

# UNDERSTANDING HEREFORDSHIRE

## JOINT STRATEGIC NEEDS ASSESSMENT 2017



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## EXECUTIVE SUMMARY – KEY MESSAGES

**Population**

- Herefordshire is a predominantly rural county, with the 4th lowest population density in England, although the population is growing slowly, largely as a result of international migration to the county.
- Individuals aged 65 and over account for 23 per cent of the population and the numbers are projected to grow at a similar rate as during the last decade, although the number aged 85+ will rise even more rapidly.

**Economy**

- Herefordshire's economy has improved steadily since the UK economic crash of 2008 and between 2014 and 2015 the number of active small or micro business enterprises in the county increased by one percent
- Herefordshire has a high proportion of older working age adults (mid-forties to the age of 64).
- Average wages in the county are 13 per cent lower than across the West Midlands and 18 per cent lower than for England as a whole; women in Herefordshire earn 16 per cent less than their male colleagues.
- The largest industry sector in Herefordshire is 'Agriculture, forestry and fishing' is the largest industry sector in Herefordshire, accounting for 24 per cent of total businesses, although the industry employs a disproportionately low number of people in the county.
- There are high expectations that the new Herefordshire University planned for 2018/19 will boost the economy, attracting new students from out with the county whilst retaining and developing the county's own young people, talent and skills.

**Environment**

- Mortality attributable to particulate air pollution is lower in Herefordshire compared to both the West Midlands and England.
- The quality of the county's mains water supply is high, although the quality of private supplies is more variable.

**Community**

- There are 5,422 carers registered in Herefordshire of which 24 per cent were aged between 65 and 80 years.
- Seventy per cent of residents in care homes and those who receive help in their own home are satisfied with the services they receive and feel that the care and support provided increases their quality of life.

### Crime and Safety

- Herefordshire is a relatively low crime rate area.
- While the overall rate of reoffending has reduced over time the number of juvenile re-offenders is increasing faster than regionally or nationally.
- Eighty per cent of anti-social behaviour categorised as 'nuisance' offences are committed by young people.

### Starting Well: Mothers, Babies and Children

- The proportion of pregnant women in Herefordshire who are smoke has reduced by half since 2006/07 and is below the national ambition of 11 per cent as set by the government's Tobacco Control Plan.
- The perinatal mortality rate in Herefordshire of 8.6 per 1,000 total births is significantly higher than both the national rates, while the local infant mortality rate was similar to those for England and the West Midlands.
- In areas, such as breastfeeding and immunisations, there have been steady improvements in Herefordshire.
- In Herefordshire's 5 year olds the figures for the mean number of decayed, missing or filled teeth and the proportion free from dental decay are worse than those observed nationally and regionally.
- In Herefordshire 9.8 per cent of reception year children are obese, while the combined proportion of obese and overweight was 22.2 per cent; for year 6 children the prevalence of obesity was 19.8 per cent, while the combined figure for obese and overweight children was 33.8 per cent.

### Starting Well: Early Help and Protection

- The number of children with protection plans in Herefordshire is falling, although the number of looked after children has increased over the last few years.
- The county provides much needed support for Syrian refugees and unaccompanied asylum seeker children.

### Learning Well: Children in Education

- Herefordshire is above the national average for pupils achieving a Good Level of Development (GLD) standard and the county is in the top quartile of local authorities in England.
- Steady improvement has been observed at other levels (Phonics, Key Stages 1 and 2), although a mixed picture is evident for children at key stage 4 attending the county's state maintained schools.

### Doing Well: Young People in Education and Training

- Fewer 16 and 17 year olds in Herefordshire are in full time education and training (89.6 per cent) compared to the England average of 91.3 per cent.
- Compared to national figures Herefordshire has a smaller percentages of the 16 and 17 year old cohort engaged in Apprenticeships, Training, Work Based Learning and Part time Education.

### Inequalities in Education

- It is estimated that 14.7 per cent of children under 16 in Herefordshire are living in poverty, although this figure is significantly lower than across both the West Midlands region and England.
- Children living in areas of the county with higher levels of child poverty performed below the county average at both Key Stage 1 and Key Stage 2.

### Living Well: Adults' Healthy Lifestyles

- Forty six per cent of adults in Herefordshire are estimated to be either overweight or obese and local evidence suggests strong links between likelihood of becoming morbidly obese and social deprivation.
- Recent estimates indicated that 21 per cent of Herefordshire's adults binge drink, particularly amongst people aged 40 years and over.
- Both the hospital admissions rate for alcohol-specific conditions and alcohol specific mortality rate in Herefordshire are significantly lower than the national figures, although the admission rate for those under the age of 18 is higher in Herefordshire than across England as a whole.
- The prevalence of adult smokers in Herefordshire (17.5 per cent) is higher than in England as a whole (16.9 per cent); across the county smoking prevalence is greater in areas of high deprivation.
- In recent years the rate at which individuals in Herefordshire successfully quit smoking has fallen by over 70 per cent.
- While locally the overall prevalence for opiate and crack cocaine usage is lower than the England figure, the rate of intravenous use is higher than that reported nationally.
- The level of physical activity is higher in Herefordshire than the average for comparator counties and unitary authorities, while the local level of inactivity is lower.

### Living Longer

- Life expectancy in Herefordshire is 80.4 years for males 83.9 years for females, with both figures being higher than the national figure.
- Healthy life expectancy in Herefordshire is 67.1 years for males and 68.2 years for females which are both higher than the national figures.

### Being Well: General Health of Adults

- Over recent years prevalence of cardiovascular disease in Herefordshire has remained stable, although the local figure has been consistently higher than across England as a whole.
- Since the turn of century the number of new cancer cases diagnosed annually in Herefordshire has increased steadily and is greater than the national figure the local cancer mortality rate in has been consistently lower than both the national and regional rates.
- The most common causes of cancer-related deaths in Herefordshire are lung, urological and upper and lower gastro-intestinal cancers.
- People suffering with chronic obstructive pulmonary disease in Herefordshire have increased steadily since 2005/06 and since 2011/12 the local prevalence has been higher than the national figure.
- The prevalence of common mental disorders in Herefordshire is lower than national and regional figures.

### Aging Well: People Aged 65 Years and Over

- In Herefordshire life expectancy at 65 is 19.5 years for males and 22.0 years for females, with both figures rising steadily since 2000 and are higher than those recorded nationally
- In 2015/16 there were over 900 fall related hospital admissions in Herefordshire residents aged 65 and over with almost two thirds being for females.
- The rate of fall related admissions are highest in the most deprived areas of the county.
- Across the county 97 per cent of all dementia cases are in those aged 65 and over.
- Over half of all excess winter deaths in Herefordshire are in those aged 85 and over with the most common underlying cause being respiratory disease.
- The Herefordshire prevalence of dementia in individuals aged 65 and over is lower than in West Midlands and England as a whole.

## INTRODUCTION

The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of the local community in Herefordshire. The JSNA informs the Joint Health and Wellbeing Strategy (JHWS) which describes the plans for meeting the needs identified in the JSNA and also underpins the work programme for the Sustainability and Transformation Plan (STP) which aims to ensure that local NHS services are safe and sustainable for the future. Herefordshire Council and Herefordshire Clinical Commissioning Group (HCCG) have equal and joint duties to prepare JSNAs and JHWSs through the Health and Wellbeing Board established by the local authority. The JSNA is a continuous process and is refreshed annually (as part of *Understanding Herefordshire*) as additional information becomes available. The aim of the document is to provide a shared understanding of the size and nature of Herefordshire's population in one place.

The JSNA is increasingly important as a shared resource through which different organisations across sectors can understand the needs and nature of local communities. In order for the JSNA to be a shared endeavour, Herefordshire's Health and Wellbeing Board established a JSNA Steering Group in 2016 to provide oversight and achieve a balance between professional analysis and engagement from a wide variety of organisations. Chaired by the Director of Public Health, the group has completed the first phase of identifying key areas for research for a three to five year JSNA work programme aligned to the Herefordshire Sustainable and Transformation Programme.

This refreshed 2017 JSNA follows a life course approach as set out in the Marmot review 2010 'Fair Society, Healthy Lives' (see Figure 1) and is based on the understanding that:

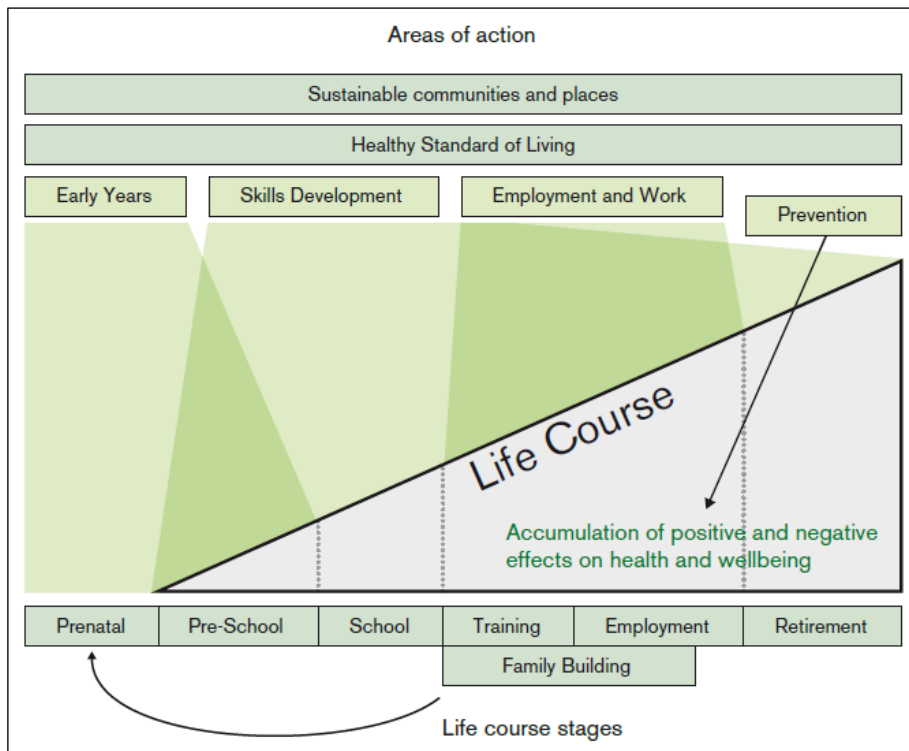
*“Disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken”*

Marmot Review (2010).

The summary report provides an update on some key areas such as health, social care, education and economy, with electronic links to the underlying evidence base. It also reports on several projects undertaken since the last JSNA along with a description of the latest population statistics for the county. Where possible, it has been useful to benchmark outcomes in the county against regional, national and statistical neighbours. Insights will be gained on the wider determinants of health and being (see Figure 2 below). It is important to note that the 2017 JSNA is a refresh of some wider determinants of wellbeing but not all. For example, people's homes are an important factor in their

health and wellbeing, however, housing is not reported here but will be later on in the year when a local housing and health profile is due to be completed.

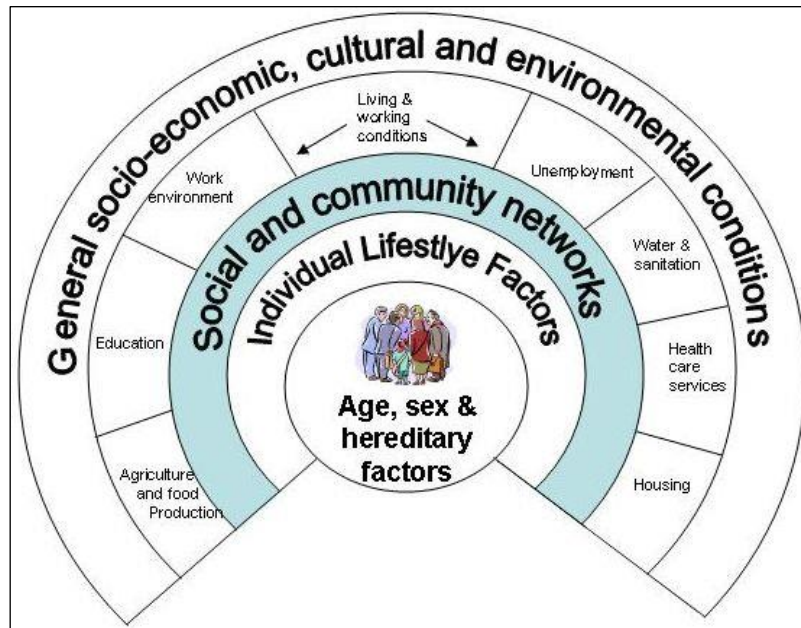
**Figure 1: Action across the Life Course**



Source: 'Fair Society, Healthy Lives – Marmot Review, 2010

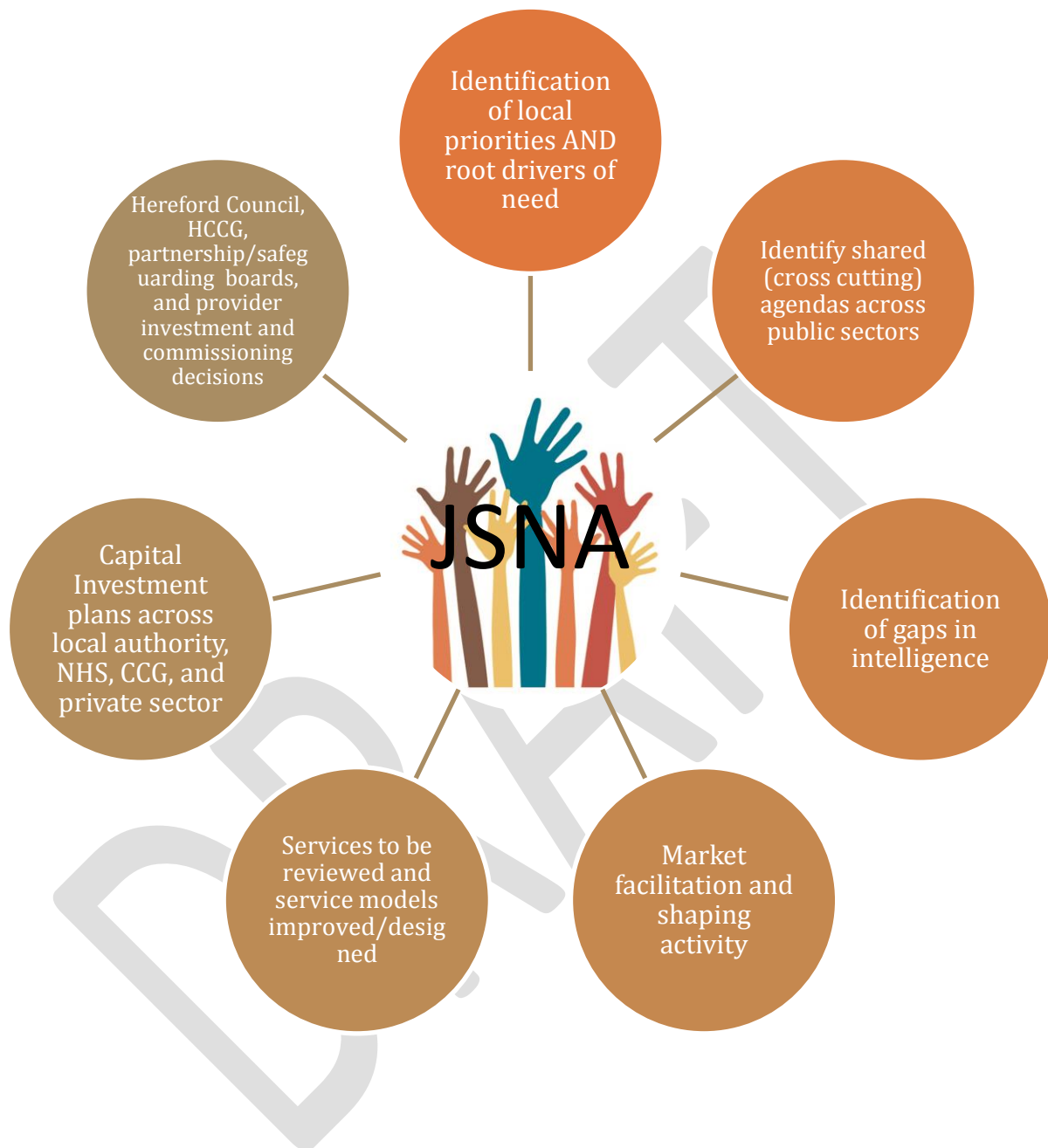
**Figure 2: Wider Determinants of Health and Wellbeing (Dahlgren & Whitehead, 1992)**





### HOW TO USE THE JSNA

Herefordshire Council's and Herefordshire Clinical Commissioning Group's focus is on prevention, early intervention and demand management in order to deliver better outcomes for individuals and the community as a whole, whilst also managing the challenges of scarce public resources. This requires a broad view of health and wellbeing that accounts for the wider socio-economic factors that affect the health and happiness of Herefordshire's children, young people, adults and families.



**HEREFORDSHIRE – A PROFILE**

Herefordshire is situated in the south-west of the West Midlands region bordering Wales. The city of Hereford lies in the middle of the county and other principal locations are the five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington.

Herefordshire has beautiful unspoilt countryside with remote valleys and rivers and a distinctive heritage. The River Wye divides the county, flowing east from the Welsh border through Hereford city before turning south to flow through the Wye Valley 'Area of Outstanding Natural Beauty'. The Malvern Hills rising to 400m border the east of county, while the south-west is dominated by the western reaches of the Black Mountains with altitudes of more than 600m.

### **KEY FACTS**

**Land area = 2,180 square kilometres (km<sup>2</sup>)**

**95% of land area is 'rural' and 53% of the population live in rural areas**

**2 in 5 residents live in the most dispersed rural areas**

**Population (mid-2015) estimate = 188,100 residents**

**4th lowest population density in England: 86 people per km<sup>2</sup>**

**Density varies across county: 13 people per km<sup>2</sup> in areas of the north west and south west of the county to 8,000 per km<sup>2</sup> in Hereford**

**1 in 3 county residents live in Hereford (60,400)**

**1 in 5 live in market towns: Leominster - (11,900), Ross on Wye - (11,100), and Ledbury - (9,900), Bromyard (4,600) and Kington (3,300)**

**From 2001-2015, the county had a low rate of population growth (7.5%) compared to England & Wales (10.6%) and West Midlands (8.9%)**

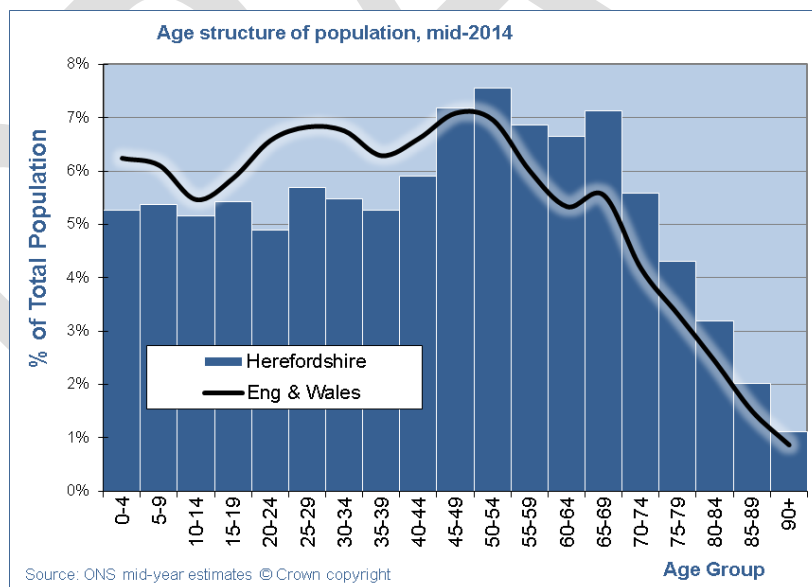
## POPULATION

The current (mid-2015) estimate of Herefordshire's resident population is 188,100. This figure represents an increase of eight per cent since 2001 which is lower than the 11 per cent growth recorded for England and Wales as a whole. The county has an older age population profile than England & Wales, **with 23 per cent of the population aged 65 years or above (43,900 people)**, compared to

18 per cent nationally. This includes **5,900 people aged 85 and over**. There were 30 per cent more people aged 65+ than there were in 2001, compared with a 24 per cent increase nationally - see Figure 3. If recent trends were to continue, this same natural ageing of the population structure would see the total population of **Herefordshire increase from 188,100 people in 2015 to 205,600 people by 2034** (an increase of nine per cent). However, the working age population would fall from 112,500 to 108,900 in 2034 (a decrease of three per cent), with the sharpest decline occurring after 2025 when the second generation of ‘baby boomers’ (i.e. those born in the 1960s) begin to move into retirement age.

Although the flows of people moving between the county and other parts of the UK (internal migration) are larger than those between the county and abroad (international migration), three-quarters of the county’s annual total *net* migration is generated by migration from overseas which has been the case since the expansion of the European Union in 2004. However, in the year to mid-2015 local internal emigration and immigration cancelled each other out to leave immigration of foreign nationals as the sole component of net migration in Herefordshire. In terms of ethnicity, Herefordshire has a relatively small, but growing Black, Asian and Minority Ethnic (BAME) population (6.4 per cent in 2011) which is considerably lower than that recorded nationally (19.5 per cent). People of ‘white other’ origin (i.e. not British; Irish; Gypsy or Irish Traveller) made up the largest single minority group in the county - 3.9% of the population, of which over half are Polish.

Figure 3: Age structure of Herefordshire population, 2015 mid-year estimates.



ECONOMY

Working age population

Herefordshire has a lower proportion of younger working age adults (from the age of 16 to mid-forties) compared with England & Wales as a whole, but has a higher proportion of older working age adults (mid-forties to the age of 64). There was a sharp increase in the number of 16 to 64 year olds during the middle of the decade, largely due to international migration. However, since 2008 numbers have been gradually declining due to relatively lower migration levels and since 2010 by the post-war 'baby-boomers' moving into retirement age.

### **Businesses**

Latest published data from Inter Departmental Business Register (IDBR) shows that in 2016, Herefordshire's **total enterprise count (that is, overall businesses) totalled 10,070** representing a one per cent increase from 2015 (9,950 enterprises). In line with regional and national figures, the majority (90 per cent) of these were 'micro' enterprises employing 9 or fewer employees, while 8.5 per cent were 'small' (employing 10 to 49 people) and 1.3 per cent were 'medium' size enterprises employing 50 to 249 employees. The enterprises classified as 'large' (employing 250 employees or more) accounted for a very small percentage of businesses (0.2 per cent) in Herefordshire.

By far the **largest industry in Herefordshire is 'agriculture, forestry and fishing'** accounting for 24 per cent of total businesses in the county, but employing the fewest number of employees in the county. The second largest industry is taken up by 'construction and professional, technical activities' (22 per cent) - see Figure 4.

There were more new business start-ups in 2015 than they were at the onset of the recession in 2008, which indicates a steady trend of economic recovery from the recession in Herefordshire. **In 2015 there were a total of 8,290 active businesses** in Herefordshire and it was the third consecutive year in which there were more business births than deaths in the county. The new business registration rate<sup>1</sup> in Herefordshire is lower than that of west Midlands but higher than England as a whole.

In Herefordshire, there were an **estimated total of 71,200 employees in 2015, an increase** from 71,700 in 2014. Of these, the majority are employed in the private sector (85 per cent) with the remaining 15 per cent work in the public sector, a figure lower than for the West Midlands (19 per cent) but higher than for England and Wales as a whole (17 per cent). Locally annualised<sup>2</sup> earnings were approximately £23,200, a figure 13 per cent lower than the West Midlands (£26,600) and 18 per cent lower than England as a whole (£28,350). In 2016, **women's earnings in Herefordshire were**

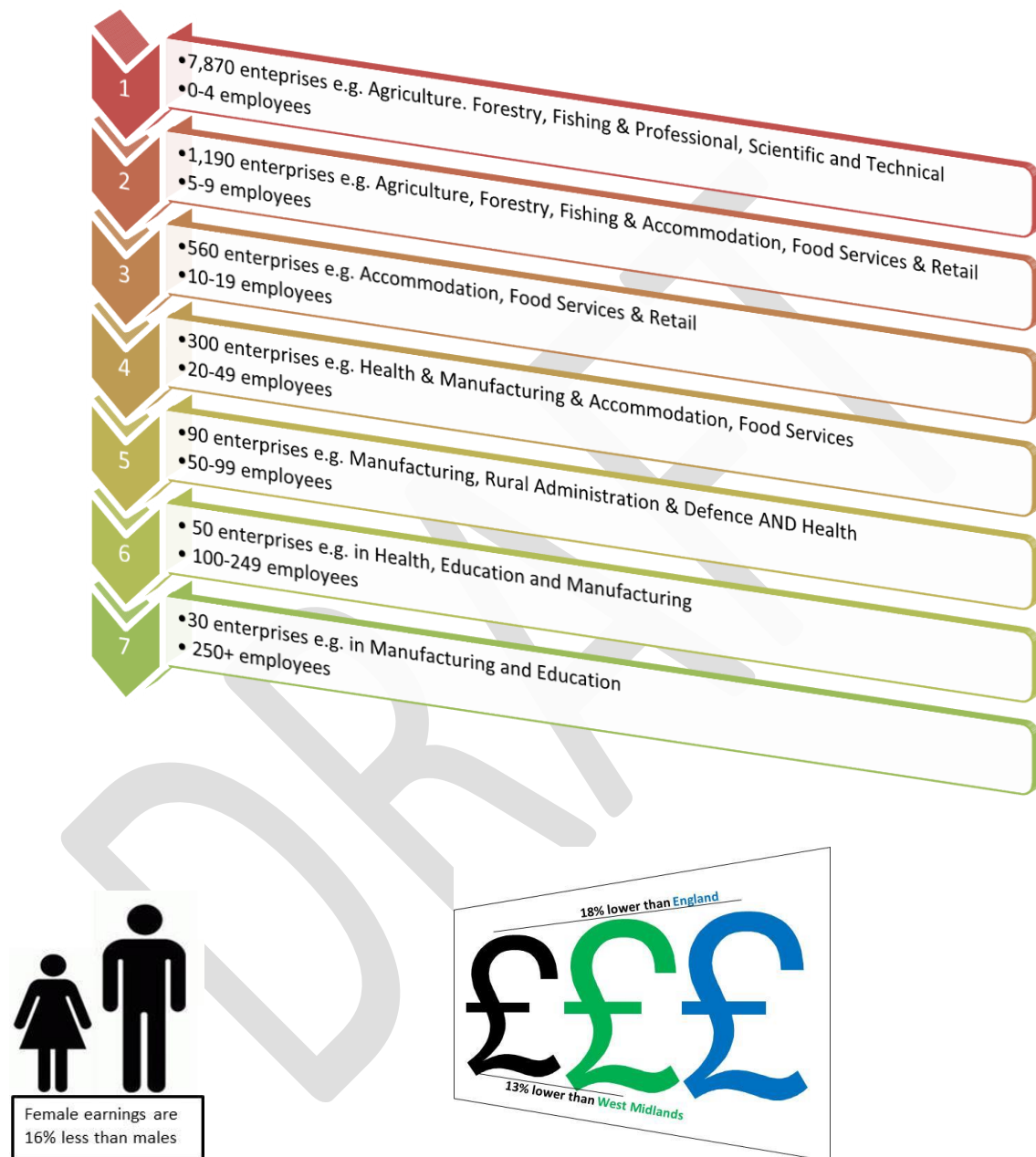
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<sup>1</sup> The rate of business registrations per 10,000 resident population aged 16 and above.

<sup>2</sup> Only includes earnings of those who are employed in the same job for a year.

16 per cent lower than that for men. While this is considered to be a significant gap is lower than the West Midlands gender earnings gap of 21 per cent and that for England of 18 per cent.

Figure 4: Businesses in Herefordshire by size, industry and employee numbers.



**New University**

Awarded by the government in its 2016 autumn statement, a £25million bid was successfully made by Herefordshire Council in partnership with the Herefordshire Tertiary Educational Trust for the development of a new engineering university for the county. Known as the New Model in Technology and Engineering (NMiTE) it will be an independent, not-for-profit, world class engineering university

based in Hereford with dedicated student accommodation across the city. With a particular focus on advanced manufacturing, agriculture-engineering, data, defence, resources security and sustainable / smart living technology sectors, the new university is viewed as a game changer welcoming up to 5,000 students to the county over the next decade, potentially, and having a positive economic impact on the county.

On average, around 700 18-20 year-olds leave the county each year than move into it from other parts of the UK<sup>3</sup>. This may in part be explained by Herefordshire currently having no major centre of higher education, coupled with the fact that young people leaving home to start university are generally aged 18-19 and are counted at their term-time address. The new university will potentially enable Herefordshire to attract new students from out of the county whilst retaining and developing its own young people, talent and skills.

The funding for a university in Herefordshire comes on the back of the £43million awarded by government in 2014 for the city centre link road which will open up land for up to 800 new houses, and for the South Wye Transport Package which represents the first section of the Hereford bypass. The new university comes at a time of significant investment for the county as the government has also awarded £3million of funding for a new Cyber Security Centre to be built in the Rotherwas Enterprise Zone; this development will also be part funded and part operated by the University of Wolverhampton.

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<sup>3</sup> JSNA 2016, based on the Annual Mid-Year Population Estimates for the UK, Office for National Statistics © Crown Copyright 2016.

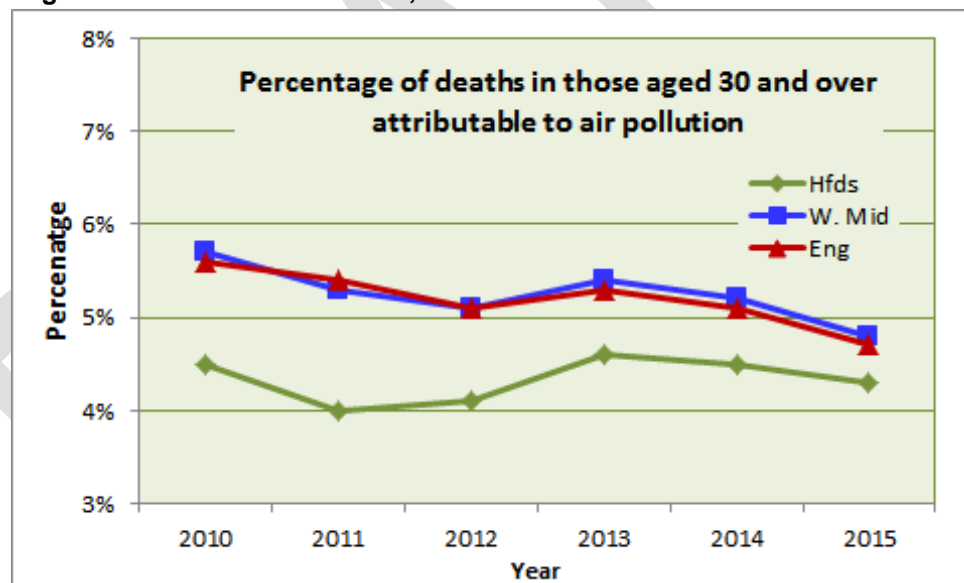
## ENVIRONMENT

Generally, the county has low levels of air pollution and carbon emissions continue to steadily decrease. A nutrient management plan addresses water quality in parts of the River Wye and River Lugg.

### Air Quality

Poor air quality can have a negative impact on health. Herefordshire has two 'Air Quality Management Areas' (AQMAs) where air quality is actively monitored as it currently breaches Governmental standards for nitrogen oxide (NO), a known pollutant. The level of pollution is a correlated to levels of traffic near housing. Latest figures published for nitrogen dioxide (NO<sub>2</sub>) can be found on [ADJUSTED Nitrogen Dioxide Data 2015](#) and the [Air Quality Management Areas](#). Mortality (deaths) attributable to particulate air pollution is a Public Health protection indicator under the wider determinants of health and figures for Herefordshire remained relatively stable between 2010 and 2015 and were less than levels reported for both the West Midlands and England (Figure 5).

**Figure 5: Proportion of deaths apportioned to air pollution in Herefordshire, England and the West Midlands, 2010 to 2015.**



### Water Quality

In 2015 there were 2,100 single private domestic water supplies in Herefordshire, in addition to 253 commercially used or large supplies and 143 shared supplies. Most residential homes and businesses are supplied by Welsh Water, although a small proportion utilise non-mains based water supplies, either by choice or because mains supply is not possible. The quality of the county's mains water supply is high, whereas private supply quality is more variable with 9 per cent of samples failing

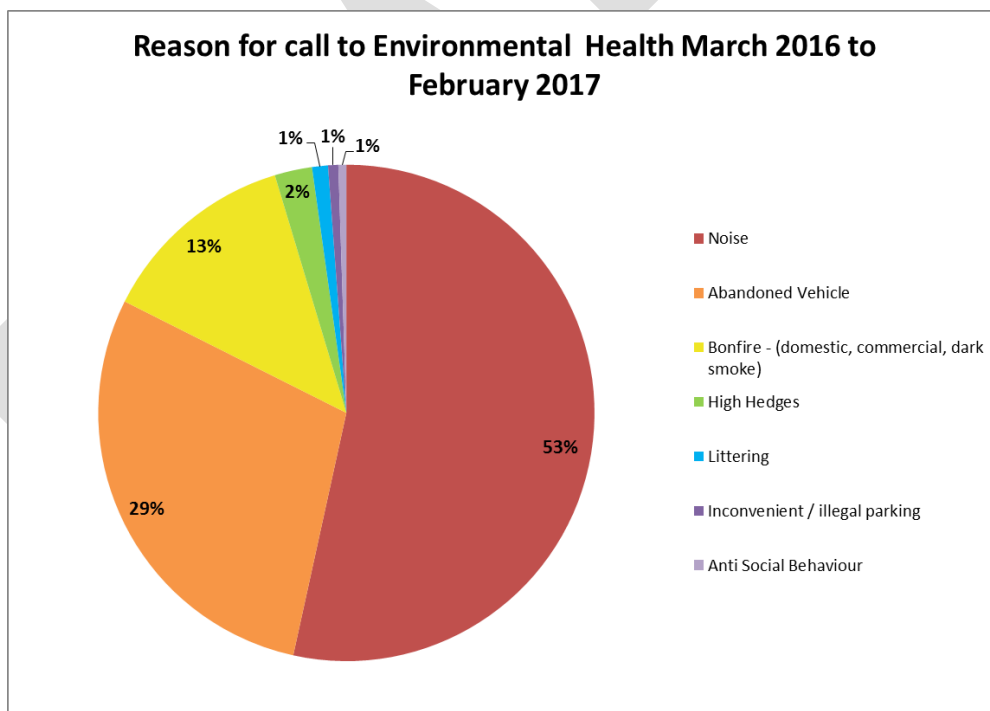


*E. Coli* standards and 10 per cent failing Enterococci standards indicating contamination by faecal matter and a higher risk of harmful bacteria being present in the water supply.

**Reports to Environmental Health**

In the year to February 2017 there were 1,365 reports to Environmental Health (EH) at Herefordshire Council; this excludes reports for fly-tipping as the reporting function for fly-tipping was transferred to an independent provider, although a majority of calls to EH was for the removal of rubbish caused by fly tipping. Not including fly-tipping noise is the most commonly reported problem reported to Herefordshire EH (53 per cent of all reports) with the common causes being music (29 per cent), barking dogs (28 per cent) and people (10 per cent). Figure 6 illustrates reasons for calls to Environmental Health. As consistent location data is not recorded within the dataset it is not possible to map geographical distribution of calls. Noise reports to EH continue to be included in the MATAC delivery group’s performance indicators as a specific indicator alongside all reports to Environmental Health.

**Figure 6: Reason for contacting Environmental Health in Herefordshire March 2016 to February 2017.**



Source: Economics, Corporate and Communities, Herefordshire Council

## COMMUNITY

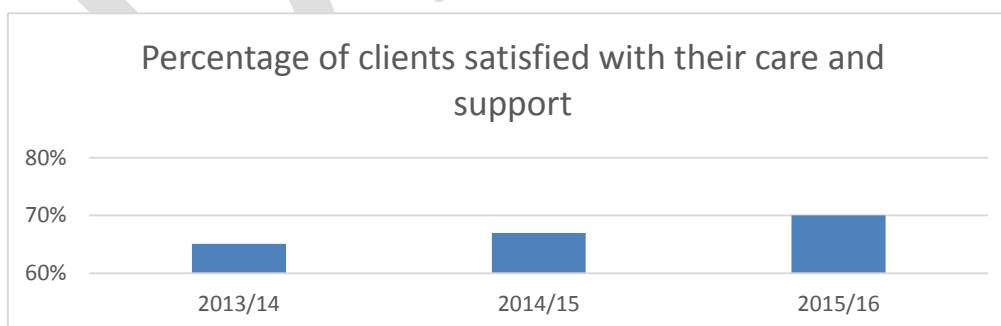
**Carers**

Recognised as an unpaid workforce, according to the 2011 census carers comprise 11 per cent of Herefordshire's population providing at least one hour of unpaid care a week to family members or friends who are in need of help because they are ill, frail or have a long term disability. As of January 2017 Herefordshire Carers' Support (HCS) had 5,422 carers registered, of which 24 per were aged between 65 and 80 years. Two years ago, the highest proportion of carers were in the 45-65 years age bracket, suggesting that there are likely to be more elderly carers in the future in line with the aging demographic of the county. In line with this Herefordshire Council is developing its Carer's Strategy with the active involvement of carers. For carers in Herefordshire to be 'recognised, valued, and supported'<sup>4</sup> commissioners are addressing the requirements under the Care Act 2014 which strengthened carer's rights from April 2015. Planning future support for the increased numbers of older carers as the population ages is viewed as crucial given the county's aging demographic.

**Residents in Care Homes or Living at Home – survey findings**

In March 2016 Herefordshire Council conducted a survey of residents in care homes and some who received help in their own home. Out of 888 surveys distributed 430 people responded, which is 48 per cent of those contacted. This is a small increase on the previous year's response and is one of the best response rates nationally. The survey reported that Herefordshire people are more satisfied with the care and support they received in 2016 compared to the previous year, a pattern evident since 2013/14 (Figure 7). People also feel safer because of the services in place. More people said that they had as much social contact as they would like, and that the services they received made their quality of life better.

**Figure 7: Proportion of adult Social Care Survey respondents satisfied with their care and support (Source: Strategic Intelligence Team, HC)**

**Refugees and Asylum Seekers**

<sup>4</sup> The National Carers Strategy (25 November 2010) [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

The 2016 JSNA reported on Herefordshire Council's agreement with the Home Office to accept the re-settlement of Syrian Refugees (as part of a five year government funded programme) and Unaccompanied Asylum Seeker Children (UASC). Subsequently, Syrian refugees under the Syrian Vulnerable Person's Resettlement Scheme (SVPRS) have been housed in privately rented accommodation in Hereford city, or within 3 miles of the city centre, and provided with an orientation and support service from Refugee Action for the first 12 months. Families who are part of the SVPRS have been granted 5 years Humanitarian Protection status and as such have access to public funds, so consequently can seek work and make relevant benefit claims subject to same checks as other residents in the county.

Unaccompanied Asylum Seeker Children (UASC) are being placed in foster care, supported lodgings or, where appropriate, in shared accommodation. UASC's and those under the General Asylum Dispersal scheme do not have access to public funds whilst their asylum application is being processed. All adults have been offered and are engaging with English Language development classes, and are also supported through Refugee Action English practice volunteers. All school age children in families in the SVPRS and UASC's are allocated places in local schools via the "In Year Fair Access" meetings, or the usual application process. The council is working with local colleges and training providers to develop an appropriate provision for those aged 16-18 to improve their English language and employability skills.

Those under the SVPRS and UASC's are supported to register with GP's and gain access to dental care. Evidence indicates that new arrivals often need urgent dentist and optician appointments due to lack of basic healthcare where they have been living. Organisations and the local community have offered support in various forms to the council's call for assistance for the Syrian refugee families.

CRIME AND SAFETY

Herefordshire remains a generally a low crime rate area and partners work together to ensure that Herefordshire continues to be a safe place to live, work and visit. This section provides some crime statistics for the county reported in the Community Safety Strategic Assessment (2017).

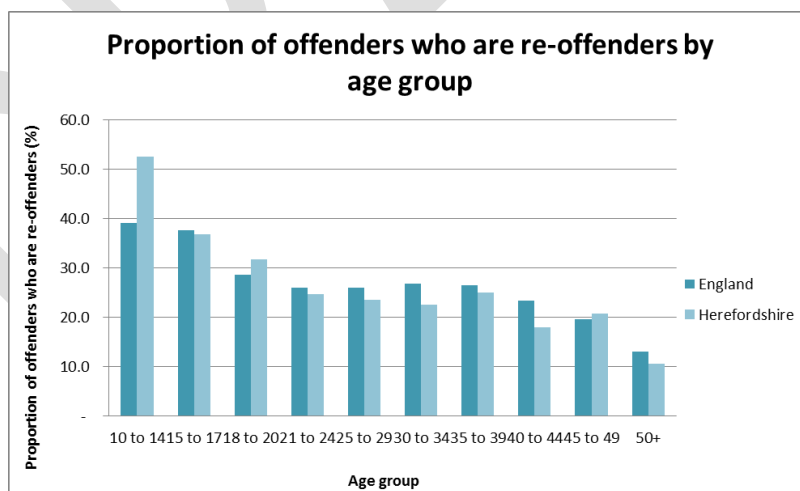
**Adult Re-offending<sup>5</sup>**

In 2015, of the 4,131 adult offenders in the local cohort, 1,002 reoffended; 25.3 per cent of offenders were re-offenders, a figure similar to both regional (24.2 per cent in West Midlands) and national (24.3 per cent in England and Wales) figures. The average number of previous offences per offender has been increasing locally since 2009. In 2015 offenders had on average 11.4 previous offences, significantly less than the figures reported regionally and nationally of 14.5 and 14.2 respectively.

**Re-offending by age**

The proportion of juvenile re-offenders to offenders has been increasing faster in Herefordshire than nationally or regionally (see figure 8). However, since 2007, the number of offenders in the cohort, the number of re-offenders and the number of re-offences have reduced over the last decade. However, similar declining trends have been identified nationally and so cannot account for the increasing proportion of re-offenders recorded in Herefordshire compared to that recorded nationally.

**Figure 8: Proportion of offenders who are re-offenders across Herefordshire and England and Wales by age group (2015).**



Source: Ministry of Justice

<sup>5</sup> Data sourced and analysed from the Ministry of Justice’s most recent quarterly ‘Proven reoffending geographical data tool’ release (January 2017). This dataset included data from 2006 through to 2015 for the 12 months ending in March.

In 2015, 52.5% of re-offenders are aged 10-14 years, higher than the national figure of 39%.

63 young people aged between 10 and 14 who re-offended in 2015 committed 222 re-offences (on average of 3.5 offences per re-offender)

**In Herefordshire, there were significantly more male offenders than female offenders** in 2015, and a higher proportion of males were re-offenders than females, similar to ratios in England and Wales.

#### NUMBER OF OFFENCES

**Those aged '25 to 29' were responsible for the highest number of re-offences** (15 per cent of all re-offences). '15 to 17' year olds were responsible for a further 14 per cent and both '18 to 20' and '30 to 34' a further 13 per cent each.

#### THE HIGHEST LEVELS OF RE-OFFENDING BY CRIME TYPES - 2015

1. **Theft\*** - 34.5 %
2. **Public Order** - 32%
3. **Miscellaneous crimes against society\*** - 27.5%
4. **Summary non-motoring** - 24.1%
5. **Drug\*** - 24%
6. **Possessions of weapons** - 23.1%

\*= **The highest number of re-offence**

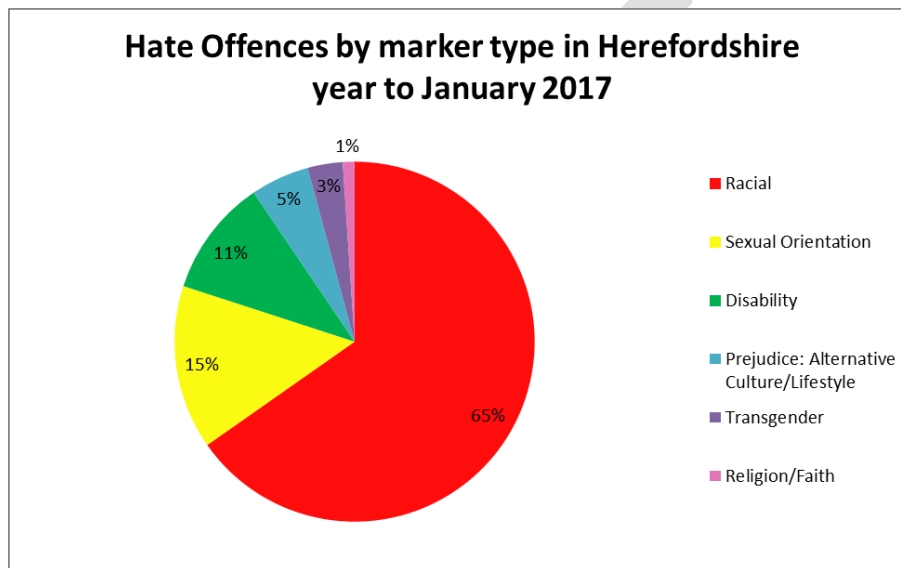
#### **Antisocial behaviour (ASB) offences**

In the period January to December 2016 West Mercia Police recorded 6,465 antisocial behaviour (ASB) offences representing no significant change from those recorded in 2015 (6,434 offences). Eighty per cent of these were recorded as 'ASB – nuisance'; 795 were alcohol flagged offences, and 758 recorded had a youth marker. The majority of each of these ASB offences was committed in the 'Hereford City and Rural' area category.

**Hate Crimes<sup>6</sup>**

Hate crime increased in Herefordshire in 2017 when compared to the year before by 38.8 per cent which is in line with the 37.2 per cent increase observed across West Mercia. The majority of hate crime was racial in nature which, by the year to February 2017 had increased by 24 per cent compared to the previous 12 months. Figure 7 illustrates the different stimulations for hate crime in the county as of January 2017. Across West Mercia in 2017 75 per cent of hate crime is racial and has increased at a faster rate than Herefordshire since the previous year (75 per cent).

**Figure 9: Hate offences by marker type locally in the year to January 2017.**



Source: West Mercia Police

The majority of victims (63 per cent) of Hate Crime were ‘White-British’ (of the 96 reports that recorded the race of the victim) and 14 per cent were ‘White-any other background’. However, as the data does not distinguish offences by marker type described above, as a county that is predominately ‘White-British’ (81 per cent), the relatively high victimisation of ‘White-British’ people compared to other ethnicities is not statistically significant.

**Road Safety**

In 2015 there were 99 killed or seriously injured (KSI) on Herefordshire roads. This corresponds to a rate of 526 per million population which is ranked 16<sup>th</sup> highest out of 150 upper tier local authorities across England.

<sup>6</sup> Hate crime data is supplied by West Mercia Police and unless otherwise stated, covers 12 months of reporting up to 2<sup>nd</sup> February 2017.

**STARTING WELL: MOTHERS, BABIES AND CHILDREN**

Health and wellbeing has to start before birth, and establishing a good foundation early on in life can have a lasting impact throughout life. This section looks at some of the major challenges which affect maternal and infant health, or help to shape behaviours that can have a greater impact as young people reach adulthood. In areas, such as breastfeeding and immunisations, there have been steady improvement and excellent progress in Herefordshire.

***Maternity***

In relation to maternal age the highest proportion of children born in Herefordshire in 2014 were born to mothers aged between 25 and 34, with 58 per cent of all births being within this age group; similar patterns were observed both regionally and nationally. The general fertility rate in Herefordshire in 2014 was lower than those recorded regionally and across England and Wales. In 2015, more mothers gave birth to full term babies who were underweight, the proportion was higher than the national figure although lower than that for the West Midlands; however, these differences were not statistically significant.

***Mothers Smoking***

Smoking is a major cause of premature deaths of mothers and also a leading factor in health inequalities for babies, such as increased risk of cot death and respiratory problems. Preterm and low birth weight increases the risk of various types of disability. In 2015/16 the proportion of mothers in Herefordshire who were smokers when giving birth was 8.9 per cent which is approximately half of the figure recorded in 2006/07. In both 2014/15 and 2015/2016 the Herefordshire prevalence of women smoking at time of delivery was below the national ambition of 11 per cent as set by the government's Tobacco Control Plan, while across England as a whole the figure only dropped below the national ambition figure in 2015/16.

***Infant and Perinatal Mortality***

For the period 2012-2014 the perinatal mortality (stillbirths and deaths under 7 days old) rate in Herefordshire of 8.6 per 1,000 total births was significantly higher than both the national (6.8 per 1000) and regional (7.9 per 1,000) rates. For the same period the Herefordshire infant mortality rate was similar to the regional rate, although lower than that recorded nationally.

***Breastfeeding***

The breastfeeding rate in Herefordshire has shown a continual increase since 2010/11 and compares very well with the national average. In 2015/16 the proportion of mothers in Herefordshire who breastfed their babies for at least six to eight weeks after birth was 52.3 per cent, a figure significantly higher than that reported for England (43.2 per cent). The health and wellbeing benefits of exclusively breastfeeding infants from birth up to the age of six months are well known, and mothers who are

unable to breastfeed for health or other reason are encouraged to provide a good milk supplement for their infants.

### **Health protection: Immunisation & vaccination**

Immunisation protects children and young people from vaccine preventable infections and communicable diseases. Herefordshire is doing very well in terms of local uptake. In 2015/16 local Dtap/IPV/Hib<sup>7</sup> immunisation rates exceeded the herd immunity uptake target of 95 per cent and were higher than national and regional figures. Similarly, the local uptake for *Haemophilus Influenza type B/Meningitis (Hib/MenC)* and *Mumps, Measles and Rubella (MMR)* first and second doses have increased since 2010/11 and in 2015/16 all exceeded the target of 95 per cent for the first time and were higher than both the national and regional figures.

In September 2014 the routine Human Papilloma Vaccine (HPV) programme was changed from a three to two-dose schedule. Between 2014/15 and 2015/16 the coverage of the initial dose of the HPV vaccine in Herefordshire increased from 81.4 to 83.6 to per cent, while for England the coverage decreased over this time, although the national figure in both years was higher than that for Herefordshire. In 2014/15 the coverage for two doses in Herefordshire was 81.4 per cent which was lower than the national rate.

Local immunisation rates and comparisons with other areas are included in the Department of Health's [Public Health Outcomes Framework](#).

### **Dental Health**

In 2014/15 the proportion of Herefordshire's 5 year olds free from dental decay (59 per cent) was lower than the figures for both England and the West Midlands while the mean number of decayed, missing or filled teeth in 5 year olds in Herefordshire was 1.43, a figure twice as high as in the West Midlands and 30 per cent higher than that for England as a whole. In 2015/16, 94 children and adolescents aged 0 – 19 in Herefordshire underwent hospital dental extractions which is 0.23 per cent of this population compared to 0.25 per cent in the West Midlands and 0.46 per cent nationally.

### **Childhood obesity**

Obesity is commonly measured using weight and height to give a Body Mass Index (BMI) metric. In England, child BMI is measured at Reception Year (age 4-5 years) and Year 6 (aged 10-11 years) through the mandatory National Child Measurement Programme (NCMP). For the majority of children excess weight gain is the result of eating more calories than needed and/or undertaking too little physical activity to match calorie intake, or a combination of both.

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<sup>7</sup> Immunisation for Diphtheria, Tetanus and Acellular Pertussis (Dtap); Polio (IPV); and Haemophilus Influenza type B (Hib)



In 2015/16 data from the [National Child Measurement Programme data](#) indicated that 9.8 per cent of reception year children in Herefordshire were obese, while the combined proportion of obese and overweight was 22.2 per cent. For year 6 children the prevalence of obesity was 19.8 per cent, while the combined figure for obese and overweight children was 33.8 per cent. For both age groups there were no significant differences between the local and national figures. In Herefordshire, since 2011/12 the prevalence of obesity has fallen in deprived areas of the county with moderate increases evident in children from less deprived areas. Poor diets (foods high in fat, sugars and salt) and lack of exercise can lead to obesity which in turn is a risk factor for non-communicable diseases such as cardiovascular disease and some forms of cancer.

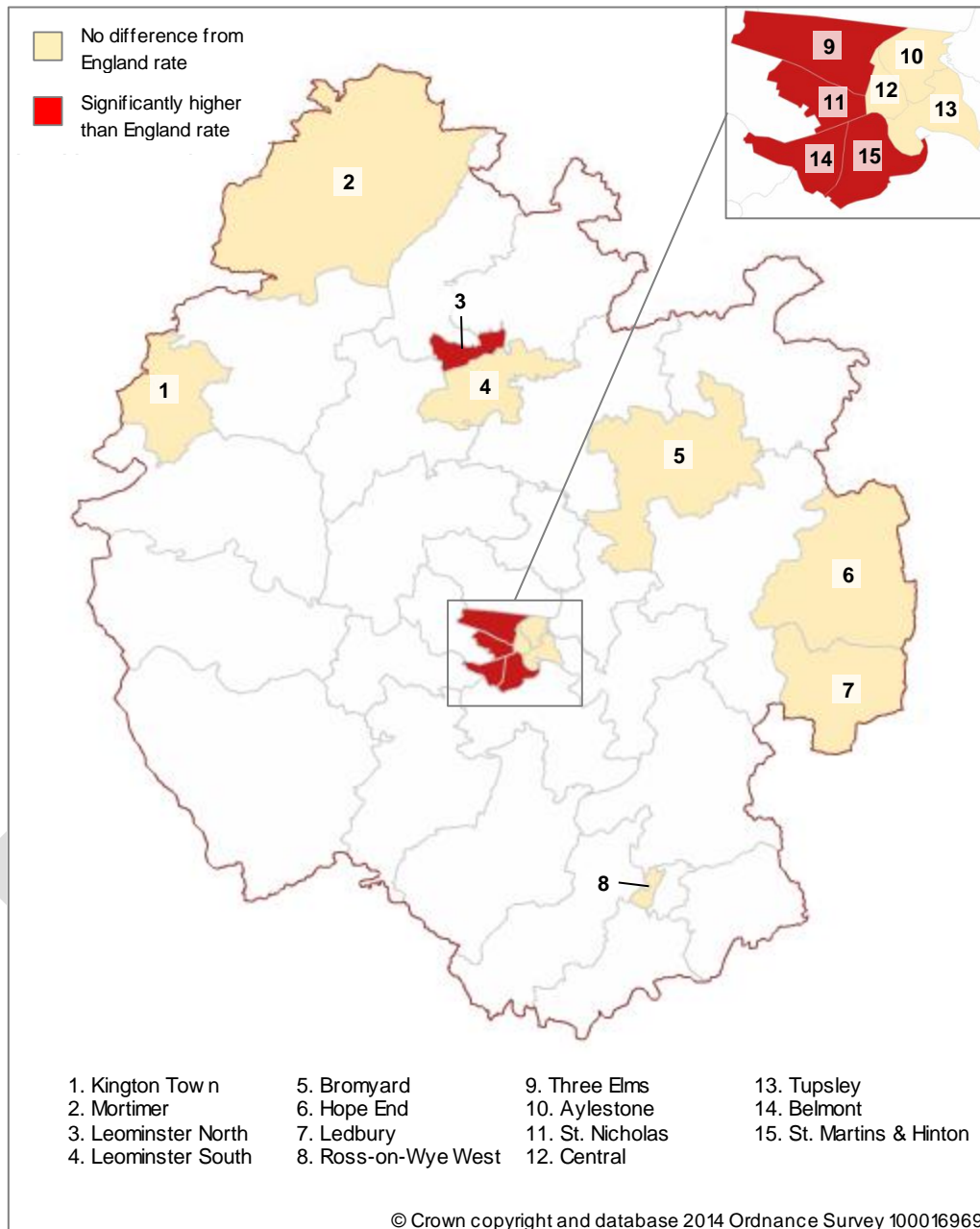
**Key Consideration:** In Herefordshire as a year group passes from reception to year 6 the proportion of obese children increases by 90 per cent, a pattern similar to those recorded nationally and regionally. Children most at risk of becoming obese when older were those where one or both parents are overweight or obese, suggesting that tackling adult obesity has to run in tandem with addressing childhood obesity.

### **Teenage pregnancy**

Fewer teenagers are getting pregnant or having babies in Herefordshire. Teenage pregnancy is defined as under-18 conceptions including those leading to live births and terminations. The number of under-18 conceptions in Herefordshire has reduced consistently since 2007-09, with a rate of 23.1 conceptions per 1000 in 2012-14 for girls aged 15 to 17, broadly similar to the national rate (24.9 per 1000 in England and Wales). Herefordshire under 16 conception rates (13-15 years) have followed the national and regional declining trend from 2009 to 2014. Under 18 conception rates are generally higher in more deprived areas of Herefordshire, particularly north Leominster and South Wye. See Figure 7 for areas in the county that have a significantly higher rate than England.

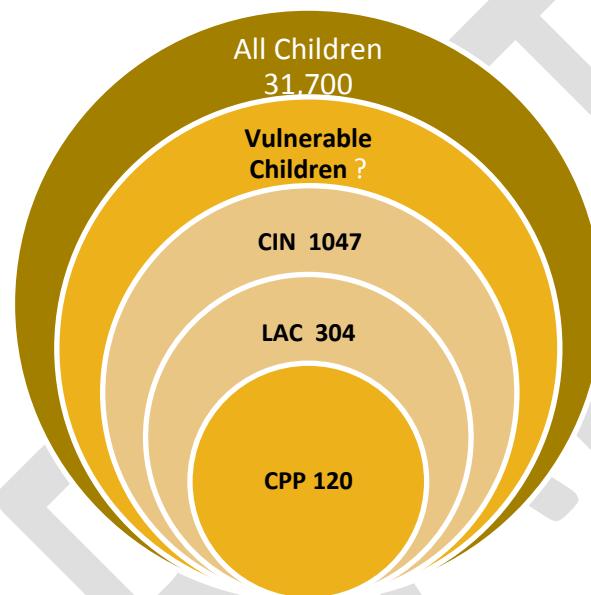
The under 18 birth rate in Herefordshire has also decreased since 2009, and both the number and rate of under 18 terminations in Herefordshire have declined since 2007-09, with the abortion rate in 2012-14 being similar to national and other comparator figures. For example, for girls aged 13 to 15, the abortion rate has fallen by 45 per cent since 2008-10. In 2015/16 there were 17 under 18 births, of which six were to mothers from the most deprived quartile in the county and one to a mother from the least deprived quartile. In 2015 almost half of all terminations in Herefordshire were to women in their 20s.

Figure 10: Teenage conception rates in in Herefordshire wards compared to national rate, 2012-14.



## STARTING WELL: EARLY HELP AND PREVENTION

There are **31,700 under-16s in the county** – this remains a similar proportion (17 per cent) as nationally (19 per cent). Numbers of children had been declining in Herefordshire throughout the last decade, levelling out over the last five years. However, the number of births and children under five has been rising for the best part of the last decade (**9,900 under-fives at mid-2015 and 1,700 births in the year to mid-2015**). The next 10 years are expected to yield a gradual increase in the numbers of children.



Source: Children's Wellbeing, HC (2016/17)<sup>8</sup>

### *Families First*

The Families First Programme in Herefordshire, first established in 2014/15, is a local approach to the national Troubled Families Programme. Herefordshire Council has recently been granted a five year extension until 2020, enabling an additional 400,000 people to be supported during that time. The Programme is a key priority area of the Health and Wellbeing Board and of the Children and Young People's Partnership. It also links with all four priority areas highlighted in the Herefordshire

<sup>8</sup> **Key:** CIN children in need; CPP children with protection plans; LAC Looked After Children. No standard definition of 'vulnerable children' exists, but the population would include those exposed to abused, neglected, sexually abused and exploited.

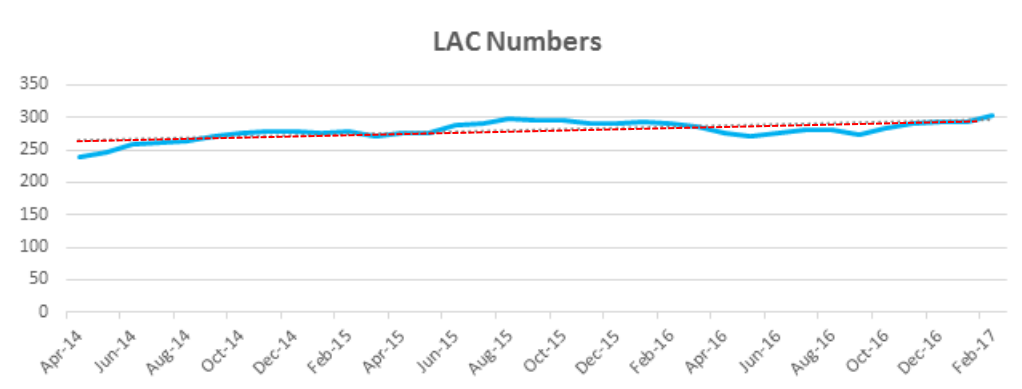
Community Safety Strategic Plan 2014-17, Herefordshire's Children's and Young people's 2014-2018 plan and Herefordshire Council's Early Help Strategy.

At December 2016, 627 families have been identified and 460 families engaged with. These families have been assessed and have a key worker and a support plan. By December 2016, 58 families had made sustainable changes and the council made a successful Payment by Results claim, with a further 30 families being reviewed by internal audit procedures for further claims. Currently 113 families, including 272 children, are being engaged and supported towards meeting their outcomes and achieving sustainable positive change in their lives. A key aspect of developing the Families First programme for identified families is to provide an intensive, flexible response that allows for support outside traditional working hours. This approach, together with a family key worker, could potentially lead to more resilient families leaving intensive support sooner, but still be able to access other forms of support. The council has plans to revise and improve the workings of the current multi-agency meetings (or MAGs) as part of the early help strategy.

### ***Looked after children (LAC)***

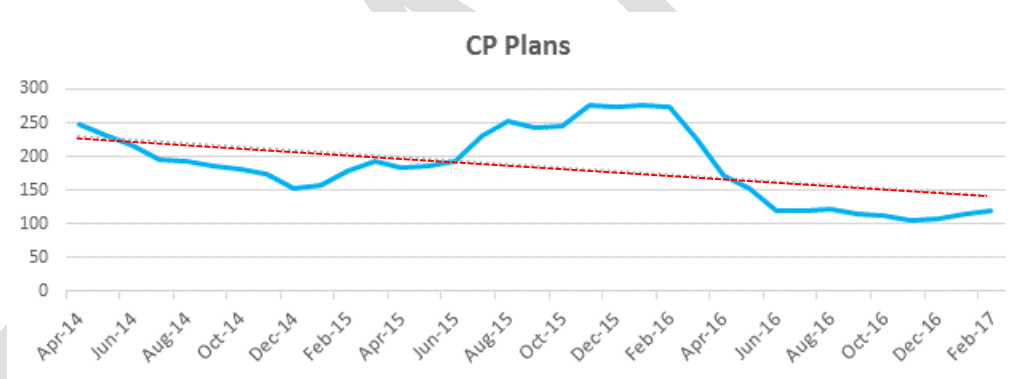
At the end of February 2017 there were 304 looked after children (LAC) and young people in Herefordshire, reflecting an upward trend over the past three years. The main reason why children are taken into care is abuse and neglect. Local performance analysis indicates that the reason for a high LAC population is partly due to a 'risk averse' response, which means that once a child comes under local authority care, it is often difficult to reunite them with their families. However, appropriate application of 'need' thresholds has led to a sustained reduction in children subject to child protection plans and a reduction in the numbers of children being admitted to care. Herefordshire currently supports 120 children who are subject to a child protection plan and there has been an overall downward trend in numbers of children with protection plans over the past twelve months. Therefore, it is expected that the LAC numbers will gradually decrease over time as the legacy will take some years to work through as children grow up. See Figures 11 and 12.

Figure 11: Number of children who are looked after. (Dotted red line reflects trend)



Source: Children's Wellbeing, Herefordshire Council

Figure 12: Number of children on child protection plans. (Dotted red line reflects trend).



Source: Children's Wellbeing, Herefordshire Council

## LEARNING WELL: CHILDREN IN EDUCATION

The **total number of pupils** on roll has risen by 326 from 22,770 in spring 2013 to 23,096 in autumn 2016, representing a 1.43% increase in total numbers over the three years.

In autumn 2016 school census recorded that **51.4 per cent of the total number of pupils were boys**. The gender gap has been closing in terms of pupil numbers since spring 2015.

In 2016 the **highest number of pupils were in Reception year, Year 1 and Year 2**, whilst the **fewest were in Year 10, 11, 9**

**Most children in Herefordshire were able to attend the school of their choice** at the start of the 2016/17 academic year (95 per cent) and 98.6 per cent receiving one of their three expressed preference schools. This is considerably higher than the England averages of 88.4 per cent (first preference) and 96.3 per cent (one of top three preferences) for the same period.

### Ethnic Background

The number of pupils recorded as White British has fallen by 251 over the period spring 2012 to spring 2016, or 91.8 per cent to 89.1 per cent.

The number and percentage of pupils recorded as belonging to Black and Minority Ethnic groups (BME) has shown an annual increase from 1,756 (7.7%) in Spring 2012 to 2,461 (10.6%) in Spring 2016.

Those of White Eastern European ethnic origin are the largest single BME group

### First Language

The five largest language groups other than English in the autumn 2016 school census were:

- Polish – 771 pupils
- Lithuanian – 155 pupils
- Other than English – 127 pupils
- Romanian – 94 pupils
- Portuguese – 77 pupils

In spring 2013, a total of 58 different languages other than English were recorded in the school census. By autumn 2016, 65 different languages other than English were spoken in Herefordshire schools.

**Good Level of Development**

In 2016, **Herefordshire out-performed the national average** (69.3%) with 71.7% of pupils locally achieving a Good Level of Development (GLD) standard. Herefordshire was in the top quartile of local authorities in England in 2016.

**Year 1 PHONICS**

**2016 was the first year that local results were in line with the national average.** Herefordshire Year 1 pupils performed similarly to England with 81% meeting the threshold mark, representing a local rise of 13 percentage points from 69% in 2013.

**KEY STAGE 1**

In 2016, at the end of key stage 1 68% of pupils reached the Expected Standard in writing, 74% in mathematics and 75% in reading. Across state-funded schools in England 65% in writing, 73% of pupils reached the expected standard in mathematics and 74% in reading.

**KEY STAGE 2**

In Herefordshire, in 2016, 52% of pupils reached the Expected Standard in reading, writing and maths with 5% of pupils reaching the higher standard. Across England, 53% of pupils reached the expected standard and 5% achieved a high standard in reading, writing and mathematics. Local performance exceeded the regional average of 51%.

**Special Educational Needs (SEN)**

Between spring 2015 and spring 2016 the **total number of pupils with Statements of SEN or EHCP** increased from 571 to 591.

### *New accountability measures for secondary school education in 2016*

A new secondary school education accountability system was implemented in 2016, with headline accountability measures for schools as: Attainment 8, Progress 8, Attainment in English and Mathematics (A\* to C) and achievement of the English Baccalaureate (EBacc). In Herefordshire 43.1 per cent of pupils were entered for the EBacc, up from 41.5% in 2015.

#### **KEY STAGE 4 (Years 10 and 11)**

**Attainment 8** The average Attainment 8 score across state-funded schools in England was 50.1, with Herefordshire falling slightly short at 49.4, and slightly higher than the West Midlands average of 49.2.

**Progress 8** The average Progress 8 score in Herefordshire schools was -0.03, similar to England state funded schools at -0.03. The average Progress 8 score across the West Midlands was -0.08, better than locally.

**Attainment in English and Mathematics** 62.1% of Herefordshire pupils achieved A\*-C English and Maths in 2016, outperforming West Midlands (60.3%). Across state-funded schools in England it was 63.3%

**English Baccalaureate** 23.4% of pupils in the county achieved the EBacc in 2016, (down from 25.2% in 2015) compared to 24.8% of pupils across state funded schools in England. The county outperformed West Midlands (22.1%)

#### **GCSE in English and Mathematics**

In 2016, in Herefordshire 57.6% of pupils achieved 5+ **A\*-C** including E&M compared to 57.7% of pupils in state funded schools across England.



## DOING WELL: YOUNG PEOPLE IN EDUCATION AND TRAINING

*Young People in Education and Training*

Under the Raising of the Participation Age agenda between 2013 and 2015 the Government has increased the age that all young people will continue in education or training from 17 years to 18. Data published for December 2016 shows that fewer 16 and 17 year olds in Herefordshire were in full time education and training (89.6 per cent) compared to the England average of 91.3 per cent. Herefordshire had a smaller percentage of the 16/17 year old cohort engaged in Apprenticeships (4.2%) than the England average (5.4%), a smaller percentage of the cohort in Training (0.8% compared to England average 1.3%), Work Based Learning (0.6% compared to England average 0.8%) and Part time Education (0.1% compared to England average of 0.3%).

*NEETs – those not in employment, education or training*

A 16 to 18 year old who is not in education, employment and training is referred to as NEET. Amongst its statistical neighbours, Herefordshire reported the fourth highest percentage of NEET young people compared to its statistical neighbours, showing improvement on 2014 when the county presented the highest percentage of NEET.

Provisional data for **2016** indicates that there were **an estimated 116 NEET young people in Herefordshire** across years 12 and 13, **equating to 3% of all 16-18yr olds** known to the local authority. This represents a reduction from 5.7% in 2014, and 6.4% in 2013. Of the 116 NEET young people:

- 53 (45.7 per cent) were male and 63 (54.3 per cent) female.
- 22 of the NEET cohort (19.0 per cent) were eligible to free school meals when in school.
- Ten girls were unavailable for work due to pregnancy.
- The majority were of 'White British' ethnic background.

## INEQUALITIES IN EDUCATION

*Child Poverty*

The number of children under 16 estimated to be living in poverty<sup>9</sup> in Herefordshire increased in 2014 after four successive years of declining numbers. The increase in numbers from 3,990 to 4,390 reflected a percentage increase from 13.2 per cent to 14.7 per cent. Despite the local increase, rates in Herefordshire continue to be significantly lower than across both the West Midlands region and England.

In 2014 the three lower super output areas<sup>10</sup> (LSOAs) with the highest percentage of child poverty were in the areas of Redhill-Belmont Road, Newton Farm-Brampton Road in Hereford and Ridgemoor in Leominster. In 2016, children in all three LSOAs failed to achieve the local authority (LA) average for a Good Level of Development at the end of the Reception year. None of the areas reached the LA average in reading or maths at Key Stage 1 and none reached the LA average for the expected standard in reading, writing and maths at Key Stage 2.

*Free School Meals*

Free School Meals are claimed for children by parents who receive a qualifying state benefit. Since the Spring School Census of 2013 there are 548 fewer pupils eligible for claiming free school meals. The gap between pupils who are eligible to free school meals and their peers who are not, has narrowed in Herefordshire. However, the gap has been consistently wider than the national gap for FSM pupils and non-FSM pupils, in all areas of educational attainment except Key Stage 4 (Attainment 8) which encouragingly was higher than nationally, reflecting gradual improvement over the years.

The Department of Education defines a **disadvantaged pupil** as those eligible for free school meals at any time during the last 6 years or those children who are looked after by the local authority for at *least one day* or are adopted from care (including those who are adopted, have a residence order or other type of order). The performance of the disadvantaged cohort reflects the performance of the FSM cohort reported above as the FSM pupils make up the majority of the 'disadvantaged pupil' cohort.

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<sup>9</sup> The [Children in Low-Income Families Local Measure](#) is the proportion of children living in families either in receipt of out-of-work benefits or in receipt of tax credits with a reported income which is less than 60 per cent of national median income; (previously known as the Local Child Poverty Measure or National Indicator 116), produced by HM Revenue and Customs.

<sup>10</sup> Lower Super Output Areas (LSOAs) are fixed statistical geographies of about 1,500 people designed by the Office for National Statistics (ONS), of which there are 116 in Herefordshire.

***Autism***

The Royal College of General Practitioners made autism a clinical priority 2014-17. It is estimated that 1 per cent of the population could be autistic, meaning that potentially 1800 people in Herefordshire could be autistic. While the actual number of people suffering from autism in the county is not known better diagnosis by GPs could help rectify this and research has shown that individuals on the autism spectrum benefit from diagnosis. In a survey conducted by The Autism Partnership Board and Healthwatch Herefordshire 47 per cent of subjects were 16 years and younger. The survey indicated that 84 per cent of those on the autistic spectrum in Herefordshire are known to their GP, while of those who have not received a diagnosis from their GP 55 per cent would like one.

***English as an Additional Language (EAL)***

The performance of pupils whose first language is not English will be affected by the length of time that they have resided and been educated in England. Those with several years of state education are likely to perform better than newly arrived pupils with fewer English speaking skills. Overall, there still exists a larger inequality gap between the performance of EAL pupils in Herefordshire compared to nationally, but there is a mixed picture of performance.

The gap between the percentage of EAL and non EAL pupils achieving a good level of development in the early years foundation stage profile in Herefordshire fell significantly in 2016, due largely to a dramatic improvement in the percentage of EAL pupils reaching a Good Level of Development. Encouragingly for the first time this EAL cohort in Herefordshire performed in line with their peers nationally. 2016 saw EAL pupils in Herefordshire out-performing non EAL pupils in the Year 1 Phonics Screening Check, and it was also the first year that EAL locally out-performed EAL pupils nationally in the test. Only 50 per cent of EAL pupils across Herefordshire achieved A\*-C in GCSE English and Mathematics which was significantly below the 62.8 per cent of EAL pupils nationally who achieved the measure.

**LIVING WELL: ADULTS' HEALTHY LIFESTYLES**

The following section covers a range of issues relevant to different ages in adulthood. There is specific focus on risk factors most strongly associated with poor outcomes and long term conditions. The key message is that these risk factors are preventable by choosing healthier lifestyles.

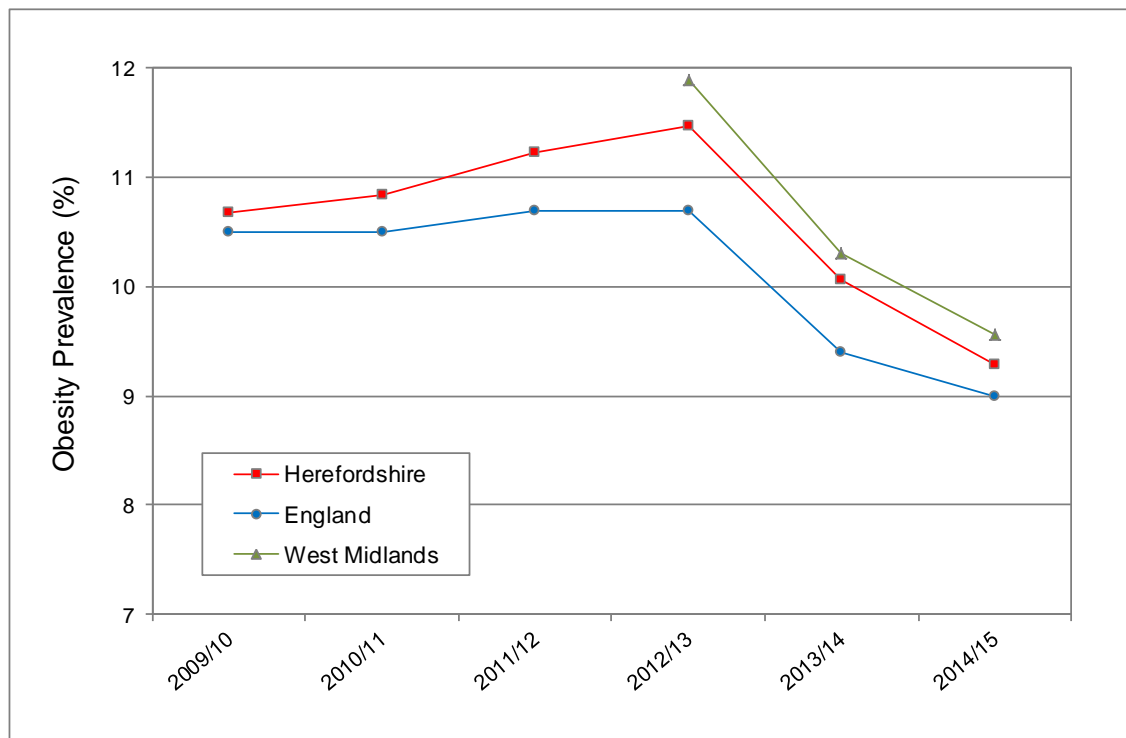
**Obesity**

In 2013-15 63.9 per cent of adults in Herefordshire were estimated to be either overweight or obese compared to the national figure of 64.8 per cent. However, comparison with GP records indicates that it is highly probable that obesity prevalence is under-recorded.

In 2015/16 according to QoF approximately 15,300 adults registered with a Herefordshire general practitioner (GP) practice were recorded as obese, which represents 10.2 per cent of all patients aged 18 years and over. Across Herefordshire GP practices the prevalence of obesity ranged between 6.34 and 15.1 per cent, while the highest locality prevalence (10.7 per cent) was recorded in City and the lowest (9.1 per cent) in East.

Prior to 2015/16 obesity was reported in those 16 years and over. Between 2009/10 and 2014/15 obesity prevalence in this age group Herefordshire was consistently higher than the national figure and comparator group, although both measures followed similar temporal trends with increases evident up to 2012/13 followed by falls over the subsequent years (Figure 13). Local evidence suggests strong links between likelihood of becoming morbidly obese and social deprivation. Health outcomes for adults who are overweight and obese is poor and results in a range of adverse health conditions such as hypertension, heart disease, stroke, Type II Diabetes, sleep disorders and depression.

**Figure 13: Prevalence of adult (16+) obesity in Herefordshire, West Midlands and England, 2009/10 – 2014/15.**



Source: PHE: Quality of Outcomes Framework

### **Physical Activity**

In Herefordshire, the baseline public health promotion strategy has been towards population activities to increase exercise and to improve healthy eating. Across the county, there is a relationship between obesity and levels of activity with obesity increasing with reduced activity, as well as a link between obesity and low consumption of fruits and vegetables.

Sport England commissions the Active Peoples Survey (APS) which provides a comprehensive measure of participation in sport and recreation in England. The main measure is based on the percentage of adults playing at least 30 minutes of sport at a moderate intensity on at least four days in the last 28 days (equivalent to 30 minutes on one or more day a week) with the resulting categories: active, insufficiently active and inactive. Between 2012 and 2014 the level of activity increased across Herefordshire from 56.9 per cent to 61.3 per cent, while the level of inactivity fell from 29.2 per cent to 22.7 per cent, although the level of insufficiently active increased from 13.9 per cent to 16.0 per cent. When compared to comparator counties and unitary authorities the level of inactivity in Herefordshire is less than the average for the group, while activity levels are higher than the group average.

It is never too late to change behaviours since dietary improvements made in older age significantly reduce the risk of chronic diseases and life limiting illnesses. Consequently, delivering healthier food options for older people in residential settings is a key consideration.

### **Alcohol Misuse**

In 2015/16 there were 602 hospital admissions for alcohol-specific conditions (those caused exclusively by the consumption of alcohol), which equates to a rate of 314 per 100,000 population and significantly lower than the rate for England of 583 per 100,000. The local admission rate for adults has remained relatively consistent between 2008/09 and 2015/16. The admission rate for those aged under 18 has shown a decrease since 2006/07, although the rate has remained above both the national and regional rates, although the gap has reduced over this period. In the period 2013/14 to 2015/16 the rate was 50.8 per 100,000 compared to 37.4 per 100,000 across England (Figure 14).

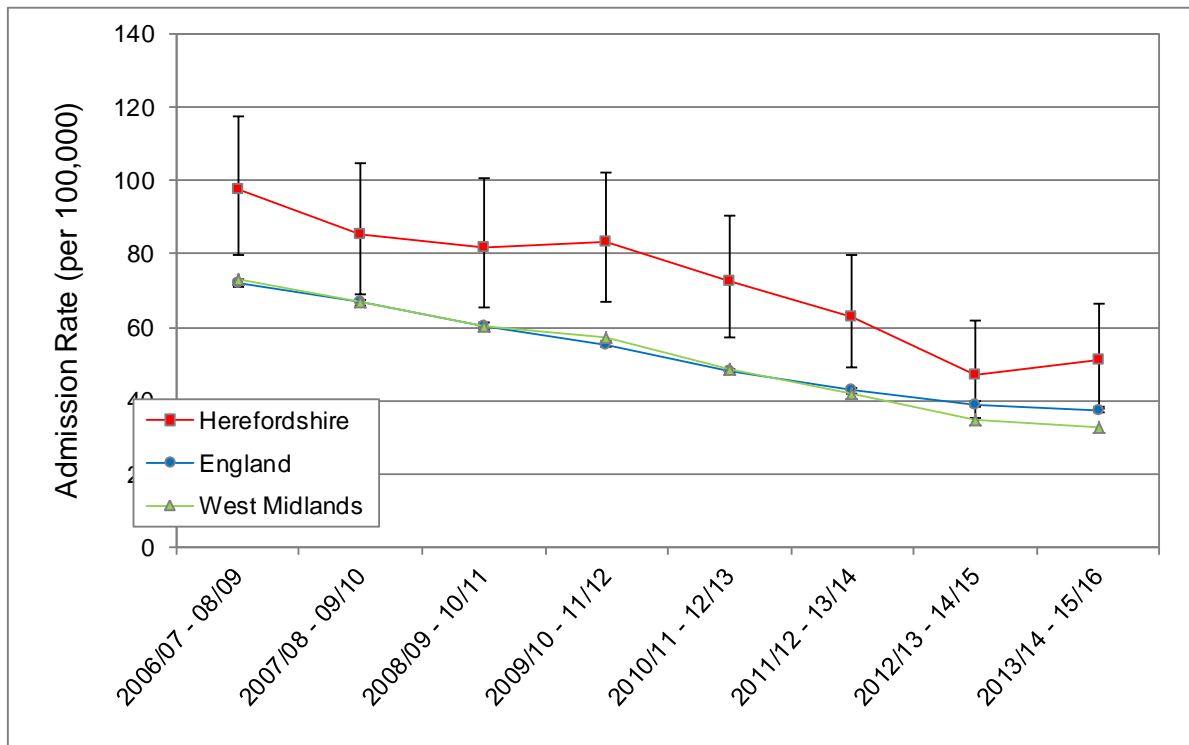
The latest set of [Local Alcohol Profiles for England](#) (LAPE) estimate that 26 per cent of the Herefordshire drinking population indulge in increasing or higher risk drinking, and that 21 per cent of all adults binge drink<sup>11</sup> (2011-14 estimates). Data suggests that excessive drinking is worse amongst people aged 40 years and over. In 2014/15, 45 per cent of alcohol related hospital admissions in Herefordshire involved individuals aged 40 to 64 years, with 37.5 per cent who were aged 65+ years, while 17.5 per cent were aged less than 40 years. 55 per cent of all admissions were males. However, in the period 2013-15 there were 48 alcohol specific deaths in Herefordshire, at a rate lower than the national average (8.1 per 100,000 compared to 11.5 per 100,000 respectively).

The 'misuse' of alcoholic beverages impacts on a number of areas, for example, it is linked to a large proportion of violent crime, particularly related to the night time economy, and it is also implicated in the escalation of domestic abuse.

Individuals from the most deprived areas of the county being over three times as likely to be admitted to hospital due directly to alcohol consumption as someone living in the least deprived areas

<sup>11</sup> Estimate of the percentage of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is, 8 or more units for men and 6 or more for women).

**Figure 14: Alcohol related directly age standardised hospital admissions rate for individuals aged under 18 for Herefordshire, England and the West Midlands, 2008/09 to 2014/15.**

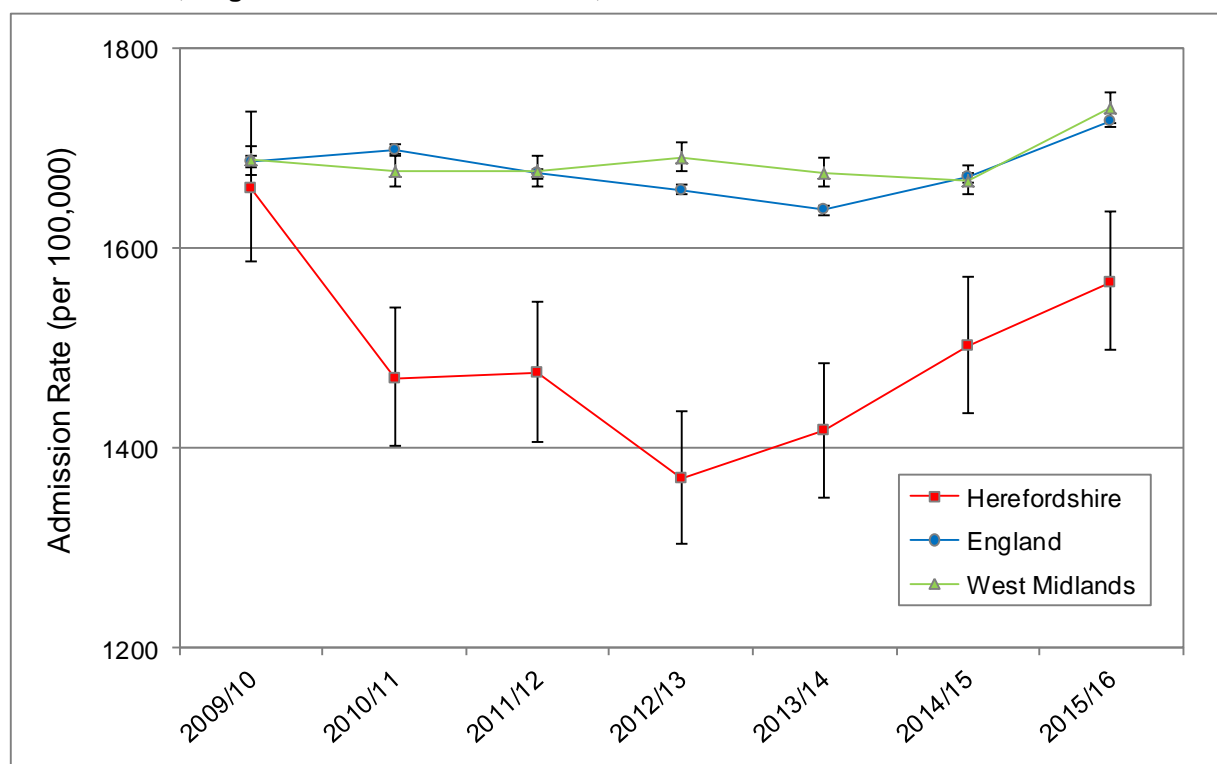


Source: PHE – Local Alcohol Profiles for England

### Smoking

Smoking tobacco is a known (and modifiable) risk factor for respiratory diseases. In 2015, the prevalence of adult smokers in Herefordshire (17.5 per cent) was higher than England as a whole (16.9 per cent). Locally, smoking prevalence is greater in areas of high deprivation. In 2014/15 the smoking related hospital admission rate in Herefordshire of 1,500 per 100,000 population was lower than the national figure of 1,670, a pattern evident since 2010/11, although the local rate has increased steadily since 2013/14 (Figure 15). To stop smoking is a key indicator of people's desire to making healthier lifestyle choices; however quit rates for smoking in Herefordshire are poor. Between 2013/14 and 2015/16 the rate at which individuals successfully quit smoking fell by over 70 per cent from 1,565 to 442 per 100,000.

**Figure 15: Directly standardised smoking attributable hospital admission rates for Herefordshire, England and the West Midlands, 2009/10 to 2015/16.**



Source: PHE – Local Tobacco Control Profiles for England

### **Drug Misuse**

In 2011/12 there were estimated to be 719 opiate and/or crack cocaine users in Herefordshire which represents a prevalence of 6.3 per 1,000, which is lower than the national figure. Of these users 391 are intravenous users representing a prevalence of 3.4 per 1,000, which is higher than the national average and ranked 106<sup>th</sup> out of 151 counties and unitary authorities.

### **Sexual health**

Sexual health is a key public health issue and the Department of Health (DoE) has outlined its ambition for good sexual health in “A Framework for Sexual Health Improvement in England”<sup>12</sup> which describes key principles of best practice in sexual health commissioning with the aim of improving the sexual health of the whole population. In 2015 there were 925 new cases of sexually transmitted infections (STIs) diagnosed in Herefordshire which ranked 128 out of 150 local authorities.

<sup>12</sup> A Framework for Sexual Health Improvement in England, Department of Health 2013. Available at: <https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>



The detection rates for a range of sexually transmitted diseases in Herefordshire show some variability, although all but genital herpes have shown rates significantly lower than that for England. In 2015 the genital herpes diagnostic rate was ranked 96 out of 150 local authorities, broadly similar to the national figure.

DRAFT

## LIVING LONGER

*Life Expectancy and Health Life Expectancy***Life Expectancy**

For those born in Herefordshire in **2013-15** the average **life expectancy is 80.4 years for males**, while **for females it is 83.9 years** with both figures rising steadily since 1991-93 and are **higher than the national figures**.

**Health Life Expectancy**

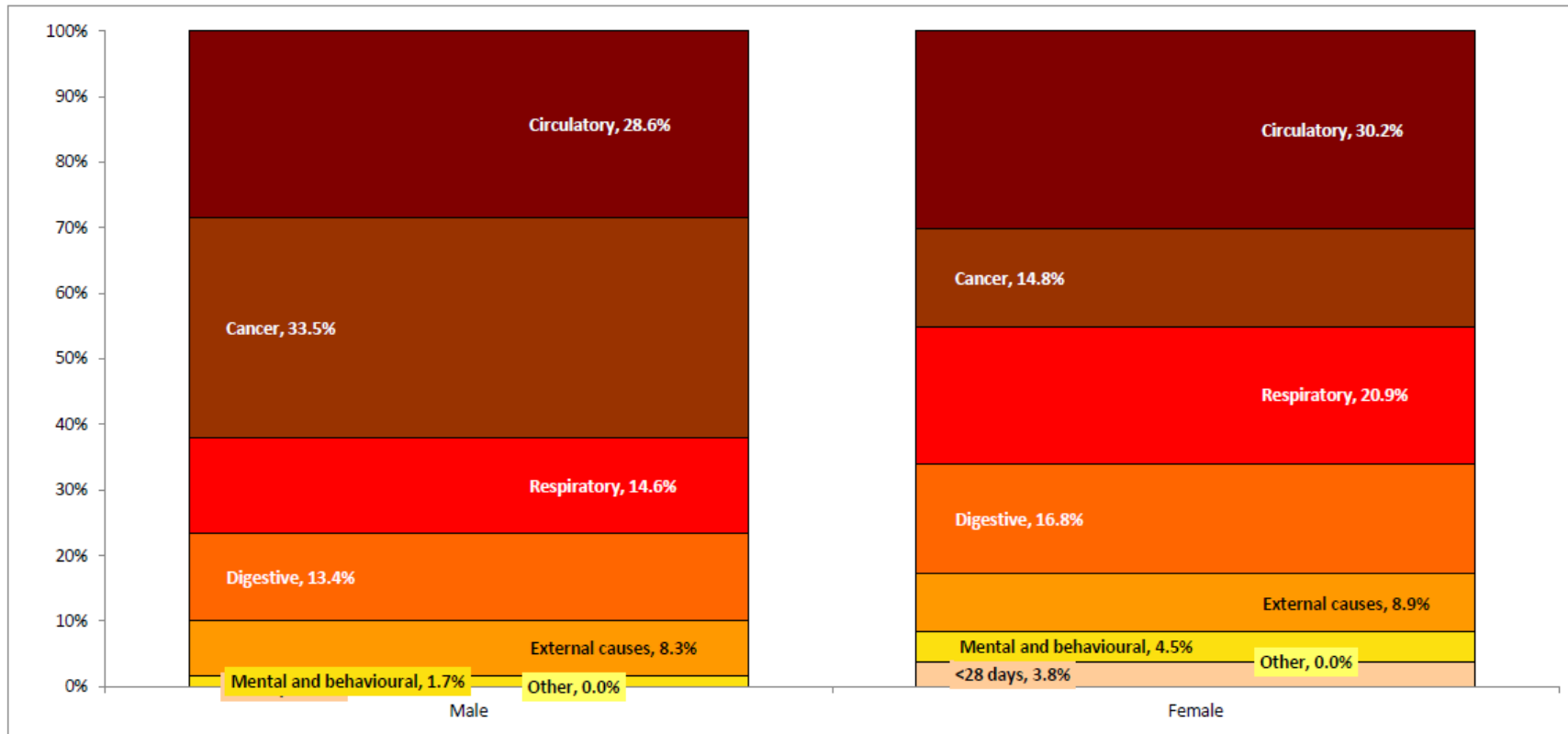
In **2013-15** the **healthy life expectancy** in Herefordshire was **67.1 years for males and 68.2 years for females** which are both **higher than the national figures**.

There is clear correlation between life expectancy and the level of deprivation in both males and females with data from Public Health England indicating that individuals born in the most deprived areas of Herefordshire have a shorter (4-5 years) life expectancy than those living in the least deprived areas.

The broad causes of death underlying the life expectancy gap between the least deprived and the most deprived quintiles in Herefordshire are circulatory diseases, cancers and respiratory diseases. Between them these causes represent 77 per cent of male deaths and 66 per cent of female deaths contributing to the life expectancy gap in the county (Figure 16).

## APPENDIX 1

Figure 16. Scarf chart showing the breakdown of the life expectancy gap between the most deprived and least deprived quintiles in Herefordshire by broad cause of death, 2012-2014. (Source: PHE – The Segment Tool)



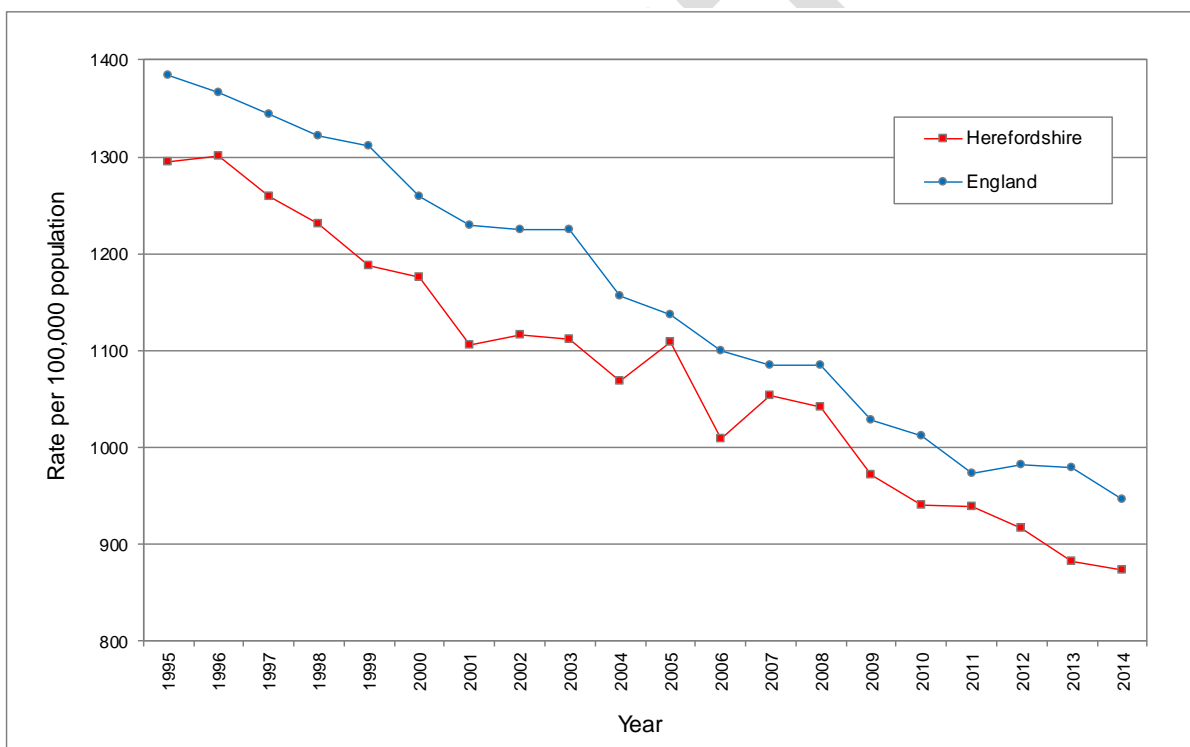
Footnote: Circulatory diseases includes coronary heart disease and stroke. Respiratory diseases includes flu, pneumonia and chronic obstructive airways disease. Digestive diseases includes alcohol-related conditions such as chronic liver disease and cirrhosis. External causes include deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer's disease.

Analysis by Public Health England Epidemiology and Surveillance team based on ONS death registration data, and mid year population estimates, and DCLG Index of Multiple Deprivation, 2015

**Mortality (deaths)**

Since 1995 the number of deaths recorded annually in Herefordshire has remained relatively constant ranging between 1,860 and 2,100 per year in 2005 and 2015 respectively. As the county population of Herefordshire has increased appreciably between 1995 and 2014 the county mortality rate has fallen steadily over this period from 1,300 to 870 per 100,000 in 2014 and the local rate has been consistently lower than that recorded nationally (Figure 16). The most common underlying causes of death in Herefordshire were diseases of the circulatory system. Ten per cent were due to respiratory diseases.

**Figure 16: All cause directly age-standardised mortality rates for Herefordshire, comparator group and England, 1995 - 2014.**



Source: NHS Digital Indicator Portal

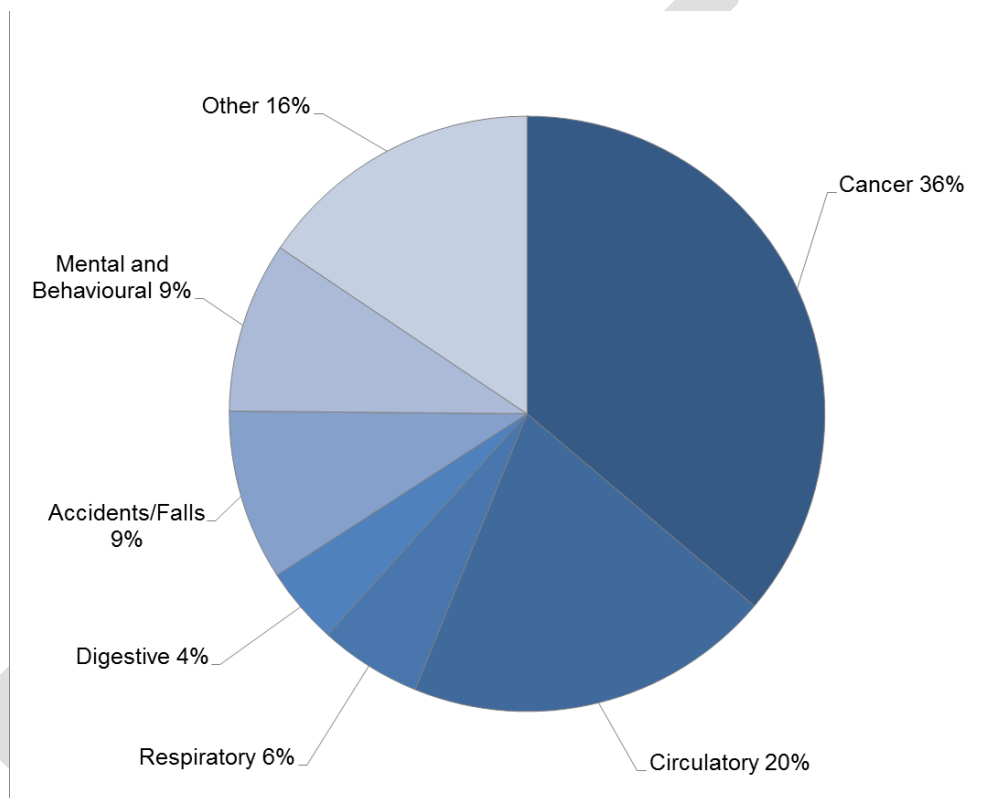
**Premature mortality (deaths under the age of 75 years)**

During 2013-2015 premature mortality in Herefordshire accounted for approximately 540 deaths per year or 27 per cent of all deaths. Cancers accounted for around 41 per cent of premature deaths in the county, coronary heart disease 14 per cent and respiratory disease 10 per cent.

**Years of Potential Life Lost (YPLL)**

In 2012-14 the number of Years of Potential Life Lost<sup>13</sup> due to premature mortality in Herefordshire was 19,691, which corresponded to 12.4 years per premature death and a directly standardised rate of 385 per 10,000 population, a rate that is significantly lower than those reported both nationally and regionally. Cancers accounted for 36 per cent of YPLL in Herefordshire, coronary heart disease 12 per cent and respiratory disease 6 per cent (Figure 17).

**Figure 17: Proportion of total years of life lost (YLL) associated with underlying causes in Herefordshire, 2012 – 14.**



Source: NHS Digital Indicator Portal

**Suicides**

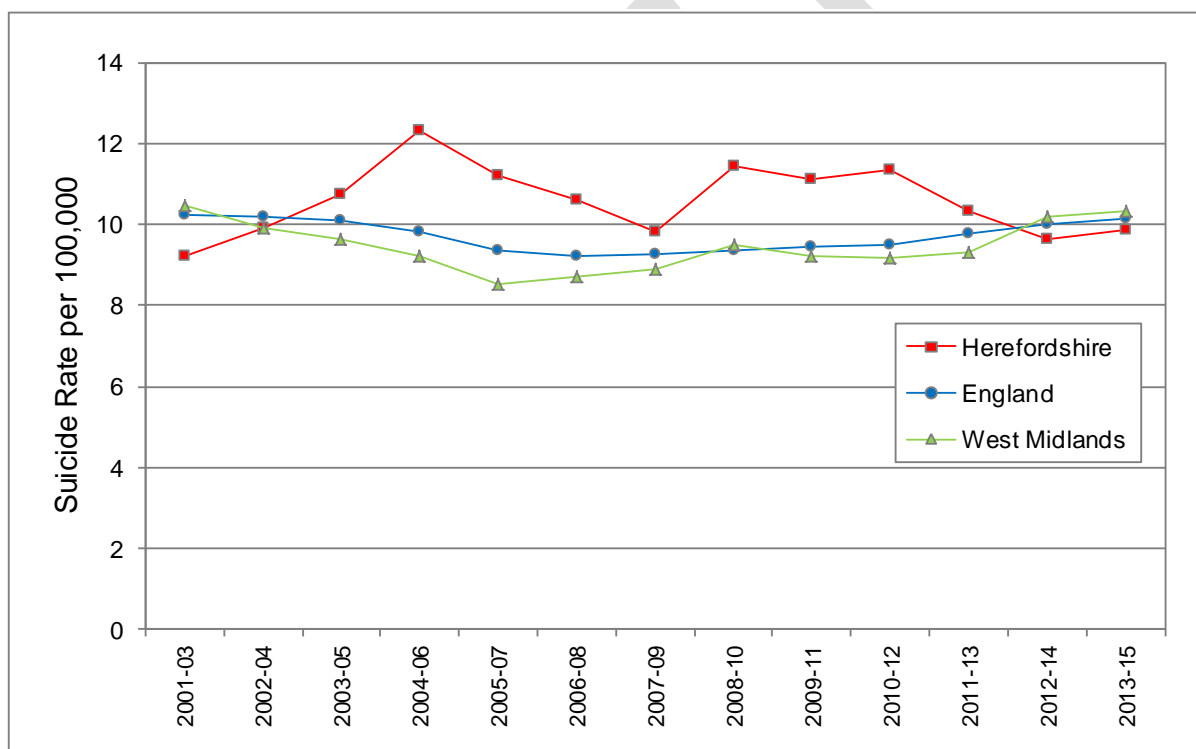
Since 2001-03 and 2013-15 the suicide rate in Herefordshire has fluctuated and has been little different from both national and regional rates which have both shown some variability (Figure 18). Between 2013 and 2015 there were 50 individual suicides in Herefordshire which corresponds to a suicide rate was 9.9 per 100,000 population. The suicide rate in the 35-64 age group in Herefordshire

<sup>13</sup> Years of potential life lost (YPLL) is a measure of premature mortality. Its primary purpose is to compare the relative importance of different causes of premature death within a particular population and it can therefore be used by health planners to define priorities for the prevention of such deaths.

is higher than those observed in older and younger age groups; this pattern is also observed nationally and regionally. Herefordshire male suicide rate is higher than that for females.

Residents of the most deprived areas of Herefordshire are approximately a third more likely to die as a result of suicide than those in less deprived areas of the county.

**Figure 18: Directly age-standardised suicide rates for Herefordshire, England and West Midlands populations, 2001-03 – to 2013-15.**



Source: PHE – Suicide Prevention Profile

## BEING WELL: LONG TERM CONDITIONS

A long term condition (LTC) is defined as a condition that cannot, at present be cured but can be controlled by medication and/or other therapies. Examples of LTC are diabetes, heart disease and chronic obstructive pulmonary disease some of which are discussed in more detail below. Nationally people with LTC account for 50% of all GP appointments, 64% of all outpatient appointments and over 70% of all inpatient bed days.

In 2015/16 the proportion of registered patients across Herefordshire GP practices with LTC varied between 43.8 and 64.0 per cent with a countywide average of 55.4 per cent compared to a national average of 53.2 per cent (see Table 1). When considering the CCG localities the highest prevalence (57.9 per cent) was recorded in East and the lowest (51.7 per cent) in South and West.

**Table 1: Prevalence of long term conditions in Herefordshire and England, 2015/16.**

Long Term Medical Condition (LTC)	Herefordshire	England
Cancer	3.2	2.4
Coronary Heart Disease	3.5	3.2
Stroke	2.2	1.7
Hypertension	16	13.8
Diabetes	6.4	6.4
Chronic Kidney Disease (CKD)	4.8	4.1
Asthma	6.2	5.9
COPD	2.1	1.9
Depression	7.4	8.3
Learning Disabilities	0.52	0.5
Dementia	0.87	0.8
Osteoporosis	0.34	0.3
Rheumatoid Arthritis	0.99	0.7
<b>Over all LTC Prevalence</b>	<b>55.4</b>	<b>53.2</b>

Source: QOF

There is no correlation between the proportions of registered patients at each practice with LTC and other factors such as age and deprivation. This pattern does not appear to follow the national pattern

of LTC being more prevalent in older people (58% of people over 60 compared to 14% under 40) and in more deprived groups (people in the poorest social class have a 60% higher prevalence than those in the richest social class).

The NHS have produced the Right Care database which provides information summarising a number of LTC disease areas and elements of care. The Herefordshire pack is available here:

<https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2016/08/cfv-herefordshire-ltc.pdf>

### **Cardiovascular disease**

Cardiovascular disease (CVD) is a general term that describes a disease of the heart or blood vessels (circulatory system) and includes coronary heart disease (CHD) and stroke (where blood supply to part of the brain is cut off). Since 2009/10 the stroke prevalence in Herefordshire has not changed appreciably, ranging between 2.2 and 2.3 per cent, although the local figure has been consistently higher than that reported for England as a whole. In 2015/16 stroke prevalence in Herefordshire GP practices ranged between 2.34 and 4.18 per cent. On a locality basis the highest stroke prevalence (2.55 per cent) was recorded in North and West and the lowest (2.03 per cent) in City.

Similarly, local CHD prevalence has shown little temporal change and in 2015/16 was 3.5 per cent, a figure significantly higher than that recorded for England (3.2 per cent). In 2015/16 CHD prevalence in Herefordshire GP practices ranged between 1.52 and 3.11 per cent. On a locality basis the highest CHD prevalence (4.00 per cent) was recorded in North and West and the lowest (3.24 per cent) in City.

People living in more deprived areas are at greater risk of CVD than the general population. In 2015/16 hypertension (high blood pressure) prevalence in Herefordshire was 16.0 per cent compared to 13.8 per cent across England as a whole, while prevalence in Herefordshire GP practices ranged between 13.5 and 18.8 per cent. On a locality basis the highest hypertension prevalence (16.6 per cent) was recorded in North and West and the lowest (15.4 per cent) in City. Hypertension is the single biggest risk factor for stroke and also plays a significant role in heart attacks. Risk factors for hypertension include being overweight or obese, lack of physical activity, and being diabetic.

### **Cancer**

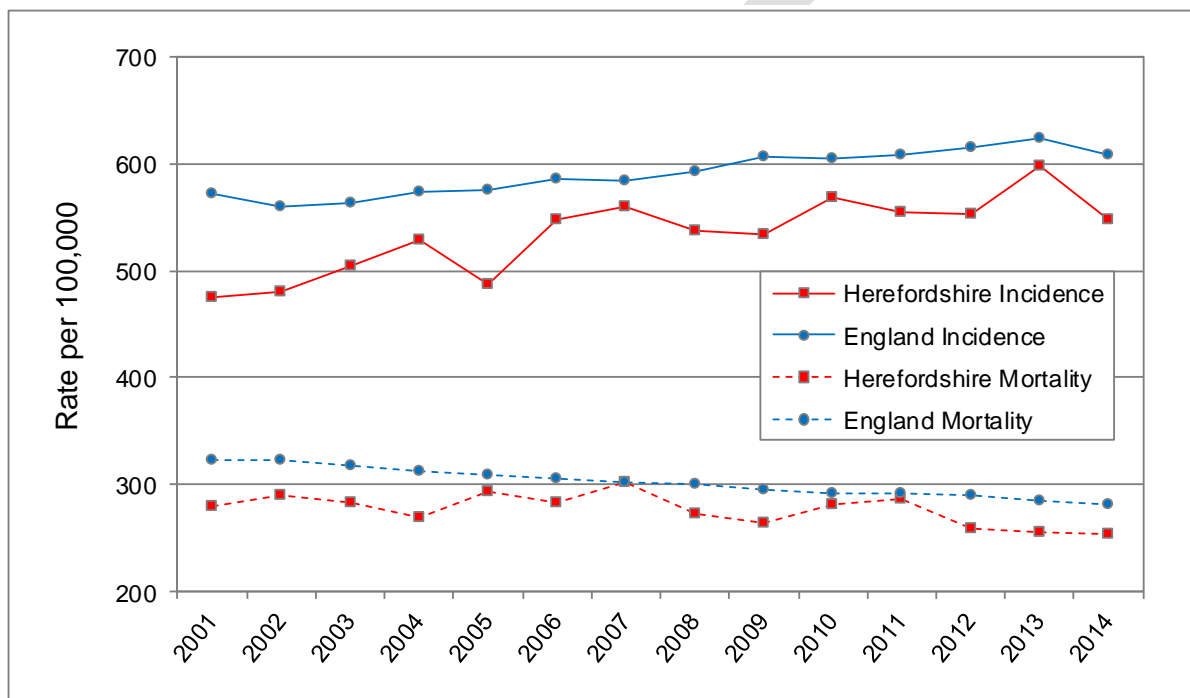
Between 2001 and 2014 the number of new cancer cases diagnosed annually in Herefordshire has increased steadily from 802 to 1,136, reflecting a high incidence rate which is significantly higher than the national figure. Similarly, prevalence has increased locally and in 2015/16 was 3.2 per cent, a figure significantly higher than that reported nationally (2.4 per cent). In 2015/16 cancer prevalence in Herefordshire GP practices ranged between 1.87 and 4.32 per cent, while for localities the highest prevalence (3.67 per cent) was recorded in North and West and the lowest (2.72 per cent) in City.



In 2014 there were 537 cancer specific deaths in Herefordshire. Between 1995 and 2014 the cancer mortality rate in Herefordshire fell from 304 per to 245 per 100,000 population and the local rate was consistently lower than both the national and regional rates (Figure 17). The most common causes of cancer-related deaths in Herefordshire were lung, urological and upper and lower gastro-intestinal<sup>14</sup> cancers.

More detailed analysis can be found in the latest (2016) [Overview of cancer in Herefordshire](#).

**Figure 17: All age directly age-standardised cancer incidence and mortality rates for Herefordshire and England and West Midlands, 2001 – 2014.**



PHE – CancerStats

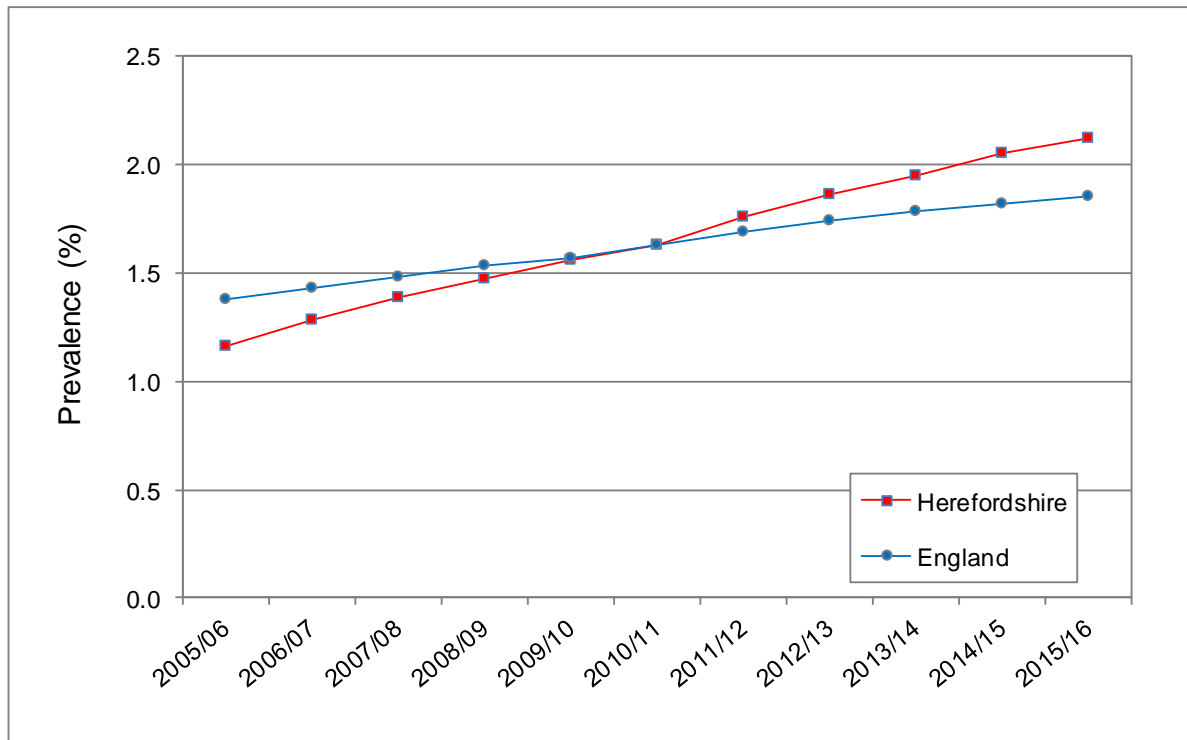
### Respiratory diseases

People suffering with chronic obstructive pulmonary disease (COPD) in Herefordshire have increased steadily since 2005/06 (Figure 18). Since 2011/12 the local prevalence has been higher than the national figure whereas prior to 2009/10 the opposite pattern was observed. In 2015/16 the Herefordshire COPD prevalence was 2.12 per cent compared to 1.85 per cent across England as a whole. For Herefordshire GP practices COPD prevalence varied between 1.07 and 3.43 per cent,

<sup>14</sup> Urological cancers include bladder, kidney, prostate and testicular; gastro-intestinal cancers include those of the stomach, oesophagus, intestine and pancreas.

while for localities the highest prevalence (2.28 per cent) was recorded in City and the lowest (1.85 per cent) in South and West.

**Figure 18: Prevalence of chronic obstructive pulmonary disease (COPD) in Herefordshire and England, 2005/06 to 2015/16.**



PHE – Inhale

The local prevalence of asthma has shown little change since 2005/06 and has been consistently higher than the national figure; in 2015/16 the local asthma prevalence was 6.2 per cent compared to the England figure of 5.9 per cent, ranging between 4.53 and 7.58 per cent across GP practices in the county. For localities the highest prevalence (6.59 per cent) was recorded in North and West and the lowest (5.74 per cent) in City. Respiratory diseases remain the most prominent underlying cause of excess winter deaths. Respiratory as a cause of death as a category in the Excess Winter Mortality index scored 41 per cent in 2015/16. This means that there were 41 per cent more deaths from respiratory deaths in the winter months than there were in the non-winter months, equating to 8,600 deaths, and accounting for 35 per cent of all excess winter deaths.

### **Mental Health**

In 2015/16 there were an estimated 1,500 individuals in Herefordshire suffering from severe mental health disorders (schizophrenia, bipolar affective disorder and other psychoses) which represents a local prevalence of 0.81 per cent, which is lower than the national figure of 0.90 per cent. Across Herefordshire GP practices the prevalence ranges between 0.33 and 1.41 per cent, while the highest locality figure (0.97 per cent) was recorded in City and the lowest (0.65 per cent in East).

Across GP practices the recorded prevalence of stroke, CHD, hypertension and cancer show some correlation to the proportion of patients aged 65, while prevalence of LTC and COPD show some correlation with smoking prevalence. The prevalence of obesity in practices show some relationship to COPD, Asthma and mental health, while levels of obesity are higher in more deprived practices and where smoking is more prevalent. The prevalence of CHD, COPD and asthma also show some relationship to deprivation as measured by IMD2015, while smoking is more prevalent in practices with higher levels of deprivation.

The key message to local commissioning groups is that individual treatment and pathways developed by traditional health and social care services have to adapt to increasing complexity of need. There is rising demand for management of multi-morbidity and co-morbidity of physical and mental disorders rather than of single diseases. Preventative strategies are currently being developed to manage demand, reduce costs, and respond to changing disease patterns.

### *Screening and Vaccination*

Screening programmes: For Q2 2016-17 Herefordshire achieved national standards for both antenatal & newborn screening and non-cancer as well as cancer screening programmes except cervical screening (76.6 per cent against national standard of >80 per cent). However, this decline has been in line with the national trend. PHE and NHSE have been working with primary care to improve uptake.

Flu vaccination uptake in Herefordshire had been low in 2014-15 and 2015-16 across all groups eligible for free flu vaccine and was below the national and regional averages. In 2016-17 flu vaccine uptake data showed increase in uptake in Herefordshire in all eligible cohorts (including healthcare workers) except pregnant women. The uptake in individuals aged 65 years and over (70.2 per cent) was comparable to national (70.4 per cent) and regional averages (70.0 per cent), whereas the uptake in other cohorts was higher than the national and regional averages. However, in pregnant women the uptake (39.2 per cent) was lower than national (44.8 per cent) and regional (43.9 per cent) averages. In school aged children it exceeded the national target of 60 per cent.

AGING WELL: PEOPLE AGED 65 YEARS AND OVER

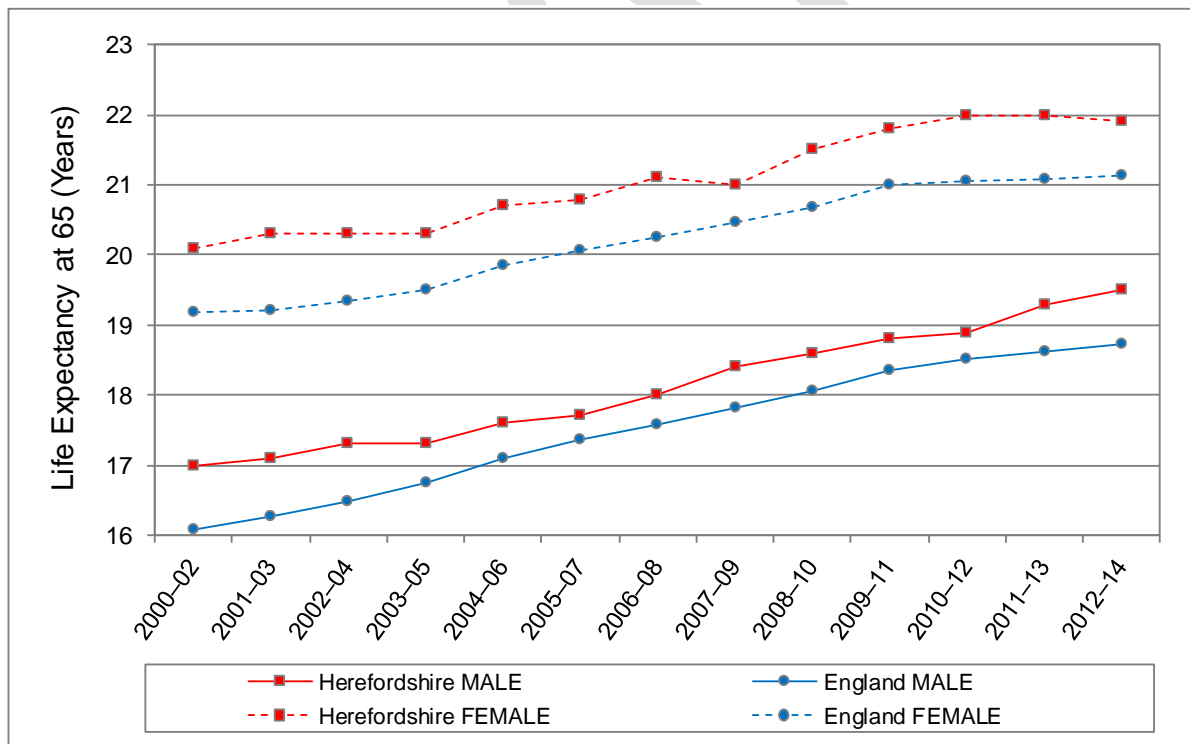
The following section focuses on areas of particular concern to older people. Given the aging demographic profile in Herefordshire, the focus on prevention is on healthy active aging (supporting independence), feeling connected to communities and feeling safe at home. Social isolation and loneliness can further exasperate complex health problems. Those aged 65-84 are more likely to live in rural villages and dispersed areas than the population as a whole

**Life Expectancy at 65 years**

People turning 65 in the county can expect to live longer, but they might not be in good health depending on their lifestyle choices, and fragility brought about by chronic illness and disability.

In 2012-14 the Herefordshire **life expectancy at 65** was **19.5 years for males and 22.0 years for females**, with both figures rising steadily since 2000-02 and are higher than those recorded nationally (Figure 19). For the same period the Herefordshire male life expectancy at 65 was ranked as 24th out of 150 upper tier local authorities, while female life expectancy at 65 was ranked 30<sup>th</sup>.

**Figure 19: Male and female life expectancy at 65 in Herefordshire, England and comparator group, 2000-02 to 2012-14.**



Source: ONS

In 2012-15 the Herefordshire **healthy life expectancy at 65** was **12.0 years for males and 13.2 years for females**, with both being higher than those recorded nationally. In 2012-15 the Herefordshire male healthy life expectancy at 65 was ranked as 32nd out of 150 upper tier local authorities, while female healthy life expectancy at 65 was ranked 29th.

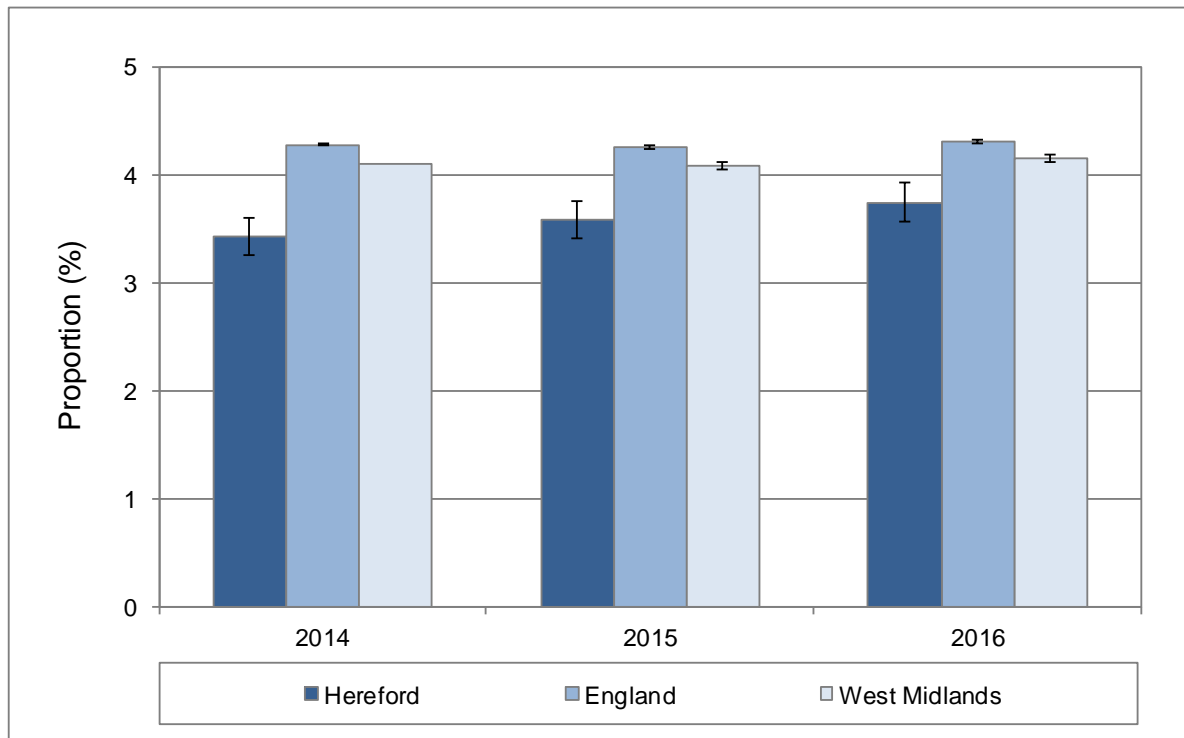
### **Falls**

The risk of accidental falls increases with age, and is mostly strongly linked with people with medical conditions, living alone and socially isolated, and living in deprived communities. Falls are the largest cause of emergency hospital admissions for older people (over 65 years) and significantly impact on long-term outcomes; for example, falls can be a major precipitant of people moving from their own home to long-term nursing or residential care. In 2015/16 there were 1,340 fall related hospital admissions in Herefordshire of which over 70 per cent were for those aged 65 and over. In 2015, injuries and falls accounted for 9% of premature deaths. In the 65 and over age group almost two thirds of fall related hospital admissions are for females. Across the county the rate of fall related admissions are highest in the most deprived areas.

### **Dementia**

Dementia is an umbrella term for a number of progressive diseases affecting the structure and chemistry of the brain which become increasingly damaged with time. Alzheimer's disease accounts for over 60 per cent of all dementias in England. Age is the biggest risk factor for dementia. As of September 2016 in Herefordshire there were 1,760 diagnosed cases of dementia in those aged 65 and over which represents 97 per cent of all dementia cases in the county. Despite this high figure, the local prevalence of dementia in individuals aged 65 and over (3.7 per cent) significantly lower than in West Midlands and England as a whole and has been over the last three years (Figure 20). However, it is likely that there is significant under-recording of dementia prevalence across the county, as is the case nationally.

**Figure 20: Proportion of over 65s suffering from dementia in Herefordshire, England and the West Midlands, 2014 to 2016.**



Source: Public Health England – Dementia Profile

### **Excess Winter Deaths**

In common with other countries, more people die in the winter than in the summer in the UK – this pattern is known as excess winter deaths are typically observed between December and March in England. Between 1991/92 and 2014/15 the number of excess winter deaths showed considerable variation from a low of 20 deaths in 2013/14 to a high of 220 deaths recorded in 2014/15. Over half of all excess winter deaths in Herefordshire are in those aged 85 and over with the most common underlying cause being respiratory disease.

### **Social Isolation**

The Campaign to End Loneliness (2016) listed a number of social isolation triggers which is useful to assess vulnerabilities in older people. Age UK have produced loneliness heat maps which look at these triggers and related factors in local areas:

<http://ageuk.org.uk/professional-resources-home/research/loneliness-maps/>

## EVALUATION AND REVIEWS

In the year to March 2017, several 'deep dive' projects were undertaken to provide a fuller understanding around a particular topic. This section provides information on four deep dive investigations, to inform commissioners on the nature and extent of the needs of a particular population cohort, and how it might impact on service demand and provision.

### *Review of Military and Ex-military personnel in Herefordshire 2016*

Herefordshire is the location of Hereford Garrison, home of 22 Special Air Service, of the British Army's Special Forces. As well as serving and ex-members of the Regular Army connected to the garrison, Hereford is the home of 10 Platoon, E Company of the 6th Battalion The Rifles (6 RIFLES). Herefordshire Council has a corporate covenant which demonstrates support for the armed forces community by ensuring that council business does not disadvantage members of the armed forces community compared to any other citizen. This includes employment support for veterans, reservists, service spouses and partners as well as support for cadet units, Armed Forces Day and discounts for the armed forces community.

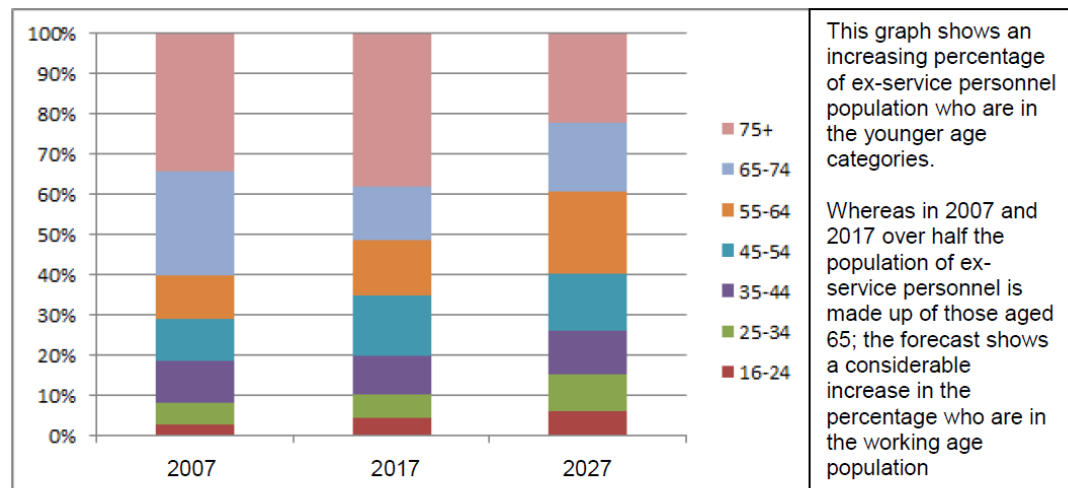
In 2016, a short piece of research commenced to ascertain the level of need in the ex-military population in Hereford. Preliminary findings are reported here.

#### **Key findings were:**

- The 2011 Census recorded around 1,000 people as being employed by the armed forces in Herefordshire, but not necessarily *resident* in the county; and just under **1,200** people employed by the armed forces and resident in the county, but not necessarily *working* in Herefordshire. The 1,200 Herefordshire residents represent 0.8 per cent of the total number of residents of England and Wales employed in the armed forces (around 153,200). The majority are male, of White British ethnicity, with 79 per cent aged 25-29 years. The 1,200 members living in the county had 1,450 family members (spouse, partner, child or step-child) living with them. Of these, 50 per cent were aged 16 years or under.
- MOD data indicates that there were 1,600 members of the regular armed forces stationed in Herefordshire in October 2015. Of these, 94 per cent were army personnel. The ratio of officers to other ranks has been consistent at around 1:10.
- Service personnel working in Herefordshire have an older profile than the national picture, with just 10 per cent under the age of 25 compared to 31 per cent across the whole of England and Wales. Most (85 per cent) were aged 25 to 49 (compared to 63 per cent nationally). Given the relatively older structure of Herefordshire's population, it is likely that there are a disproportionate number of veterans who served in World War II or undertook

National Service until it ended in the early 1960s (11,400 men aged 72+ live in the county; 1,400 of whom are aged 87+). In March 2016, there were 2,190 ex-service recipients of an occupational pension in Herefordshire. See Figure 21 for a population forecast for veterans.

**Figure 21: Percentage change of veterans and forecasted veteran household projection in England by age from 2007 to 2027.**



### Health Challenges

A number of challenges for those working or leaving the Armed Forces were identified through a substantial literature review.<sup>15</sup> The evidence points to personnel who leave the Services early on in their army career, being particularly vulnerable, especially from a mental health perspective. Some find difficulty in making the transition from being in the Armed Forces to becoming a citizen or ‘civvy’, challenging for both ex-military personnel and their families. However, the majority of people leaving the Armed Forces are fit, healthy and remain so, contrary to current perceptions demonstrated, for example, by veterans being more likely to undertake vocational training on leaving the Services.

Medical discharges from HM Armed Forces are predominantly for musculoskeletal disorders and injuries, and the second most common reason for a medical discharge is for mental and behavioural disorder<sup>16</sup>. The impact of musculoskeletal injuries within this population is of concern as a higher proportion of ex-service personnel having these issues as they grow older. Military staff are looked after by the Defence Medical Service, and medical records are transferred to local GP practices that ex-military personnel register with. However, it is not known how many ex-military personnel disclose

<sup>15</sup> Including ‘The needs of the Armed Forces community across Coventry, Solihull and Warwickshire’ (2016).

<sup>16</sup> Defence Statistics MoD (2015) Annual medical discharges from the UK Regular Armed Forces 2009/10 to 2013/14.



their military history to GPs, or if GPs ask the question. The number of children and young people taking care of parents who have been medically discharged is unknown, and local figures for young military carers are not available. The research also highlighted key challenges for ex-military personnel such as housing and poverty. For example, in 2016-17, 901 pupils from military families in Herefordshire's maintained schools attracted the Service Pupil Premium.

### ***Review of Child Sexual Exploitation in Herefordshire 2016***

Research on child sexual exploitation was commissioned by the Herefordshire Community Safety Partnership and the Herefordshire Safeguarding Children's Board. Child Sexual Exploitation (CSE) in Herefordshire is a serious concern given that the county ranks 18 out of the 315 Community Safety Partnerships (CSPs) in England and Wales for CSE, (when ranked in order of most to least prevalent).

Child exploitation of children and young people under the age of 18 involves exploitative relationships, violence, coercion, and intimidation, and those from disadvantaged backgrounds are most at risk. Across Herefordshire, 2.8 per thousand children are marked as being a victim of a sexual related crime potentially involving CSE, and Herefordshire has a higher prevalence rate in terms of all sexual offences involving children compared with England & Wales as a whole (9.7 per thousand children compared with 6.5 per thousand respectively). Most concerning is that the proportion of children aged 13-15 involved in sexual activity in Herefordshire (15.5 per thousand) is more than double that of England and Wales (6.0 per thousand). It is also known that locations experiencing the greatest concentrations of offences are more likely to be situated within the most deprived areas of the county, generally within urban or semi-urban areas.

The key issue for social workers and commissioners is the finding that out of the 78 assessments carried out during the period October 2015 and June 2016, 81 per cent (63) had not been assigned a clear cut level of risk, and this is thought to be a risk averse response to the complexities of identifying CSE. Children and young people have a range of vulnerabilities which may be associated with physical and mental health problems, some contributing to abuse, and others arising from it. A key message from best practice in other authorities is that preventative work should start at a much younger age than previously thought as perpetrators are grooming children at younger ages for exploitation when they are older, so early education of CSE dangers and more effective engagement with schools are required. Children at risk in Herefordshire were spread over 27 different local schools and training establishments in the county.

### ***Evaluation of Herefordshire's Community Health Services for Children and Young People (CYP) 2016***

Commissioned by Herefordshire Clinical Commissioning Group, Public Health/Strategic Intelligence undertook an evaluation of eleven community health services for children and young people provided

in Herefordshire for its 0-16 year child population. The evaluation highlighted several areas for improvement and recommendations were made based on the findings.

The evaluation data suggested a need for services to shift to a model that better manages demand and waiting times so that timely health care needs for children and young people were met sooner. Improvements were needed for referral processes, sharing of patient notes, and greater clarity on care pathways so that both individual patient and service outcomes are achieved. Cross-sector professional differences in delivering integrated care and high staff turnover were perceived barriers to providing better care. A key challenge for all services was increasing pressure to meet the community health needs of CYP with multiple or complex health conditions as more children are living longer but with complex needs developed in infancy. Clinicians and staff had a high level of commitment to improving community health, and recognised the benefits of greater engagement with patients and families as less was known on how users experienced the services on offer.

Preventative care and early intervention was promoted where possible by the Services, and self-care and self-management of health conditions, where appropriate, was facilitated and actively supported. In the longer term, clinicians and managers were agreed that sustainable solutions needed to be found to ensure a fit for purpose community health service for the local population.

### ***Evaluation of the Local Response to Domestic Violence and Abuse 2017***

Domestic abuse is the abuse of one partner within an intimate or family relationship. It is a repeated and habitual use of intimidation and coercion to control a partner. The abuse can be one or a combination of physical, emotional, psychological, financial or sexual. Domestic violence and abuse in Herefordshire is one of the Community Safety Partnership's five main priorities, and in 2016, the Partnership commissioned the council's Strategic Intelligence to undertake an evaluation of the local response to domestic violence and abuse in Herefordshire. The evaluation did not assess 'needs' as this was undertaken in the Domestic Violence and Abuse Needs Assessment 2013 (DVNA 2013) which resulted in an action plan based on the DVNA recommendations. An update on the success of those recommendations also formed part of the evaluation. The evaluation focused on the strengths, weaknesses, threats and opportunities of the current local response to DVA for victims (female and male) and perpetrators of DVA, as well as the strength of the partnership as a whole in responding appropriately to DVA within the county.

The evaluation found that the local response to domestic violence and abuse was effective in delivering some but not all health and wellbeing outcomes for women experiencing domestic abuse due to a number of reasons, such as diminishing resources (funding and capacity); lack of information sharing across agencies; and lack of a cohesive county wide model for addressing system wide challenges. The local response to DVA for male victims is limited.

## CONCLUSIONS – KEY PRIORITIES

Taking an overview of the findings of the JSNA, a number of areas stand out as representing key priorities for consideration by the system as a whole:

- Herefordshire has a lower proportion of younger working age population as compared to the national average. Though there are high expectations that the new Herefordshire University in 2018/19 will enable us to retain and develop the county's own young people, talent and skills, this alone will not be enough to fulfil county's future workforce demand. Therefore, this necessitates strategic planning for a broader workforce development.
- The crude rate of killed or seriously injured (KSI) casualties of all ages (2013-15) on Herefordshire roads (43/100,000 population) is high compared to the regional (33.9/100,000 population) and national (38.5/100,000 population) figures. Though the absolute numbers are small (223 in two years: 2013-15), these are preventable casualties and result in significant cost to health and social care. Therefore, this needs further analysis to determine the underlying factors and to put appropriate prevention measures in place.
- Fuel poverty is a longstanding issue. Latest available data (2014) show that the proportion of households that experience fuel poverty in Herefordshire (15.1%) is higher than the regional (12.1%) and national (10.6%) averages; and in our deprivation decile,<sup>17</sup> we have the worst figure. Fuel poverty is a significant factor contributing to excess winter deaths (225 in total in 2014-15) and alleviating fuel poverty is likely to help saving lives. Therefore, this merits a priority consideration to explore measures to minimise its economic and health impact.
- In 2014-15, in Herefordshire's proportion of 5 year olds with more than one decayed, missing or filled tooth (41.3%) was much higher than the regional (23.4%) and national (24.8%) averages and we have the worst figure in in our deprivation decile. One public health programme to tackle obesity and poor dental health, the "sugar swap" campaign, is ongoing. Among other specific interventions to improve oral health, such as fluoride varnish (patchy provision in Herefordshire) and targeted provision of tooth brushes and paste (to be re-launched this year), fluoridation of water has the highest return on investment (for every £1 spent the return is £12.71 in 5 years and £21.98 in 10 years). This warrants urgent consideration of fluoridation of water in the county.
- In 2016, in Herefordshire 9.8% of reception year children were obese, while the combined proportion of obese and overweight children was 22.2 %; for year 6 children the prevalence of obesity was 19.8%, while the combined figure for obese and overweight children was 33.8%. These figures are higher than the regional and national averages and we have one of the worst figures in our deprivation decile. Furthermore, 2016 figures show an upward trend. Excess weight and obesity in childhood is a significant risk factor for developing morbid obesity in adulthood. This in turn potentially withholds individuals from having a productive and fulfilling life.

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<sup>17</sup> As per Index of Multiple Deprivation (IMD) 2015, Herefordshire falls in the 4<sup>th</sup> less deprived decile nationally – 1<sup>st</sup> is the least deprived and 10<sup>th</sup> is the most deprived.

Unhealthy food and physical inactivity are the key factors responsible excess weight, which are modifiable. The public health campaign “Change 4 Life” and the National Child Measurement Programme are ongoing. In addition to strengthening these programmes, further action is needed to avert this upward trend in childhood obesity through working closely with schools, parents, communities and businesses.

- Overall prevalence of long term medical conditions (LTCs) in Herefordshire (56.6%) is higher than the national average (54%). This could be attributed to the aging population. One LTC of particular concern is high blood pressure (hypertension); local figure is 16% as compared to the national average of 13.8%. High blood pressure is the 3<sup>rd</sup> biggest risk factor for premature death and disability in England after smoking and poor diet. At least half of the all strokes and heart attacks are associated with high blood pressure and it is a major risk factor for chronic kidney disease, heart failure and dementia. People in the most deprived neighbourhoods are 30% more likely than the least deprived neighbourhoods to have high blood pressure. It is estimated that there are 21,000 undiagnosed cases of high blood pressure in Herefordshire.
- Therefore, primary prevention and early detection & treatment are central tenants of our strategy to combat high blood pressure. Primary prevention involves behavioural change to influence modifiable risk factors – excess salt intake is one of most important modifiable risk factor. Early detection and treatment is through either opportunistic or NHS health checks programme. Between April 2014 and March 2017, NHS health checks programme identified 3,689 new cases of high blood pressure. Lowering systolic blood pressure just by 10mmHg on average in people with high blood pressure can potentially save 273 deaths, and 87 strokes, 75 coronary heart disease and 51 heart failure events in one year in Herefordshire. Therefore, there is case for continuing to invest in healthy lifestyle programmes and NHS health checks.
- There is a life expectancy gap of 4.2 years for males and 2.3 years for females between the most deprived and least deprived deciles of the county population. Three health conditions (circulatory diseases, cancers and respiratory diseases) largely account for this life expectancy gap (77% in male and 66% in female). There are number of modifiable lifestyle risk factors associated with these conditions; Smoking is the largest preventable lifestyle risk factor and prevalence of smoking in Herefordshire (17.5%) is significantly higher than the England best (9.5%). Therefore, influencing people to adopt healthy lifestyles is central our health & wellbeing agenda and public health has been running “One You” campaign. However, this agenda needs to be owned by all stakeholders and should be embedded in their core business.
- In 2015-16 there were over 900 fall related hospital admissions in Herefordshire residents aged 65 and over with almost two thirds being for females. Though in 2015-16 the Herefordshire hip fracture rate in this age group (551/100,000population) was lower than the national average (589/100,000 population); but this equates 244 hip fractures in Herefordshire. Each hip fracture could potentially cost over £35k in terms of health and social care costs over a period of two years. We do know falls are largely preventable. Pursuing the Adults & wellbeing directorate prevention agenda a number of measures have been put in place to prevent falls in nursing & residential care homes and in the communities such as postural stability programme. However, the council and NHS commissioners needs to consider further measures to reduce falls such as early identification of high risk individuals in primary care and other settings, and offering them appropriate intervention to mitigate risk of falls (for example environmental modification, physical activity, healthy eating programme to enhance

muscle and bone strength, medicine review).

- 2015-16 Herefordshire data for young people mental health reflect poorly across a range of indicators: % of 15 year old drinking regularly (7.8%) is higher than the regional (5.5%) and national (6.2%) figures. Under 18 alcohol specific hospital admissions (50.8/100,000 population) is higher than the regional (32.6/100,000 population) and national (37.4/100,000 population) rates. Under 17 hospital admission due to mental health conditions (144.2/100,000 population) is worst across West Midlands being higher than the regional (89.8/100,000 population) and national (85.9/100,000 population) rates. Though these rates are based on small numbers but trend analysis shows that Herefordshire rates have consistently been higher than the national rates in the last couple of years with recent upward trend. This indicates severity of the local problem. Coupled with this is the persistent high rate of suicide (all ages) in Herefordshire, which is above the national rate.
  
- Mental health has been identified as number one priority in the Herefordshire Health & Wellbeing Strategy. The public health team has been following a number of actions in order to implement this strategy:
  - It has been running “5 ways to wellbeing” campaign to promote mental wellbeing.
  - The team has just launched “Youth Mental Health First Aid Training” for school teachers to be rolled out across Herefordshire by December 2017. It is hoped that every secondary school in Herefordshire will have at least one school teacher trained by that time.
  - Public health and Environmental Health & Trading Standards (EH&TS) have been working together to run a campaign to curb underage alcohol sales.
  - Herefordshire Council and Clinical Commissioning have been working together to develop “Suicide Prevention Strategy”.
  
- Given young people mental health data, review of current provision of community adolescent mental health service (CAMHS) should be considered to inform future commissioning decisions. Also provision of early identification and brief advice (IBA) to individuals with alcohol abuse problem in primary care should be considered.

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