

Understanding Herefordshire

July 2015

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Section 116 of the LGPIH Act



Local Government and Public Involvement in Health Act 2007

Chapter 28

It is for:

- (a) the responsible local authority and
- (b) each of its partner PCTs

to prepare any assessment of relevant needs under this section in relation to the area of the responsible local authority.

Essentially this means:

- The development of a Joint Strategic Needs Assessment, known locally as Understanding Herefordshire.
- Through a joint process: Local Authority, Clinical Commissioning Group (NHS) and Public Health (as part of the Council).

Relationship

Joint Strategic Needs Assessment (JSNA)
Social care, health and wellbeing Needs

Joint Health & Wellbeing Strategy (JHWBS)
Strategic Direction, Shared Priorities, Shared Outcomes

Commissioning Plans
needs Led, outcome based, person centred, integrated

What is Joint Strategic Needs Assessment?

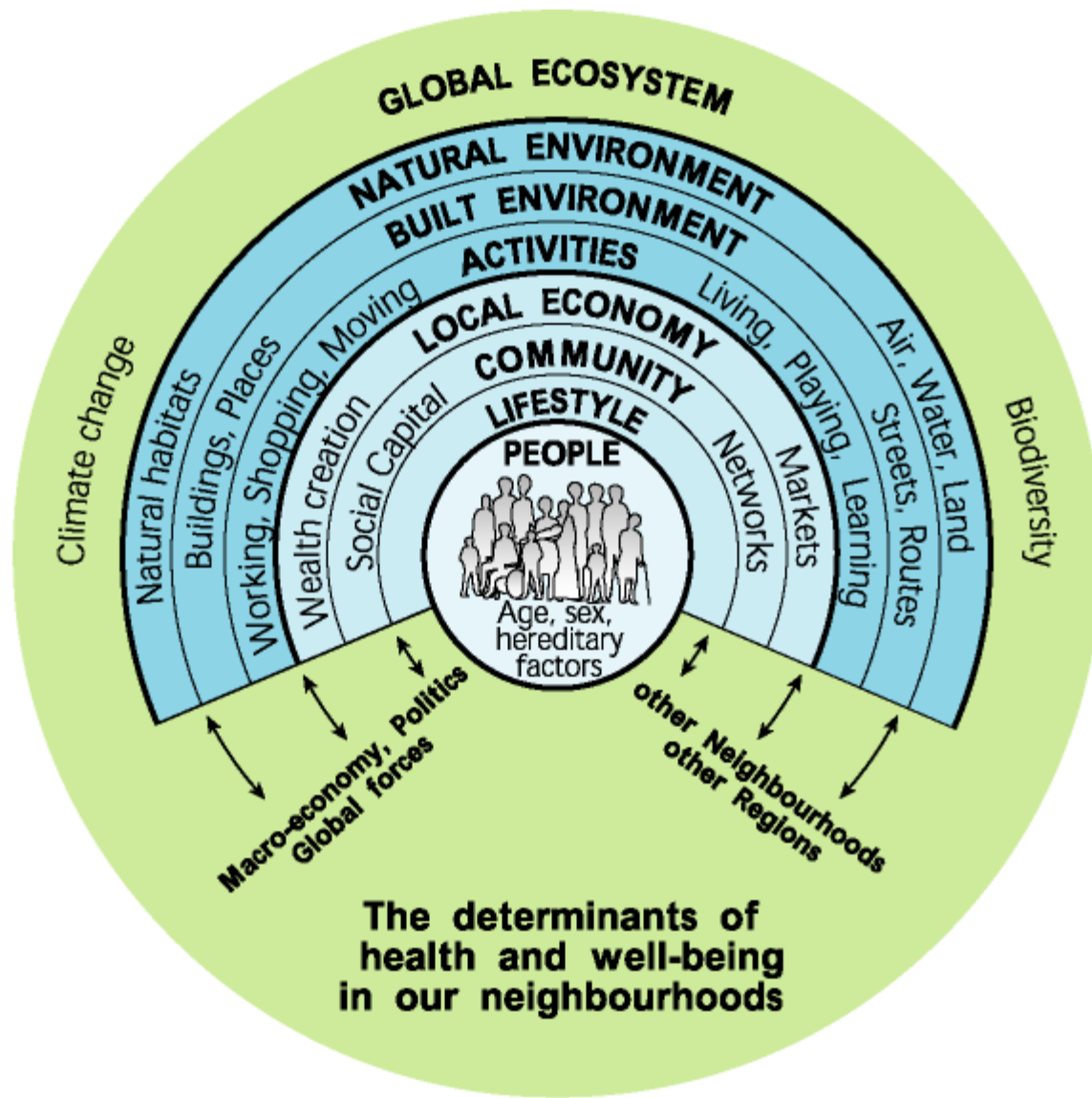
- A systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes, and reduce inequalities.
- Covering the whole population – across the life course, including vulnerable groups and those facing health inequalities.

For:

- better health and wellbeing for all
- better care for all
- better value for all

JSNA

- JSNA is **not a commissioning plan**
- **It focuses** our minds **on the longer term** – 5, 10, 20 years
- **identifies gaps in our knowledge** or intelligence, where we don't know what we need to know
- **Reduces conflict** around **validity and reliability** of data



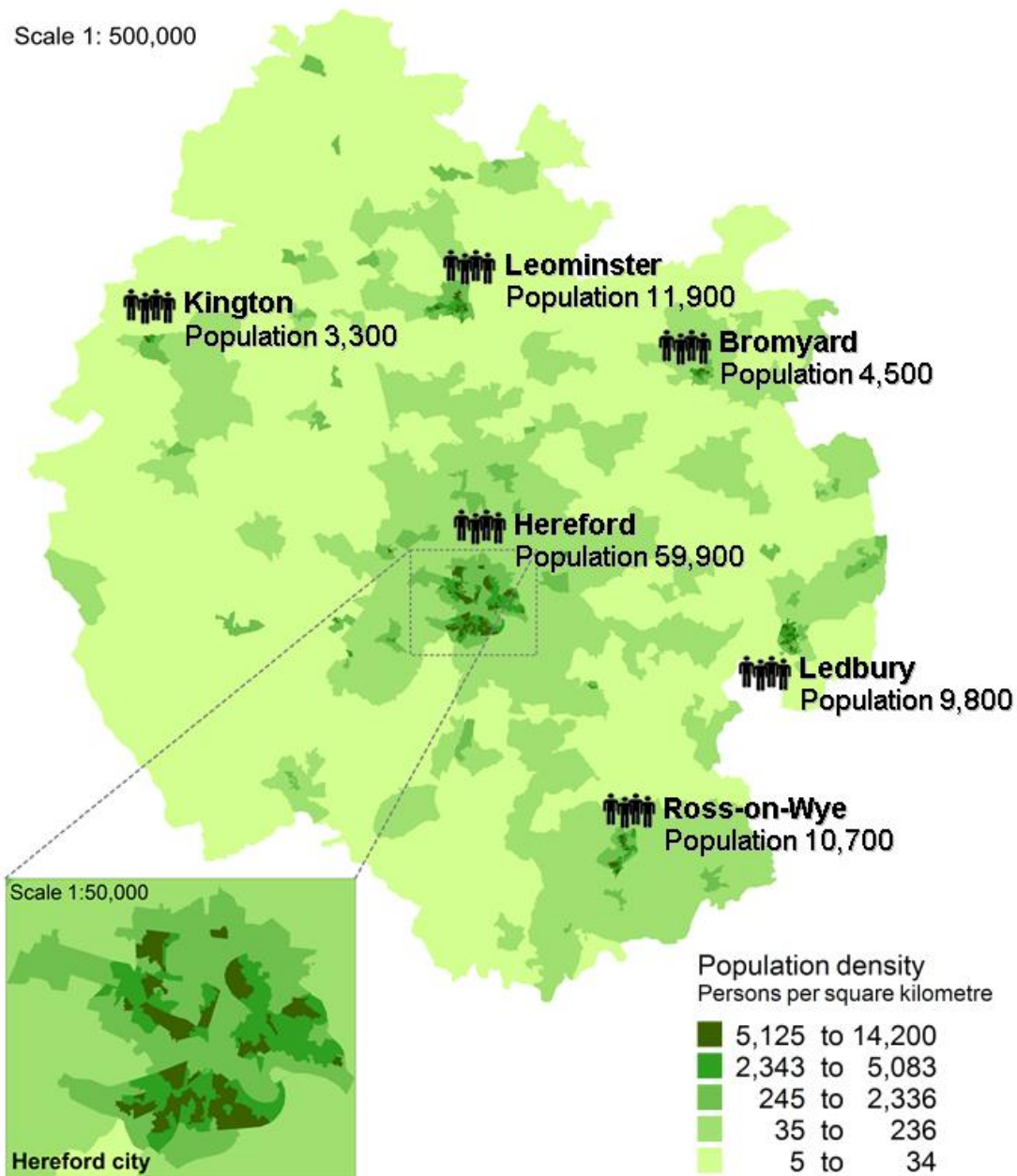
Understanding Herefordshire in 2015

- The JSNA summary report 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.
- Three main areas considered: 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

Place

- 2,180 square kilometres (excluding inland water)
- 95% is rural
- Population (mid 2013) estimate = 186,100 residents
- 4th lowest population density in England (0.85 persons per kilometre)
- Population projected to rise to between 203,000 and 205,000 by 2031.
- a low rate of population growth is 6.4% compared to England & Wales (8.8%) and West Midlands (7.5%) (measured 2001-13)

Scale 1: 500,000



Age structure

Children and Young People

- 53% of the population are children.
- In 2011, 31,400 children (16 years and younger)

Adults

- 23% are aged 65 years and over (42,000)
- 43% are aged 85+ (5,700)
- By 2031, 30% will be aged 65 to 84 years (50,300 to 50,500)

Profile

URBAN

- 1/3 of county residents live in Hereford – high numbers of young adults
- Five market towns have concentrated populations

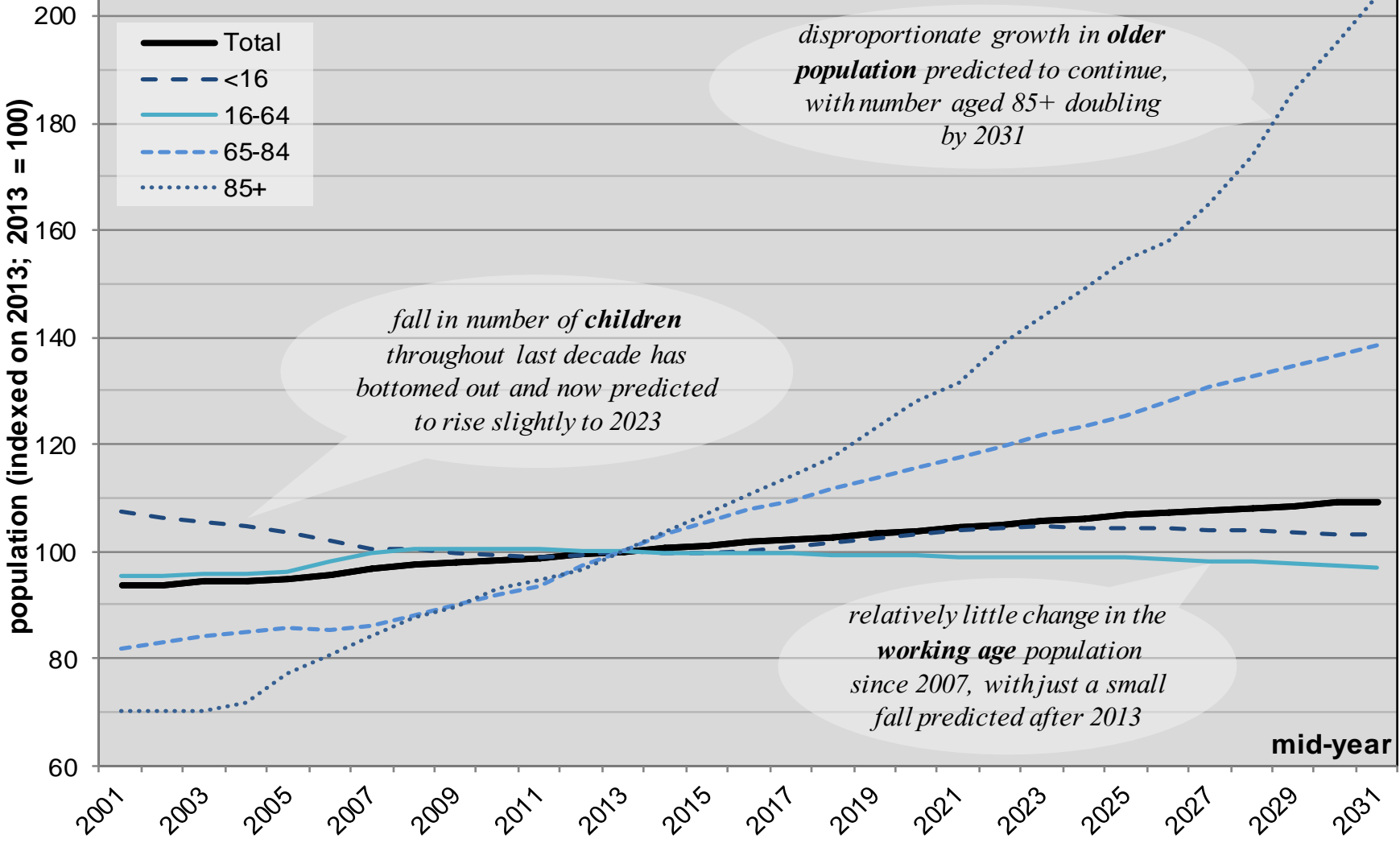
RURAL – 53%

- 60% of people aged 65+ (villages, hamlets and isolated dwellings)
- 54% of people aged 85+ (rural towns)
- 50% of children aged 16 years and younger

Drivers of population change

- $\frac{3}{4}$ of annual net migration is from overseas (from 'new' Europe)
- International net migration is key driver of population increase
- 2004-2013 57% of international migration were aged 21-39 and over 50% were male
- Largest flow in and out of the county are young people (18-20 year olds). Smallest flow are those aged over 75 years

Observed and predicted population growth, Herefordshire



*fall in number of **children** throughout last decade has bottomed out and now predicted to rise slightly to 2023*

*disproportionate growth in **older population** predicted to continue, with number aged 85+ doubling by 2031*

*relatively little change in the **working age** population since 2007, with just a small fall predicted after 2013*

mid-year

Children – starting well

- **Immunisation.** 95% immunisation uptake at 1st, 2nd and 5th birthdays for Polio, type B influenza, diphtheria, tetanus and whooping cough.

- **Education.** Overall trend is right direction. [2013/14 year]

Good Level of Development at end of reception 60% - same as national figures.

Phonics screening - 70% of year 1 pupils passed (74% in England)

Key Stages 1 & 2 – steady improvement

Key Stage 4 - 58.7% higher than England 56.8% achieving GCSE or other qualifications A-C grades.

Children – needs improving

- **Immunisation.** The county is performing significantly less well than England for 2nd birthday and 5th birthday boosters for Measles, mumps and rubella, and Influenza type B, and meningitis.
- **Immunisation** against **cervical cancer** for young teens (12-13 years) is 85% lower than England (87%) or West Midland rates (near 90%).
- **Being breast fed.** Rates of breastfeeding at 6-8 weeks are 46.7% marginally worse than national levels at 47.2%, [low anyway]. [2013/14].
- **Obesity.** 2013-14 rates show 8% of children under 5 years and 15.5% of those aged 10-12 years are obese.

Children – at risk

- The smoking status at the time of delivery was 14.1 per 100 maternities in Herefordshire, a rate significantly worse than 12 per 100 maternities nationally.
- Little evidence for mental health status in children under 5 years
- Young people falling through the net when moving from CAMHS to adult mental health services.
- 9,400 persons aged 17+ diagnosed with diabetes in 2014 (estimated that around 2200 are undiagnosed)

Children and young people - at risk

- Domestic abuse is primary reason for children having protection plans and looked after by the local authority
- Numbers of 'looked after children' continues to rise (273 in April 2015), but numbers of children with protection plans have dropped

Young People at risk

- Teenage conceptions – rate = 25% (national rate 27%)
- 55% of 260 teenage between 2010-12 ended in termination of pregnancy – 1/5th for girls aged under 16 years

Children's health & wellbeing

Biggest challenge is to tackle within county inequalities. For example:

- Obesity amongst 10-11 year olds is higher in urban areas.
- Highest rates of obesity in children in relatively deprived areas of county.
- In 2014, 8 per cent fewer pupils (53 per cent) receiving free school meals achieved the Year 1 Phonics threshold than did so in England (61 per cent), the gap has consistently been wider than national attainment.

Adults – living well

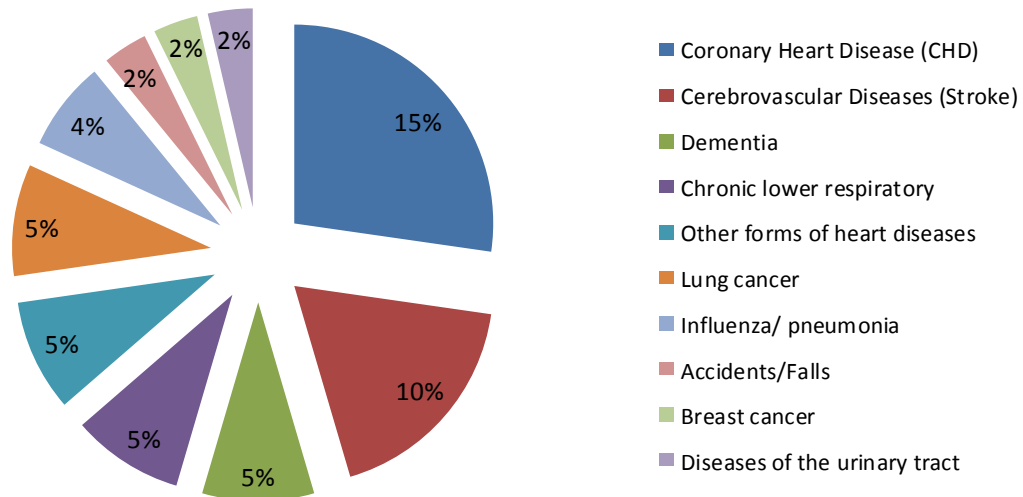
- Health life expectancy at birth (2010-12) was 65.3 years for males and 66.9 years for females, higher than England.
- Disability free life expectancy at birth is also high, significantly higher than England. 65.5 years for males & 66.6% for females.

Adults – living longer

- Mortality rates are falling since 2007.
- Premature mortality (under 75 years) accounts for 30% of all deaths with ill health and disease as the overall cause.

What kills us ?

**Top ten causes of mortality (percentage)
2010-2014**



General Population's Health

- Four disease groups account for over 75 per cent of all mortality in the county in 2014 – cardiovascular, cancers, respiratory diseases and dementia.
- In 2012, 66% of residents were overweight or obese.
- Major cause of smoking related hospital admissions was lung cancer.
- 60% smokers are males, of which 30% are under 65 years, and more tend to be routine and manual workers. More males in deprived communities smoke than from other areas.
- Higher prevalence of Cardiovascular disease (CVD) and respiratory diseases in county than England.
- High blood pressure, high cholesterol and hypertension together play a big role as risk factors in county's disease burden.
- Diabetes – upward trend placing people at risk of heart attacks

General Population's Health

- Alcohol misuse, physical inactivity, low fruit and vegetable intake and illicit drug use together account for the major preventable cause of premature mortality, disability and injury.
- Whilst also contributing to poor health outcomes, alcohol is also linked to a large proportion of violent crime and is implicated in domestic abuse.
- Drug related hospital admissions are slowly declining, but drug offences are increasing.

Alcohol statistics

- 20% of adult drinking population indulge in binge drinking (2009 estimates)
 - Alcohol related admissions (2013/14):
 - 25% aged <45 years
 - 40% aged 45 to 64 years
 - 35% aged 75% or over
- 60% were male

General health

- Rate of sexually transmitted infections is higher than England.
- Re-infection is higher among 15-19 year olds, especially amongst females.
- Uptake of HIV tests is higher amongst males, specially men who have sex with men.
- Flu immunisation for over 65+ is slightly below England's average, but similar for under 65+. Both rates could improve.

Older People's Health

- An estimated 3,000 people with dementia could almost double in 20 years.
- In 2014/15, 1428 people had a diagnosis of dementia (GP QOF data, March 2015).
- By 2030, it is projected that Herefordshire will have 5,048 persons aged 65+ years with dementia, an increase of 63 per cent from 3,100 in 2015.
- Around 30 per cent of the population aged 90+ years are anticipated to develop the condition.
- In Herefordshire, there were approximately 600 hospital admissions per annum for falls, from 2009/10 to 2013/14.
- Between 2010-2012, 2 per cent of all deaths were the result of a fall or accident equating to 205 people.

Health inequalities

Residents living in the most deprived areas generally

- have a shorter average life expectancy at birth and spend a greater part of that life expectancy with a disability when compared with residents of less deprived areas
- Smoking related mortality rates are higher amongst people living in the most deprived quartile than in the county overall, especially males.
- Residents living in the most deprived areas are nearly 50% more likely to die of coronary heart disease than those in the least deprived areas.
- Residents living in the most deprived areas are around 20% more likely to be admitted to hospital due to an accident
- Residents living in the most deprived areas are a third more likely to die of cancer.
- Pedestrians living in deprived areas of the county had a significantly higher rate of being killed or seriously injured (KSI)

Economy – employment

- 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.
- Of those in employment, 54 per cent were male (of which 82.1 per cent were aged 16-64) and 46 per cent were female (of which 71.2 per cent were aged 16-64).
- 16% of households are 'workless', i.e. every member is unemployed or inactive.

Economy - earnings

- In 2014, the median weekly earnings for people who work in Herefordshire were **£405.80** (\pm £51.70) significantly lower than those in the West Midlands region £479.10 (\pm £9.39) and England £523.30 (\pm £2.05).
- In 2014, women's earnings were 17 per cent lower than men's consistent with previous years' gender pay gap.
- Herefordshire's residents work 39.5 hours per week (median value) compared to those in England who work 37 hours/week

Economy – industry

- Within Herefordshire in 2013, the four industries employing the largest numbers of people were Manufacturing (11,500), Health (11,500), Retail (8,300) and Education (6,800).
- 1 in 2 jobs falls into one of the above categories.
- Herefordshire has more employment in low and medium-low technology manufacturing.
- Medium-high technology manufacturing and high technology manufacturing account for a lower proportion of employment in Herefordshire (23 per cent) than in the Marches (35 per cent), England (40 per cent) and West Midlands (45 per cent).
- Elementary occupations in manufacturing and retail industries do not attract high wages

Economy – productivity

- In 2014, Herefordshire has 9,590 businesses /enterprises.
- 90% of enterprises employ 9 or fewer people. 1% of enterprises employ 250 employees or more.
- The majority of enterprises in the county are categorised as 'micro' with 90 per cent employing 9 or fewer employees, whilst less than 1 per cent were categorised as 'large' employing 250 employees or more.

Productivity

- In 2013, Herefordshire's total GVA was £3,337 million, a decrease of 4 per cent from 2012
- GDHI per head in Herefordshire in 2012 was £16,722, lower than the UK by £344.

Economy – skills

- Skills shortage vacancies were most acute amongst caring and leisure occupations, skilled trades occupations and elementary occupations, which together account for around two-thirds (69 per cent) of all occupations.
- The incidence of skills gaps was also positively correlated with organisational size; the larger the organisation, the larger the skills gap.
- In 2013, the UK Competitiveness Index (UKCI) ranked Herefordshire 251 of 370 localities in the UK, with a score of 91.5 representing a decrease from its 2010 score of 97.7 and rank of 167, suggesting that Herefordshire does not have the competitive advantage of other counties.

Economy – sectors

Agriculture

- Herefordshire's agriculture as part of the land based sector (agriculture and forestry)] accounts for 80 per cent of land use, 9 per cent of economic activity (GDP) and 9 per cent of employment opportunities (few 'employees' but high numbers of 'self employed').

Military

- The British Army has a military base in Credenhill, Hereford.
- Herefordshire council has a corporate covenant which demonstrates support for the armed forces community.
- More intelligence needed.

Economy – sectors

Tourism

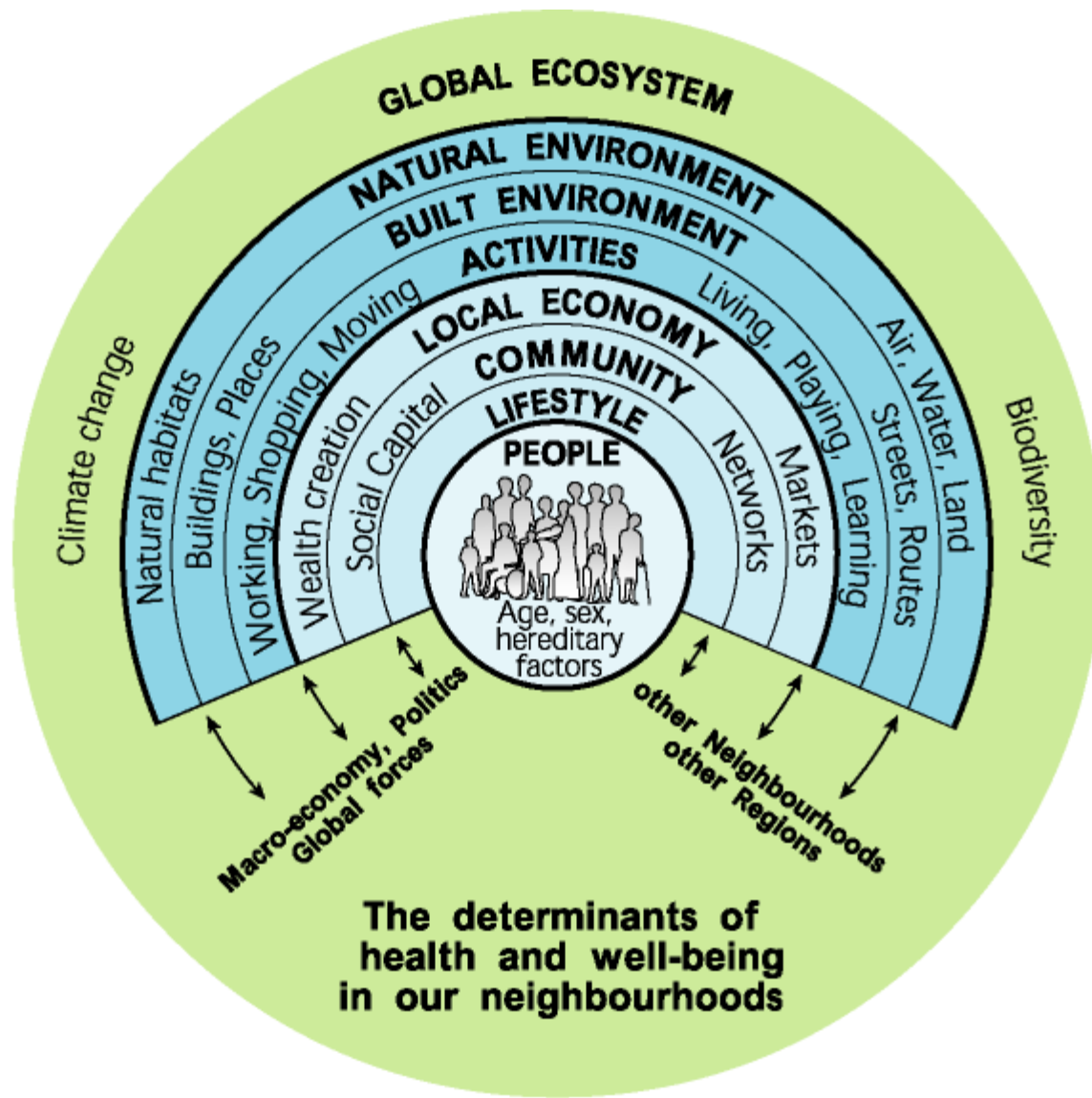
- Important to Herefordshire's economic development with 'Visit Herefordshire' contributing an estimated £415.3 million to the economy by attracting over 5 million visitors.
- Natural and historic landscapes

Third sector / Community organisations

- The economic contribution of voluntary (third sector) and community organisations as small or medium sized enterprises (SMEs) is underestimated.
- More intelligence needed.

Wider Determinants of Health

- ❖ Housing
- ❖ Transport, travel & access
- ❖ Fuel poverty
- ❖ Green spaces & natural environment
- ❖ Air quality
- ❖ Water quality
- ❖ Crime & being safe



The determinants of health and well-being in our neighbourhoods

Housing

- Just under 4 out of 5 residents lived in single family households
- 1 in 10 lived in one person households
- Market towns had the highest proportion of people aged 80+.
- Lone pensioner households accounted for 14% of all households (West Midlands = 13%; England & Wales = 12%)
- 21% of couples were aged 50 years and over (West Midlands 18% and England & Wales 17%)
- 9% were lone parents with dependent children, lower than West Midlands and England & Wales (both 11%). More live in the city and market towns.
- More married or same sex civil couple households, without children lived in rural locations. With children, a larger proportion of these households lived in rural areas.
- There were 850 concealed* families, an increase of 87% since 2001 compared to 70% nationally.

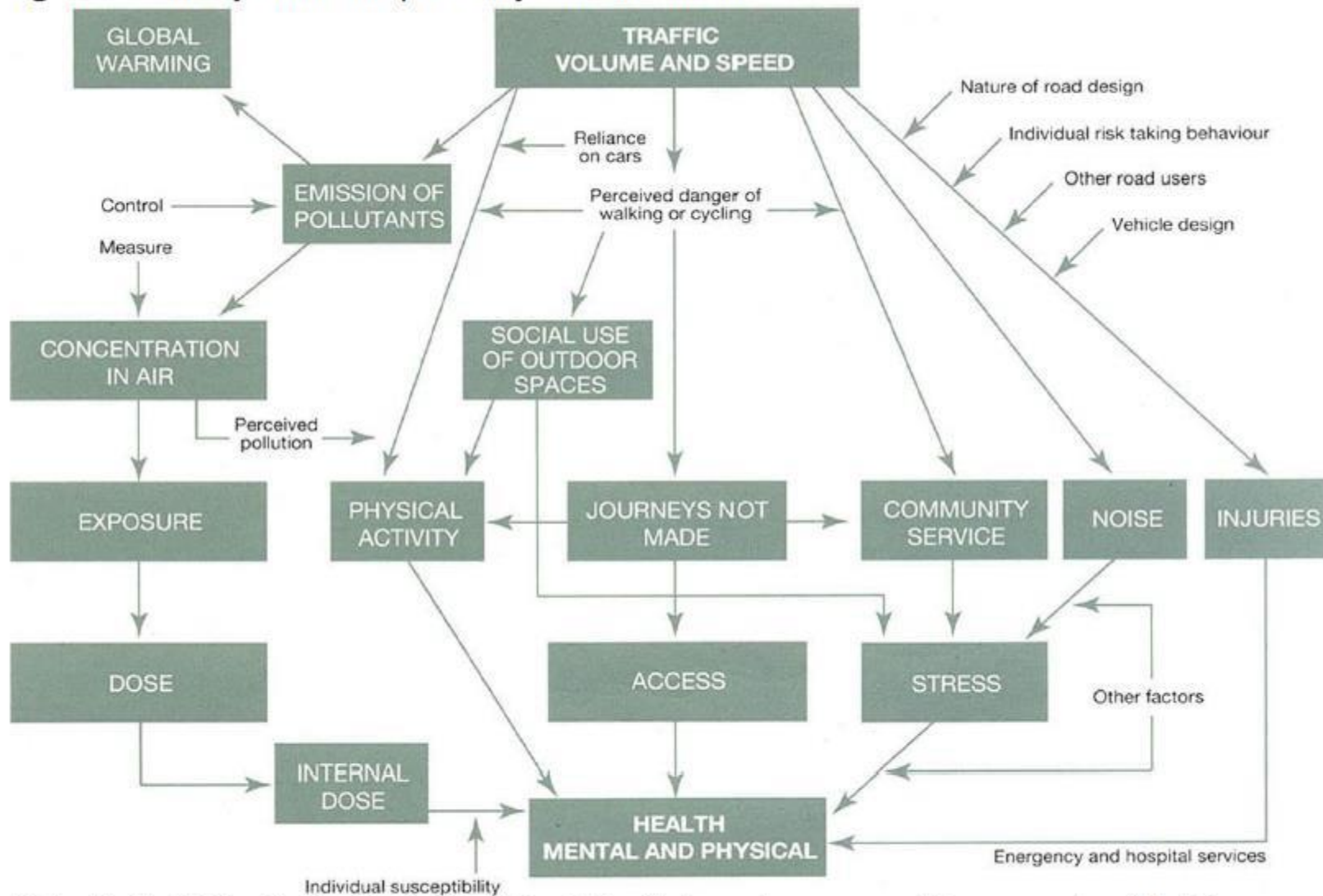
Housing

- Houses at lower end cost 8x the annual earning of lowest earners in 2014 (compared to West Midlands).
- 485 residential properties remained empty at May 2015.
- Average private rent is £550 per month; 3rd most expensive authority within West Midlands region.
- 16,500 new homes will be built by 2031.
- 159 new affordable homes were provided in rural and market town locations in 2014/15.
- There is a shortage of mix tenure of housing, and affordable housing for people who do not own their own homes, or have life limiting conditions. Lack of choice and major shortage needs addressing.

Transport, travel & access

- 1 in 4 people own a car in Herefordshire.
- Geographical distance is a challenge – sparse and rural locations.
- Herefordshire needs to ensure a system-level perspective on health and transport planning

Figure 24: Pathways from Transport Policy to Health Outcomes



Metcalfe O., Higgins C. *Healthy Public Policy: Is health impact assessment the cornerstone?* *Public Health*, 2009, 123(4): 296-301.

Fuel Poverty

- As many as 95 per cent or around 12,000 fuel poor homes in Herefordshire.
- There were approximately 700 deaths per annum during the four designated winter months in Herefordshire between 2006/07 and 2013/14, or around 36 per cent of total mortality.
- Almost 15 per cent of winter mortality is accounted for by broncho-pneumonia or pneumonia.
- Inefficient domestic heating contributes to higher than typical domestic carbon emissions. In 2012, domestic emissions accounted for 35 per cent (438,237 tonnes) of Herefordshire's carbon footprint.

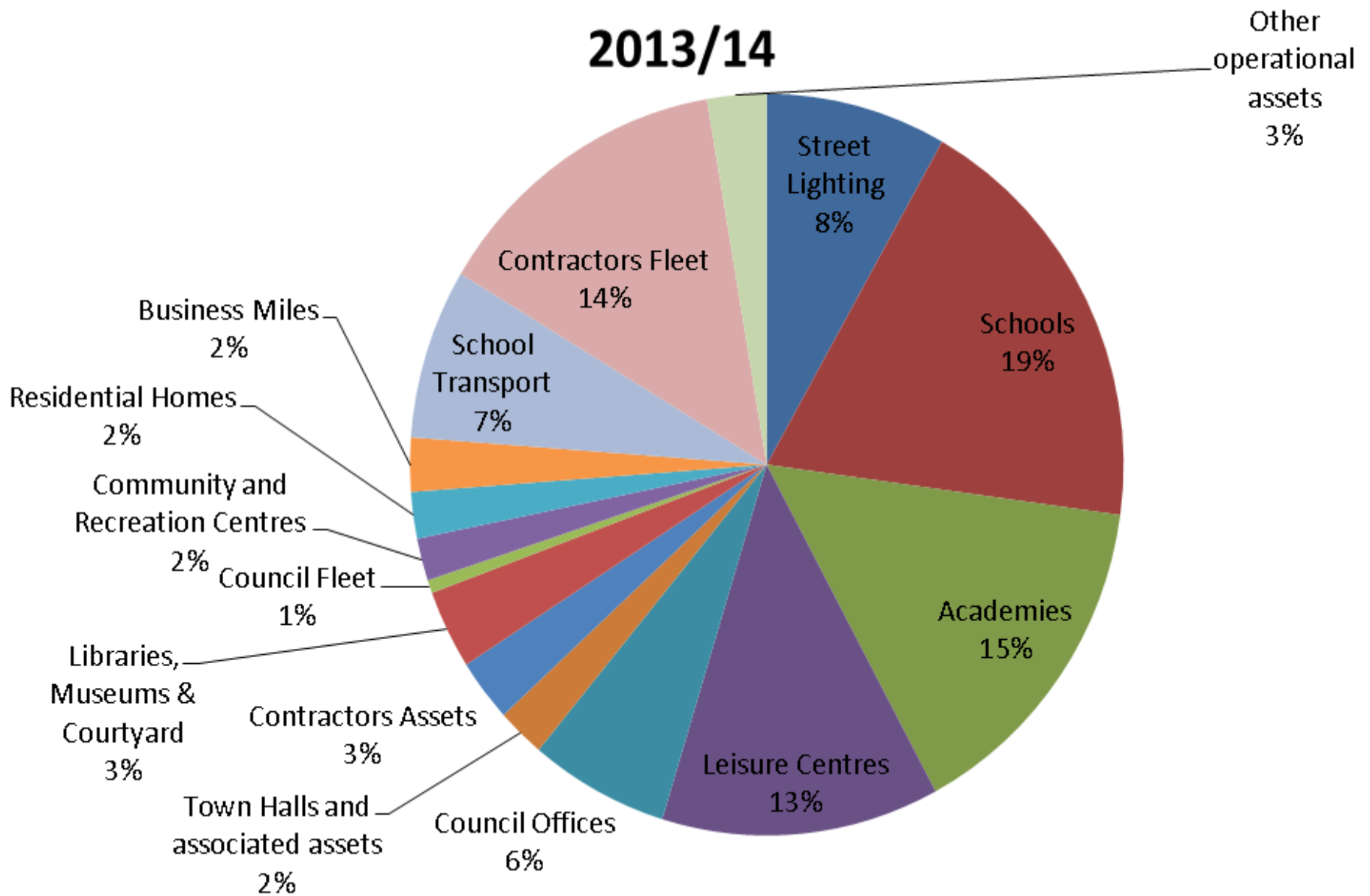
Green Spaces

- Herefordshire has a rich natural environment with nationally and locally protected sites.
- Natural environment and green spaces lie at the heart of wellbeing since they contribute in a number of ways to improve the health and wellbeing of individuals and the population
- A total of 1496.43 hectares of land designated as sites of special scientific interest (SSSI) by Natural England. But only 91.03 hectares are in a favourable condition.
- There are four 'Special Areas of Conservation' within Herefordshire: Wye Valley Woodlands, River Wye, River Clun and Downton Gorge, and two designated 'Areas of Outstanding Beauty' which includes part of the Malvern Hills (58.5 per cent) and part of the Wye Valley (46 per cent). Survival of over 94 per cent habitats and species contained within are under threat as a result of their unfavourable condition.

Air and Water Quality

- Herefordshire's air quality is generally very good.
- In 2012, the estimated proportion of deaths in those aged 30 and over attributable to air pollution in Herefordshire was 4.1 per cent compared to an equivalent value of 5.1 per cent in both the West Midlands and England.
- In 2013/14, Herefordshire Council's greenhouse gas (CO₂) emissions were 21,380 tonnes, and trend is greater reduction in next few years as strategies take effect.
- Carbon emissions data broken down by source can help identify where interventions could be introduced.
- In 2014, 23 per cent of all microbiological sample results of private water supply taken by the local authority were unsatisfactory. Mains water from Welsh Water is treated.

2013/14



Being Safe

- Locally, casualties increased from 61 (from 54 collisions) in 2013 to 83 (from 65 collisions) in 2014.
- A significantly higher rate (40.4 per 100,000) of emergency admissions for car occupants than England (22.3 per 100,000).
- 3 times as many males than females are involved in serious casualties (2008-12)
- In 2014, 31 per cent of casualties were from the 16-25 group.
- In 2014, the number of child (0-15) casualties decreased from 7 in 2013 to 4 in 2014.
- In 2014 with two age groups identified as particularly high risk, those aged 16-25 and those aged 60+.

Crime

- The Community Safety Annual Assessment (2015) found that Herefordshire is generally a safe place to live with low levels of crime although there are still some challenges to reducing crime in urban areas and in domestic abuse settings.
- Since 2010, the overall rate of recorded crimes has steadily decreased.
- Domestic violence & sexual offences have increased over past 3 years.
- Within Herefordshire, the urban centre of Hereford is the least safe, experiencing more crime than the rest of the county.

Considerations

- Nearly 80 recommendations.
- Building sustainable communities depends on building social capital. Low social capital significantly increases mortality, risks of long term health conditions, and loneliness and social isolation.
- Building social capital relies heavily on the contribution volunteers and the third sector organisations make.
- Building resilience in the community relies heavily on the contribution of carers.

What does this all mean for commissioners, leaders, directors, public health?

- **Collaboration**

- members, leaders, directors work together to improve well being and life outcomes for people in their locality – leadership interventions

- **Challenges**

- What are the common and what are the separate challenges?

- **Commissioning**

- Intelligent commissioning and smarter procurement – what to buy where, and when
- Needs of the system as well as individual needs – longer term planning – what does ‘good’ look like
- Guides our information planning – refines questions on commissioning (strategies)

The right questions?

- What is the future shape of the population, especially in terms of age and ethnicity and migration patterns?
 - What impact will this changing shape have on the major issues we have already identified, and will it throw up others?
- How have the key issues we have identified changed over time and how will they change over the next 5/10/15 years?
 - What are the potential impacts of changes in health and social care technology and care practice?
 - What are the key challenges in developing self-efficacy related to health and social care issues? e.g. what are attitudes of different client and professional groups to increasing emphasis on self-care?
- What are the particular issues for the specific population groups we have identified?
 - e.g. people with learning difficulties, older people, carers.
- What are the key health challenges our local communities will face as a result of
 - housing, employment and income, transport and communications, climate change
- What are the key themes emerging from our existing mechanisms to give local people a 'voice'?
- What are the questions local health & social care commissioners need answers to?

What is...

Understanding Herefordshire

annual high level summary
'integrated needs assessment' (INA)
JSNA

In depth analyses & needs assessment

topics identified through INA process e.g. Children or Mental Health

Locality

Population

Topic

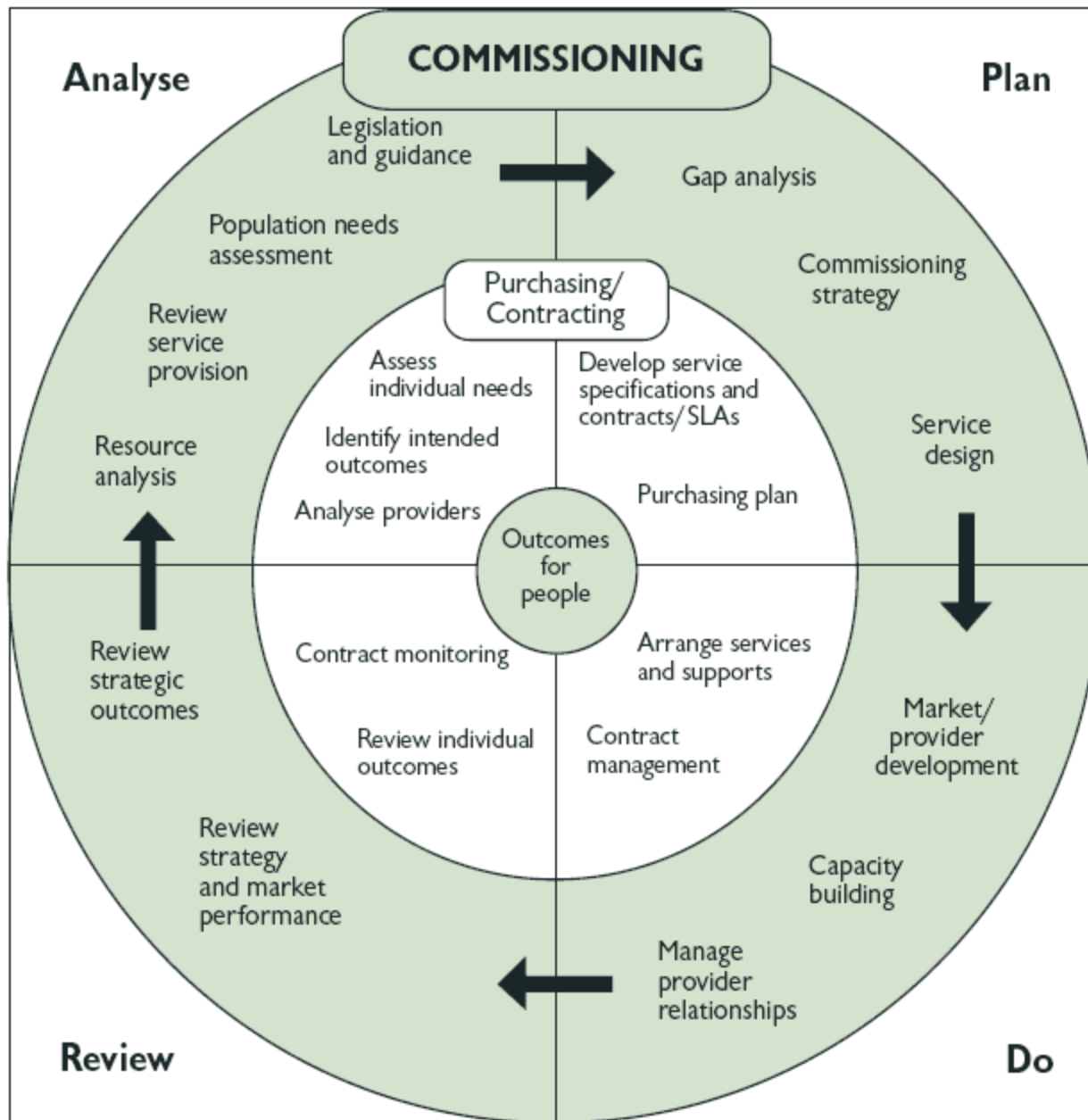
Customers

Performance

Integrated Evidence Base (online – Facts and Figures)

Research & Intelligence

- Relevant
- Purposeful
- Timely
- Rigorous
- Actionable / Resourced
- Joined up



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