefordshire's overall economic growth.
- e) Herefordshire's agriculture (as part of the land based sector [agriculture and forestry]) accounts for 80 per cent of land use, 9 per cent of economic activity (GDP) and 9 per cent of employment opportunities (few 'employees' but high numbers of 'self employed'). This sector is also perceived as offering some opportunities for the county to generate improved economic growth and wealth in that it is vital to developing renewable energy and eco-system services. The Marches LEP strategic economic plan identifies food and drink, agri-technology, visitor economy and environmental technologies and services as four (out of seven) business sectors that are important to the area. The farming community is changing and diversifying into

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

- f) Herefordshire's rich natural environment is an income generator that attracts visiting scientists for its biodiversity and millions of visitors annually. Tourism is important to Herefordshire's economic development with 'Visit Herefordshire' contributing an estimated £415.8 million to the economy by attracting over 5 million visitors. Sustaining tourism is therefore essential to the economy.
- g) The evidence provided in this chapter points to a domino effect. To reverse the decline and boost economic growth in the county, Herefordshire needs to determine what sectors it wants to develop and promote, what employment it wants to create and what kind of businesses it wants to grow. Sustainable development is dependent on a clear understanding of what drives the local economy.

## 8.8 Wider Determinants of Health

- a) Positive differences in Herefordshire's adult social care system, the health economy or increased life expectancy cannot be realised unless the wider determinants of health are addressed.
- b) Transport and travel needs to be viewed more broadly as it presents challenges for many of Herefordshire's population, given the health inequalities and widely dispersed nature of the population living in both urban and rural communities.
- c) There is an urgent need for mixed tenure of housing, and affordable housing for people who do not own their own homes, or have life limiting conditions. Housing is a real challenge for people migrating to the county for work (for example, the shortage of nurses has meant the NHS recruits from abroad) but the lack of an affordable rental market creates further challenges on a pressured system. Plans for new housing development in line with projected population growth in the county have been validated after a subsequent evaluation.
- d) Herefordshire is a relatively safe place to live with generally low levels

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

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

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

## **9. Community Impact**

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

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

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

## **10. Equality and Human Rights**

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



those with protected characteristics.

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

## **11. Financial Implications**

- 11.1 For the JSNA, there are no direct financial implications other than more effective use of resources based on need.
- 11.2 Although there are also no direct financial implications resulting from the health and wellbeing strategy it is anticipated that the future commissioning plans which are informed by this will enable the council to manage demand more effectively which should lead to future savings. These savings will be quantified and reported as individual services are commissioned.

## **12. Legal Implications**

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

## **13. Risk Management**

- 13.1 *Understanding Herefordshire* (and its associated web-based integrated evidence base) mitigates the risk that priorities and commissioning decisions are not based upon assessment of need. However this requires the evidence to be used to inform decisions.
- 13.2 If the strategy is not published the Health and Wellbeing Board will be failing in its duty to agree and publish a joint health and wellbeing strategy.
- 13.3 Risk of not implementing the strategy will be mitigated by ensuring a process for the monitoring of progress is agreed and set up with Health and Wellbeing Board members.

## **14. Consultees**

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

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

## **15. Appendices**

Appendix A - Herefordshire Health and Wellbeing Strategy

Appendix B - Understanding Herefordshire (JSNA) Summary Report 2015

## **16. Background Papers**

None identified.