AGENDA

Health & Care Partnership

Date: **Monday 24th July 2006**

Time: **10.30 a.m.**

Place: **Council Chamber, Brockington**

Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

Heather Donaldson

01432 261829

County of Herefordshire District Council

HEREFORDSHIRE COUNCIL

AGENDA

for the Meeting of the Health & Care Partnership

To: **Mr. E.G. Willmott (Chairman)**
Councillor Mrs. L.O. Barnett (Vice-Chairman)

Herefordshire Council:
Councillors: Mrs. M.D. Lloyd-Hayes, R.J. Phillips, D.W. Rule MBE and R.V. Stockton
Officers: Ms. S. Fiennes (Director of Children's Services), Mr G. Hughes (Director of Adult and Community services)

Herefordshire Primary Care Trust:
Mr. P. Bates (Chief Executive) and Ms F Howie (Associate Director of Public Health)

Hereford Hospitals Trust:
Mrs. C. Moore (Chair) and Mr. D. Rose (Chief Executive)

Hereford and Worcester Ambulance Service:
Mr. R. Hamilton (Chief Executive) and Mrs. J. Newton (Chair)

Voluntary Sector/Others:
Others Ms J Francis (Alliance Chair), Ms. H. Horton (Alliance Chief Executive), Dr P. Soilleux (Chair of the HHT PPI Forum), Mr J. Wilkinson (Chair of the PCT PPI Forum) and Mr G. Woodman (Hereford and Worcester Chamber of Commerce)

Pages

1. ELECTION OF CHAIRMAN

To elect a Chairman for the ensuing year. According to Paragraph 9 of the Constitution, this should be a member of Herefordshire Council this year.

2. APPOINTMENT OF VICE-CHAIRMAN

To appoint a Vice-Chairman for the ensuing year. According to Paragraph 10 of the Constitution, this should be a member of the NHS Bodies this year.

3. APOLOGIES FOR ABSENCE

To receive apologies for absence.

4. NAMED SUBSTITUTES (IF ANY)

To receive details of any member nominated to attend the meeting in place of a member of the Board.

5. DECLARATIONS OF INTEREST

To receive any declarations of interest by members in respect of items on this agenda.

6. MINUTES

To approve and sign the minutes of the meeting held on 26th April 2006.

7. REPORT FROM THE JOINT HEALTH AND CARE COMMISSIONING GROUP, AND HIGHLIGHT REPORT FROM THE PROGRAMME BOARDS — 3 - 8

To receive a report from the Yvonne Clowsley, Head of IMPACT in respect of items dealt with by the Joint Commissioning Group on 22nd June 2006.

To receive a report from Jean Howard, Programme Manager, IMPACT on points highlighted and reported as exceptions at the Programme Boards held on 10th May 2006.

8. UPDATE ON THE JAR IMPROVEMENT PLAN

To receive a verbal update from Sue Fiennes, Director of Children's Services.

9. NEEDS ANALYSIS FOR OLDER PEOPLE AND LEARNING DISABILITIES — 9 - 50

To receive reports from Geoff Hughes, Director of Adult and Community Services.

10. ADULT SOCIAL CARE IMPROVEMENT PLANNING PROCESS — 51 - 54

To receive a report from Geoff Hughes, Director of Adult and Community Services.

11. ORGANISATIONAL DEVELOPMENTS

To receive a verbal update from Simon Hairsnape, Director of Health Development.

12. FUTURE MEETING DATES

To note that the next meeting of the Health and Care Partnership is scheduled to take place at **10.30 a.m.** on **Friday 27th October 2006** at **Brockington, 35 Hafod Road, Hereford**. Further dates are as follows:

Friday 26th January 2007 at 10.30 a.m.;

Wednesday 11th April 2007 at 10.30 a.m.

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Joint Health and Care Commissioning Group

Report by: Yvonne Clowsley, Head of IMPACT

Purpose

This paper highlights the issues dealt with by the health and Care Commissioning group and gives details of where members of the Partnership can seek additional information on the items discussed and agreed.

The Joint Health and Care Commissioning group held on the 22 June 2006 addressed the following:

1. Information items

a) New PCT Governance arrangements
The Corporate Board of the PCT will continue to function with 3 meetings per year. Responsibilities will be split into commissioning and provider elements.

b) Verbal update on a joint commissioning plan for children and young people
A framework for the joint commissioning of children's services is currently being drafted.

2. Decisions taken by the group

a) The Alliance : acquA accreditation
The group agreed arrangements in relation to the accreditation of voluntary sector providers by commissioners. It was agreed to:
(i) send a joint letter to organisations successful in achieving accreditation.
(ii) send a letter to organisations who are continuing to display resistance to the process.
It was further agreed that letters should go out during Summer 2006.

b) COMPACT code implementation group
The Implementation Group had given a presentation and Terms of Reference to Helen Horton. Accountability was agreed to be via the JHCCG. The Associate Director of Finance for the PCT, Andrew Nash, is chairing the group. The final Action Plan now complete. Appointment of a COMPACT Officer will take place w.c. 26th June 2006.

c) Format and timescales for update to Older People's Commissioning Plan

Discussion took place about the proposed format for the next stage of the work on the older people's commissioning plan. The proposed format was then agreed, subject to ratification by those group members unable to be present at the meeting.

3. Items mandated / signed off by the group

a) Partnership Fund

The Partnership Fund for 2006/7 was signed off. There remains a shortfall in the funding needed to continue implementation of the Single Assessment Process.

b) Project Brief Carers Commissioning Plan

A proposal was put to the group for the continuation of the work on the carers agenda following the resignation of the IMPACT Officer – Carers. This proposal involved seconding someone from the voluntary sector to progress the production of a commissioning plan and adult social care picking up responsibility for the administration of the carers grant. These arrangements were agreed.

c) IMPACT team work plan

The Group was provided with a work plan for the joint team, addressing the priorities for 2006/7. This was signed off.

KEY ITEMS FROM PROGRAMME BOARDS 10TH MAY 2006

Report by: Jean Howard, Programme Manager - IMPACT

Purpose

To highlight key items from the Older Peoples, Mental Health and Learning Disability Programme Boards held on 10th May 2006

Older People

Intermediate Care
The Programme Board noted completion of the Intermediate Care Strategy and the recommendations of the multi-agency Intermediate Care project group. It was agreed the responsible officer would now do an implementation plan which should be mindful of the need to make efficiency savings where possible. The implementation plan will now be completed and signed of by the September meeting of the Joint Commissioning Group. Needs identified in the strategy will inform the Older Peoples Commissioning Plan due to be completed in September.

Falls and bone health
The need to address the local Dexa Scanning deficit was highlighted. It was agreed Simon Hairsnape would be asked to take this to the Practice Based Commissioning Committee and request they developed a proposal for consideration by the Programme Board. Following discussion between Simon and Peter Sowerby, Peter is now discussing potential ways forward with Paul Ryan, Head of Commissioning in the PCT.

Single Assessment
The need for senior operational managers in Social Care, PCT and HHT to ensure proper implementation of SAP was highlighted. Members of the Board will ensure a lead individual is identified in their respective organisation and reported back to the Board in September.

ICES (Equipment)
The board agreed the need to consider the new government direction on the delivery of these services, which it was felt would describe an increased role for the Third Sector. This report is now out and the implications are being considered. A report will be taken to the September meeting of the Board.

Section 31
The response to the Audit Commission report on the local agreements has been agreed and the IMPACT team will now, work with senior finance offices in the PCT and Social Care to undertake the necessary work and revise the agreements.

General

It was noted that the need analysis work, which is on the agenda for today's meeting would inform the Older Peoples, Older Peoples Mental Health and the Learning Disability Commissioning Plans.

Learning Disability

Local services
It was noted the Council Scrutiny Committee had completed an exercise looking at local services and identified emerging themes. The main recommendations were accepted by the Programme Board and a further report will be taken to a special meeting with the Cabinet member on 26th July 2006. Copies of the interim report are available at the Health and Care Partnership, should anyone require a copy.

The Board was advised that a further report regarding efficiency savings and policy changes was scheduled to go to Cabinet on the 29th June 2006. This would indicate an acceleration of the Accommodation and Support Modernisation Project, for people with learning disabilities. Information on this is available from Stephanie Canham.

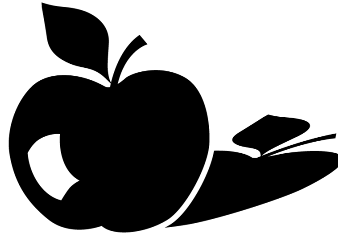
Performance/targets
The Board noted a report measuring progress made against CSCI targets but felt it would be helpful to have targets which reflect commissioning policy. Stephanie Canham and Mike Metcalf will agree these, for discussion by the Board at the September meeting.

Mental Health

Performance/targets
The Board received information from the Programme Manager about targets. The Board requested more detailed information on those not being met and the impact of not doing so. This information will be discussed at the September meeting.

Reports were tabled by the PCT Director of Finance and the Mental Health Commissioning Manager. Overall the key point for noting and agreement by the Board was the acknowledgement that there were no risk-sharing arrangements for the year 2006/7. This was accepted by the Board and it was noted this is one of the areas to be addressed in the review of current Section 31 arrangements.

The projected overspend in the Community Care residential and nursing home budget is to be addressed by funding beds in crisis and emergency situations only. Stephanie Canham will report the monthly position to Cabinet. The Programme Board noted the potential risks this action posed to the reputation of both organisations but were reassured that people would not be left at risk.



OLDER PEOPLE NEEDS ASSESSMENT REPORT

Principal factors that will determine the need for social care services

28th April 2006

FINAL

Herefordshire Council Corporate Policy & Research Team
Contact e-mail address: mspinks@herefordshire.gov.uk
Tel: 01432 261944

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SUMMARY

Population trends

- Herefordshire population has an older age profile than the West Midlands Region and England and Wales; 20% is 65 years and over compared with 16% regionally and nationally. This pattern is reflected in each of the 3 age groups within this: 65-74 year olds, 75-84 and 85 years and over.
- The population in older age groups is forecast to increase more rapidly in Herefordshire than nationally, with an increase of 19% forecast for the 65 and over age group by 2011 and an increase of 50% projected from 2004 to 2020. This is particularly evident in the 85 and over age group.
- Population projections indicate that the population of 65 years and over may be 53,000 people by 2020, comprising 28% of the total population in Herefordshire. Again, this is particularly evident in the 85 and over group.

See summary table of population below:

Older people	**2004**	**Forecast pop. 2011**	**%change 2004-11**	**Projected pop.2020**	**%change 2004-20**
65-74 years	18,400	22,200	*20.7%*	27,600	*50.0%*
75-84 years	12,900	13,800	*7.0%*	17,900	*38.8%*
85 years & over	4,200	6,000	*42.9%*	7,500	*78.6%*
65 years & over	**35,400**	**42,000**	***18.6%***	**53,000**	***50.1%***

Effective demand for social care

Several factors drive demand for social care services by older people as distilled in the Wanless Review Report: health and disability-related impairment (physical and cognitive), housing, income/wealth and family and (informal) carer circumstances. These are included in the main body of this report. However the most significant factor in determining higher or effective levels of need is disability so that help is required to carry out one or more of the core Activities for Daily Living (ADLs). These include being able to wash, dress, feed, toilet, get in and out of bed or a chair.

National research shows that increases in healthy life expectancy have not kept up with improvements in total life expectancy over the last 25 years. Using the optimistic scenario forecasts of improved population health from the Wanless Review, estimates of the rates of older people with substantial needs were applied to Herefordshire's current, forecast and projected population. These are people in need of help to do one or more ADL. These figures show that there may be 5,100 older people in need of care in 2011 and 6,500 in 2020, an increase of 55% from 2004 estimates (see table).

The number of older people in need of some help, from those who just need help with shopping or cleaning right up to those who need help with all core daily activities is estimated to be 12,800 by 2011 and 16,200 by 2020 in Herefordshire.

HEREFORDSHIRE	**2004**	**2011**	***%change 2004-11***	**2020**	***%change 2004-20***
Number of older people with HIGH demand for social care	4,200	5,100	21%	6,500	55%
Number of older people with SOME dependency	10,500	12,800	22%	16,200	54%

The Wanless Review estimates that nationally the number of older people with substantial needs in England will rise by 55% by 2025. This rate of increase will be higher in Herefordshire due to the older age profile and projected higher rate of increase in the older people population, potentially a 74% increase from 2004 to 2025.

Ability to pay for social care

It is difficult to assess the effect that higher home ownership rates and high house prices in Herefordshire have on the self-funding for social care. The Wanless Review report stated that there is no reliable data for the total private expenditure on care home fees and self-funded domiciliary care. Estimates are that between one-quarter and one-third of care home places are wholly privately funded.

Informal or unpaid social care

Demand for informal care is estimated to increase by about 45% from 2003 to 2026 according to the Wanless Review report. However availability of informal care may be reduced by a projected decrease in co-residence between adults and elderly parents, an increase in single person households and potentially people may not be so willing in future to provide informal care. The Wanless Report states that great carer support is needed (currently only received by a minority of carers) to *"relieve some of the pressure of care, as the costs of increasing formal care to meet a significant reduction in informal care would be prohibitively high."*

This report does NOT attempt to assess the impact that preventative measures would have on the potential numbers requiring intensive social care. Information on this was not available at the time of writing.

INTRODUCTION

This report is an assessment of the principal factors that will determine the need for social care for people 65 years and over, a consideration of the particular needs of different age groups and of people with mental health problems. Looking forward to 2020, these will include demographic change, taking into account the expected levels and characteristics of in-migration; the implications of changing patterns of health, treatment, and the development of health care services in response to them; the proportions of people who might be able to pay all or part of the costs of their social care; and the nature and condition of housing. The 2006 Wanless Review Report defines the need for care:

> *"as measured against the outcomes that individuals and society more broadly wish to achieve. In a general sense a need will exist where a person is restricted – as a result of disability, social exclusion and so on – from being able to undertake activities or to achieve outcomes that they value…such as being clean, fed, independent, safe (to a reasonable degree), socially included, fulfilled, etc. Need is therefore synonymous with a shortfall in outcomes, particularly where support and care could help people to improve outcomes."*

POPULATION OF OLDER PEOPLE

Current

- Herefordshire's current population is 177,800 (2004 mid-year estimate) of which 20% are 65 years and over (35,400 people). The county has an older age profile than both the West Midlands Region and England and Wales, with a noticeably higher proportion of its population in the older age groups as shown in Table 1.

Table 1: Percentage of the population in older age-groups, 2004

Area	**65-74**	**75-84**	**85+**	**65 & over**
Herefordshire (number)	*18,400*	*12,900*	*4,200*	*35,400*
Herefordshire	**10.3%**	**7.3%**	**2.4%**	**20.0%**
West Midlands Region	8.6%	5.8%	1.8%	16.2%
England & Wales	8.4%	5.8%	1.9%	16.1%

Source: ONS 2004 mid-year estimates. Note: Figures may not sum due to rounding

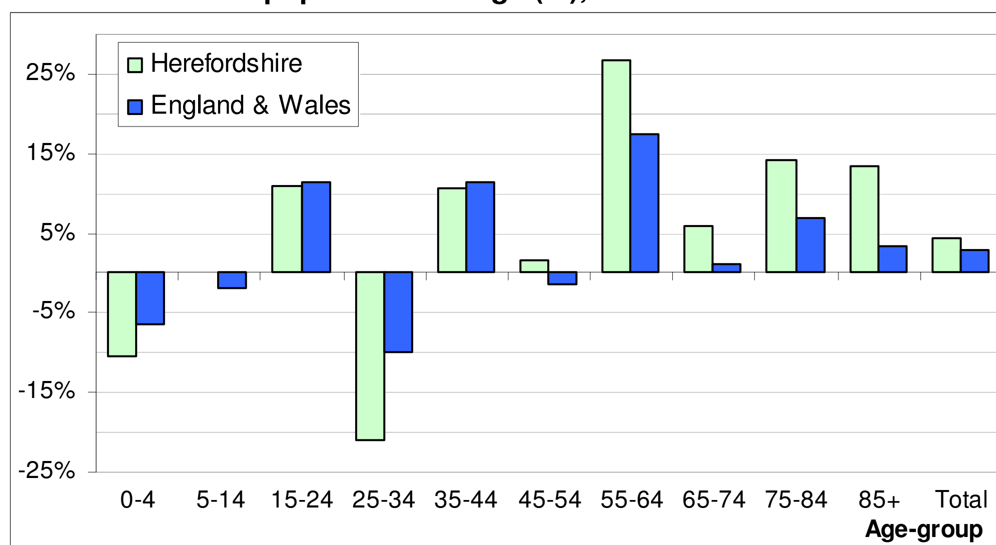
- Females outnumber males in every age group of 65 and over, reflecting the higher mortality rates for males at younger ages. The gender imbalance widens as age increases; women form just over half the 65-74 age group; by age 85 and over women outnumber men by more than 2:1.
- The 2001 Census provided data on ethnicity for Herefordshire's population aged 65 and over: 99.8% White, 0.2% Mixed, Black, Asian, Chinese or Other Ethnic Group. Experimental statistics from the Office for National Statistics shows that the percentage of ethnic groups other than 'White British' has increased from 2.6% in 2001 to 3.3% in 2003 in Herefordshire. This is a growth of 2.8% since 2001 compared to just a 1.1% for the total

county population. The figures for England show that the non-'White British' population has grown at an even higher rate. Anecdotally over the last few years Herefordshire has experienced a large influx of migrant workers from Poland, Lithuania and other nationals of new European Union member states.

Recent trends

- Although Herefordshire's total growth has been broadly similar to the national rate, the numbers of people in older age groups have increased much more rapidly in Herefordshire than in England and Wales as a whole, as shown in Chart 1.

Chart 1: Observed population change (%), 1998 to 2004

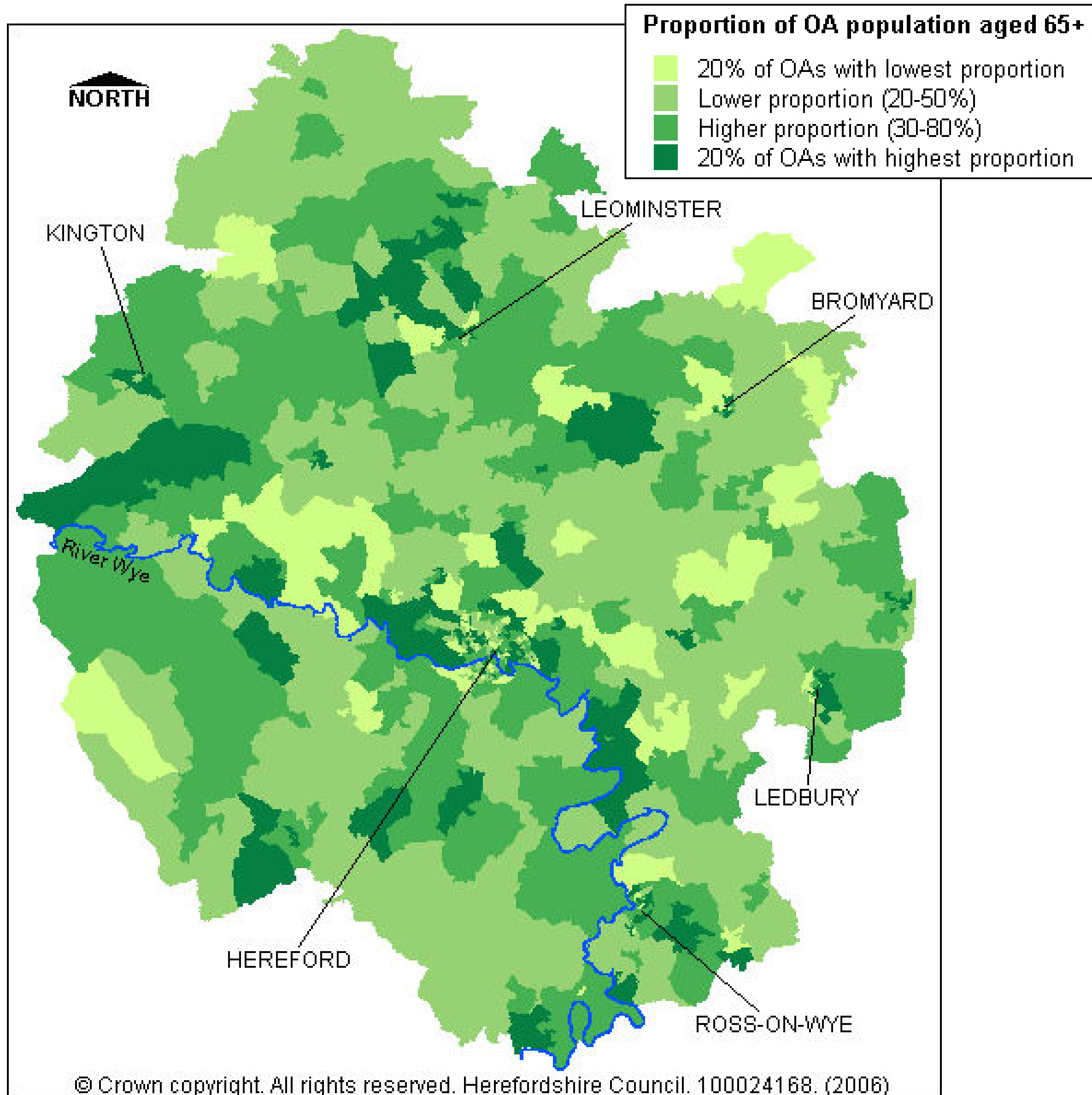


Source: ONS mid-year estimates

Spatial distribution within the county

- Despite perceptions that rural areas have higher proportions of older people, Map 1 shows that there is no clear pattern. Census Output Areas (small geographies) with high proportions of their populations aged 65 and over are scattered all over the county, from some of the most rural areas to Hereford City.
- Considering only those Herefordshire residents aged 65 and over, and grouping Output Areas according to the official urban/rural classification, 56% live in rural areas, which is only slightly higher than the proportion of Herefordshire's total population that live in rural areas (54%).
- About 29% of the 65 and over age group live in Hereford and a further 10% in rural areas within 8 miles of the City centre. The market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington are home to a further 26%, whilst the remaining 35% live in villages and rural parts of the County.

Map 1: Proportion of Herefordshire population aged 65 and over (2001 Census Output Areas)



Migration

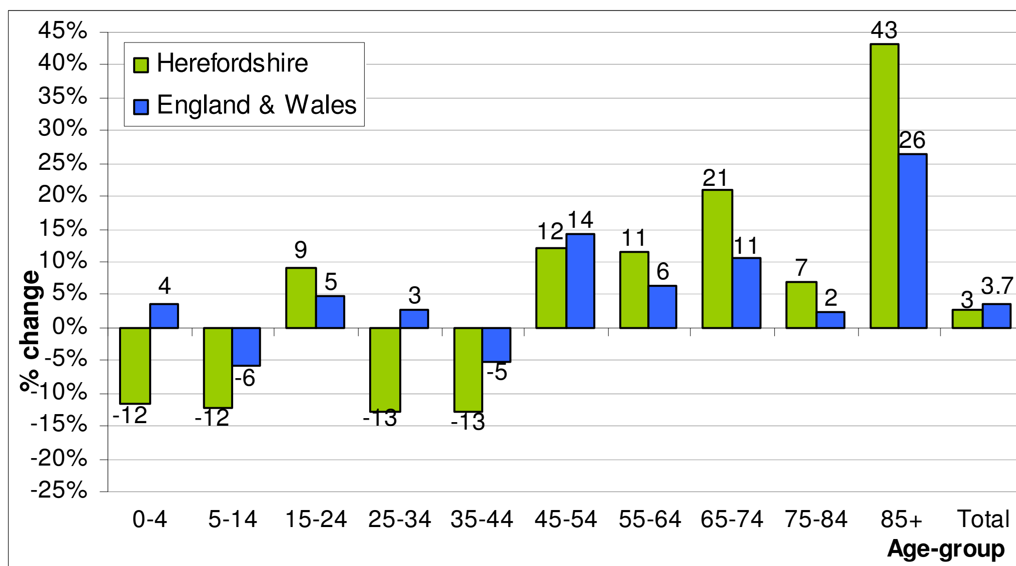
- Migration estimates indicate that, between mid-1998 and mid-2004, Herefordshire had a net increase of nearly 7,000 people due to 'within UK' migration. So, whilst the annual natural change due to births and deaths has been negative, the county has gained just over 1,100 people on average each year from other parts of the country.
- Detailed information on the ages of migrants between Herefordshire and the rest of the UK is only available from mid-2000. The smallest flows (both in and out) are in the 65-69 and 70-74 year-old age groups, with averages of around 200 or fewer people moving in each direction per year. (The largest flows are within the 20-24 year age group).
- 2001 Census data indicates that a significantly lower percentage of Herefordshire's migrants (both in and out of the county) were either retired or aged 75 and over than the percentage in the population as a whole (economic activity was only classified for those people aged 16-74).

- The only available information regarding permanent international migration into Herefordshire from outside the UK is from the Census. This represented just 0.3% of the county population at the time but 54% were aged under 30 – a much higher rate than migrants from within the UK and of the population as a whole.

Forecast population to 2011

- Population forecasts for Herefordshire are based on recent and nationally projected trends in births, deaths and migration, and also take into account future housing provision expected under the UDP. The 2002-based forecasts show that the ageing of Herefordshire's population structure is expected to continue[1].
- Whilst the total population is expected to grow at a slightly lower rate (2.6%) than that of the whole of England and Wales (as projected by the Government Actuary's Department), the population in the 55-64 and older age groups is expected to increase much more rapidly in Herefordshire than nationally. See Chart 2.
- The 65 and over age group in Herefordshire is forecast to grow by 18.4% by 2011 to 42,000 people.

Chart 2: Expected population change (%), 2004 to 2011



Source: GAD 2004-based population projections for England and Wales; Herefordshire Council Research Team 2002-based forecasts for Herefordshire using ONS mid-year estimates.

[1] Please note that the 2011 forecasts for Herefordshire are currently being updated using 2004 figures but are not yet available.

Projected population in 2020

- The Government Actuary's Department produces population projections, based on recent and nationally projected trends in births, deaths and migration. They do not take account of future housing provision expected under the UDP as the population forecasts do (for Herefordshire).
- The population of people 65 years and over in Herefordshire is projected to increase by 50% between 2004 and 2020, compared with a projected 8% increase in the total population.
- The 2020 population of people 65 years and over is projected to be 53,000 people comprising 28% of the population in Herefordshire
- The population of people aged 85 years and over is projected to increase by 79% between 2004 and 2020 to 7,500 people.
- A summary of the current, forecast and projected population of older people is shown in Table 2.

Table 2: Summary table of current, forecast & projected population of older people in Herefordshire

Older people	**2004**	**Forecast pop. 2011**	**%change 2004-11**	**Projected pop.2020**	**%change 2004-20**
65-74 years	18,400	22,200	*20.7%*	27,600	*50.0%*
75-84 years	12,900	13,800	*7.0%*	17,900	*38.8%*
85 years & over	4,200	6,000	*42.9%*	7,500	*78.6%*
65 years & over	**35,400**	**42,000**	***18.6%***	**53,000**	***50.1%***

Source: ONS 2004 mid-year estimates, Herefordshire Council Research Team 2002-based forecasts, GAD 2004-based population projections for England and Wales.
Note: Figures may not sum due to rounding

HEALTH & DISABILITY

Detailed information on the health and disability rates at a local authority level is lacking so several datasets are shown in this section. (The Wanless report also acknowledges that estimates of the numbers of people with disability are uncertain). The 2001 Census provided two direct measures for Herefordshire: a self-defined rating of health and self-reported long-term illness or disability which limited daily activities. More detailed information on type of disability and effective demand for social care are given by applying modelled rates from national research and applied to Herefordshire's population.

Overall health

- At the 2001 Census, residents were asked to rate their overall health over the previous 12 months (good, fair or not good). Overall 69% of Herefordshire's population said they were in good health and 8% 'not good', which was similar to regional and national figures.
- The proportion stating their health was 'not good' increased with age from 15% of 65 to 74 year olds to 32% of people 85 years and over (20% overall for people 65 years and over).
- Herefordshire's population are expected to live longer on average than the population of England in general with increases over the last 10 years broadly in line with national trends. Based on 2002-04 data, life expectancy for males at birth is 77.5 years whilst for females it is 82.5 years (compared to 76.6 and 80.9 respectively for England).

Limiting long-term illness

- Nearly half (47%) of the residents aged 65 or above self-reported having a limiting long-term illness (LLI) at the time of the 2001 Census i.e. a long-term illness, health problem or disability, which limits daily activity or work. This is a lower rate than that of older people in the West Midlands (53%) and England and Wales (52%).
- The proportion steadily increases from 36% of 65 - 74 year olds to 75% of the 85 and over age group. See Table 3.

Table 3: Herefordshire's 65 years and over population with a limiting long term illness at the 2001 Census

Age Group	Number with a limiting long term illness	% of population
65 - 74	6,334	36%
75 – 84	6,320	53%
85 and over	2,983	75%
65 and over	**15,637**	**47%**

Source: 2001 Census – Crown Copyright, T05.
Note: Includes people in communal establishments.

- Assuming that the Census rates will continue to apply, there may be another 3,200 people with a limiting long term illness or disability in 2011 and a further 5,100 by 2020 compared with 2004.
- Table 4 shows simple estimates of numbers of older people with a limiting long term illness in 2004, 2011 and 2020, done by applying the Census rates to the current, forecast and projected population of these age groups.

Table 4: Estimates of Herefordshire's 65 years and over population with a limiting long term illness in 2004, 2011 and 2020

Herefordshire	2004	2011	2020
65 to 74	6,600	8,000	9,900
75 to 84	6,800	7,300	9,400
85 and over	3,200	4,500	5,700
65 & over	16,500	19,600	24,700

Source: Herefordshire Council Research Team

An analysis of the population with a limiting long term illness by urban/rural areas shows that there is a higher proportion living in urban areas (47%) in Herefordshire compared with rural areas (22% live in 'rural village' areas, 20% in 'rural dispersed' and 11% in 'rural town' areas).

Disability

- Research at a national level (Bajekal & Prescott) suggests that the prevalence of LLI is higher than that of disability for all ages, except those aged 85 and over when disability rates become higher. Older people may under-report LLI because they consider activity limitation to be a normal consequence of ageing.
- Assuming this estimated overall rate of serious disability continues and applying this to the forecast and projected population in Herefordshire, Table 5 shows estimated numbers of older people with a serious disability in 2004, 2011 and 2020.
- However these rates differ slightly from those of more recent estimated national rates from the PSSRU model[2] of 30% of older people with some disability and 7 to 8% with a severe disability. However a further breakdown by age was not given. The Wanless Review Report provided 'base case' modelled estimates of population by level of dependency, which gave rates of 30 to 31% of older people with some dependency from help with shopping to 2 or more ADLs (help with personal care).

Table 5: Estimated numbers of people 65 years and over with a serious disability in Herefordshire

HEREFORDSHIRE	% with a serious disability	**2004**	**Forecast 2011**	**Projected 2020**
65-74	9%	1,656	1,998	2,484
75-84	17%	2,187	2,340	3,035
85+	39%	1,640	2,342	2,928
65 & over	15%	5,256	6,236	7,870

Source: Herefordshire Council Research Team

[2] Personal Social Services Research Unit (PSSRU) model of future demand for long-term care, Wittenberg *et al*, 2006.

Mental Health

This section summarises information from the Banerjee report for the West Midlands Strategic Health Authority. National prevalence rates of dementia in older people were applied to local areas, using the Medical Research Council's Cognitive Function and Ageing Study (MRC CFAS), 1998. This provided information on the distribution of dementia in terms of severity (minimal, mild, moderate or severe dementia) and type of residence (institutional or community). However there was a caveat in the Banjeree report that *"results presented should be used to give a general 'ball park' idea of the expected increased pressure on services in the coming years rather than be used as a robust planning tool".*

- The overall prevalence of dementia for those aged 65 and over was given as 7.3% of which most (57%) are estimated to have moderate or severe dementia with a greater need for ongoing social and medical support.
- The prevalence rate increases with age from less than 2% in those aged 65 to 69 to affect around a quarter of people aged 85 or over. There is a gender effect with more women than men with dementia in those aged 75 and over.
- The estimated number of dementia cases in Herefordshire in 2005 is 2,660 people or 14.9 per 1,000 population, which is the highest in the West Midlands South SHA area, which is also projected to increase at a greater rate, as shown in Table 6.
- The number of people with dementia in need of regular ongoing support (those with moderate to severe dementia needing community support and mild to severe dementia needing institutional care) is estimated to be 1,051 people in 2005, projected to grow to 2,070 by 2015. Incidence rates of dementia rise exponentially with age so due to the numbers entering this group, the rates of increase are very high as shown in Table 6.

Table 6: Estimates of numbers of people aged 65 and over with dementia in Herefordshire 2005 – 2015

HEREFORDSHIRE	Estimated Number			% change in number	
	2005	2010	2015	2005-2010	2005-2015
Older people with dementia	*2,660*	*3,029*	*3,450*	*14%*	*30%*
Older people with dementia in need of regular ongoing support	1,051	1,775	2,070	69%	97%

Note: Based on MRC CFAS results and ONS 2003 based sub national population projections

- Prevalence rates from the Health Survey for England (2000) used in the 2006 Wanless Review Report show just over 3% of the older population have severe cognitive impairment based on its cognitive function scoring. This is similar to the proportion of older people with dementia in need of regular ongoing support (Banerjee estimates) of all older people in Herefordshire.
- The Wanless Report also stated that rates of severe cognitive impairment are much higher for people aged 85 and over: 14% for 85-94 year olds and 40% for 95 and over. Almost 40% of older people who need help with 1 or more ADLs have a severe cognitive impairment.

HOUSING

Type of housing

Housing tenure is included here as a proxy for socio-economic status[3]. Another reason is that the current means test for local or health authority funded support in residential or nursing home care generally takes account of the value of the person's home (unless it is occupied by their spouse or an older or disabled relative). This means that older home-owners who live alone generally need to fund their residential or nursing home care privately, while older tenants and older home-owners living with their spouse are often eligible for public funding. If assets (savings, investments and value of home if left empty) are more than £20,500 then older people must pay for the full cost of residential or nursing home care.

- 73% of people aged 65 and over are owner occupiers (73%), very slightly higher than the population as a whole. However this is predominantly in the 65-74 age group where 78% are owner occupiers, which decreases to 56% for people aged 85 and over. See Chart 3.
- People aged 85 and over are more likely to live in communal establishments such as care homes, than other age groups.
- The 65-74 age group is slightly less likely to live in rented social housing (i.e. housing association) than the 75 and over groups.
- Older people with a limiting long term illness or disability are more likely to live in social housing and communal establishments.
- Home Point is a choice-based letting agency for social housing in Herefordshire. As of the end of 2005, 17% of the applicants on the register were over 60 years (740 applicants) compared with 26% of Herefordshire's population being over 60. Since its inception in 2002 sheltered housing properties have had a much lower average number of bids per property (5.6) than general purpose properties (19.1).
- In 2005 CSCI[4] commissioned a national MORI survey of preferences for care and support when older if needed. People overwhelmingly preferred to stay in their own home with care and support from friends and family (62%) or from trained care workers (56%) compared to sheltered housing with a warden (27%) or 'move in with a son or daughter' (14%).
- It is difficult to assess the effect that higher home ownership rates and high house prices[5] in Herefordshire have on the self-funding for social care. The Wanless Review report stated that there is no reliable data for the total private expenditure on care home fees and self-funded domiciliary care, however estimates are that between one-quarter and one-third of care home places are wholly privately funded. Some research done

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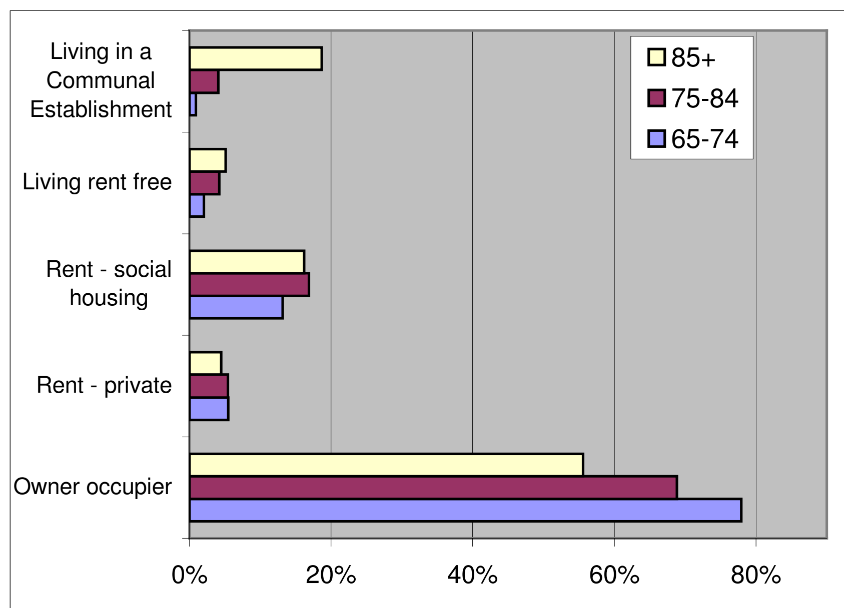
[3] As used in the PSSRU model, Wittenberg et al, 2003

4 CSCI = Commission for Social Care Inspection, figures from background paper to Wanless Social Care Review Report.

[5] Average price of property in Herefordshire was £204,180 compared to £191,327 in England and Wales and £160,341 in the West Midlands (HM Land Registry, 4th quarter 2005)

locally (Herefordshire Council Adult Social care) suggests a third of care homes are probably privately funded in Herefordshire.

Chart 3: Housing tenure of people aged 65 years and over



Source: 2001 Census – Crown copyright

Condition of housing

A House Condition Survey was undertaken in 2005 (including owner occupied and rented properties) and the findings from the draft report are shown below.

- 44% of heads of households surveyed were over 60 compared with just 34% found in the national survey, reflecting the age structure in Herefordshire.
- The survey found that housing with the highest rate of 'non-decency' or unfitness[6] (41%) were for households where the head of household is over 85 years of age. Those headed by people from the 75- 84 age group had the second highest rate of unfit housing at 39%.
- These results indicate an association between condition of housing and older age groups, potentially issues of affordability or inability to attend to maintenance issues. Affordability of necessary repair work is likely to be an issue for 'equity rich cash poor' older households.
- Lowest incomes were strongly associated with the oldest and the youngest (under 25 year olds) heads of households.
- The survey found a strong association between residents with disabilities and income, with 58% of dwellings where a resident with a disability lives having a household income below £10,000 per annum, compared to 30% of households where no persons with a disability live. This represents approximately 9,100 such dwellings in Herefordshire.
- One of the reasons given by social workers for admissions to care homes in the Wanless Report was having physically unsuitable housing. Health-

[6] Dwelling decency categories: meets the minimum fitness standard for housing, in a reasonable state of repair, has reasonably modern facilities and provides a reasonable degree of thermal comfort (House Condition Survey, Herefordshire Council, Nov 2005)

related causes are the primary reasons but *"poor housing is an issue that goes beyond social care".* The findings of the housing condition survey therefore have implications for the potential of improvements in housing condition for older people as one way of reducing the need to go into residential care.

Living arrangements

Burholt & Windle's report (2006) highlights that older people living alone, and in particular women living alone are more likely to live in poverty than people living with others. In addition the potential for informal care is higher for those people living with others than those living alone (Wittenberg et al, 2006).

- At the 2001 Census, 65% of people 65 and over in Herefordshire lived in a household with other people, 31% lived alone and about 4% lived in communal establishments such as care homes,.
- The proportion living alone rises from 22% for the 65-74 age group to 47% of the 85 and over age group.
- Similarly, people aged 85 and over are more likely to live in residential homes and other communal establishments (19%) than younger agegroups.
- Assuming that the current trends in living arrangements prevail, there are likely to be about 13,000 older people living alone in Herefordshire by 2011 and 16,400 in 2020. Of those aged 85 and over the numbers living alone will rise from 2,000 people to 3,000 in 2011 and 3,500 in 2020. These may be conservative estimates; the trend towards single person households amongst younger age groups will eventually be manifested in the older cohorts and there will be an increasing prevalence of single person households amongst older people. There was a slight increase in the proportion of older people living alone between the 1991 and 2001 Census in Herefordshire and ODPM household projections show that in England average household size fell over this time period and is expected to fall from 2.37 in 2001 to 2.14 by 2021.

Marital status

Burholt & Windle's report (2006) stated that marital status had a bearing on material resources – older people who are widowed, divorced or separated are more likely to experience low levels of material resources (no rates given).

- Overall for people aged 65 and over 32% were widowed at the 2001 Census, much higher rates than the population as a whole in Herefordshire (9%). There were slightly lower rates of divorce for people aged 65 and over (5%) compared to the overall population (9%).
- The proportion of those who are widowed increases with age from 18% of 65-74 year olds widowed to 68% of people 85 years and over; with the divorce rate remaining similar over these age groups.
- Assuming the proportion of those who are widowed stays constant, there are likely to be about 13,400 older people widowed in Herefordshire by 2011 and 17,000 in 2020.

ABILITY TO PAY

Social care for older people is funded in a number of different ways. One estimate in the Wanless Report suggests that 38% was funded by local authority social services, 27% by the NHS and 35% by individual service users or their families . Charge rates for care home places are determined nationally with state funding unavailable to older people with assets above £20,500 but charges for domiciliary care are decided by local authorities under national guidelines so vary considerably across the country. The report also asserts that *"those who more most likely to need long-term care are also least likely to be able to pay for it",* from survey data for people aged 50 and over showing that disability is correlated with lower income and assets.

A Joseph Rowntree Foundation report (Burholt & Windle, 2006) found that older people with low levels of material resources were over-represented by women, those living alone, people who are widowed, divorced or separated, in poor health, with lower education and living in deprived neighbourhoods. Aspects of the population in these sectors are shown in the following sections.

Income deprivation affecting older people

- 11% of older people in Herefordshire live in income deprived households i.e. aged 60 and over who are claiming income support [7], a possible under-estimate due to lower take-up rates of benefits. No further breakdown of age is given in this dataset.
- This varies by area from 4% to 28% with 5 areas in Herefordshire falling within the 25% most deprived nationally for this aspect of deprivation. These areas with higher proportions of older people living in income deprivation are in Hereford, Bromyard and Leominster.
- If this rate is applied to the current, forecast and projected population of older people in Herefordshire; in 2004 about 3,900 older people lived in income deprived households and potentially about 5,800 would in 2020.

Benefits

Pension Credit

- Pension Credit was introduced in October 2003 as a replacement for the aspect of Income Support Benefits that ensured a Minimum Income Guarantee (MIG) for people aged 60 years and over. Latest figures show that there were 7,470 people aged 60 years and over receiving pension credit in Herefordshire in 2004.
- The claim rate calculated by DWP is the proportion of this age group that are claiming this benefit, where Herefordshire has a lower claim rate than England & Wales.
- However it is important to note that benefits need to be claimed for and the proportion of older people claiming benefits consistently falls short of the

[7] Income Deprivation affecting Older People Index (ODPM, 2004), measured in 2001 and 2002. Comprises the percentage of a super output area's population aged 60 and over, claiming Income Support/Jobseeker's Allowance-Income Support and their partners (if also aged 60 or over).

proportion eligible for support. It has been estimated that the level of income provided by the state is lower than that required to cover the costs of living and that in 2002/03 about a fifth of pensioners in the UK lived in households with low income (below 60 per cent of median income)[3].

Attendance Allowance

- Attendance Allowance (AA) is a benefit for people over the age of 65 who are disabled (physically or mentally) and need a great deal of help with personal care or supervision. This help is provided during the day or night but a higher rate of attendance allowance is given if they need both. It is one of the main universal state benefit of older people with dependency.
- There were 5,645 claimants of Attendance Allowance in Herefordshire in August 2004. 68% of these claimants were aged 80 years or over, 68% of claimants were female and 54% of claimants were claiming the higher rate of Attendance Allowance.
- National figures (English Longitudinal Study of Ageing) show that only 27% of Attendance Allowance claimants used either state or privately funded formal social care, 29% received neither informal or formal care and 44% received informal care. Another data source showed that 70 – 80% of community-based service users claim Attendance Allowance (Wanless Report).

Earnings

- Earnings in for people who work in Herefordshire are lower than those for the West Midlands region and England. Figures for 2005 show that the average annualised earnings for Herefordshire were £18,313 compared with £20,988 for the West Midlands and £22,750 for England[8].

[8] Annual Survey of Hours and Earnings, Office for National Statistics, 2005.

PROVISION OF UNPAID CARE

The supply of informal care affects the demand for social care provided by the local authority or organisations.

- In 2001, 10% of Herefordshire's population provided unpaid care[9] at some level (17,600 residents), which is the same as England as a whole but slightly lower than the West Midlands Region (11%). Across all areas the majority of carers provide between 1 and 19 hours a week.
- There are higher proportions of people in rural dispersed and village locations who provide unpaid care (11%) compared with 9% in urban areas in Herefordshire. This trend is reflected across the whole West Midlands Region although with slightly higher proportions: 12% and 11% respectively. The Wanless Review Report stated that very rural areas have a higher proportion of adults providing care and also in the previously industrialised areas such as the West Midlands Region.
- 21% of the carers in Herefordshire were aged 65 or over, 14% were 65-74, 7% were 75-84 year olds and 1% were 85 and over. (50% of carers were aged between 45 and 64). Of all people aged 65 and over living in households, 7% provided 1-19 hours unpaid care per week; 1% gave somewhere between 20 and 49 hours care per week whilst 4% provided in excess of 50 hours per week each on average.
- The general health of older carers must be a cause for concern; in the event of a breakdown, the burden of care could well fall on statutory agencies. 16% of all older carers, suffered from poor health, of whom 45% supplied on average more than 50 hours per week of unpaid care.
- Demand for informal care is estimated to increase by about 45% from 2003 to 2026 according to the PSSRU model. However availability of informal care may be reduced by a projected decrease in co-residence between adults and elderly parents, an increase in single person households and potentially people may not be so willing in future to provide informal care. The Wanless Report states that great carer support is needed (currently only received by a minority of carers) to *"relieve some of the pressure of care, as the costs of increasing formal care to meet a significant reduction in informal care would be prohibitively high."*

[9] The 2001 Census asked whether respondents provided unpaid care, i.e. did they look after or help any family member, friend or neighbour who needed support because of long-term physical or mental ill-health or disability or problems related to old age.

EFFECTIVE DEMAND FOR SOCIAL CARE

Several factors drive demand for social care services by older people as distilled in the Wanless Review Report: health and disability-related impairment (physical and cognitive), housing, income/wealth and family and (informal) carer circumstances as discussed above.

However the most significant factor in determining effective or higher levels of need is disability which results in an inability to carry out one or more of the main Activities for Daily Living (ADL). These include being able to wash, dress, feed, toilet, get in and out of bed or a chair. This would cover the basic daily living needs and safety needs of older people but not necessarily address the whole agenda of the Government White Papers "Independence, well-being and choice" and "Your health, your care, your choice".

- National research using ONS figures shows that shows that increases in healthy life expectancy have not kept up with improvements in total life expectancy over the last 25 years. In other words disability-free life expectancy as a proportion of total life expectancy has decreased.
- The Wanless Review report gave estimates of the numbers of older people with a disability (using age-specific prevalence of diseases) and in need of help with 1 or more ADL, under 3 different future scenarios:
    1. **No change**: age-specific prevalence of diseases remain the same with prevention strategies and effective treatments offsetting potential increases in obesity and other trends.
    2. **Poor health** (projected increased rates of obesity and arthritis): obesity trends continue with subsequent effect on prevalence of arthritis, stroke, coronary hearth disease and vascular dementia. Some prevention strategies in place but fail to offset increased prevalence. Treatment focus on reduction in mortality rather than disability.
    3. **Improved population health:** Individuals 'take their health seriously and there is a decline in risk factors, particularly obesity and smoking'. The health service is responsive with effective disease prevention and treatments.
- All 3 scenarios show significant projected rises in the numbers of disabled older people in England by 2025, to varying degrees: 67% increase in scenario 1, 69% in scenario 2 and 57% in scenario 3.
- Wanless also incorporated another model (PSSRU, 2004) used to calculate rates of dependency measured by ability to do ADLs, which included rates of severe cognitive impairment in older people. These rates were applied to population projections (GAD, 2004). The numbers from this 'base case' closely approximated the improved population health scenario figures for England.
- Therefore, the improved health scenario rates of dependency given for England were applied to Herefordshire's current, forecast and projected population, to provide estimates of the numbers of people in need of social care in the future. Those in need of help to do 1 or more core Activities of Daily Living (ADL) are in high demand of social care, as shown in Table 7.
- The Wanless Review estimates that nationally the number of older people with substantial needs will rise by 43% by 2022 and 55% by 2025 (from

2002). This rate of increase will be much higher in Herefordshire due to the older age profile and projected higher rate of increase in the older people population, potentially an increase of 55% between 2004 to 2020 and 71% between 2004 and 2025.

Table 7: Estimates of the number people aged 65 and over with a higher demand for social care in Herefordshire from 2004 to 2020

HEREFORDSHIRE	**2004**	**2011**	***%change 2004-11***	**2020**	***%change 2004-20***
Number of older people with HIGH demand for social care*	4,200	5,100	21%	6,500	55%
Number of older people with SOME dependency**	10,500	12,800	22%	16,200	54%
* Groups 3 & 4 dependency classification: dependent for help with 1 or more core Activity for Daily Living (ADL) such as getting out of bed or getting dressed. ** Groups 1 to 4 dependency classification: includes those with no core ADL difficulties but only IADL difficulties e.g. shopping or cleaning, those with difficulty in doing core ADLs (Group 2) and upwards (Groups 3 & 4).					

Source: Wanless Report, 2006; applied to Herefordshire population figures.

REFERENCES

- **Bajekal M & Prescott A;** *Health Survey for England 2001 (Disability),* Dept of Health.
- **Banerjee;** *Improving Dementia Care in West Midlands South SHA,* Dept of Health, 2005.
- **Burholt V & Windle G;** *Material resources & well-being of older people*; Joseph Rowntree Foundation Report, 2006
- **Wanless D**; *Securing Good Care for Older People – Taking a Long-Term View*; Wanless Social Care Review King's Fund Report, 2006
- **Wanless Review Team**; *Social Care Needs and Outcomes: A background paper for The Wanless Social Care Review;* Wanless Social Care Review King's Fund Report 2005.
- **Wittenberg R, Comas-Herrera A, King D, Pickard L & Hancock R**; *Future Demand for Long-Term Care in the UK: A summary of projections of Long-Term Care Finance for Older People to 2051*, Joseph Rowntree Foundation, Sept. 2004.
- **Wittenberg R, Comas-Herrera A, King D, Malley J, Pickard L & Darton R**; *Future Demand for Long-Term Care, 2002 to 2041: Projections of Demand for Long-Term Care for Older People in England*, PSSRU Discussion Paper 2330, 2006.

THE CURRENT AND FUTURE NEEDS OF PEOPLE WITH A LEARNING DISABILITY IN HEREFORDSHIRE

APRIL 2006

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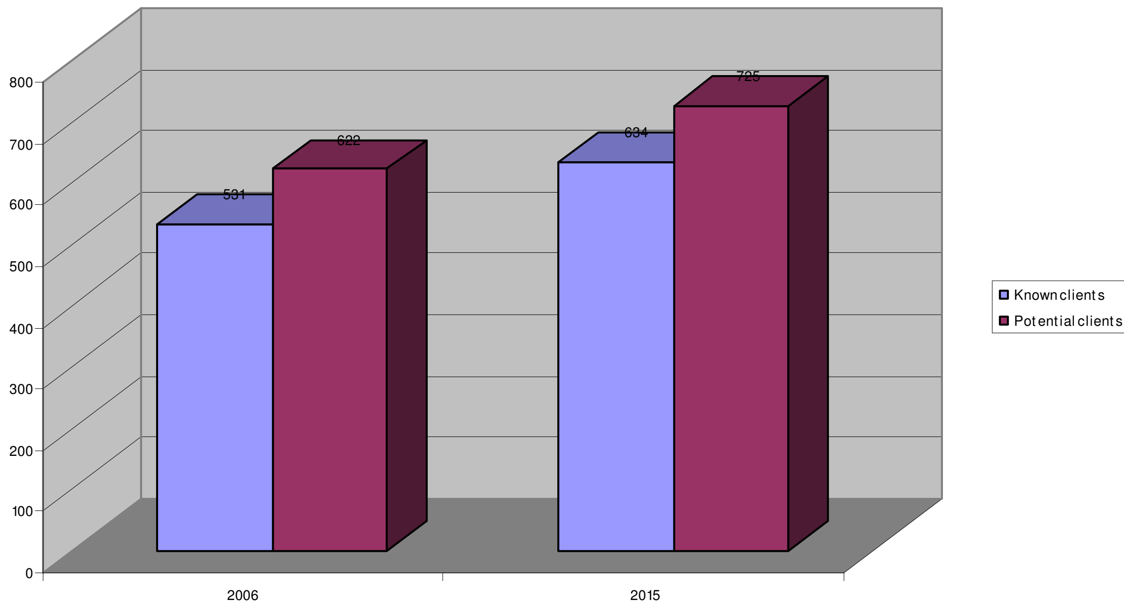
SUMMARY

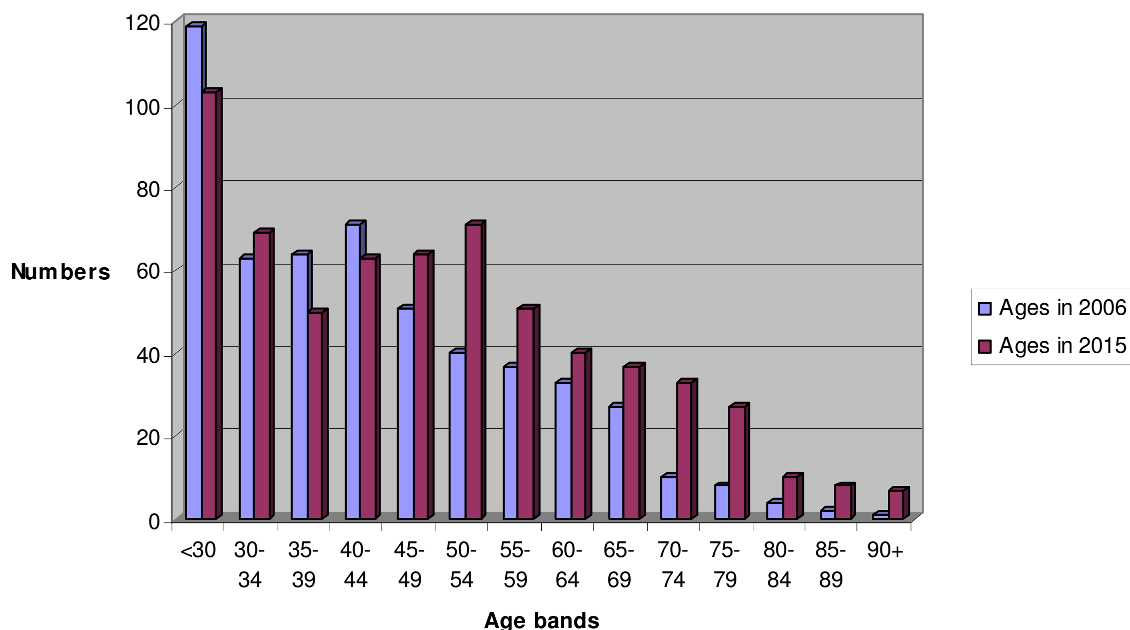
Population and trends

- 531 adults are known to Herefordshire Learning Disability Services in April 2006. The majority of these people have a moderate, severe, or profound learning disability, but the service also supports some people with mild learning disabilities.

- 531 is lower than the number that could be anticipated by national prevalence rates for people with moderate to profound learning disabilities, and might imply that some people who would be eligible for services are currently unknown. It is quite possible that these people will be referred for services in the future. The chart below shows the range between known and potential numbers of service users.



- As in the rest of the population, people with learning disabilities are living longer, and the effects of this on service demands are already being felt. The age profile of the client group for the service will change substantially over the next 15 years, and shift towards the older groups, as shown in the chart below.



Demands for social and health care

- By the time people with learning disabilities reach their mid 40s, most have moved from the family home into other accommodation and support (ranging from independent living to intensive residential or nursing care). At this age, most family carers are around 70 years old or more. In Herefordshire, there are currently 27 people over 45 living with a family carer (18% of those in family care).

- The level of demand for care and support services is largely reflected in the dependency levels of the client group. Two major factors influence the changes to the dependency profile of the client group in 2006 and future years:
  - the transfer of children and young people with learning disabilities to adult services (many of whom are now surviving very severe disabling conditions into adulthood)
  - the ageing population of people with learning disabilities, who consequently need more care and support in daily living.

  In Herefordshire, clients are assigned into 6 dependency bandings (with 1 being lowest and 6 highest). The changing dependency profile is shown in the table below:

	2006	2015	% change
Lower dependency (Bands 1 & 2)	226	245	+8%
Higher dependency (Bands 3 – 6)	305	388	+27%

- Overall, the number of people in the higher dependency bands will rise by ¼ in the next 10 years.

- An important but unknown factor is that people with milder learning disabilities who are not eligible for a service at present may become eligible in the future as their age and dependency increases.

- Another factor is a purely local phenomenon. Herefordshire has a high level of learning disability residential care beds per head of population compared with other authorities (the highest in the West Midlands). The availability of beds has led to an influx of people from outside Herefordshire. At present, out-county people comprise up to 22% of the total population of adults with learning disabilities living here.

- The impact on local services is twofold:
  - Demands for health services from both general teams and the specialist Community Learning Disabilities Team (CLDT)
  - Referrals to the Community Team for adult protection investigations (this currently amounts to between 25-30 per annum)

  These already impinge on the capacity of the CLDT to meet local needs, and any further expansion of residential facilities will add to these demands.

Herefordshire Learning Disabilities Needs Analysis
April 2006

Herefordshire Background Information

- Herefordshire is a Unitary Authority, which has co-terminus boundaries with the Primary Care Trust.
- Current population is 177,800 (mid 2004 estimate).
- There is a low population density with only Northumberland and Cumbria being lower. This creates challenges with regard to transport and access to services.
- Herefordshire faces specific challenges in the future as it is predicted that although the general population increase will be in line with England, the number of people over retirement age will increase significantly. This will be accompanied by a large decrease in the number of people aged 25 – 44.
- In 2005 property prices in Herefordshire have increased above that of the England average (6.2% compared with 4.6% average) with the average house price being £204,180 in the last quarter of the year (£191,327 for England and Wales).*
- Unemployment in Herefordshire remains low at 1.7%. This is compared to 2.6% in the West Midlands and 3.3% in Great Britain. *(Source – ONS January 2006)*
- Average earnings are well below the West Midlands average. In November 2005 full time gross earnings were £257.20 per week for Herefordshire compared with £402.50 for the West Midlands*.
- Although there has been little ethnic diversity in the past, the situation is changing rapidly since the recent expansion of the European Union.
  - 97.54% are White British (compared with 87.49% in England and Wales).
  - 0.2% are Asian or Asian British (compared with 4.36% in England and Wales).
  - 0.1% are Black or Black British (compared with 2.18% in England and Wales).
  - 0.21% are from Chinese or other ethnic backgrounds (compared with 0.86% in England and Wales).
  - The largest single ethnic minority group has been traditional or Romany travellers.
  - For some years there has been a large influx of seasonal workers from Eastern European countries in the summer, to work as fruit pickers.
  - Very recently, many people from both Eastern Europe and Portugal are becoming full time residents, as economic migration brings a fairly rapid change to the ethnic and cultural composition of the county.

*Quarterly Economic Report February 2006 – Herefordshire Council

National Prevalence of learning Disability

Definition of Learning Disability

The World health organisation defines a learning disability as 'a state of arrested or incomplete development of mind'. Someone with a learning disability is also said to have 'significant impairment of intellectual functioning' and 'significant impairment of adaptive/social functioning.

Although no official statistics exist which show how many people have a learning disability within the UK, there is information available from epidemiological studies and known prevalence rates.

The latest work in this area done by Eric Emerson and Chris Hatton (Institute of Health Research, Lancaster University, 2004) suggests that the true rate of learning disability in the U.K. is 2% of the population (higher in some age groups than others) making a total of 985,000 people in England.

This figure would cover the total range of learning disability across the general population. However some people would not need to access specialist services and would manage well within their local communities with support from generic services.

People with a learning disability are often categorised by the level of learning disability they have. This usually includes 4 divisions:

Degree of Disability	IQ range	Typical levels of need
Mild	Between 50 -70	People with a mild learning disability are usually self-sufficient and live independently, although they sometimes need community and social support. Skills: Hold a conversation. Full independence in self-care. Practical domestic skills. Basic reading/writing
Moderate	Between 35 -50	People with a moderate learning disability can carry out work and self-care tasks with moderate supervision. They typically acquire communication skills in childhood and are able to live and function successfully within the community in a supervised environment such as supported housing. Skills: Limited language. Need help with self-care. Simple practical work (with supervision). Usually fully mobile.
Severe	Between 20 -35	People with a severe learning disability will be able to fulfil basic self-care tasks and have some communication skills. They need to live in highly supported environments such as small residential homes or supported living. Skills: Use of words/gestures for basic needs. Activities need to be supervised. Work only in very structured/sheltered setting.

		Impairments in movement common.
Profound	Less than 20	They may be able to develop basic self-care and communication skills with appropriate support and training. However will always require high levels of care and support (24 hour) Often have additional impairments such as mobility, and associated health needs. Skills: Cannot understand requests. Very limited communication. No or very limited self care skills. Usually incontinent. May have mobility difficulties.

Some individuals are also described as having 'profound and multiple disabilities', indicating they also have physical disabilities with varying degrees of sensory and mobility problems, and may use a wheelchair.

People with a learning disability may also have behavioural problems, which can range from mild to very challenging. This may be linked to specific disabilities, communication difficulties, epilepsy, or mental health problems.

The majority of specialist services funded through a local authority are usually to meet the needs of people with moderate, severe and profound learning disabilities (including people with multiple disabilities), and providing some support and preventative services to a number of vulnerable people with mild learning disability.

Typically there are 3 - 4 people with a moderate to profound learning disability for every 1000 people in the population (0.4%) This means nationally there are approximately 210,000 people in England. This figure would include 65,000 children and young people, 120,000 of working age and 25,000 older people.

Evidence suggests that the number of people with a moderate to profound learning disability will increase by 1% per annum for the next 15 years. This is for four main reasons:

- Increased life expectancy, especially among people with Down's Syndrome.
- Growing numbers of children and young people with complex and multiple disabilities who now survive into adulthood.
- A rise in the number of school age children with autistic spectrum disorder, some of whom also have a learning disability.
- Greater prevalence among some minority ethnic populations of South Asian origin.

Herefordshire Profile

Prevalence of learning disabilities
There are 2 methods to calculate the expected number of people and the results can be compared with the true caseload of the service;

1. National prevalence and levels of disability method:
In Herefordshire, given the current population figures of 177,800, the number of adults with a moderate to profound learning disability would be approx. 711 people, of which approximately 23% would be under the age of 20. This means that Herefordshire would expect to be supporting approx 547 adults with a moderate to profound learning disability, and providing preventative services to a number of vulnerable people with a mild learning disability.

The number of people currently known to the Adult Learning Disability Services is **531.** This matches the predicted number fairly closely and is the figure that has been used for all analysis purposes within this report.

2. Administrative prevalence:
Emerson and Hatton (2004)* used a more pragmatic measure of "people with learning disabilities who are known to learning disability services", based on studies of LD registers in 24 authorities. This produced an administrative prevalence rate of 0.46% of the general population, of which 75% are 20 or older, 64% between 20 – 59, and 12% over 60. People with moderate and mild disability levels but receiving support would be included in these numbers.

Estimates for Herefordshire become 818 people of whom 614 are over 20 – ie. an additional 91 over those currently known to the service. There could be discrepancies relating to different eligibility criteria for services in the areas studied for this prevalence rate.

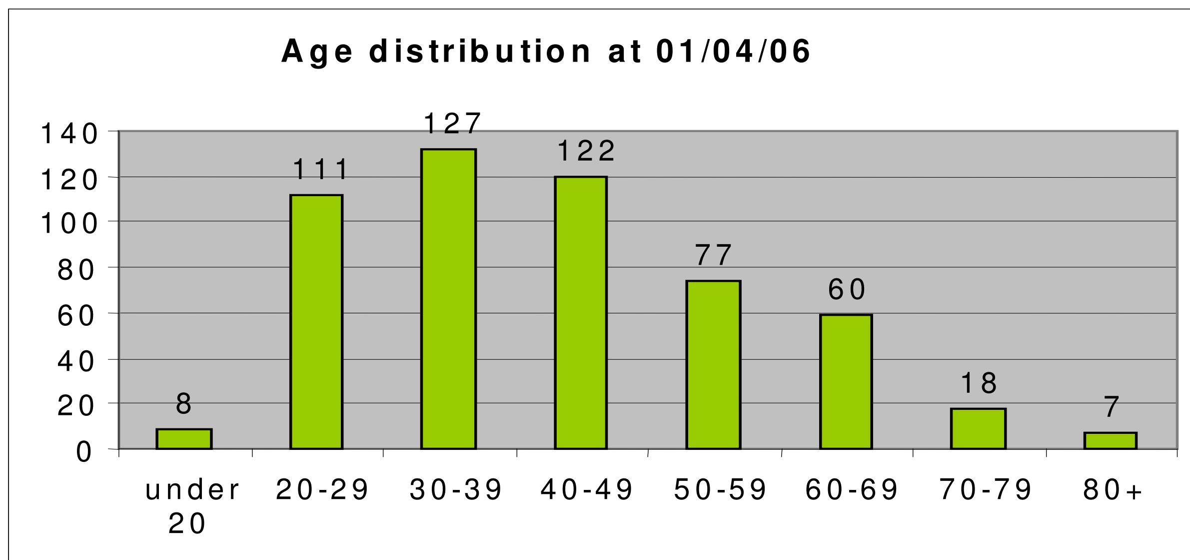
Need for services
It is worth mentioning that, even with a perfect match between national and local figures, there is never a perfect correlation between levels of disability and the need for services. This is because the need for service supports varies considerably even within each level of disability. Factors such as social support networks, capacity of families, previous experience, individual health factors etc. are different for each individual.

Other factors, which have direct relevance are now examined.

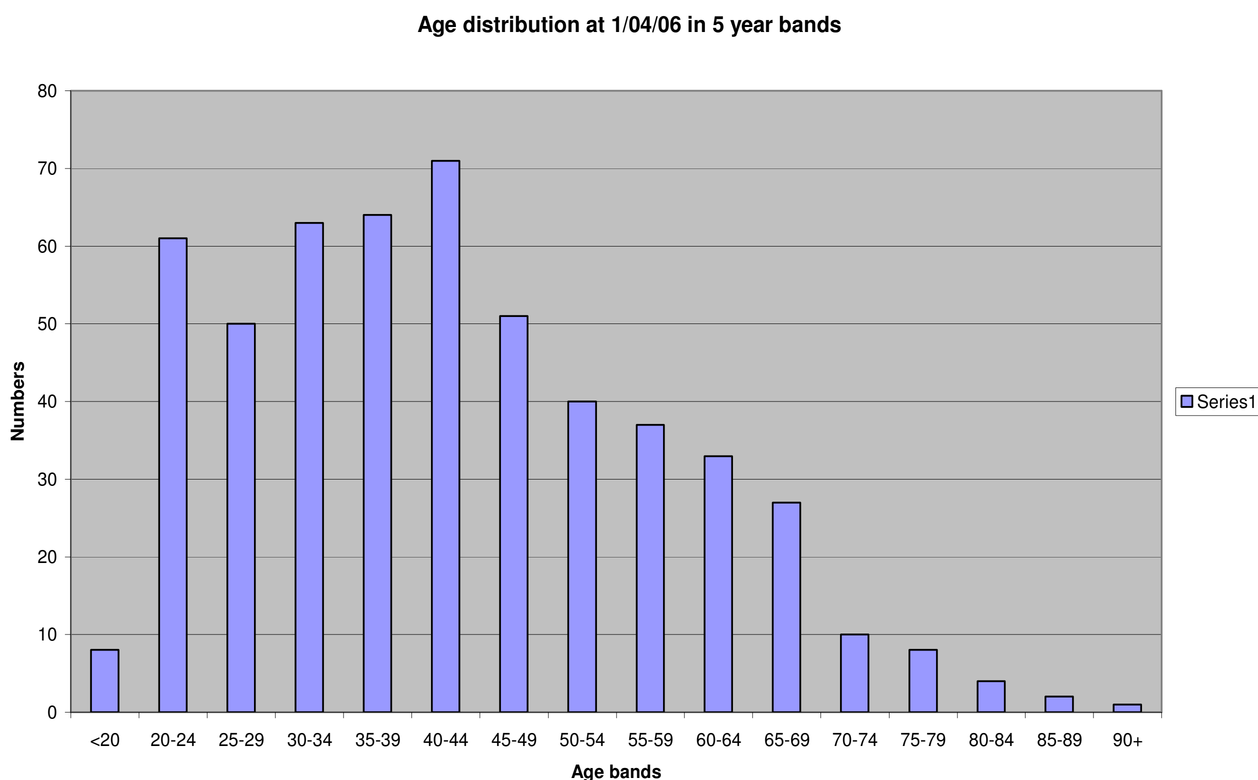
Age Distribution
This is analysed in some detail because the balance between younger and older age groups is set to change significantly (see above).

**Estimating the current Need/Demand for Supports for People with Learning Disabilities in England (2004) Eric Emerson and Chris Hatton, Institute for Health Research, Lancaster University.*

Fig. 1
Age distribution of people with a learning disability, known to Herefordshire learning disability services.



And in more detail ……….



Dependency Bandings for all current clients

All people known to the service have been assigned to a dependency category that reflects the demands on the service. **This reflects the "effective demand" for local services in early 2006**. Band 1 represents low dependency and Band 6 represents high

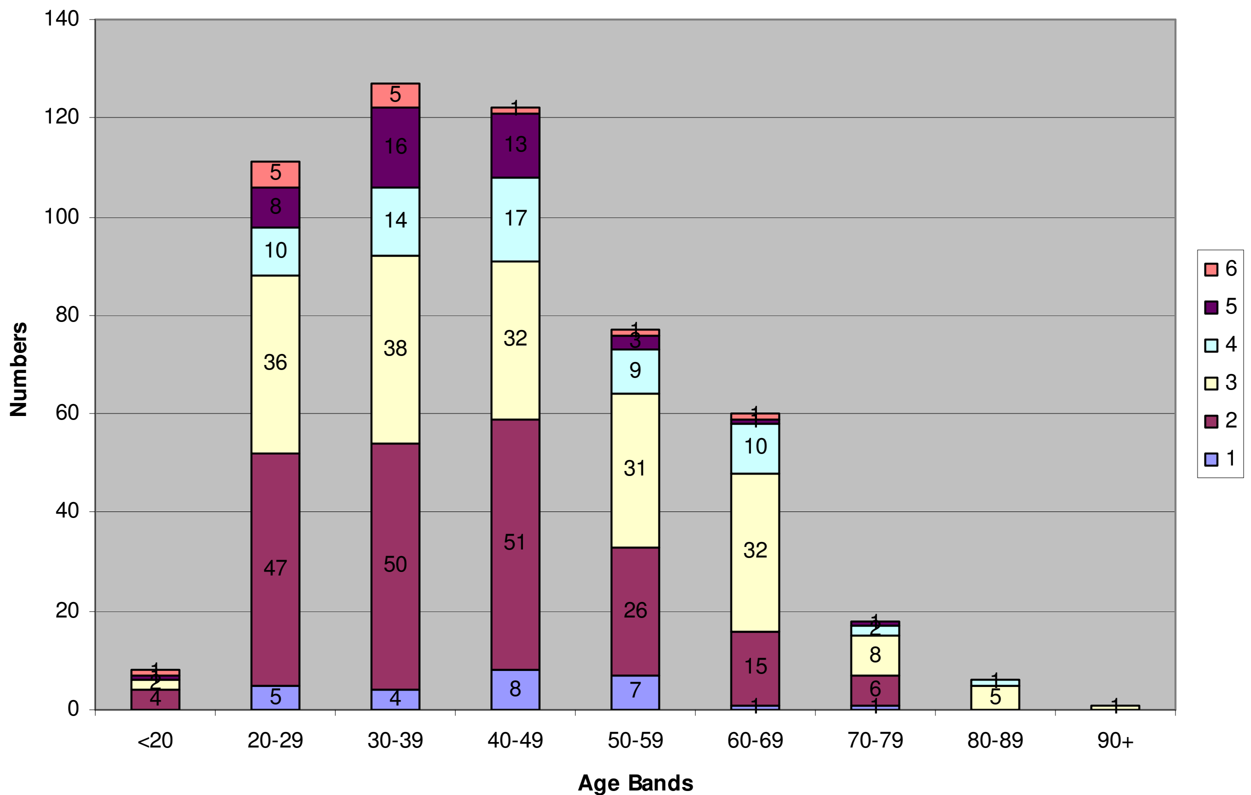
LD Banding matrix

Band	*Description*	**Possible Indicators**
BAND 1	**Minimal support** People with low level need. Need minimal support.	• With minimal/community support can keep safe, meet own personal care needs, travel independently, and can sustain some involvement in activity (social, occupational) • May need some support because of Mental Health problems, adult protection issues etc.
BAND 2	**Low-medium support/no care** People with low/medium levels of support need, may require 24 hour support (not care) vulnerable	• Needs supervision or support for set times of the day, in the form of prompts and guidance, There can be gaps in support (either short or medium gaps) • Reduced ability to sustain community involvement (social, occupational). • Vulnerable and possible mental health problems, adult protection etc.
BAND 3	**Medium-high support/low level care** People with medium/high support needs (24hour) and low-level, personal care needs.	• There can be no gaps in support, over the 24 hour period. • May need assistance with some personal care, • Does not require night time attention (waking night support)
BAND 4	**High support/low - medium care** People with medium/high level support/care needs, may have additional needs, such as low level challenging behaviour or epilepsy etc	• Needs 24 hour support and/or personal care • May require night- time assistance possibly because of epilepsy. • May have behaviour which is difficult to manage, including self injurious but does not pose a serious risk or danger. • May have low level physical disability which limits independence.
BAND 5	**High Support/High Care** People with profound and multiple disabilities or specialist needs because of challenging behaviour or complex health needs.	• Needs 24 hour support and care • May have medical needs which require ongoing management • May display difficult behaviour which requires ongoing management and presents some risk to self or others. • May have extensive physical disability requiring hands on support.
BAND 6	**Specialist support/care** People with very specialist needs either because of very challenging behaviour or complex MH or health problems.	• Needs specialist 24 hour care and support • May have very challenging behaviour, which requires management by specially trained staff and poses serious risk to self or others. • May have ongoing medical needs which require management

This is the profile for clients in Herefordshire in April 2006:

	Numbers	**%**
Band 1	**27**	5%
Band 2	**199**	37%
Band 3	**185**	35%
Band 4	**63**	12%
Band 5	**43**	8%
Band 6	**14**	3%
Total	**531**	100%

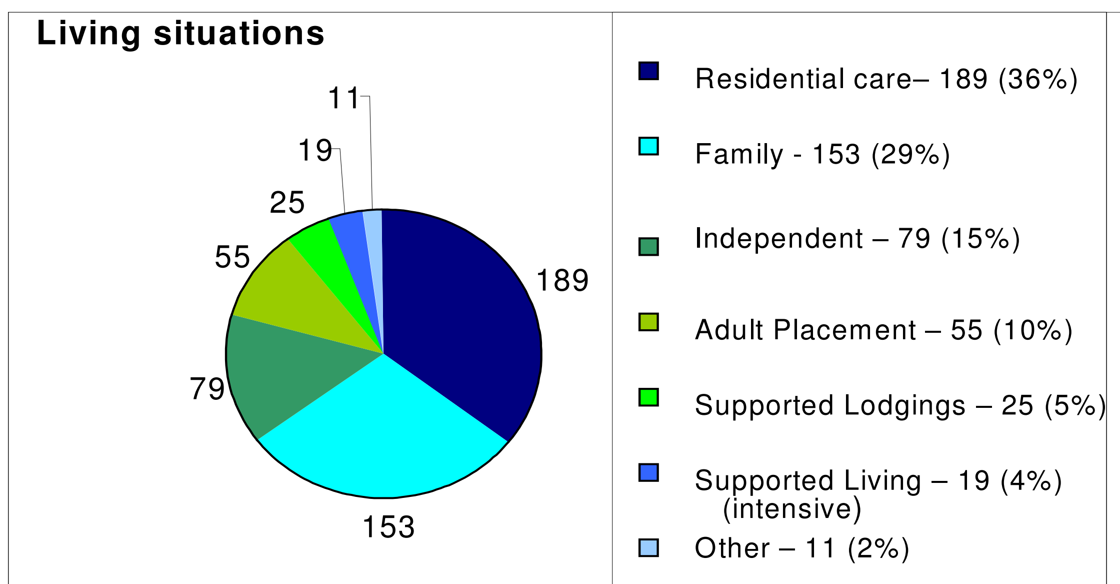
The dependency bandings are fairly evenly distributed in the younger age groups, but obviously increase proportionately in the older clients. For example, the proportion in bands 1 and 2 (lower dependencies) is 46% in the under 50s, but drops to 35% in the over 50s. The chart below illustrates this.



NB. The graph only illustrates the situation at present, and does not reflect the future. In the next section, the changing age profile is illustrated, and this will be reflected in the banding profile too.

Where people live

This is obviously a critical factor for predicting future service demands. The current pattern is as shown in the chart:



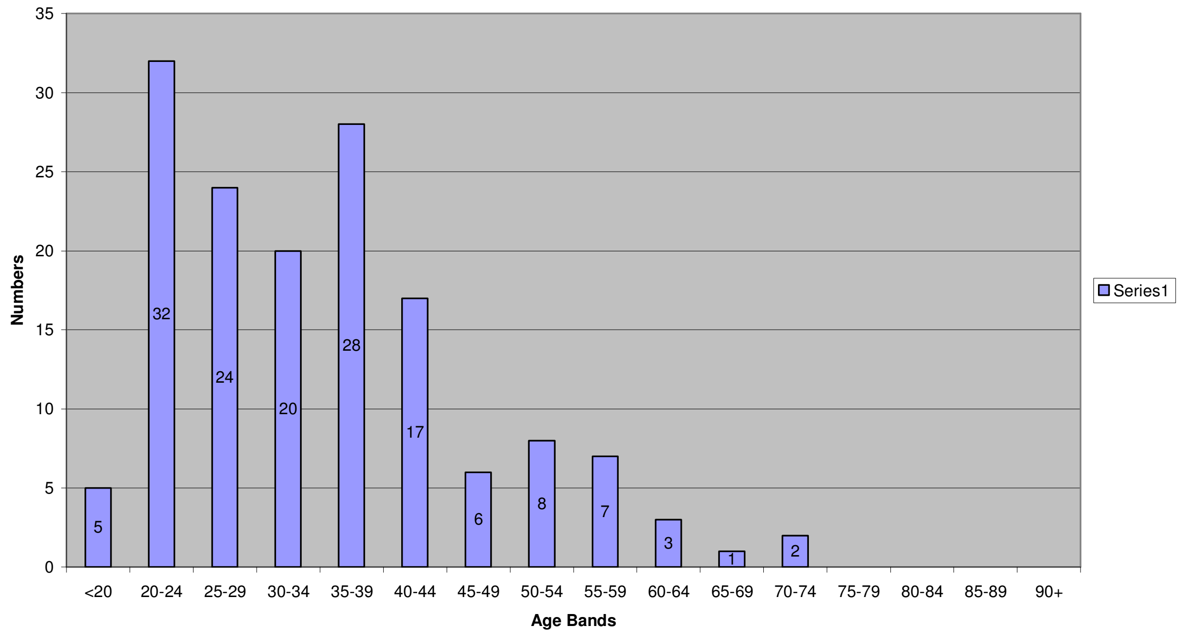
It can be seen that the largest number of individuals are living in registered care homes, although this is balanced with a higher than average number of people living in their own home with or without support and supported lodgings. However the most unusual aspect of the breakdown is the very low proportion of people who are living with family carers (153 out of 531 people).

In the majority of authorities 75% of the know population would be living with family carers. In Herefordshire this is 29%. This means that a much higher proportion of people are living in registered care, resulting in Herefordshire having the highest number of care beds as a percentage of the population in the West Midlands.

People living with family carers

This group needs special attention in predicting future service needs.

The following shows the breakdown of ages of the 153 people currently living with unpaid family carers.



It is clear that the numbers of people remaining in family care drops dramatically after 45 years of age when parents are in their late 60s and 70s. It is this group that is set to increase in relation to the younger group, and this is examined later in the analysis.

Older Carers

It is estimated nationally that about 1/3rd of people with learning disabilities living in the family home will be living with an older carer (aged 70+). *(Valuing People, Department of Health Cm 5086, March 2001)*

In Herefordshire, the number for learning disabilities is lower, and amounts to 18% or 27 people over 45.

NB.

A complete age profile for family carers is not currently available from the CLIX database and would need specific analysis.

FACTORS AFFECTING FUTURE SERVICE NEEDS

This section examines the following:

- ⇒ General growth in the adult population, related to ageing and reduced mortality
- ⇒ Transitions – the flow of children into adult services
- ⇒ Specific ethnicity factors
- ⇒ Other local authority clients in Herefordshire.

and calculates the impact to 2011 and 2021.

Changes to the Demographic Profile of the General Adult Population

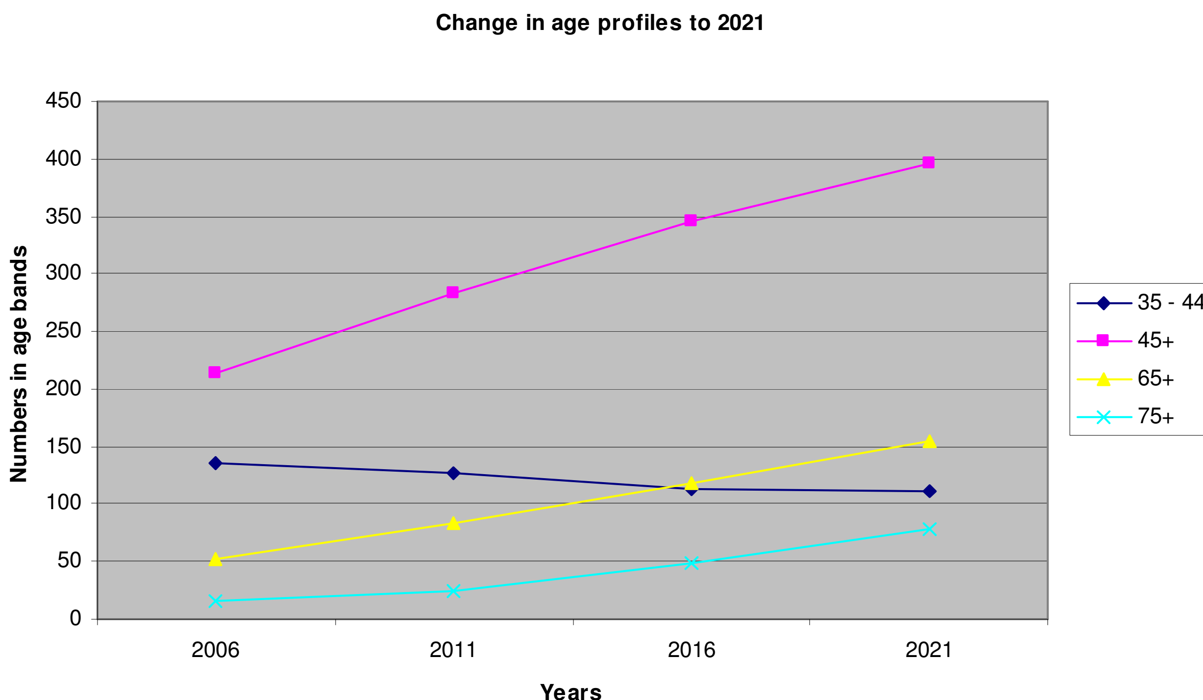
Emerson and Hatton** estimated the growth in the numbers of people with learning disabilities from general population changes from 2001 – 2021. The general rise is primarily from the huge increase in the numbers of people over 60.

The two main factors here are reduced mortality in adults with learning disabilities and the transition of children to adult services. These factors are examined in more detail.

Reduced Mortality

Emerson and Hatton used the Sheffield LD Case Register to predict the changes to age-specific prevalence rates as follows. There was little significant change in mortality in the younger age bands, but in older groups they calculated significant increases.

In Herefordshire, irrespective of mortality rates, as people age and move through the age bands, the profile changes as shown in the chart. Younger age bands from 35 to 44 years start to decrease, whilst those above 45, 65 and 75 increase steeply:



Important note. The figures analysed above are of known service users, they do not "factor in" those who are not known. People with mild learning disabilities may be living independently with success either with or without support from generic services at present. However, in their older years, their dependency may increase and make them eligible for a support from the learning disability service.

Transitions and increased survival among young adults with severe and complex disabilities

Each year a number of children transfer over from children's services to adult learning disability services. These can roughly be defined into three different groups

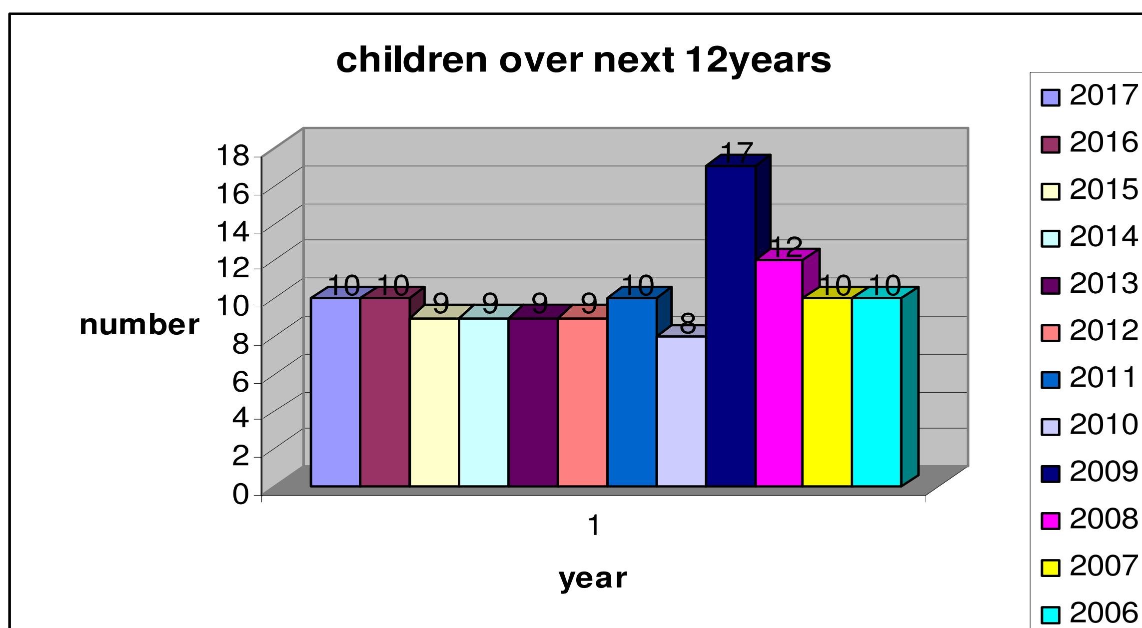
1. Young People who live with family carers and attend one of the two 'special' schools in Herefordshire. These are more likely to be people with moderate to profound learning disabilities who will require ongoing support and services from adult learning disability services. As information is already available regarding these young people it is possible to use information to plan future services.

2. Young People who are placed at residential special schools, either because they have very specialised needs or their home situation has broken down. These children are unlikely to be able to return home and will therefore need housing and support. Again it should be possible to plan for their needs as they are already clearly identified.

3. Young People who live with family carers and have attended mainstream education. The majority of these individuals will have a mild learning disability and will access mainstream services. However for some individuals, either because of adult protection issues or specific needs, they may require support from Adult learning disability services. The difficulty is that it is impossible to identify how many of these young people will require a service, at what stage and at what level. This group therefore remains an unknown quantity.

Each year the number of children who will transfer to adult learning disability services will vary. The figure below shows the numbers who are currently attending a special school and will transfer in the next 12 years.

Transitions from Special Schools – numbers transferring



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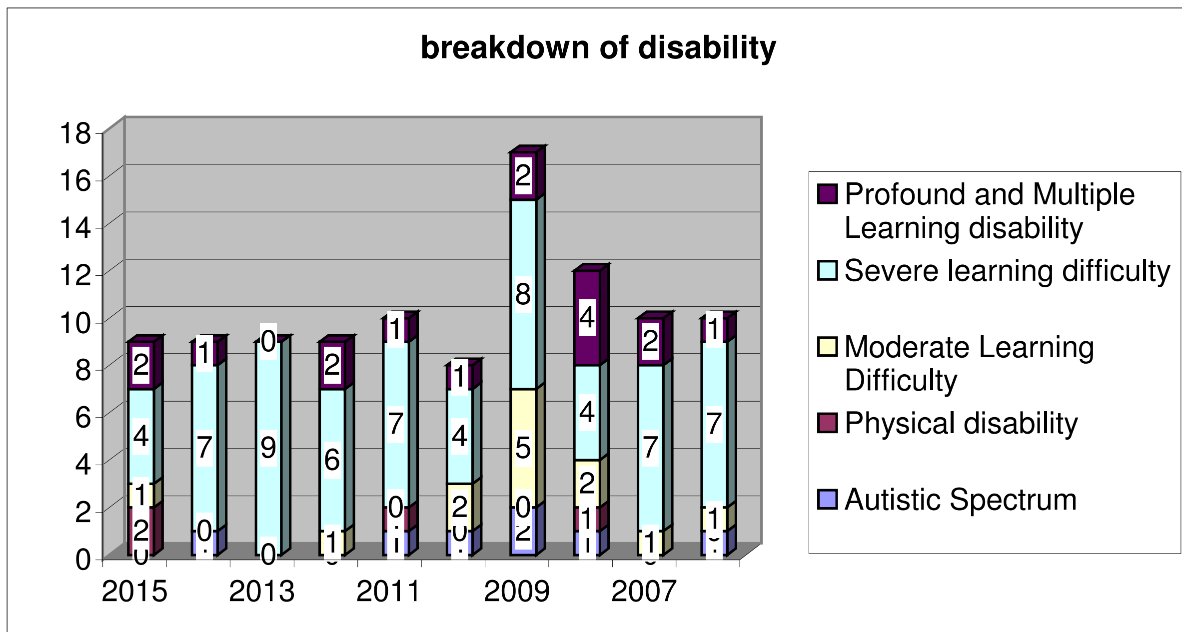
Using Education coding categories, the profile of dependency levels for the next 10 years is:

Dependency level	Number
Profound and Multiple disability	16
Severe learning disability	63
Moderate learning disability	13
Physical disability (+ moderate learning disability)	4
Autistic spectrum (+ learning disability)	7
Totals	103

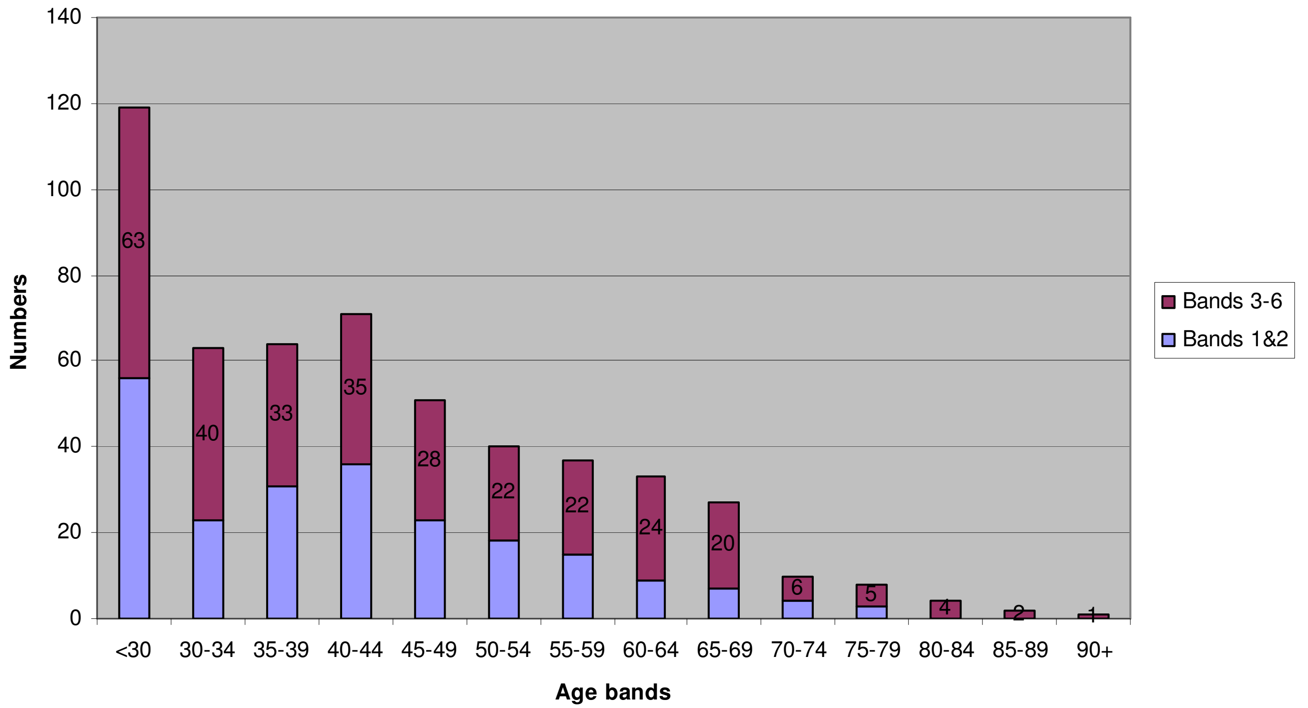
As predicted in national studies, the number of young people transferring will have predominantly severe and profound/multiple needs.

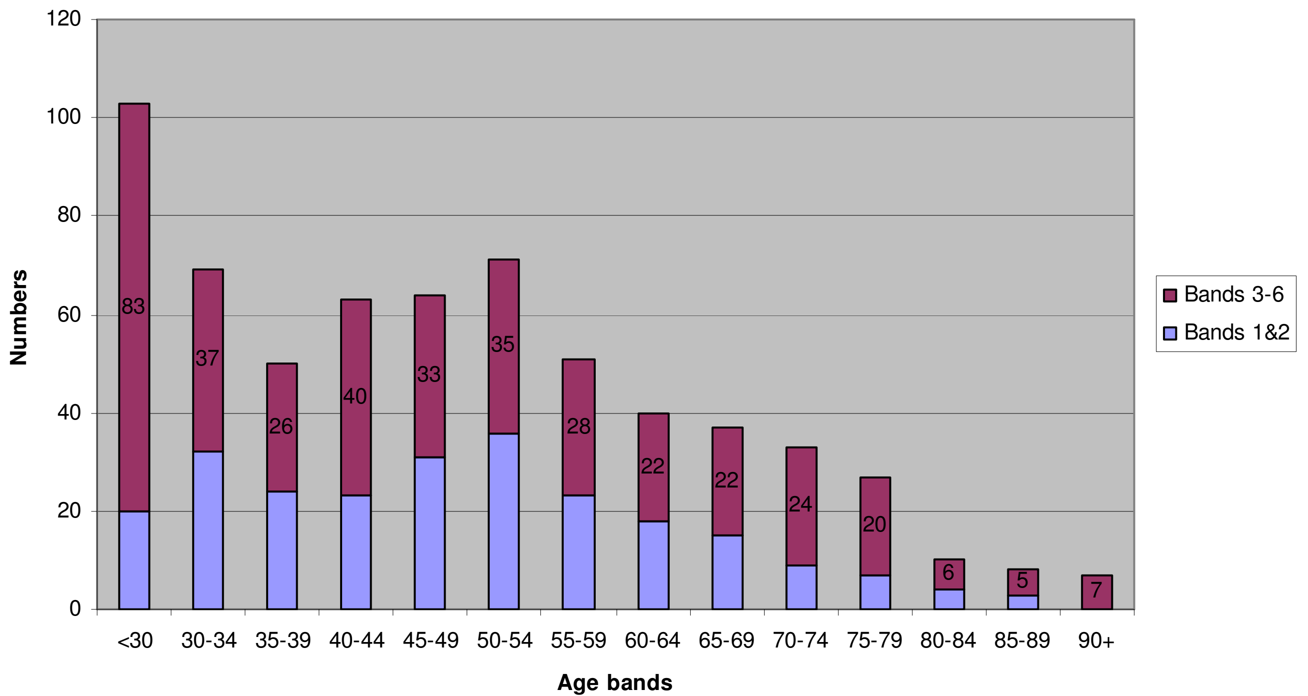
The flow of young people to the adult service will be as follows:



In summary, in the 5 years to 2010 the adult service can expect to support an additional 57 young people of whom the large majority will have severe and profound learning disabilities (40). In the following 5 years, 2011 – 2015 the service can expect a further 46 young people of whom almost all (39) will have severe and profound needs.

The affect on the total profile of age and dependency is now illustrated in the charts below. Young people with autistic spectrum disorders will span the dependency ranges (although all in this case have learning disabilities) and have been split between the higher and lower dependency bands.


Summary of age and dependency bandings at April 2006
Numbers
Age bands
Bands 3-6
Bands 1&2
140
120
100
80
60
40
20
0
<30
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75-79
80-84
85-89
90+
63
40
33
35
28
22
22
24
20
6
5
4
2
1


Profile of age and dependency bandings in 2016 with school leavers added
Numbers
Age bands
Bands 3-6
Bands 1&2
120
100
80
60
40
20
0
<30
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75-79
80-84
85-89
90+
83
37
26
40
33
35
28
22
22
24
20
6
5
7

The upwards shift in terms of age and dependency can be tracked in these charts. The conclusions are that:

- the number of people over 65 years old will more than double in the next 10 years
- the number of people in the higher dependency bands in all age groups will rise by over one quarter in the next 10 years.

Ethnicity factors

The prevalence of learning disabilities in South Asian (Bangladeshi and Pakistani) communities is significantly higher. This will have an impact on areas where high proportions of the population come from these ethnic minority communities.

The total population of people of Asian origin in Herefordshire in December 2004 was:

<table>
<tr><td rowspan="3">Asian or Asian British
(0.2% of county population, or c.350 all ages)</td><td>Indian</td><td>0.10% (c.100 adults)</td></tr>
<tr><td>Pakistani</td><td>0.03%
(c.40 adults)</td></tr>
<tr><td>Bangladeshi</td><td>0.02%
(c.25 adults)</td></tr>
</table>

From this it is clear that there is unlikely to be any tangible impact on learning disability services unless the there is considerable inward migration from these particular communities.

Other new demands on the service

a) Out-county clients

Because of the high level of residential provision in Herefordshire, there is a significant group of people placed by other local authorities and health trusts. It is impossible to be predictive about these people because they are largely unknown to the service, but may number up to 160, from CSCI information. No age and dependency profile is thus available.

Herefordshire is accustomed to demands for health services for these out-county people as they arise, including specialist services from psychiatry, psychology and nursing, plus social work intervention to investigate allegations of adult abuse under the vulnerable adult policies.

These factors, although not quantified here in any detail, already represent a significant operational factor for the community learning disability services, and have done for several years.

b) Other clients not known to services

As indicated above, the service can expect an average of only 2 referrals per year.

c) People with borderline learning disabilities but with high cost needs. These include people who may be referred via the police or courts. Recent experience is an average of 2 – 3 referrals per year. Clearly, the numbers are very small, but the cost of the service response for individuals can place severe strain on the existing budgets. As in other areas of social care, it is extremely hard to forecast this type of demand.

WHAT DOES THIS MEAN FOR HEREFORDSHIRE?

To sum up, this is how the needs and demands for services will change in future years:

1. **The balance between younger and older clients will change**.
    - The local analysis matches the conclusions of national research by Emerson and Hatton.
    - Whilst the proportion of clients aged 35 – 44 will start to decline, the number of people aged over 45 will rise steeply in the next 10 years. This is particularly significant, because at this age, most people have started to leave the care of the family as their carers approach 70 years.
    - The number of clients over 65 will double in the next 10 years.

2. **The balance in dependency levels will change.**
    - The first main reason is the ageing client group, and presents no surprises. At present, the higher dependency bands (3 – 6) increase from 54% of the under 50s to 65% of the over 50s.
    - An important factor here is that people with milder learning disabilities who are not eligible for a service at present may become eligible in the future as their age and dependency increases.
    - Another major reason is the transition of children and young people to adult services. Herefordshire can expect about 10 new young people each year for the next 10 years, and 79% will have severe or profound learning disabilities.
    - Overall, the number of people in the higher dependency bands will rise by ¼ in the next 10 years.

3. **Ethnicity factors are unknown at present**
    - The specific factors that affect south Asian communities have no bearing on Herefordshire at the moment.
    - However, the ethnic mix of the county is rapidly changing as eastern European and Portuguese communities are growing. The possible impact of this is unknown.

4. **The easy availability of residential care is having an impact**
    - There are already additional demands on the community team for health and adult protection services from non-Herefordshire people in residential homes.
    - If the Herefordshire policy is to assist people in homes to achieve supported living in their own tenancies it is possible that the spaces will be filled by more out county people in order for the homes to remain viable.

ADULT SOCIAL CARE IMPROVEMENT PLANNING

Report By: Sue Alexander, Head of Business Services

Wards Affected

County-wide

Purpose

1. To report progress with the adult social care improvement plan.

Financial Implications

2. As contained in the report.

Background

3. The Council and its partners face major challenges in providing a consistently high standard of adult social care both immediately and over the long term. Many of our services are at a lower level than comparable authorities, with particularly low provision of intensive support for people at home. Big increases in demand are being experienced. These increases are set to continue in the years ahead, not least as a result of an ageing population.

4. In the December 2005 ratings assessment, Adult Social Care services were judged by the Commission for Social Care Inspection (CSCI) as serving some people well with uncertain prospects for improvement.

5. Since then, the Council, with the support and agreement of the Commission of Social Care Inspection (CSCI) and the Department of Health (DH) has taken a number of proactive steps to improve its service delivery and capacity within Adults Services:

Progress

6. The Council held a workshop, facilitated by a former CSCI Director, for service managers and a PCT representative in March 2006 where a number of improvement areas were identified.

7. The activity from the workshop resulted in an improvement proposal for adults services, which outlined themes where specific improvements were required. This proposal was approved by CSCI and the Department of Health in April 2006. The proposal sets out the pillars of improvement; describes how they are being tackled; and identifies the aspects in respect of which external support is requested.

8. Some elements of the proposal, such as the systematic assessment of future needs and the patterns and levels of services needed to meet them, are already well in hand and being managed within the Council.

Further information on the subject of this report is available from Sue Alexander, Head of Business Services on 01432 260069

9. In other areas work, has not yet commenced and these are the activities which will be managed as a project, with external support. Sue Alexander, Head of Business Services, has been appointed as the internal project manager, to oversee and manage the successful delivery of this work.

10. An external project manager, Emily Davis from PricewaterhouseCoopers, has been provided by the Department of Health to provide additional capacity and support.

Scope of the External Support

11. There are five workstreams that will form the basis of the external support:

11.1 Performance data

External support is required to undertake the independent analysis of existing practices and to recommend improvements. Information sharing and dialogue with suitable comparator authorities is also envisaged.

11.2 Workforce strategy for adult social care

A joint workforce strategy is required that will support and enable the development of future services. The external support will establish a framework and process for working with partner agencies across Herefordshire to develop a multi-agency approach to workforce development.

11.3 Market management activities with local service providers

Central to the achievement of the Council's vision for future services is the need for more open and on-going communications with local service providers. The Council wishes to see providers more actively involved in discussions and work to develop future service models. Building on the areas of good practice that already exist, external support will be required to help develop and establish models for engaging with current providers and to work with them to develop and modernise service provision.

11.4 Fair Access to Care (FAC)

The Council is keen to learn from other local authorities about how they apply and manage their FACS thresholds External assistance will undertake the benchmarking and comparisons with other local authorities. The work will produce the analysis and make recommendations for consideration.

11.5 Charging Policy

External support will provide an independent review of current practices and make recommendations for improvement.

Summary

12. The external support for the improvement plan will be managed by a Project Board, which met for the first time on 22nd May, 2006 to agree the scope of the work. The Board is chaired by the CSCI Business Relationship Manager and includes representatives from the Council, Department of Health and the Primary Care Trust.

13. The internal aspects of improvement planning will be managed within the Directorate by the Adult Social Care management.

RECOMMENDATION

THAT the report on Adult Social Care Improvement planning be noted.

BACKGROUND PAPERS

- None