Herefordshire Council

AGENDA

Health and Wellbeing Board

Date: **Tuesday 18 October 2011**

Time: **2.00 pm**

Place: **Council Chamber - Brockington**

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

For any further information please contact:

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Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairman	**Councillor PM Morgan**	Cabinet Member – Health and Wellbeing
	Dr Sarah Aitken	Interim Director of Public Health
	Jacqui Bremner	Local Involvement Network
	Peter Brown	Herefordshire Business Board
	Chris Bull	Chief Executive Herefordshire Public Services
	Jo Davidson	Director for People's Services
	Claire Keetch	Third Sector Board
	Jo Newton	Chairman NHS Herefordshire (PCT) Board
	Dr Andy Watts	Chair - Clinical Commissioning Group
	Martin Woodford	Chief Executive - Wye Valley NHS Trust

GUIDANCE ON DECLARING PERSONAL AND PREJUDICIAL INTERESTS AT MEETINGS

What is a personal interest?

You have a personal interest in a matter if that matter affects the well-being or financial position of you, your relatives or people with whom you have a close personal association more than it would affect the majority of other people in the ward(s) to which the matter relates.

A personal interest can affect you, your relatives or people with whom you have a close personal association positively or negatively. If you or they would stand to lose by the decision, you should also declare it.

You also have a personal interest in a matter if it relates to any interests, which you must register.

What do I need to do if I have a personal interest?

You must declare it when you get to the item on the agenda headed "Declarations of Interest" or as soon as it becomes apparent to you. You may still speak and vote unless it is a prejudicial interest.

If a matter affects a body to which you have been appointed by the authority, or a body exercising functions of a public nature, you only need declare the interest if you are going to speak on the matter.

What is a prejudicial interest?

You have a prejudicial interest in a matter if;

a) a member of the public, who knows the relevant facts, would reasonably think your personal interest is so significant that it is likely to prejudice your judgment of the public interest; and

b) the matter affects your financial interests or relates to a licensing or regulatory matter; and

c) the interest does not fall within one of the exempt categories at paragraph 10(2)(c) of the Code of Conduct.

What do I need to do if I have a prejudicial interest?

If you have a prejudicial interest you must withdraw from the meeting. However, under paragraph 12(2) of the Code of Conduct, if members of the public are allowed to make representations, give evidence or answer questions about that matter, you may also make representations as if you were a member of the public. However, you must withdraw from the meeting once you have made your representations and before any debate starts.

AGENDA

Pages

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. NAMED SUBSTITUTES (IF ANY)

To receive any details of Members nominated to attend the meeting in place of a Member of the Committee.

3. DECLARATIONS OF INTEREST

To receive any declarations of interests of interest by Members in respect of items on the Agenda.

4. MINUTES 1 - 4

To approve and sign the Minutes of the meeting held on 21 June 2011.

5. ESTABLISHING THE EVIDENCE BASE FOR COMMISSIONING 5 - 72

To present the 2011 Joint Strategic Needs Assessment and State of Herefordshire Reports, and provide an overview of the work being undertaken across HPS to develop an overall Integrated Needs Assessment.

6. HEREFORDSHIRE HEALTHCARE COMMISSIONERS - UPDATE 73 - 94

To provide an overview of the activities of the Herefordshire Health-Care Commissioners in August and September 2011.

7. INTEGRATED NEEDS ASSESSMENT - ALCOHOL NEEDS ASSESSMENT

To consider the integrated needs assessment for alcohol.

8. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2011

To receive a presentation on the Director of Public Health Annual Report 2011.

9. COMMUNICATIONS PLAN

To receive a presentation on a Communications Plan.

10. HEALTH AND WELL BEING BOARD UPDATE AND WORK PROGRAMME 95 - 112

To provide an update on the current position with the development of the Health and Wellbeing Board, including the revised Development Framework, a proposed outline draft Work Plan for the next six months which picks up the key development themes agreed by the Board and to set out the next steps that will be addressed over the coming weeks.

11. FUTURE MEETINGS

The following meetings have been scheduled:

Tuesday **13 SEPTEMBER 2011** 4.00 pm (Workshop)
Tuesday **18 OCTOBER 2011** 2.00 pm
Tuesday **22 NOVEMBER 2011** 4.00 pm (Workshop)
Tuesday **20 DECEMBER 2011** 3.30 pm
Tuesday **17 JANUARY 2012** 4.00 pm (Workshop)

Tuesday **21 FEBRUARY 2012** 2.00 pm
Tuesday **20 MARCH 2012** 2.30 pm (Workshop) - (Note revised start time)
Tuesday **17 APRIL 2012** 2.00 pm
Tuesday **15 MAY 2012** 2.00 pm

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- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Cabinet, Committees and Sub-Committees.
- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage).
- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, Committees and Sub-Committees and to inspect and copy documents.

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- The nearest bus stop to Brockington is located in Vineyard Road near to its junction with Old Eign Hill. The return journey can be made from the same bus stop.

HEREFORDSHIRE COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health and Wellbeing Board held at Council Chamber - Brockington on Tuesday 21 June 2011 at 2.00 pm

Present: **Councillor PM Morgan (Chairman)**

Dr S Aitken, Ms J Bremner, Mr P Brown, MrCJ Bull and Mrs J Newton

In attendance: None

1. APPOINTMENT OF CHAIRMAN

The Board noted the appointment of Councillor PM Morgan, Cabinet Member – Health and Wellbeing, as Chairman of the Health and Wellbeing Board.

2. APOLOGIES FOR ABSENCE

Apologies were received from J Burton, J Davidson, A Watts and M Woodford.

3. NAMED SUBSTITUTES

It was noted that Dr Aitken was representing J Davidson.

4. DECLARATIONS OF INTEREST

There were none.

5. MINUTES

RESOLVED: That the Minutes of the meeting held on 14 April 2011 be confirmed as a correct record and signed by the Chairman.

6. TERMS OF REFERENCE

The Board was invited to note its terms of reference and to consider whether any changes were required in the light of local and national developments.

An additional report had been circulated setting out an extract from the Government's response to the NHS Future Forum's recommendations. This had been produced following a national listening exercise on the proposals in the Health and Social Care Bill.

The Board noted the proposed changes to the Board's remit and Membership and that a report would be made to Council in due course.

7. OUTCOMES FROM STAKEHOLDER WORKSHOP - 16 JUNE

The Board considered the outcomes from the Stakeholder workshop held on 16 June: Health and Wellbeing in Herefordshire – working together for better outcomes.

A summary of the points raised at the workshop was circulated at the meeting.

The Deputy Chief Executive reported that almost all those who had completed the evaluation forms had considered the event useful or very useful.

Key findings had included the view that whilst, inevitably, the first year of the Board's existence would be developmental there was a strong wish to undertake some tasks and demonstrate tangible progress during 2011. A balance had to be struck between the long term and short term aims.

He highlighted, as an example, the Healthy Hereford Workforce initiative designed to deliver health messages to employees in both the public and private sectors.

The Board noted the outcomes from the Workshop, which would be used to shape the Board's development plan.

8. HEALTH AND WELLBEING DEVELOPMENT PLAN

The Board discussed the development of Health and Wellbeing in Herefordshire and the Board's role in this work.

The Board reviewed the discussion paper on planning for health and wellbeing in Herefordshire, enclosed with the agenda papers at page 19, which had been updated since it had been presented to the Board in April. The brief to the external facilitator to assist in the Board's development was circulated; Inlogov (institute of Local Government Studies) at the University of Birmingham had been appointed.

It was noted that the interim Director of Public Health and the external facilitator would be updating the document and proposing a work programme to the next meeting. The external facilitator had not been able to attend the meeting but would be asked to contact all Board members to seek views on planning the next workshop based meeting in July.

The Chairman drew attention to the 10 key issues that had been suggested for discussion at the workshop as set out at pages 22 and 23 of the agenda papers.

In discussion the following principal points were made:

- That the document would clearly need to be amended to reflect the Government's response to the NHS Future Forum's recommendations. These strengthened the Board's role, in particular in relation to commissioning and broader system management and also proposed increased public and patient involvement.

- The Board's strategy should be underpinned by the Joint Strategic Needs Assessment. It was suggested that the title of the Joint Strategic Needs Assessment needed to be made more user friendly if it was to resonate with the public.

- It was important that the Board developed its role in parallel with and at the same pace as the GP/Clinical Commissioning Group.

- The budget planning cycle was commencing and there might be an opportunity for the Board and Commissioning Group to test how their roles might develop in some areas.

- The draft legislation envisaged that the Board's authority and influence would be derived from the Council. The Board was nevertheless a partnership vehicle through which the Council exercised its functions.

- A report would be made to the Board in the first instance on possible changes to its membership.

- In developing an outline health and wellbeing strategy account would be taken of the views expressed at the recent workshop on health and wellbeing in Herefordshire on the need for some focused actions to be delivered in the short term that made a demonstrable difference.

- Community engagement, section 9 of the discussion paper, had proved problematic in Herefordshire to date and consideration should be given to engaging the public about health and wellbeing priorities at an early stage. The need to change previous approaches, innovate, and seek to involve those who had not to date engaged was acknowledged. This was something that the external facilitator would explore.

- That aspects of section 12 of the discussion paper headed Organisational Development might be broadened to reflect the need to engage with others to deliver the desired outcomes.

- The engagement strategy should be cross-cutting. The possible link to localities and the need to join up the various locality strategies of various organisations in the County was highlighted.

- There was a need to ensure that there was clarity as to how the Board would fulfil its role and translate intentions into health improvement. To date health improvement work had not always delivered the desired improvements. The Board would therefore need to develop different approaches. It was important to assert the Board's role in system management and to work closely with the GP/Clinical Commissioning Group from the outset.

RESOLVED:

That (a) a work programme for the Board be reported to the next meeting;

(b) the discussion paper on planning for health and wellbeing in Herefordshire be updated and reported to the next meeting; and

(c) a report be made to the Board on possible changes to Membership.

9. JOINT STRATEGIC NEEDS ASSESSMENT AND INTEGRATED NEEDS ASSESSMENT PROCESS

The Board considered proposals to change and integrate needs analysis and assessment to support the Board's work and broader partnership priority setting.

The Interim Director of Public Health presented the report. She explained the proposed incremental approach to developing and integrated needs assessment with the intention of delivering a fully integrated "gold standard" Joint Strategic Needs Assessment (JSNA) within three years. A new approach was needed to deliver the outcomes the Board sought.

She emphasised the Board's system leadership role and the need for the Board and the GP/Clinical Commissioning Group to have a clear, shared understanding of needs and priorities and how these could best be met.

It was noted that the JSNA was due to be refreshed in October 2011 with a more fundamental revision planned for June 2012. The key messages in the refreshed

document would be largely unchanged. A report would be made to the Board's next meeting on the JSNA. Emerging issues would be brought to the Board's attention.

It was agreed that it was important to ensure there was input into the commissioning round for 2011/12.

RESOLVED:

That (a) progress and work around the Integrated Needs Assessment be noted;

(b) the approach to the development of the Integrated Needs Assessment over the next 12 months as set out in the report be agreed;

(c) it be agreed that the Health and Wellbeing Board act as the Project Board for the Joint Strategic Needs Assessment;

(d) a report on the Joint Strategic Needs Assessment be made to the next meeting.

10. HEALTH AND WELLBEING IN HEREFORDSHIRE INTRODUCTORY TRAINING

The Board was invited to note the introductory training on health and wellbeing that had been offered and to support the use of a ladder of intervention as the core of the approach to health and wellbeing introductory training.

The training had been designed to enable a better understanding of health and wellbeing and help identify and remove barriers to tackle health improvement issues in Herefordshire. A copy of the slides of a presentation delivering that training and describing the ladder of intervention had been circulated separately with the agenda papers.

RESOLVED: That the use of the ladder of intervention as the core of the approach to health and wellbeing introductory training in Herefordshire be supported.

11. FUTURE MEETINGS

The Board noted the list of scheduled meetings.

The meeting ended at 3.20 pm **CHAIRMAN**

Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
DATE:	**18 OCTOBER 2011**
TITLE OF REPORT:	**ESTABLISHING THE EVIDENCE BASE FOR COMMISSIONING**
REPORT BY:	**DR ALISON TALBOT-SMITH**

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To present the 2011 Joint Strategic Needs Assessment and State of Herefordshire Reports, and provide an overview of the work being undertaken across HPS to develop an overall Integrated Needs Assessment.

Recommendation(s)

THAT THE HEALTH AND WELLBEING BOARD:

(a) note the 2011 JSNA key points and recommendations document;

(b) note the 2011 State of Herefordshire key findings report;

(c) note the plans to develop an Integrated Needs Assessment (INA).

Key Points Summary

- The 2011 JSNA has been produced using research and analysis undertaken across HPS throughout the year. More detail can be found on the JSNA webpages at www.Herefordshire.gov.uk/JSNA, along with the summary document provided as the 2011 Key Points and Recommendations (see Appendix 1).

- The State of Herefordshire (SOH) report has been refreshed for 2011, and the summary provided as Appendix 2.

- A more comprehensive examination of the JSNA process and how needs assessments are undertaken across HPS is being undertaken to inform the development of a wider INA. As part of a three year programme to a 'Gold Standard INA' it will result in the 2012 JSNA being produced in line with planning and commissioning frameworks, by the end of June 2012.

Further information on the subject of this report is available from
Dr A Talbot-Smith on (01432) 344344

Alternative Options

1. There are no alternative options – statutory requirement

Reasons for Recommendations

2. To comply with statutory requirements.

3. To provide a robust evidence base for Commissioning across HPS and it's partners, that can underpin the work of the Health and WellBeing Board.

Introduction and Background

4. The intention for 2011 has been to refresh the JSNA and SOH reports. The summary findings are provided are provided as Appendix 1 and 2.

5. Underpinning the JSNA Key Points and Recommendations summary document, and the State of Herefordshire report summary document, are the relevant websites which are integrated with the 'Facts and Figures' web-site resource. This provides a central repository of detailed analysis and research information that allow colleagues and stakeholders to find additional information on a range of areas as required, ranging from information by topic through to specific needs assessment that have been undertaken over the last year (e.g. the child poverty needs assessment; local economic assessment). This approach is line with good practice undertaken by many areas across the country.

Key Considerations

6. The key findings of the 2011 JSNA have been presented under the themes of:

    - Inequalities and deprivation
    - Changing demographics
    - Health and health-related behaviours
    - What people have told us.

7. The recommendations of the 2011 JSNA have then been categorised as:

    - Areas for future work
    - Challenges for commissioners.

8. We have adopted a dynamic approach to the JSNA, with bi-annual updates of the web-based resource, and many of the findings fed into the relevant fora in-year. The fact that work is already underway on some of these areas is a measure of success.

9. The development of an INA is intended to improve how we undertake needs assessments and analysis across HPS and with our partners. The key products to be delivered include:

    - A standard methodology for undertaking needs assessment that is robust and produces high quality analysis and intelligence

- A high quality 'Gold Standard' INA – through a three year development programm but with the first iteration late June 2012 to ensure synergy with the annual commissioning cycle
- A corporately agreed and prioritised programme of needs assessments

10. The development of a gold standard INA will provide the Health and WellBeing Board with a single integrated assessment of need for Herefordshire. This can be used by the Board to underpin it's commissioning strategy, as well as by it's member organisations. Thus it will provide a robust evidence base for prioritisation and commissioning decisions across herefordshire. It will also enable the Board to identify and address priority issues which require a partnership approach.

11. In moving forward with this work a number of key issues have been identified:

- A need for greater engagement and involvement of stakeholders across the third sector. Events and workshops are being held in October and November to ensure this input occurs. This will feed into the development of the JSNA in 2012 and the INA process.
- The JSNA and State of Herefordshire report support one another and are heavily interlinked. As we develop a 'Gold Standard' INA this relationship will become stronger, and we anticipate them being incorporated into a single integrated evidence base for commissioners available online. This will enable us to encapsulate the broad range of inter-linked issues that need to be considered but minimise duplication, enabling us to be more efficient in the way we identify, analyse, and present our intelligence.
- The importance of the locality approach, with stakeholders knowledge providing important local knowledge to supplement routine data collection.

Community Impact

12. Good quality needs assessments and analysis are essential to determining both community needs and gaps in service provision. This type of analysis is required to enable robust commissioning, planning and development of services that meet the needs of communities and individuals.

13. The documents will be available on the JSNA and 'Facts and Figures' public facing web-sites. Much of the underlying evidence for JSNA and SoH is already available on this website.

Financial Implications

14. Good quality needs assessment and analysis will enable the Health and WellBeing Board to understand the population needs of Herefordshire, and aid decision making and prioritisation process's.

Legal Implications

15. Under the initial proposals surrounding the Health and Social Care reform bill the delivery of a JSNA will be the statutory duty of Herefordshire's Health and Wellbeing board, with both the Clinical Commissioning Consortia and the Local Authority responsible for its delivery.

Risk Management

16. There is a risk that the JSNA does not become integral to the commissioning cycle and that it's

importance is not acknowledged. To ensure that the assessment of need and the associated process is recognised as a key analytical tool, a programme of engagement and promotion is planned.

Consultees

17. There is no requirement to consult on the production of this document; however the findings are being presented to the Herefordshire Healthcare Commissioning Consortium, NHS Herefordshire Board, Herefordshire Partnership Executive Group and Herefordshire Council.

Appendices

Appendix 1 - Herefordshire's 2011 JSNA Key Points and Recommendations.

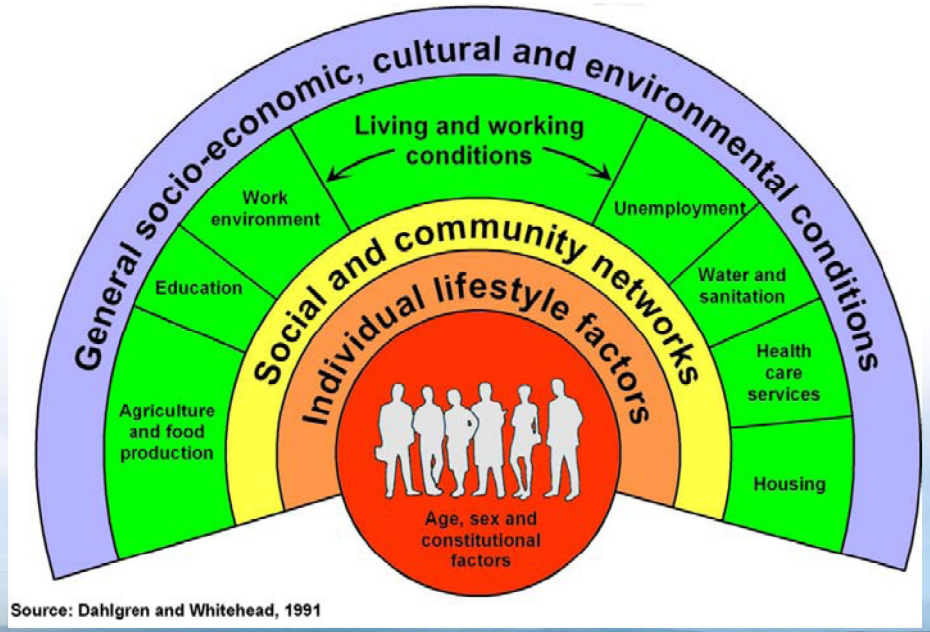
Appendix 2 - 2011 State of Herefordshire report.

Background Papers

None identified

HEREFORDSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

2011 KEY POINTS AND RECOMMENDATIONS



Herefordshire Council

NHS Herefordshire

Working together for the people of Herefordshire

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SUMMARY OF THE HEREFORDSHIRE JOINT STRATEGIC NEEDS ASSESSMENT 2011

What the Joint Strategic Needs Assessment (JSNA) is for:

This is a summary of Herefordshire's fourth Joint Strategic Needs Assessment. The JSNA brings together, in a single, continuous process, all the information on the health and wellbeing needs of Herefordshire's population. It examines current and predicted health and social care needs, as well as the other main things that affect people's life-chances, quality of life and health and wellbeing. By identifying the major issues that need to be addressed regarding people's health and wellbeing it provides the evidence base needed to develop Herefordshire's Health and Wellbeing Strategy, and so it will underpin the work of the Health and Wellbeing Board, Herefordshire Council, NHS Herefordshire and our partners. The priorities identified within the JSNA inform future plans and help us target money and services where they are needed most.

10

Ongoing development of the JSNA:

Last year we adopted a new approach to the JSNA by developing it into a dynamic web-based facility* that we update as analyses become available in-year. This has enabled us to feed analyses and intelligence into the relevant fora in-year, and we view work having already started on some of the areas outlined in this document as a measure of success.

We are now focusing on the content of the JSNA - our vision is to produce a JSNA that provides both the breadth of analyses needed to rapidly identify emerging issues or vulnerable groups and the detailed intelligence required for effective commissioning and provision of services in order to maximise the health and wellbeing of Herefordshire's residents. As we go forward we will be examining the range and type of analyses and intelligence that we undertake. A key component of this is considering who we engage with and how we engage them, and over the coming months and years we will be actively seeking to widen our stakeholder involvement in producing the JSNA. We want to ensure that all relevant partners are fully included, utilising their intelligence so that it is a truly integrated strategic needs assessment that is both relevant and useful for commissioners, providers and other partners.

* Full web-based JSNA available at www.herefordshire.gov.uk/jsna

One component of this will be working with the local voluntary, community, charitable and not for profit organisations who have a wealth of experience, data and information, from their work in supporting, advocating for, and providing services to individuals, families and communities, and especially some of the most marginalised members of our community. Their person centred approach gives them unique intelligence on the effectiveness of local services and on gaps and unmet needs, and we want to ensure they are fully involved as we work towards our 'gold standard' JSNA.

What we know: The main facts and trends

Within this short summary document we have highlighted the key points in this year's JSNA. Whilst some of the findings don't differ significantly year on year, we have also highlighted a number of important changes and emerging themes – for more details we would encourage you to visit the full web based JSNA resource which is available at **www.herefordshire.gov.uk/jsna**.

Overall people in Herefordshire are healthy, live longer compared with national life expectancy, and have positive experiences of the things that affect their lives and wellbeing. Even so, there are a number of significant issues facing our communities which can get 'hidden' behind these headline statements. We believe the key points to be:

- There has been a change in the profile of 'overall' or multiple deprivation[†] across the County; a subtle change in relative position means that the 'John Kyrle' area[‡] of Ross on Wye has replaced 'Hereford City centre' as being one of the 25 percent most deprived areas of England.
- New analysis shows that physical inactivity and obesity levels are major causes of coronary heart disease and stroke.
- Alcohol misuse is a growing problem, affecting A and E attendances, hospital admissions and crime levels.
- Women born in Herefordshire live on average to 83, a year longer than in England as a whole; men to 79, which is almost a year longer than nationally.

[†] The index of multiple deprivation measures the overall deprivation of an area compared to others, based on how deprived it is according to seven distinct 'domains': health, crime, living environment, education & skills, barriers to housing & services, employment, and income. It is possible to look at income deprivation affecting the whole population; or under 16s and over 60s separately.

[‡] These areas are Lower Super Output Areas or LSOAs: statistical geographies of approximately 1,500 people designed by the Office for National Statistics using the results of the 2001 Census. Local names were assigned by Herefordshire Council's Research Team in 2004 to give an indication of where the area is, but a map should be consulted for the exact boundary. The 'John Kyrle' LSOA covers the area from John Kyrle School towards the centre of Ross, to Kyrle Street; it includes most of Three Crosses Road, Brampton Street & Greytree Road, but not Springfield Road or Brampton Abbots.

- People born in Herefordshire are also expected to live a greater proportion of their lives in good health and without a limiting long-term illness than nationally - healthy life expectancy at birth is over 71 for men and 75 for women.
- Although we have a lower proportion of children achieving a good level of development at age 5 compared with nationally, our young people generally get better qualifications than in England as a whole, with 81 per cent achieving five or more A* – C grades at GCSE.
- Even with the recession Herefordshire has much lower levels of unemployment than nationally, although the percentage of 16-18 year olds not in education, employment or training remains at the level it climbed to in 2008/09 (largely as a result of the economic downturn).
- Crime has also fallen consistently between 2008 and 2011, although early projections (based on Quarter one data) suggest that levels may rise in 2011-12 as the effects of the recession continue to be felt.
- A much higher proportion of people compared with nationally (nearly nine out of ten) are satisfied with their local area as a place to live.
- Herefordshire has a vibrant third sector providing a rich patchwork of community action, voluntary groups and neighbourhood support.
- Just under one in three adults volunteer ('give unpaid help to a group, club or organisation') at least once a month, higher than the national rate. Groups who were more likely to volunteer were older people and those living in rural areas. A survey of pupils in 2009 found a much higher rate (44%) for those aged 11 to 14 who volunteered at least once a month.

1) Inequalities and Deprivation

There is a strong association between health inequalities and measures of deprivation, including educational under-attainment, low skills, unemployment, low income and poor housing conditions.

- Herefordshire as a whole has relatively low levels of multiple deprivation however:
    - Several areas of south Hereford and Leominster have been amongst the most deprived areas in England for over 10 years, and are becoming more deprived relative to other parts of England.
    - The gap between the least and most deprived areas of Herefordshire is widening.
    - In 2010 an area of Ross-on-Wye ('John Kyrle') replaced 'Hereford City centre' as being amongst the 25 per cent most deprived areas nationally.

- Certain types of deprivation also affect significant numbers of people living in rural areas of the county, where the costs of everyday living are also likely to be higher than in urban areas.

- Income deprivation is one component of multiple deprivation:
  - It affects more than one in five residents in some areas of the county, although the proportion has reduced from 2007 and the gap between the most and least deprived areas has narrowed somewhat.
  - Its profile is changing amongst older people- although the picture has improved in some of the areas with the highest rates the proportions living with income deprivation across the county are increasing. In the worst affected areas – parts of Leominster, Hereford and Ross – it still affects nearly one in three older people.
- The child poverty indicator demonstrates that the profile of child poverty is deteriorating, and has identified new pockets that appear to be linked to areas with a high density of social housing.
- People living in Herefordshire's most deprived areas experience worse health outcomes than those in less deprived areas. They are more likely to be admitted to hospital because of an accident and with alcohol related conditions, particularly in young people. They are also more likely to die from chronic respiratory disease, cancer or coronary heart disease – in fact the premature mortality rate (death aged under 75 years) for coronary heart disease is 2.6 times higher in the most deprived areas when compared to the least deprived areas of Herefordshire. This association with deprivation is not seen for hospital admissions with these three conditions suggesting there may be issues around engagement with services.
- Educational attainment is clearly linked to deprivation, and the gap between the best and worst performing wards and LSOAs at GCSE (pupils achieving 5 or more A*-C grades at GCSE including English and Maths) is still increasing. Although Herefordshire performs well compared nationally for the educational achievement of looked after children they still do less well than their peers. There are still significant attainment gaps between other identifiable groups of vulnerable children, including those with special educational needs, and pupils from minority ethnic groups, notably Gypsy and Roma Traveller children.
- Housing affordability is a major problem in Herefordshire, and there is high demand for social housing. The changing demographics of the population as a whole, and of groups with particular housing needs (for instance adults with learning disabilities and Gypsy and Roma Travellers), will pose challenges in terms of the provision of suitable accommodation.

- A quarter of the population lives in very sparsely populated areas - the highest proportion of any county-level authority area in England. Many face difficulty accessing key services and it can present difficult challenges in providing services to vulnerable people in rural areas, especially in the current economic climate.
- Although still low compared with the West Midlands region and England, unemployment levels are decreasing slowly and remain much higher than prior to the recession. It has particularly affected young adults (aged 18-24) and, more recently, women.
- Despite the impact of the recession, two and a half times as many people claim benefits because they are unable to work for health reasons than are unemployed and actively seeking work. The majority have been claiming for five years or more.

2) Changing Demographics

The increasingly older age structure of the county's population has been recognised for some time but it is important this is not forgotten just because it has been heard before. Other demographics also need to be considered:

- The number of people aged 85 and over is expected to continue growing at an increasing rate, from 5,600 in 2010 to more than 10,000 by 2026. This group makes by far the greatest demands on health and social care and is at greatest risk of isolation due to living alone and in poor housing.
- Expected increases in levels of disability, due mainly to the ageing population, will add significantly to the number of people needing to provide care to their families or friends. It is also worth noting that carers themselves are likely to be older.
- Dementia presents a significant and urgent challenge to health and social care in Herefordshire in terms of both numbers of people affected and costs. Projections suggest that the estimated 2,900 people affected in 2010 could almost double to 5,600 by 2030. Typical of the situation across the country, the observed prevalence in GP surgeries is only one third of the expected prevalence. This has implications in terms of lack of treatment and care.
- The number of people aged over 65 with learning disabilities is projected to increase by one third between 2011 and 2015, and those with moderate disabilities living at home are likely to have high dependency as they age. There will be an increase in the need for age appropriate services. In more general terms we need to identify how we most appropriately support people with the highest level of support needs to access community facilities, more independent accommodation and more personalised day services; we need to increase the numbers supported into employment opportunities for working age people with learning disabilities (from the level of 11% achieved in 2010-11).

- Although the overall number of children living in the county continues to fall, there have been more births than expected in the last few years as fertility rates appear to be rising more than anticipated both locally and nationally – this will have implications for the provision of services for children and families.
- There are some differences in age structure around the county, most notably Hereford City has a younger population with relatively high proportions of young adults (aged 20-34), whilst rural Herefordshire has relatively high proportions of older adults (45-75). The highest proportions of people aged 80+ live in the market towns. Despite these overall observations, all localities have pockets where there are relatively high proportions of either younger or older people.
- Herefordshire has a relatively small Black, Asian and Minority Ethnic resident population - but this is growing. Increasing numbers of births are to mothers born outside the UK, mainly Poland and other Eastern European countries.
- The county continues to host several thousand temporary seasonal workers every spring and summer, mainly young men from Bulgaria, Romania and Poland. Most are accommodated on the farms where they work, and many return year after year.

3) Health and Health-related Behaviours

Many of the major causes of ill-health and mortality remain unchanged within Herefordshire since the publication of the 2010 JSNA. We know that nearly all of these are influenced by 'unhealthy' lifestyle behaviours which are also leading to new challenges:

- Smoking remains the single most important cause of premature death, ill-health, and hospital admission in Herefordshire.
- Rates of alcohol-related hospital admissions continue to rise, with over 3,500 admissions with alcohol-attributable conditions in 2010/11. These are of particular concern amongst young people, and those in the most deprived areas; admission rates due to alcohol-specific conditions are 12 times higher in under 18s from the most deprived areas than in those from the least deprived.
- A higher proportion of alcohol-related assaults attend A and E than any other area in the West midlands where data sharing arrangements are in place. It is also worth noting that 39% of domestic abuse offences were alcohol related in 2010 and the there has been a small but steady increase in alcohol related violent offences since 2008.

- The number of teenage pregnancies is relatively low but continues to rise; and there has been a rise in sexually transmitted diseases (although this could be the result of better screening).
- Obesity is emerging as a major contributing factor to poor health, disability and premature death. In line with national trends almost a quarter of Herefordshire adults are obese. Although childhood obesity in reception and year 6 seem to have fallen slightly to below national averages, this fall is not statistically significant. It also hides the fact that 8% of reception aged children and 15% of year 6 children are obese.
- In Herefordshire physical inactivity is responsible for almost as much coronary heart disease and more strokes than hypercholesterolemia (high levels of cholesterol in the bloodstream) and hypertension (high blood pressure), whilst obesity is responsible for more than hypertension.
- Cancer is responsible for the greatest amount of 'years of life lost' in Herefordshire, but accidents are responsible for the highest average years of life lost per death (since they tend to happen at younger ages).
- The levels of cancer and coronary heart disease are lower than nationally and regionally but they remain the county's biggest killers. Mortality rates for both of these are falling regionally and nationally, whilst in Herefordshire they have stabilised for cancer mortality and are falling more slowly for coronary heart disease mortality.
- The rate of deaths related to stroke has fallen more rapidly than nationally over recent years, but deaths from stroke remain higher than nationally.
- As a rural county road safety is an important challenge – Herefordshire's rate of road injuries and deaths remains higher than national.
- For all types of accidents both mortality rates and hospital admissions are rising. Transport accidents are the biggest cause of death from accidents, but falls are the biggest cause of hospital admissions from accidents. With almost 1,000 hospital admissions per year due to falls they account for over 60% of emergency hospital admissions due to accidents.
- In line with national trends the rate of deaths from suicide and undetermined injury had been falling in Herefordshire. There was a small rise in the number of deaths in 2010, but this is based on very small numbers and statistically the rate is not significantly different from that of previous years.
- The dental health of children in Herefordshire is poor: 2 in every 5 children have some experience of tooth decay by the age of 5 years and more than 2 in every 5 have experienced decay in one of their permanent teeth by the age of 12 years.

4) What People Have Told Us

The last major survey of residents' views of life in the county was the 2008 Herefordshire Quality of Life Survey, due to be repeated in autumn 2011.

- According to the 2008 survey:
  - Nearly nine in ten residents are satisfied with their local area as a place to live and two in three felt strongly that they belonged to their immediate neighbourhood.
  - Aspects of quality of life in Herefordshire highlighted by residents as both important and needing to improve are affordable decent housing, public transport and clean streets.
  - Residents are generally happy with health services in Herefordshire, but there are specific aspects around access they feel should be better. Nearly nine in ten residents are satisfied with their GP, nearly eight out of ten with the local hospital and seven in ten with their dentist. On the other hand, getting to see a dentist was by far the most important service access issue for people, with over three in ten finding it difficult. Nearly one in five found it difficult to access their GP or locals hospital.
  - More than eight out of ten people were satisfied with the Hereford & Worcester Fire and Rescue Service, over half with West Mercia Constabulary and one in three with the way Herefordshire Council runs things overall, although satisfaction with specific services was much higher, for instance over eight in ten were happy with refuse collection.
  - Three in four residents felt they had been treated with respect and consideration by local public services most or all of the time in the last year.
- The number of contacts to Herefordshire Public Services Patient Advice and Liaison Service (PALS) increased by 60% in 2010/11 from the previous year. Half of these contacts were either requests for information or raising concerns about communication. Just under half of the PALS cases were resolved through providing information in an appropriate and understandable format.
- The Care Quality Commission National Inpatient Survey 2010 showed a reduction in patient satisfaction with Hereford County Hospital, responses to 50% of the questions asked showed patient satisfaction in the bottom 20% when ranked against hospitals nationally. The areas that received the lowest scores broadly relate to communication, information provision and timeliness of service provision.
- The main themes identified from formal complaints received through the Customer Insight Unit in relation to Health and Adult Social Care related to the clinical care received, the quality of the clinical decision making and access to services.

Recommendations

These recommendations are of necessity 'high-level' – the more detailed topic-specific recommendations will be found within the detailed analyses on the JSNA web-site, which is updated continuously as information and analyses become available throughout the year.

It should be noted that the nature of the JSNA means that many challenges requiring action remain similar to those identified in previous years, although they do encapsulate new and emerging issues that have developed over the last year. We have been working throughout the year to feed these into the relevant fora, and work may already be underway in respect of some of them.

Recommendations for further analysis or more in depth work:

1. The rising morbidity and wider societal effects due to alcohol requires attention – we have recommended an in depth needs assessment to identify comprehensive partnership solutions to this growing problem.
2. The number of children in Herefordshire and the birth rate will need to continue to be monitored to identify whether or not they pose a challenge to the sustainability of high quality children's services, especially in rural areas.
3. The achievement of children under 5 in the Early Years Foundation Stage Profile requires ongoing monitoring - to ensure improvement strategies put in place deliver sustained progress.
4. The changing profile of deprivation and child poverty requires ongoing attention – it is important that stakeholders' activities are designed to respond to such changing profiles.
5. We need a more in depth understanding of the association between deprivation, use of services and health outcomes in Herefordshire; and of how we can address these issues through the social determinants of health as well as through health and social care providers.
6. Deaths due to suicide and undetermined injury need to be monitored closely to enable early identification of a potential rising trend.
7. The changing demographic profile is well recognised, but more work is needed on what the impacts of this will be for health and social care organisations - in terms of effects on morbidity, mortality, use of services, need for services, need for care and carers support, service planning and resource allocation.

Other recommendations: the challenge for commissioners

1. Physical inactivity and obesity have been identified as major causes of morbidity and mortality in Herefordshire. Along with smoking we need to address these lifestyle behaviours in order to prevent ill health and disease. This is true for adults as well as for children and young people, and their families.
2. We need ongoing programmes to reduce the harm from accidents that recognise the different profile of accidents across all ages – as part of this we need a wider approach to falls that prevents the first occurrence rather than simply treating them once they have occurred.
3. There is an increasing proportion of the population who will require personalised support and re-ablement services to enable them to live independently in their own homes. This includes people over 85, those with dementia, people with learning disabilities, and people with moderate to severe mental health problems. The support needs of their carers and families also need to be addressed, to enable them to cope and to lead fulfilled lives.
4. In tandem with this the housing needs of these and other groups need to be considered, with innovative approaches needed to provide the supported housing needs of the populations. Other issues, such as an increased need for additional authorised pitches for Gypsies and Roma Travellers, will require continued working with local communities.
5. The rurality of Herefordshire can make access to and delivery of all services problematic – we need to continue to innovate and make use of new technologies to bring services to people in their own localities and their own homes.
6. We need to support third sector organisations, recognise good practice and excellence where it exists and encouraging it's spread. We also need to ensure the effective growth of links between third sector organisations and the statutory sector.
7. Patient feedback suggests that there may be an issue around communication and the provision of information about healthcare. We need to address this to improve the experience that people have, by listening to what patients and service users tell us about the information they need – and how they want to receive it. We should build on models of good practice – such as the Three Counties Cancer Network and Diabetes Care Pathway - where patients have identified a gap in provision and then been involved in the development of patient held information packs to address it.

Future developments

The detail and in-depth analysis that provides a full understanding of these issues can be found at **www.herefordshire.gov.uk/jsna** on the JSNA web-site. Ongoing information and analysis that is undertaken throughout 2011/12 will be added to the web-site as it becomes available.

THE HEREFORDSHIRE partnership

the state of Herefordshire report 2011

Key findings

Cover photos:

- Queenswood
- Leominster industrial estate, and the new Earl Mortimer College
- Space-hopper race at STAG (Steen's Bridge Youth Group)
- Babies enjoying "Bounce and Rhyme" at the library
- View to the Black Mountains from near Pudleston
- School pupils learn about road safety at a "Dying to Drive" event
- Cider making at Kington Show

Introduction

This chapter summarises the key findings from the 2011 State of Herefordshire report, highlighting important issues for Herefordshire and where appropriate whether this is likely to be a strength, weakness, opportunity or threat for the county. This report includes findings from the following themes:

- Population
- Economic Development and Enterprise
- Health and Wellbeing
- Children and Young People
- Environment
- Safer Communities
- Stronger Communities
- Housing

The State of Herefordshire Report is published annually and uses the most up-to-date information available at the time of writing, much of which in this report relates to 2010-11 financial year. Once new information is released updates will be published electronically with commentary on the Facts and Figures about Herefordshire website.

This chapter of the State of Herefordshire report 2011 was produced by Herefordshire Partnership's Researchers in conjunction with colleagues from across the organisation and signed off by the Herefordshire Partnership Executive Group.
We would like to thank all colleagues who have contributed to and helped to edit this chapter.

Strengths, weaknesses, opportunities and threats were identified by thinking about what impact the key findings would have either on the county as a whole or particular public services that work in that field. There are some general principles that were used to assign a particular SWOT designation:

Strength - Herefordshire is performing well, either locally or compared to elsewhere, or made recent improvements
Weakness - Herefordshire is performing badly, either locally or compared to elsewhere, and has made no recent improvements
Opportunity - some improvements have been made locally however not enough to make it a strength therefore seen as an opportunity to further improve
Threat or Challenge - this is where new issues or new evidence have been highlighted making an issue a potential threat or challenge for the county or where there is a current or future issue for the county that may prove difficult for public services to address i.e. it may be largely out of their control or difficult to influence

It has not been possible to produce the full theme chapters of the State of Herefordshire report for 2011. The 2010 chapters are still available from the Facts and Figures website (see link below). Analysis for some topics has been updated and is also available from the website. If you are unsure whether something has been updated please get in touch using the contact details below.

www.herefordshire.gov.uk/FactsandFigures

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email: researchteam@herefordshire.gov.uk

Contents

Summary of strengths, weaknesses, opportunities or threats

	Opportunity	Page number
Population	The population of Herefordshire is increasing due to net in-migration, mainly from other parts of the UK – although growth has slowed during the recession.	10
	Herefordshire has a relatively small, but growing, Black, Asian & Minority Ethnic (BAME) population	12
	There has been a dramatic increase in numbers of migrant workers coming to Herefordshire since the expansion of the European Union in 2004, although it is not possible to determine how many have stayed. There is therefore no single estimate of the number in the county at any one time.	13
Economy	The issues rated as most important for employers in Herefordshire in May 2010 were suitability of premises for business, access by road, and environment for staff and customers	16
	The rateable value of commercial property is low in Herefordshire compared to the West Midlands and England	21
	Businesses and residents identify congestion (in Hereford City) as in need of improvement, although in 2010 the picture for congestion in Hereford City was not clear	23
Health & wellbeing	The rate of deaths related to stroke has fallen more rapidly than nationally over recent years, but deaths from stroke remain higher than nationally	25
	Over the last 5 years 30 adults with learning disability have moved from care homes into their own tenancies; further developing appropriate housing and support options could allow more people to attain their own tenancies or move back to live in the county.	30
Children and Young People	A decrease in numbers of young people as victims of violence against the person offences	32
	Although Herefordshire performs relatively well compared with nationally for the educational achievement of looked after children they still do less well than their peers	33
	Secondary school persistent absence rates have improved	33

Opportunity

Environment	Access to nature is important to Herefordshire's residents in making somewhere a good place to live	35
	Households in Herefordshire are producing less waste and a greater proportion of household waste is now being recycled	37
Safer Communities	The number of anti-social behaviour incidents has reduced in Herefordshire, although anti-social behaviour remains a concern for a large proportion of Herefordshire residents	39
Stronger Communities	Residents are generally happy with health services in Herefordshire, but there are specific aspects around access they feel should be better	43
	Satisfaction with other public services was generally high but had fallen for some	43
	Over one in five of residents felt well-informed about what to do in the event of a large-scale emergency	45
	Affordable decent housing, public transport and clean streets are regarded as both important and needing to improve. However, when asked to trade-off investment in services the priories were, tackling traffic congestion, more support for families to protect vulnerable children and maintaining adult social care services	45
Housing	There was a decrease in the number of people applying and accepted as homeless in Herefordshire in 2010-11; following an increase between 2006-07 and 2008-09	46

	Strength	Page number
Economy	Herefordshire has a lower rate of new business start-ups than England as a whole, but start-ups are surviving longer than regionally and nationally. In 2009 the rate of new business formation had slowed.	15
	The rate of self-employment in Herefordshire is higher than in the West Midlands and England as a whole.	17
	Herefordshire has a relatively high employment rate, 76% in 09-10, compared to 69% in the West Midlands and 71% nationally	17
Health & wellbeing	Herefordshire has a longer life expectancy that is healthy and disability free and life expectancy in general than regionally and nationally	25
	The rate of overall premature mortality has fallen consistently over recent years and remains lower than nationally	28
	A high proportion of adults with learning disability have taken up personal budgets	30
Children and Young People	Generally lower teenage pregnancy rates	31
	Stability of placements for looked after children in Herefordshire is good	31
	Increases in proportions of pupils volunteering	33
	The picture of offending in young people is good. Large decreases seen in numbers of first time entrants to the Youth Justice system and decreases in reoffending of those already in the Youth Justice System	34
Environment	Less of Herefordshire's designated built and historic environment is at high risk[1] in 2010 compared to 2009	35
	Local wildlife sites and sites of special scientific interest in Herefordshire are increasingly being better managed	36
Safer Communities	The number of accidental dwelling fires has fallen by over 10% and, despite a small increase in the total number of fires attended this year, the overall trend remains downward	41
	The number of people killed in fire incidents remains very low	41

Stronger Communities	Three-quarters of residents believed they had been treated with respect and consideration by local public services	44

Threat and challenge

		Page number
Population	Herefordshire is a sparsely populated county.	10
	Herefordshire's population has a relatively old age structure; and numbers of older people are expected to increase disproportionately to the total population.	11
Economy	The age profile of the potential resident workforce is changing	16
	Despite the increase in unemployment due to the recession, more people in Herefordshire claim an out-of-work benefit because they are unable to work for health reasons than because they are unemployed and actively seeking work.	18
	Skilled trade occupations account for a relatively large proportion of those in employment; employers find skilled trade vacancies hard-to-fill; and skilled trade vacancies account for the highest proportion of skill shortage vacancies	19
	Employers report that there are skills gaps in managerial and skilled trade occupations and that some young people are poorly prepared for work	19
	There is still demand for migrant labour in Herefordshire that employers report would be difficult to fill from other sources	20
	Based on past trends total employment in Herefordshire is projected to decrease	20
	Access to broadband, mobile phone services and other infrastructure is an issue for some residents and businesses in rural areas	21
	Emissions of CO_2 from the industry and commerce have decreased, but both climate change and volatility in energy prices will pose challenges for both businesses and residents in future	22
	Herefordshire loses approximately 5% of its working age population who travel to work outside the county	22

Threat and challenge

Threat and challenge

	Weakness	Page number
Economy	Herefordshire's economic output is low compared to regionally and nationally	14
	Herefordshire's weekly work based earnings are low compared to regionally and nationally and the gap between Herefordshire's earnings and those of the West Midlands region and England as a whole is getting wider.	15
	Although still low compared with the West Midlands region and England, unemployment is decreasing slowly and remains much higher than prior to the recession	17
	Pockets of deprivation are concentrated in urban areas of Herefordshire, but smaller pockets also occur in more rural areas.	18
	Qualification rates in Herefordshire were lower than across England in 2010	19
Health & wellbeing	Significant health inequalities exist between those living in the most and least deprived areas	26
	Increasing numbers of older people living in income deprivation	28
Children and Young People	Dental health of children in the county is poor by regional and national standards	31
	Decreasing proportions of mothers breastfeeding	31
	Large gap between academic achievement of all pupils and those with identified Special Educational Needs and those receiving Free School Meals	33
	Absenteeism rates - primary, secondary, Looked After Children primary	33
Safer Communities	Domestic Abuse	40
	The mortality rate from accidents is high and hospital admission levels are rising	40
Housing	Herefordshire has the worst housing affordability ratio of all local authorities within the West Midlands region	47

Population

Herefordshire is a sparsely populated county.

Herefordshire is a predominately rural county of 2,180 square kilometres (842 square miles) situated in the south-west corner of the West Midlands region bordering Wales. With 179,300 residents, it has the 4th lowest population density in England: 80 persons per square kilometre.

A particular challenge for service delivery is how scattered the population is. According to measures used in the calculation of the Local Government Finance Settlement, no other English county-level authority had a greater proportion of its population living in 'very sparse' Output Areas in 2001 than Herefordshire (25%). Over half (54%) of the county's residents live in areas defined as rural.

Sources: ONS 2010 mid-year population estimates, mid-2009 Small Area Population Estimates and 2001 Census (Crown copyright); Defra's rural-urban classifications of Lower Super Output Areas.

The population of Herefordshire is increasing due to net in-migration, mainly from other parts of the UK – although growth has slowed during the recession.

Herefordshire's resident population grew by 3% between 2001 and 2010 – which is the same as that of the West Midlands region overall (3%), but lower than England & Wales (+6%). As there have been fewer births than deaths over the period, this growth in Herefordshire's population has been entirely due to net in-migration (i.e. more people moving into the county than moving out). Although there has been some net in-migration from overseas since 2004-05, the vast majority (between 70% and 100%) of annual net migration is from other parts of the UK – mainly London and the south-east.

Annual population growth has slowed in the last couple of years, mainly because of decreases in net migration from both the UK and overseas – possibly due to the impact of the recession on job and housing availability (see Housing key findings). These changes, along with revisions to the population estimates, mean that predictions have over-estimated total population for the last few years. It is not yet known what the longer-term impact will be, but a net increase of 16,600 new dwellings between 2006 and 2026 was expected to lead to a total population of 193,600 in 2026, 8% higher than the current (2010) estimate of 179,300.

Sources: ONS population estimates (Crown copyright), Regional Trends 43: Impact of the Recession and 2008-based sub-national population projections; Herefordshire Council Research Team's 2006-based population forecasts.

Population

THREATS AND CHALLENGES

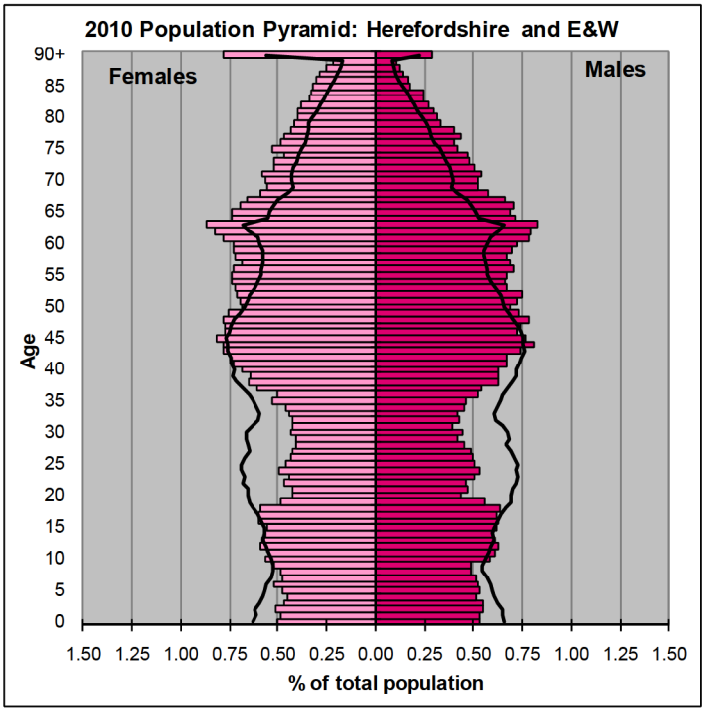
Herefordshire's population has a relatively old age structure; and numbers of older people are expected to increase disproportionately to the total population.

Just over a fifth (22%) of Herefordshire's population is aged 65 and over (39,800 people), compared to 17% both regionally and nationally. Numbers of older people have grown more rapidly locally than nationally: there are 18% more people aged 65+ living in Herefordshire in 2010 than in 2001, compared to 10% more in England & Wales.

This growth is expected to continue, mainly driven by the ageing of the current population as the post-war 'baby boomers' move into retirement age (see chart 1). There are expected to be over 60,000 people aged 65+ living in the county by 2026, over 50% more than currently.

In particular, the number of people aged 85 and over is expected to continue growing at an increasing rate, from 5,600 in 2010 to more than 10,000 by 2026. This group makes by far the greatest demands on health and social care and is at greatest risk of isolation due to living alone and in poor housing.

Chart 1: Age structure of population, mid-2010 (Lines represent E&W; bars Herefordshire)



Source: ONS 2010 mid-year estimates © Crown copyright

Source: ONS population estimates (Crown copyright), Herefordshire Council Research Team's 2006-based population forecasts and "*Future social care needs of older people*" (2006); Herefordshire Council Social Care client data (April-July 2010).

Population

Although overall numbers of children continue to fall, there have been more births than expected in recent years.

The current proportion of Herefordshire's population aged under 16 (17%) is similar to England & Wales (19%), but numbers have been falling consistently throughout the last decade, from 34,000 in 2001 to 30,800 in 2010.

The county experiences net in-migration of children each year, but the main factor influencing the total number of resident children is the number of births. The observed decline in total children is due to the downward trend in annual births throughout the 1990s, and is expected to continue until 2016, sixteen years after numbers of births began to rise. The 2006-based forecasts predicted that numbers of children would stabilise at around 29,000 in 2016 (6% below 2010 levels), reflecting the expectation that numbers of births would level off at around 1,600-1,700 per year from 2007.

However, there were 1,800-1,900 births a year from 2007-08 to 2009-10 – 100-200 more each year than predicted; and provisional figures suggest the same for 2010-11. The under-prediction is due to fertility rates (i.e. the number of births per woman in child-bearing age groups) rising more than national projections assumed, particularly in Herefordshire. It is not yet known whether these high fertility rates will continue, but numbers of births would need to remain at this level for a sustained period of time for numbers of children to rise back to even current levels after 2016.

Sources: ONS mid-year population estimates and national population projections (Crown copyright); Herefordshire Council Research Team's 2006-based population forecasts; provisional births data from NHS Herefordshire.

Herefordshire has a relatively small, but growing, Black, Asian & Minority Ethnic (BAME) population.

Estimates suggest that 6% of Herefordshire's resident population (10,500 people) are from an ethnic group other than 'white British', which is very low compared to both England and the West Midlands region overall (17% & 18% respectively).

However, the county's BAME population has more than doubled between 2001 and 2009; increasing by 141%, compared to a 3% growth in its total population. 'White other' (than British or Irish) is by far the largest BAME group (4,300 residents), but numbers in the 'Asian or Asian British' and 'Black or Black British' groups have increased the most – quadrupling between 2001 and 2009.

The BAME population has a younger age profile than the county as a whole: almost half of all BAME residents are aged 16-44, compared to just a third of the whole population – although both have similar proportions of under 16s.

Increasing numbers of births are to mothers born outside the UK (200 in 2009 – 13% of all births, up from 100 in 2003 – 6% of total). Since 2006 the non-UK born mothers have mainly come from Poland (31%) or other Eastern European countries (14%).

Source: ONS experimental estimates of population by ethnic group and births by country of mother's birth – Crown copyright.

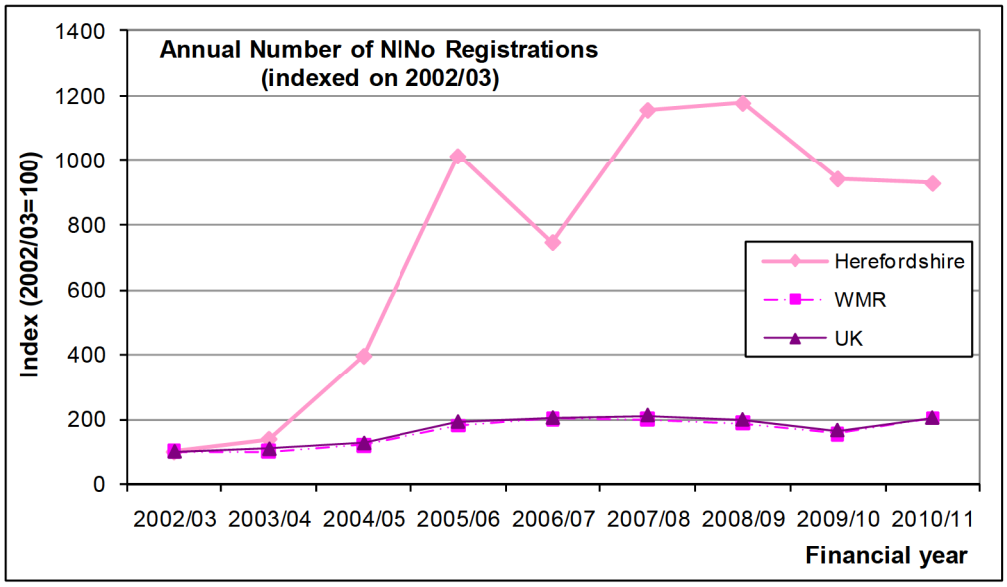
There has been a dramatic increase in numbers of migrant workers coming to Herefordshire since the expansion of the European Union in 2004, although it is not possible to determine how many have stayed. There is therefore no single estimate of the number in the county at any one time.

For instance, despite being 20% lower in the last two years (about 2,600 in 2009/10 and 2010/11) than the peak of 3,300 in 2008/09, annual National Insurance Number registrations from overseas nationals in Herefordshire are still almost ten times higher than in 2002/03 (compared to national registrations now being less than twice what they were in 2002/03 – see chart 2). However, there is no requirement to de-register if leaving the UK.

Current evidence suggests the majority of Herefordshire's migrant workers are seasonal workers and other short-term migrants intending to stay in the UK for under a year. The definition of 'usual residence' means they are not counted as part of the resident population, but nonetheless have an impact on services e.g. health services (migrant workers would need to change their country of residence for at least a year before being counted as a usual resident).

During 2011, a total of 5,000 individual seasonal workers from overseas (mainly Bulgaria, Romania and Poland) were expected to be employed on farms in Herefordshire. Numbers expected at any one time peaked at 3,100 in May. The total number of individuals expected was 10% higher than in 2010, although still notably lower than the 6,700 expected in 2008.

Chart 2: Trends in annual number of new National Insurance Number (NINo) registrations to overseas nationals



Source: Department for Works & Pensions (DWP)

Sources for text: DWP and Surveys of Seasonal Workers on Farms in Herefordshire, Herefordshire Partnership

Economic development and enterprise

Economic structure and competitiveness

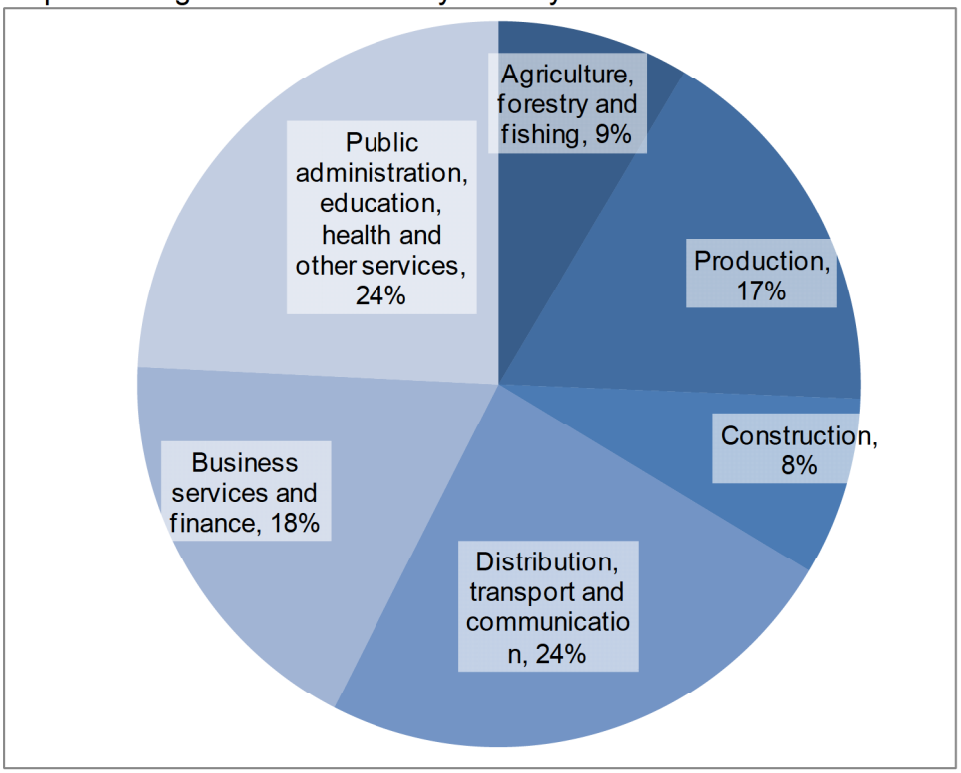
WEAKNESS

Herefordshire's economic output is low compared to regionally and nationally

Herefordshire's economic output, as measured by Gross Value Added (GVA) per resident, is low and has increased at a lower rate than both the West Midlands region and England as a whole over the last ten years. This has resulted in a widening of the gap between Herefordshire and the rest of the West Midlands and England.

The difference in output (GVA per resident) between Herefordshire and the England as a whole can be explained by differences in the value added per hour worked, the number of hours worked per job and the amount of commuting out of the county. The low value added per hour worked in Herefordshire is a result of lower wages and the type of work carried out in the county. For example someone working in low technology manufacturing is likely to earn less in Herefordshire, but may also generate less revenue for every hour they work compared to an employee working in a high technology business. Herefordshire has a dominance of low value added sectors such as agriculture, wholesale and retail and public administration, education, health and other services. Herefordshire also has a smaller proportion of employees in knowledge intensive industries than regionally and nationally, which typically are higher paid jobs. Value added is measured at an employee's place of work. Herefordshire experiences a net loss of residents who commute out of the county to work, which negatively affects the GVA per resident measure.

Chart 3. Proportion of gross value added by industry sector in Herefordshire 2008



Source: ONS Crown copyright

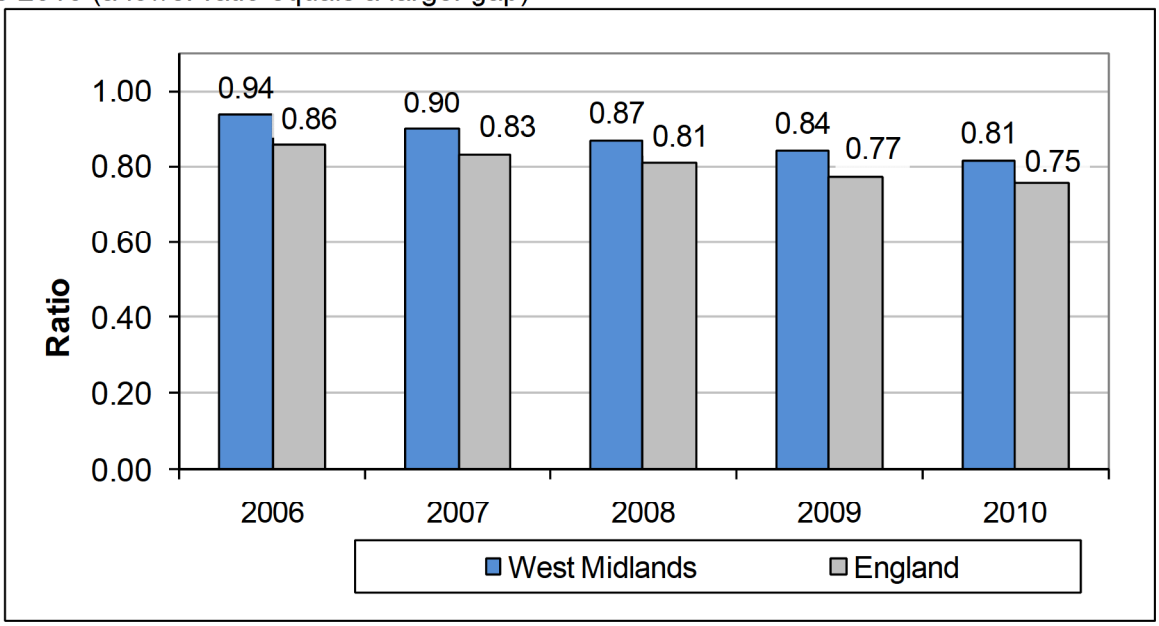
Economic development and enterprise

Herefordshire's weekly work based earnings are low compared to regionally and nationally and the gap between Herefordshire's earnings and those of the West Midlands region and England as a whole is getting wider.

In 2010, the median weekly earnings for people who worked in Herefordshire were £380.70, not significantly different from 2009, but significantly lower than the West Midlands region (£467.50) and England (£504.50). The type of employment available in the county is a major contributing factor in this. Some sectors that typically have low wages associated with them are more prevalent in Herefordshire e.g. agriculture and retail.

In 2006, Herefordshire's earnings were 6% lower than the West Midlands, by 2010 this gap had widened to 19% lower. The gap between Herefordshire's and England's earnings is even wider, 14% lower in 2006 increasing to 25% lower in 2010.

Chart 4. Ratio of Herefordshire's weekly earnings to the West Midlands and England, 2006 to 2010 (a lower ratio equals a larger gap)



Source: ASHE 2009, ONS—Crown Copyright

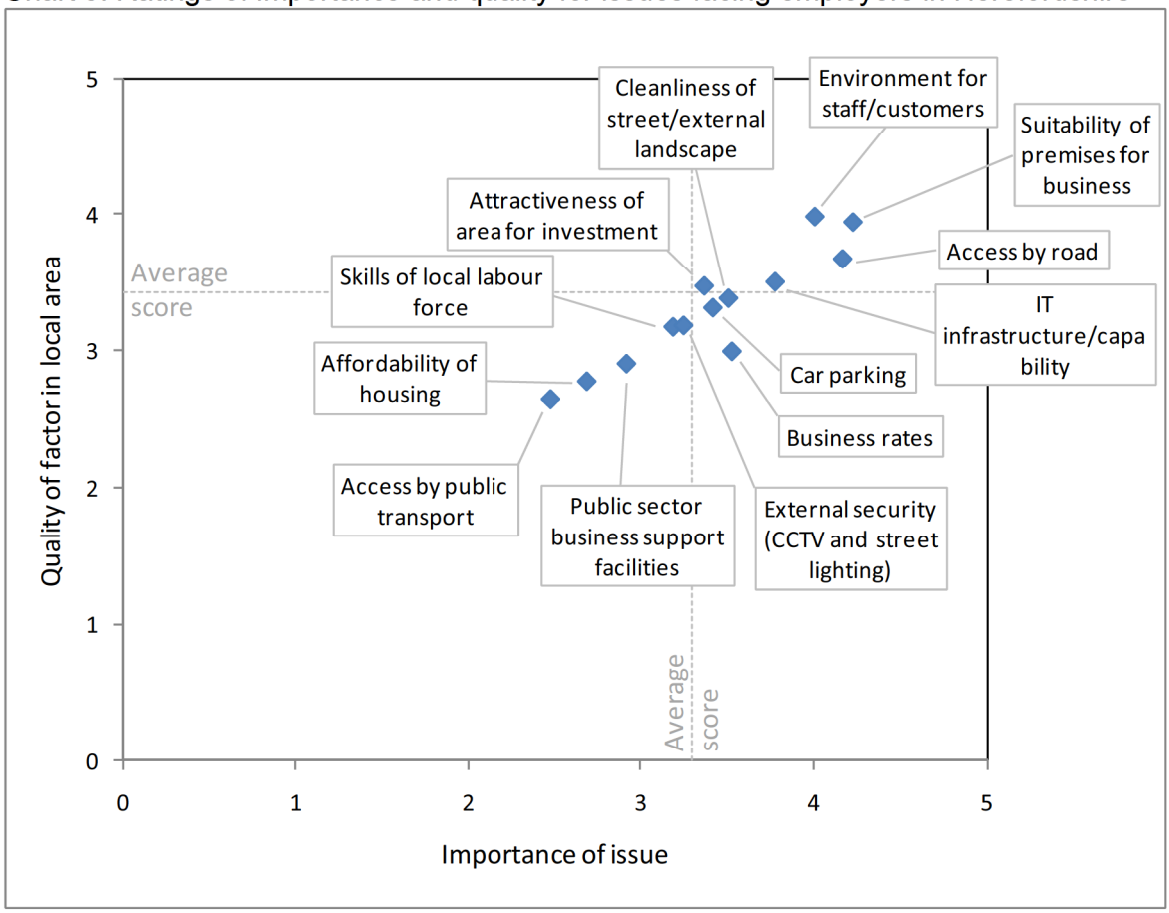
Herefordshire has a lower rate of new business start-ups than England as a whole, but start-ups are surviving longer than regionally and nationally. In 2009 the rate of new business formation had slowed.

Although start-up rates in Herefordshire are lower than those across England (42.2 per population aged 16+ in Herefordshire compared to 48.8 for England), survival rates are generally greater than nationally for businesses that have been active for 3 years or more. In 2009 the 3 year survival rate (first active in 2006) was 70% compared to 66% across England and 67% across the West Midlands. However in 2009, the rates of new business formation (as a proportion of active businesses) had decreased in all areas, from 12% across England in 2007 to 10% in 2009 and from 10% in Herefordshire in 2007 to 8% in 2009.

The issues rated as most important for employers in Herefordshire in May 2010 were suitability of premises for business, access by road, and environment for staff and customers.

When asked to rate a list of 13 factors in terms of importance to their business and quality in their area employers in Herefordshire indicated that the most important issues were "suitability of premises for business", "access by road", and "environment for staff and customers". These issues were also rated highest in terms of quality. The three issues that were of least importance, but also rated as being of relatively low quality amongst employers in Herefordshire were; "public transport accessibility", "affordability of housing" and "public sector business support facilities". In general the more important the issue the higher it's quality rating was, although the estimation of quality was generally lower than the estimation of importance.

Chart 5. Ratings of importance and quality for issues facing employers in Herefordshire



Source: Herefordshire business survey 2010

People and the labour market

THREATS AND CHALLENGES

The age profile of the potential resident workforce is changing

The number of people aged 16-64 living in Herefordshire increased by 3% from 107,200 in 2001 to 109,900 in 2008, but has since fallen - to 108,700 in 2010. This decline is due to the ageing of the population structure, and will continue as people born in the 'baby boom' of the late 1940s start to turn 65 (see chart 1, p.11). Forecasts suggest that the number could fall to less than 104,000 by 2026.

The age profile within this group has also been changing, with people aged 45+ making up 49% of the 16-64 year-old population in 2010 compared to 44% in 2001. Again, this trend will continue with the ageing of the 1960s 'baby boomers'.

However, the trends will also mean a continued increase in the numbers of people in the 'younger' older age-groups – numbers of 65-74 year-olds have increased by 18% from 17,600 in 2001 to 20,700 in 2010, and may increase another 30% by 2026. Herefordshire had a relatively high rate of economic activity amongst this age group at the time of the 2001 census (13% compared to 9% for England and Wales, and 8% for the West Midlands region), possibly related to high rates of self-employment and employment in the agricultural sector in which people tend to work to an older age. As the changes in state pension age and any lasting impacts of the recession take effect, an even larger proportion of this growing age-group may work to an older age.

The rate of self-employment in Herefordshire is higher than in the West Midlands and England as a whole.

Herefordshire's self-employment rate was 20% in 2009-10, significantly greater than the rate for the West Midlands (12%) and England (13%). 'Agriculture and fishing', 'other services'[1] and 'construction' were the industries with the greatest proportion of workers being self-employed (58%, 45% and 39% respectively).

Herefordshire has a relatively high employment rate, 76% in 2009/10, compared to 69% in the West Midlands and 71% nationally.

Although still low compared with the West Midlands region and England, unemployment is decreasing slowly and remains much higher than prior to the recession

Total unemployment (claimants of Jobseekers Allowance) has seen some decreases since its peak at the beginning of 2010, but remains much higher than prior to the recession. In May 2011 total unemployment in Herefordshire was still 85% above what it was in May 2008 at the start of recession, but the unemployment rate remains lower than for the West Midlands and England. The nature of unemployment (Jobseekers Allowance claimants) has changed over the course of recession and recovery, but has particularly affected some groups. For example the rate of unemployment amongst young people (18-24) has seen bigger increases (in percentage point terms) than the other age groups; and unemployment amongst women in April 2011 was as high as at any point during the recession and higher than at any point since 1997.

[1] 'Other services' includes arts, entertainment and recreation and other service activities

Economic development and enterprise

Despite the increase in unemployment due to the recession, more people in Herefordshire claim an out-of-work benefit because they are unable to work for health reasons than because they are unemployed and actively seeking work.

The number of workless people claiming any kind of out-of-work benefit[2] has increased as a result of the recession, although the rate of claiming still remains low in Herefordshire (8.8% of all working age people) compared to regionally (13.5%) and nationally (11.8%) in 2010. At its highest point (10,600 claimants in August 2009) it was around 20% above pre-recession levels. The increase was primarily as a result of an increase in the number of unemployed people claiming Jobseekers Allowance whilst looking for work.

However, despite this increase, claimants of Employment and Support Allowance (ESA) and Incapacity Benefits still made up the majority (60%) of out-of-work benefit claimants – most were long term claimants (over 5 years). This is two and a half times as many as Jobseekers Allowance claimants, who made up 23% of the out-of-work group - most were short terms claimants (less than 6 months). ESA and IB are benefits for people who are not expected to be available for work due to health reasons.

Source: ONS Crown Copyright Reserved

Pockets of deprivation are concentrated in urban areas of Herefordshire, but smaller pockets also occur in more rural areas.

Herefordshire as a whole experiences relatively low levels of deprivation, with relatively few areas (8 LSOAs[3]) amongst the most deprived in England in terms of multiple deprivation. These areas are in the south of Hereford City, Leominster and Ross-on-Wye. Within these areas a relatively large proportion of people are subject to various aspects of deprivation. For example more than a third of people in 'Golden Post – Newton Farm' in the south of Hereford City and 'Leominster Ridgemoor' live in income deprivation, putting them in the 10% most deprived nationally in this respect.

Measuring deprivation at LSOA[3] can hide smaller pockets of deprivation or that which occurs at household level such as in rural areas. Looking at smaller areas of deprivation from the 2004 indices of deprivation, also identifies areas of income deprivation within the villages of Whitcurch, Kingstone, Peterchurch, Weobley, and Bartestree and in the other market towns of Ross-on-Wye, Ledbury and Kington. Whilst there are few concentrations of deprivation at LSOA level in rural areas, there are still a considerable number of people experiencing certain types of deprivation in rural areas as a whole. For example only one out of the ten areas in Herefordshire that are the most income deprived in England is classified as rural, even though 44% of all people in the county that live in income deprivation are resident in rural areas. It's also important to consider differences in living costs between rural and urban areas. People in rural areas typically need to spend 10–20 per cent more on everyday requirements than those in urban areas, with the more remote the area, the greater these additional costs. Transport and domestic fuel costs make up the biggest difference[4].

Source: Indices of Deprivation 2010, Department for Communities and Local Government (CLG)

[2] The out-of-work benefit group includes; jobseekers; employment and support allowance and incapacity benefits; lone parents and others on income related benefits

[3] Lower Super Output Areas (LSOAs) are fixed statistical geographies of about 1,500 people designed by the Office for National Statistics (ONS). For more information please see the useful definitions page http://www.herefordshire.gov.uk/factsandfigures/definitions.aspx#OAgeogs

[4] "A minimum income standard for rural households" Joseph Rowntree Foundation. http://www.jrf.org.uk/publications/minimum-income-rural-households

Economic development and enterprise

Qualification rates in Herefordshire were lower than across England in 2010

In 2010 rates of qualification amongst Herefordshire's working age residents (16-64) were lower than those across England at all levels from 1 to 5. For example 46.5% of the working age population in Herefordshire were qualified to at least level 3 (equivalent to 2 or more A-levels, advanced GNVQ or NVQ 3) compared to 50.7% across England. Herefordshire also had a higher proportion of working age residents without any qualifications in 2010. This negative picture is a departure from previous years where rates have been similar to those across England. Although not significant, rates of qualification have decreased over the last three years in Herefordshire, whilst national rates have significantly increased.

Source: ONS Crown copyright – Annual Population

Skilled trade occupations account for a relatively large proportion of those in employment; employers find skilled trade vacancies hard-to-fill; and skilled trade vacancies account for the highest proportion of skill shortage vacancies.

Herefordshire had a greater proportion of residents (17%) employed in skilled trade occupations e.g. electrician, plumber, pipe fitter, welder, mechanic, joiner etc. compared to England (10%) in 2009-10[5]. Vacancies for skilled trade occupations were reported as being hard-to-fill by 50% of employers in 2009, more than any other occupation. The skilled trade vacancies accounted for the greatest proportion of vacancies that were hard-to-fill due to a lack of skills in the labour market (27%)[6]. Whilst projections suggest employment in skilled trade occupations in Herefordshire will decrease by 16% between 2010 and 2020[7], other research shows that nationally in a number of skilled trades the workforce is also ageing, and yet, in a number of emerging sectors the demand for builders, electrical trades, plumbing, joinery, heating, ventilation and air conditioning is likely to grow[8].

Employers report that there are skills gaps in managerial and skilled trade occupations and that some young people are poorly prepared for work

Around a fifth of employers in the county report having skills gaps in their current workforce. Of those that reported skills gaps the most frequently stated occupations with skills gaps were skilled trade occupations (27%), managers (26%) and administrative/clerical staff (19%)[6]. These skill sets were identified as being difficult to recruit to and were skills that were often imported from outside of the county. It was felt that this issue was compounded by the lack of free or affordable training, particularly management training courses, available locally[9].

A considerable proportion of employers report that young people (under 24) recruited straight from education were poorly prepared for work: 20% for people aged 17 to 18; 14% for 16 year olds straight from school; and 9% for people under 24 straight from higher education. The reason for recruits being poorly prepared varied depending at what stage they were recruited. For 16 years olds recruited straight from school it was a lack of experience of the working world, life experience or maturity that was reported by 100% of

[5] Source: ONS Crown copyright – Annual Population
[6] National Employers Skills Survey 2009
[7] Source: SQW consulting (2010) The economic demand for housing in the West Midlands, 2006-2026, A final report to the West Midlands Regional Assembly
[8] 2010 National Strategic Skills Audit for England www.ukces.org.uk/ourwork/nssa
[9] Your Business...Your Future: The Business perspective of the Herefordshire Economy, March 2011

employers. For 17 and 18 year olds it was poor attitude or personality or lack of motivation that was reported most frequently by employers (78%). For people recruited straight from higher education it was a lack of required skills or competencies (64%).

There is still demand for migrant labour[10] in Herefordshire that employers report would be difficult to fill from other sources.

Overall just 8% of employers in the county employed migrant labour[11] in 2010, although the proportion increased dramatically with size reaching nearly two thirds for the largest employers. Just under half (47%) of employers reported employing migrant workers on a permanent basis, with a further 32% stating they were employed temporarily and the remaining 21% stating that migrant workers were employed on a seasonal basis. Hotels & restaurants; manufacturing; agriculture; public administration & education; and health & social care were the most common sectors of employment.

Businesses in the county report problems in recruiting local people to undertake un-skilled positions leaving some sectors still reliant on migrant labour. A number of businesses said their preference was to take on migrant workers to fill vacancies, rather than young people on training schemes, as they felt within the current economic climate migrant workers were cheaper and were easier to 'pick up and let go'[9].

This is particularly true of agriculture where migrant labour is important in both unskilled and management roles. During the course of 2011 a total of 5,000 individual seasonal workers from overseas are expected to be employed on farms in Herefordshire, a 10% increase (400 workers) in the overall number compared with 2010 - the first rise since 2008[12]. This demand is in part linked to the fact that there is a shortage of young people that want to do agricultural jobs. There is some concern within the sector about the future supply of seasonal migrant labour. This concern mostly relates to the Seasonal Agricultural Workers Scheme (SAWS) coming to an end after 2011 as well as increased competition for labour with other countries. There are also examples of migrant labour being used in the manufacturing sector, and playing a pivotal role in the growth and success of these companies[9].

Based on past trends total employment in Herefordshire is projected to decrease

Over the period 2010 to 2026 the number of jobs in Herefordshire is projected to decline from 87,200 to 83,000 with most of this decline occurring in the decade 2010-2020[13]. The sectors expected to see the greatest decreases are agriculture (down 59% by 2026) and manufacturing (down 21% by 2026), offset by smaller increases in other sectors: financial and business services (+19%), construction (+33%), government & other services (between +4% and +8%), distribution, hotels & catering (+6%) and transport and communications (+10%).

[10] A migrant worker is defined as someone who has been working in the UK for more than three months whose usual country of residence is not in the UK, and in this case, included agency workers and those self-employed.
[11] Source: Herefordshire Employers Survey 2010
[12] Employment of seasonal workers from overseas on farms in Herefordshire – 2011
[13] SQW consulting (2010) The economic demand for housing in the West Midlands, 2006-2026, A final report to the West Midlands Regional Assembly

Herefordshire as a place for business

The rateable value of commercial property is low in Herefordshire compared to the West Midlands and England

Herefordshire has a low commercial property value, £40 per m^2 in 2008 (all bulk classes[14]) compared to £49 m^2 in the West Midlands and £66 m^2 in England as a whole. The greatest difference in value between Herefordshire and England is for commercial offices (£56 m^2 in Herefordshire compared to £130 m^2 in England as a whole).

This lower rate potentially gives Herefordshire a commercial advantage, although this is at odds with the views of some businesses who report that affordability of businesses premises, particularly the high cost of rent and the impact of this on business rates, create barriers to growth. There is also a perceived lack of suitable freehold property and land[9]. The suitability of premises for business was rated most important and second highest in terms of quality in their area out of a range of factors by employers in Herefordshire in 2010[15].

Access to broadband, mobile phone services and other infrastructure is an issue for some residents and businesses in rural areas.

In 2011 Herefordshire had one of the highest proportions in the UK of broadband customers receiving a service of less than 2 Mbps. In 2008 57% of Herefordshire's postcodes had the potential for broadband up to 2 Mbps – the highest category of service available via BT landline. However, 46% of rural postcodes in the county were likely to receive no service or low broadband speed (up to 0.512 Mbps), compared to only 1% of urban areas. There are also mobile phone 'black-spots' in some rural areas. National research shows the proportion of businesses which operate from home is significantly higher in rural areas than in urban areas[16]. There are no accurate measures of the number of home-based businesses in Herefordshire, although it is expected that the numbers are substantial. Attracting home based knowledge businesses to the county will be dependent on these businesses having a decent level of broadband and other services with which to operate. In a recent consultation it was highlighted that for businesses looking to establish rurally-based premises poor infrastructure (water, drainage, electricity, broadband, and mobile phone coverage) prevented them from growing and diversifying.

Whilst more than four fifths of employers reported having access to broadband internet and nearly two thirds said their service met their business needs, 57% felt that an increase in broadband capacity would be required in the future and 63% felt that a lack of faster broadband would limit business development. The proportion expecting there to be a need for faster broadband in future was greater for larger businesses.

[14] Bulk classes include: retail premises, offices, factories, warehouses and other bulk premises.
[15] Herefordshire Employers' Survey 2010
[16] Invisible Businesses: the characteristics of home-based businesses in the United Kingdom http://www.strath.ac.uk/media/departments/huntercentre/research/workingpapers/media_144423_en.pdf

Emissions of CO_2 from industry and commerce have decreased, but both climate change and volatility in energy prices will pose challenges for both businesses and residents in future.

In Herefordshire between 2005 and 2008 there was a 4.4% decrease in CO_2 emissions from the 'industry and commercial sector', a result of decreased usage of gas and oil. Electricity use, the largest source of emissions in Herefordshire, increased over the period but on balance emissions from industry and commerce decreased. Emissions per capita from the industry and commercial sector in Herefordshire (3.5 tCO_2/cap[17]) are higher than for the UK as a whole (2.9 tCO_2/cap). Emissions from the transport sector are also higher in Herefordshire (2.4 tCO_2/cap) than the UK (1.7 tCO_2/cap), although similar to other rural authorities.

Source: Department for Energy and Climate Change

Whilst limiting the effect of climate change should clearly be an aim given the potential social and economic implications of extreme climatic events, future uncertainty in the supply of oil and the resulting increases in energy prices could have more immediate social and economic implications given the rural nature of the county and reliance on personal transport. It is important that businesses and residents are prepared for spikes in energy prices. Failure to do so could make businesses vulnerable to high energy prices in future.

Source: Sustainable Energy security: Strategic risks and opportunities for business (2010) Lloyds of London

In 2005 there were an estimated 8,540 (10.7%) dwellings in fuel poverty in the county. In spite of all the good work carried out in the last few years, it is very likely that the number of 'fuel poor' has increased due to a significant increase in energy prices. Energy price increases look as though they will become more common in the medium term putting more people at risk of fuel poverty.

Herefordshire loses approximately 5% of its working age population who travel to work outside the county.

According to the 2001 Census, of those who work, the majority (68,700 people, 84%) work in Herefordshire. This leaves 12,600 people (15%) who work outside the county, in addition there are 8,600 people who live outside the county but work in Herefordshire. This suggests a net loss of over 4,000 Herefordshire residents who work in other locations (approximately 5% of the working age population). For travel to work, both to and from Herefordshire, the greatest net flows were between Herefordshire and neighbouring counties. More recent data suggests that the number of people commuting out of the county may have increased. For example the number of residents travelling to work in Worcester increased from 1% in 2001 to 3% in 2008[18].

[17] tCO_2/cap = tonnes of carbon dioxide per head of population
[18] Source: Annual Population Survey special analysis

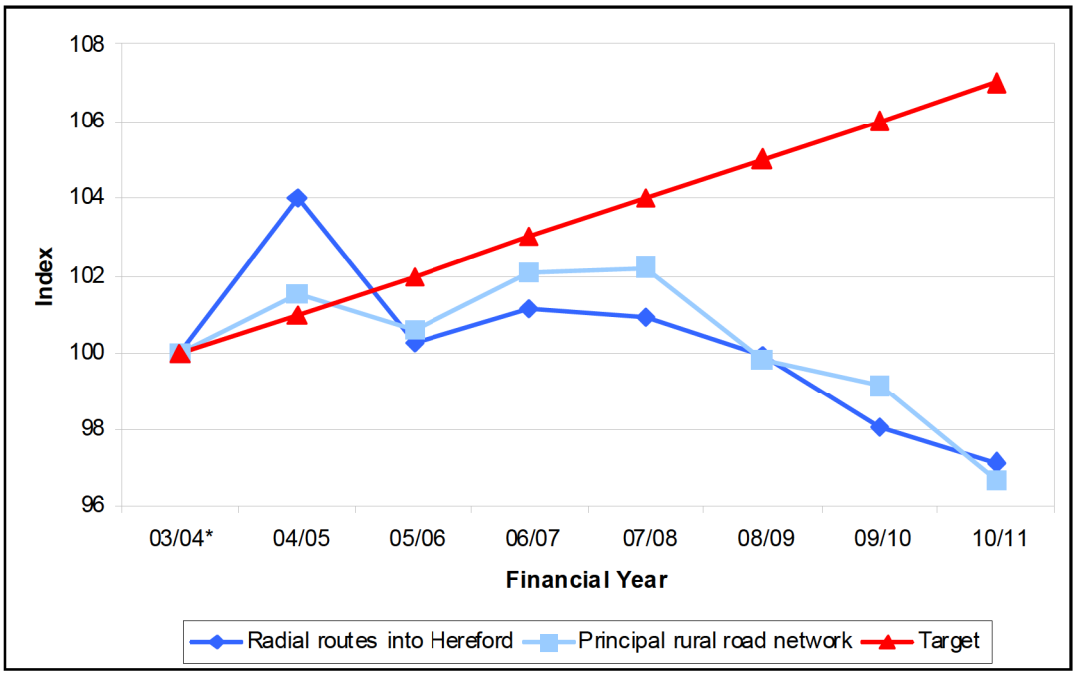
Transport

OPPORTUNITIES

Businesses and residents identify congestion (in Hereford City) as in need of improvement, although in 2010 the picture for congestion in Hereford City was not clear.

Indicators of congestion for Hereford City based on traffic volumes and bus punctuality showed continued improvement in 2010, but average journey times across the City and NO_2 emissions (linked to congestion) both worsened. Volumes of traffic on both the radial routes into Hereford and on the principal rural network have both decreased over the last few years, recording a 3% decline on the level they were 2003-04. In 2010-11, 85% of buses were running on time, this has exceeded the target of 73% for this period and is a large improvement on 67% in 2007-08. The average peak journey time on specific routes within Hereford increased from 19 mins 30 in 2008-09 to 20 mins 46 in 2010-11. NO_2 emissions across many sites in Hereford also increased in 2010 (see key finding in environment section for more detail p38).

Chart 6. Index of annual average weekly traffic (AAWT) volumes in Herefordshire



Source: LTP2, Transportation, Herefordshire Council

In a survey of employers[19] in 2010 three quarters of respondents felt that an effective transportation system was important for the delivery of goods and services. 23% of businesses reported experiencing problems as a direct result of the transport infrastructure in Herefordshire. The worst consequences were a loss of productivity (in man hours) and increased operating costs. When asked what the main transport priorities should be to support the business community, the greatest proportion mentioned a bypass for Hereford City (29%), whilst a further 11% said measures to reduce congestion. 21% thought road maintenance should be a priority and a further 14% said public transport.

[19] Source: Herefordshire Employers Survey 2010
http://www.herefordshire.gov.uk/factsandfigures/1422.aspx

In a survey of residents in 2008[20] a third of respondents identified traffic congestion (out of a list of 20 items) as most in need of improvement. This was one of the top answers after road and pavement repairs and activities for teenagers. A similar proportion also identified public transport as in need of improvement. Residents of urban areas were most likely to think that traffic congestion needed improvement.

[20] Herefordshire quality of life survey
http://www.herefordshire.gov.uk/factsandfigures/residentsviews.aspx

Health and Well-being

Healthy communities

Herefordshire has a longer life expectancy that is healthy and disability free and life expectancy in general than regionally and nationally

Both males and females have higher life expectancies in Herefordshire than regionally and nationally. Across all areas females are still expected to live longer than males. In the period 2007-09, males are expected to live until they are 79.1 years and females 83.3 years.

Healthy and disability free life expectancy gives an estimate of how many healthy and disability free years of life can be expected for a given population. Again Herefordshire compares well, with a higher numbers of years that are healthy and disability free than the West Midlands region and across England as a whole.

Source: Office for National Statistics (ONS), Crown copyright

The rate of deaths related to stroke has fallen more rapidly than nationally over recent years, but remains higher than nationally.

Rates of death from stroke fell from 81 deaths per 100,000 population in 1996 to 53 deaths per 100,000 population in 2008. Despite this stroke is the third biggest killer in Herefordshire and a major cause of hospital admissions. People in Herefordshire are approximately 24% more likely to die of stroke than expected given local population composition. Physical inactivity is responsible for over half of the strokes (57%) in Herefordshire – this compares with 26% for hypercholesterolemia and 13% for hypertension (i.e. high blood pressure). Similarly obesity (19%) is responsible for more strokes than hypertension (13%).

The levels of cancer and coronary heart disease are lower than nationally and regionally but they remain the county's biggest killers

There are different types of cancer, half of which are preventable. Smoking is the single biggest preventable cause, but other contributory aspects of unhealthy lifestyles can also be addressed. Herefordshire experiences significantly lower mortality rates from cancer (159 per 100,000 population) than the West Midlands (175 per 100,000) region and England as a whole (172 per 100,000), although the local rate has now stabilised whilst national and regional rates continue to fall. People in Herefordshire are around 8% less likely to die of cancer compared to the population of England. However cancer remains the major cause of mortality, hospital admission and years of life lost in the County.

Coronary Heart Disease (CHD) is the second biggest killer in Herefordshire and a major cause of hospital admissions. However, people in Herefordshire are significantly less likely to die from coronary heart disease compared to the population of England as a whole. Although mortality rates in Herefordshire have fallen by almost 50% since 1996, they have not reduced quite as quickly as regional and national rates. Hypercholesterolemia (i.e. high

cholesterol) is a well known risk factor for CHD and is responsible for a significant proportion (40%) in Herefordshire. However, we also found that almost as much of CHD (35%) is due to physical inactivity and that obesity contributes to a greater proportion of CHD than hypertension (obesity 19%, hypertension 13%). It should also be noted that another lifestyle risk factor – smoking - causes a quarter of all CHD in the county

Source: Public Health Department, Herefordshire PCT

Significant health inequalities exist between those living in the most and least deprived areas

Residents of deprived areas face a number of challenges associated with living in deprivation, but there are some specific health issues that have been highlighted. Compared to the neighbourhoods experiencing the lowest levels of multiple deprivation in Herefordshire, people in the most deprived neighbourhoods are:

- 65% more likely to die of chronic lower respiratory diseases.
- 59% more likely to die from coronary heart disease, and 159% more likely to die prematurely (i.e. before age 75) from coronary heart disease.
- 24% more likely to die from cancers.

However, there are no significant differences in rates of hospital admission due to these conditions, suggesting there may be issues around engagement with services for people in the most deprived areas.

People living in the most deprived areas are significantly more likely to be admitted to hospital as an emergency due to an accident. For all **alcohol-attributable** conditions residents of the most deprived quartile of the County are 95% more likely to be admitted than those in the least deprived quartile. With regard to **alcohol-specific** conditions residents of the most deprived areas are four times as likely to be admitted and among under 18s in particular are over 12 times more likely to be admitted.

Source: Public Health Department, Herefordshire PCT

People born in the most deprived areas of Herefordshire have a slightly shorter life expectancy than those in the least deprived areas (3.5 years shorter for men and 2.5 years for women). They are also expected to live less of their lives without a disability – and this gap is wider (men 6.1 years less; women 5.0 years). However, these inequalities are significantly smaller than nationally and regionally – in fact the gap in overall life expectancy is one of the smallest in the country.

Source: Marmot Indicators for Local Authorities in England

Nine areas of the county – all in Hereford City or Leominster - are amongst the 25% most deprived in England in terms of 'health' deprivation, which is based on years of potential life lost, comparative illness and disability, acute morbidity, adults under 60 suffering from mood or anxiety disorders, and hospital episodes.

Source: Indices of Deprivation 2010, Department for Communities and Local Government

Smoking remains the single most important cause of premature death, ill-health and hospital admission in Herefordshire

Smoking prevalence among adults (18+ years) is estimated at 18.5% in Herefordshire in 2009/10. There were approximately 316 smoking-related deaths per year between 2007-09 in the County and approximately 35% of smoking-related deaths since 2005/06 have been among those aged less than 75 years. There were on average approximately 1,470 smoking-attributable hospital admissions among Herefordshire residents aged 35+ years in the period 2007/08 – 20010/11.

Source: Public Health Department, Herefordshire PCT

Obesity is emerging as a major contributory factor to poor health, disability and premature death.

In 2009-10, 11% of the Herefordshire GP practice population were classed as obese, with this ranging from 7% to 18% in different GP practices across Herefordshire. However, it is generally felt that any local data obtained from GP monitoring systems will under report adult obesity levels due to the ad hoc way that it is recorded.

Evidence for this potential under-reporting is that Health Survey for England estimates for 2006-08 indicate that, based on the characteristics of the population, 25.3% of adults aged 16+ in Herefordshire would be expected to be obese – a similar proportion to England as a whole (24.2%). Latest estimates for the school year 2009/10 show that 8.4% of reception age and 15.4% of year 6 children are obese.

Obesity is emerging as a major contributing factor to poor health, disability and premature death and is responsible for a large proportion of strokes, coronary heart disease and colon cancers.

Source: Public Health Department, Herefordshire PCT

In line with national trends suicide rates had been declining, but have not reduced further since 2002. There was a small, although not statistically significant, rise in 2010.

Nationally suicide rates fluctuate year on year but there has been a downward trend since the early 1980's. The national rate (per 100,000 population) up to 2008 showed a 14% reduction from the Our Healthier Nation (OHN) baseline of 1996. In Herefordshire there was considerable (30%) improvement from the 1996 baseline until 2002, but since then the suicide rate has not reduced further. There have been 171 suicide deaths in Herefordshire since the start of 2001 – giving a crude average of 17 deaths per year. Following the national pattern most of the deaths occur in men (123 deaths or 71.9%), 69 of which (56%) occurred in men aged under 50 years. Among women just over 40% of deaths occur in those aged under 50 years.

In 2010 there was an apparent increase in the number of deaths due to suicide in Herefordshire, with 22 deaths notified. To account for the effects of fluctuations in small numbers and changes in the underlying population size, we have examined suicide rates across a rolling three-year period. For Herefordshire the directly standardised suicide rate for 2007-09 was 8.18 per 100,000 population, not significantly different from those of the West Midlands or England. Based on provisional data* this rose to 9.89 per 100,000 population in 2008-10, but this is not significantly different from 2007-09 locally. (No regional or national data is available for comparison).

Source: Public Health Department, NHS Herefordshire

The rate of overall premature mortality has fallen consistently over recent years and remains lower than nationally.

The rate of overall premature mortality (deaths under 75 years) has fallen consistently over recent years and remains lower than nationally. In 2007-09 locally, there were approximately 257 premature deaths per year per 100,000 population. This is similar to that for comparable areas but lower than the 288 deaths per 100,000 nationally.

Herefordshire's standardised rate of years of life lost due to premature mortality is lower than regional and national rates. Cancer is responsible for the greatest number of years of life lost per annum (36% or approximately 3,000 years lost) in Herefordshire, but accidents are responsible for the highest average years of life lost per death (32 years) since they tend to occur at younger ages.

Infant mortality is also low compared to regional and national rates. During 2007-09, there were 17 deaths under one year of age which equates to a rate of 3.2 per 1,000 live births, compared to 4.7 per 1,000 live births in England & Wales.

Source: Herefordshire PCT

Numbers of sexually transmitted infections (STIs) rose sharply in 2009

Chlamydia infections increased from 298 in 2008 to 391 in 2009, a 31% increase. Rates of infection are highest among the 15-24 years age band – 75% of all chlamydia diagnoses in 2009 - though this may be partly explained by the 10% increase in the number of sexual health screens performed in 2009 among this group.

Source: Herefordshire PCT

Older and vulnerable people living independently

Increasing numbers of older people living in income deprivation

The level of income deprivation affecting older people (aged 60+) relative to the rest of England is about the same in 2010 edition of the indices of deprivation as in 2007, but higher than 2004; in 2010 13 LSOAs in Herefordshire were amongst the 25% most deprived in England compared to 14 LSOAs in 2007 and 5 LSOAs in 2004. However, the total number of older people living in income deprivation in the county increased between 2004 and 2007; and between 2007 and 2010. Nearly half of the most deprived areas in 2010 were in the south of Hereford City, a further three in North Hereford, two in Leominster and one in Bromyard and Ross-on-Wye (no areas were amongst the 10% most deprived in England). 'Leominster Ridgemoor' had the greatest proportion of older people living in income deprivation at 38%. 'Bromyard Central' LSOA, which was the most deprived area of the county and in the 10% most deprived nationally in the 2007 edition of the indices of deprivation, saw the greatest decrease in the proportion of older people living in income deprivation from 39% in 2007 to 34% in 2010. 'Newton Farm – Treago' in south Hereford saw the greatest increase going from 22% of older people living in income deprivation in 2007 to 30% in 2010.

Source: Indices of Deprivation 2010, Department for Communities and Local Government (CLG)

Reliance on and support for carers is currently a challenge and will only get worse in future years

There is a widespread acknowledgement of a lack of information about carers; even more so about the cared for. The likelihood of providing care (i.e. the percentage of people providing care) increased with age in the 2001 Census, peaking at those in their fifties before declining slightly in older age groups – although the largest numbers of carers were aged 60 and over; Older carers tended to provide higher amounts of care than younger ones, and carers in poor health tended to provide more care than those in better health; Nationally, there is estimated to be a 45% increase in the demand for informal care between 2003 and 2026, which is likely to be higher in Herefordshire; Therefore, unless there is an increase in the tendency to provide care, there may be a shortfall in the number of carers in the county – which would have consequences for public and third sector organisations. The expected disproportionate increase in the number of older people with dementia may mean a change in the nature of care will be needed as well.

Source: Provision of unpaid care in Herefordshire 2009, Herefordshire Council Research Team

In 2010-11 the number carers receiving support increased. 1,500 carers received specific carers' services or advice and information following an assessment or review of their needs. This was about 24% of all people being provided social care support to live at home.

Source: Peoples Services Commissioning, Herefordshire Council

The number of 18 - 64 year olds with disabilities in Herefordshire is likely to increase by 2026.

In 2005 there were an estimated 4,600 people aged 18-64 with moderate disabilities who likely to require some form of personal care. This number was expected to have increased by no more than 5% (250 people) by 2012, and 8% (350 people) by 2021.
An estimated further 950 people with serious disabilities were likely to require care; a figure expected to increase by 5% (50 people) by 2012, but no further by 2021.

Source: Corporate Policy and Research Team, Herefordshire Council

Adults with mental health disorders are a concern locally with higher than average numbers and work needed around the support via GPs and for housing.

The number of 18-64s with the most serious mental health disorders is much higher than would be expected, given national prevalence rates and the age profile of residents. There is also a need to provide more support via GPs for people with common mental health problems, as well as to reduce suicides, especially amongst 25-44 year-olds.

There is an increasing proportion of the population who will require personalised support and re-ablement services to enable them to live independently in their own homes. This includes people with moderate to severe mental health problems. The support needs of their carers and families also need to be addressed, to enable them to cope and to lead fulfilled lives.

Source: Needs Analysis: Adults with Mental Health Problems, 2007, Herefordshire Council

THREATS AND CHALLENGES

A substantial increase in numbers of older people that will have some dependency on social care in Herefordshire is expected by 2020. Within this, there is also expected to be a disproportionate increase in the number of older people with dementia.

Table 7: Expected numbers of older people with a social care dependency

HEREFORDSHIRE	2011	2020	*%change 2011-20*
Number of older people with HIGH demand for social care	5,100	6,500	27%
Number of older people with SOME dependency	12,800	16,200	26%

Source: Corporate Policy and Research Team, Herefordshire Council

Even after allowing for what may be optimistic national forecasts of improved health, there is expected to be a 55% increase by 2020 in the number who need help with essential activities like washing and going to the toilet (compared to 55% increase nationally by 2025). There is likely to be a similar increase in those who will need help with shopping or cleaning. This rate of increase will be higher in Herefordshire compared to nationally due to the older age profile and expected higher rate of increase in the older people population.

Source: Older People Needs Assessment Report, Herefordshire Council Research Team

Dementia presents a significant and urgent challenge to health and social care in Herefordshire in terms of both numbers of people affected and costs. Projections suggest that the estimated 2,900 people affected in 2010 could almost double to 5,600 by 2030. Typical of the situation across the country, dementia diagnoses recorded in GP registers is only one third of the expected prevalence. This has implications in terms of lack of treatment and care.

Source: Dementia Clinical Pathway Group Metrics, Baseline report, July 2009, NHS West Midlands

STRENGTH

A high proportion of adults with learning disability have taken up personal budgets.

OPPORTUNITIES

Over the last 5 years 30 adults with learning disability have moved from care homes into their own tenancies; further developing appropriate housing and support options could allow more people to attain their own tenancies or move back to live in the county.

THREATS AND CHALLENGES

Low numbers of adults with a learning disability of working age are currently supported in employment, (11% in 2010-11) although the proportions are among the highest in England.

THREATS AND CHALLENGES

Demography will impose increasing demands for learning disability services as one cohort of users and their carers age, and as another cohort of younger people with more profound disabilities move into adulthood.

Children and Young People

Generally lower teenage pregnancy rates

Herefordshire has a lower teenage conception rate (34.2 conceptions per 1,000 girls aged 15-17 for the three years 2007-2009) than both the West Midlands region (45.3) and England and wales (40.3). Herefordshire's figures have steadily decreased since the turn of the century; however since 2004-06 (26.2) rates have not reduced further. Conception rates are considerably higher for some areas of the county, notably areas of Hereford City, Leominster and Ross-on-Wye.

Source: Herefordshire Teenage Pregnancy Unit & ONS, Crown copyright

Healthy lifestyle choices for teenage girls remain a concern, particularly as alcohol related hospital admissions have risen.

In 2006, the Teenage Lifestyle Survey highlighted Year 10 girls as being of particular concern, with high proportions being involved in unhealthy and risk taking behaviours, however results from the 2009 survey of the same age group show these percentages to have fallen.

However, the number of alcohol attributable hospital admissions amongst teenage girls are a concern. In 2010-11 38% of alcohol attributable hospital admissions amongst women aged under 45 were aged 15-19. Since 2007/08 there has been an increase of over 30% in alcohol-attributable admissions for Herefordshire residents, and the number of qualifying admissions increased by over 7% in 2010/11 alone.

Source: Every Child Matters Surveys; Public Health, Herefordshire Public Services

Dental health of children in the county is poor by regional and national standards.

School children aged 5 are surveyed for the number of their first teeth that are decayed, missing or filled (DMFT). Children in Herefordshire had poorer dental health compared to regionally and nationally. In 2007-08 two in every five children had some experience of tooth decay by the age of 5 years and more than two in every five had experienced decay in at least one of their permanent teeth by the age of 12 years.

Source: NHS Dental Epidemiology Programme for England; Oral Health Survey of 5 year old children 2007/2008 report

Decreasing proportions of mothers breastfeeding

In 2010-11 47% of babies are recorded as being breastfed at 6-8 weeks less than in 2008-09 and 2009-10 (both 49%) and below the target of 60%.

Source: CYP Performance Digest

Stability of placements for looked after children in Herefordshire is good

In 2010/11, 5% of looked after children had been in three or more placements during the previous 12 months and 78% of looked after children who have been looked after continuously for at least 2.5 years were in the same placement for at least 2 years or were placed for adoption. Although the stability figure is slightly below the previous year's

outturn, the figure is still better than England as a whole and Herefordshire's statistical neighbours.

Source: CYP Performance Digest

A decrease in numbers of young people as victims of violence against the person offences

In 2010-11, 338 young people (aged under 18 years) were victims of violence against the person offences. This was a decrease from 400 in 2009-10 and 469 in 2008-09.

Source: Safer Herefordshire

Bullying is still a concern in Herefordshire

According to the 2009 survey, Herefordshire pupils are more likely to say that they had been bullied in the last 12 months. 38% of Herefordshire pupils compared with 29% of a wider sample of English pupils.

Source: Every Child Matters Survey, 2009

The gap in attainment between the best and worst performing areas at GCSE is still increasing; and in 2010 there were more areas amongst the most deprived in England in terms of achievement in education and skills.

25% of pupils in the lowest performing ward, Bringsty, achieved 5 or more GCSEs at grades A*-C including English and Maths in the 2010 exams compared to 26.4% of pupils in the lowest performing ward in the 2009 exams (St. Martins and Hinton). Whereas the highest performing ward, Bircher, had 76% of pupils achieving 5 or more GCSEs at grades A*-C including English and Maths, equal to the best performing ward in the previous year. This achievement gap continues to increase, and is more noticeable at LSOA level where the pass rate range is 0% - 84.6%. Many of the areas with the lowest attainment rates are also those that experience some of the highest levels of multiple deprivation.

According to the Indices of Deprivation 2010, there are 19 areas in Herefordshire that fall within the 25% most deprived in England in relation to the children and young people's education and skills sub-domain, an increase from 13 in the 2007 edition. Nine of these areas are also within the 10% most deprived nationally, an increase from four in the 2007 indices. Nine of the 25% most deprived areas are in the south of Hereford City and four in the north of Hereford City. The rest are in the market towns of Leominster, Bromyard, Ross-on-Wye and Ledbury, but also the village of Credenhill.

Source: People's Services Commissioning, Herefordshire Council and the Indices of Deprivation 2010, Department for Communities and Local Government (CLG)

Early years achievement against the Early Years Foundation Stage Profile (EYFSP)

Achievement of 0-5 year olds in Herefordshire in terms of their development is monitored by the proportion of children achieving 78 points across all 13 Early Years Foundation Stage Profile (EYFSP) scales with at least 6 points or more in each of the Personal, Social and Emotional Development and Communication, Language and Literacy scales, shows the level of achievement of 0-5 year olds in Herefordshire. In the academic year 2009/10 44.7% of children 0-5 years old achieved 78 points across the EYFSP, this was lower than previous years, below the target set of 53.5% and below the national rate.

Source: CYP Performance Digest

Children and young people

Large gap between academic achievement of all pupils and those with identified Special Educational Needs and those receiving Free School Meals

The average percentage of pupils without Special Educational Needs (SEN) achieving level 4 or above for Key Stage 2 in both Maths and English was 54.0 percentage points higher than the average for those with Special Educational Needs in the summer 2010 exams. The average for pupils without SEN achieving at least 5 GCSEs or equivalent at levels A* to C including Maths and English was 53.5 percentage points higher than the average for those with Special Educational Needs.

In the summer 2010 exams, achievement of pupils receiving free school meals was 30.2 percentage points lower at GCSE on the same measure, than their peers not receiving free school meals.

Source: CYP Performance Digest

Although Herefordshire performs relatively well compared with nationally for the educational achievement of looked after children they still do less well than their peers

In the academic year 2009/10, 14.3% of looked after children achieved 5 or more GCSEs or equivalent at grades A* - C including English and Maths. This equated to three out of 16 looked after children in the cohort. A further 80% achieved 1 GCSE at A* - G or a GNVQ. Looked after children do perform well, and outperform their peers from the most deprived areas. In the summer 2010 exams, 75% of looked after children sat at least one GCSE exam or equivalent.

Source: CYP Performance Digest

Absenteeism rates - primary, secondary, Looked After Children primary

In the academic year 2009/10, 3.8% of half days in **primary** school and 9.2% of half days in **secondary** schools were missed, both of which were higher than the targets set, However, the absence rate by looked after children at primary level was lower than the general absence rate.

Source: CYP Performance Digest

Secondary school persistent absence rates have improved

In the academic year 2009/10, 4.6% of secondary school pupils were considered to have persistent absence, which was below the set target. This was identical to the previous academic year, but below the 6.0% rate in the 2008/2009 academic year.

Source: CYP Performance Digest

Increases in proportions of pupils volunteering

According to the 2009 survey, there has been a general increase in the percentage of pupils in years 7 to 10 who volunteer at least once a month (excluding care for a family member) over the past three years, with 44% of pupils volunteering in 2009 compared to 35% in 2006.

Source: Every Child Matters Survey

Children and young people

The picture of offending in young people is good. Large decreases seen in numbers of first time entrants to the Youth Justice system and decreases in reoffending of those already in the Youth Justice System

There has been a significant reduction in the numbers of first time entrants (aged 10 to 17 years) to Youth Justice System over the last year, dropping to 108 new entrants in 2010/11 from 150 in 2009/10, with decreases also seen in the last three years. Reoffending of those young people already in the Youth Justice System has decreased, from an average of 1.3 offences committed by each young person in 2009/10 to an average of 0.9 offences in 2010/11.

Source: CYP Performance Digest

Not as many young people, including young offenders and care leavers, engaged with education, employment and training as is wanted

In 2010/11, 7.0% of 16 to 18 year olds in Herefordshire were not in education, employment or training (NEET), an increase on the previous year and now slightly below the national figure (7.3%) despite additional NEET programmes being made available.
In 2010/11, 39.3% of care leavers were in education, employment or training (EET) at the time of their 19th birthday, a significant decrease from the previous year. In 2010/11, 70.9% of young offenders were engaged in suitable education, training or employment.

Source: CYP Performance Digest

The child poverty indicator demonstrates that the profile of child poverty is deteriorating, and has identified new pockets that appear to be linked to areas with a high density of social housing.

Overall the proportion of children in the county living in child poverty has increased. The proportion of children living in poverty ranges from 1.3% in 'Ross – Archenfield' LSOA[21] to 48.6% in 'Golden Post-Newton Farm' LSOA, with higher proportions of children living in poverty in areas of significant vulnerability e.g. the south of Hereford City and Leominster. However there are areas (LSOAs[22]) where the rate of child poverty has increased: 'Bromyard central', 'Ross - John Kyrle'[22], 'Ledbury ring road' (29%, 29%, and 25% respectively), and newly identified areas such as 'Kington Doughnut' (22%).

Source: Child Poverty Needs Assessments

[21] Lower Super Output Areas (LSOAs) are fixed statistical geographies of about 1,500 people designed by the Office for National Statistics (ONS). For more information please see the useful definitions page http://www.herefordshire.gov.uk/factsandfigures/definitions.aspx#OAgeogs

[22] The 'John Kyrle' LSOA covers the area from John Kyrle School towards the centre of Ross, to Kyrle Street; it includes most of Three Crosses Road, Brampton Street & Greytree Road, but not Springfield Road or Brampton Abbots.

Environment

Access to nature is important to Herefordshire's residents in making somewhere a good place to live

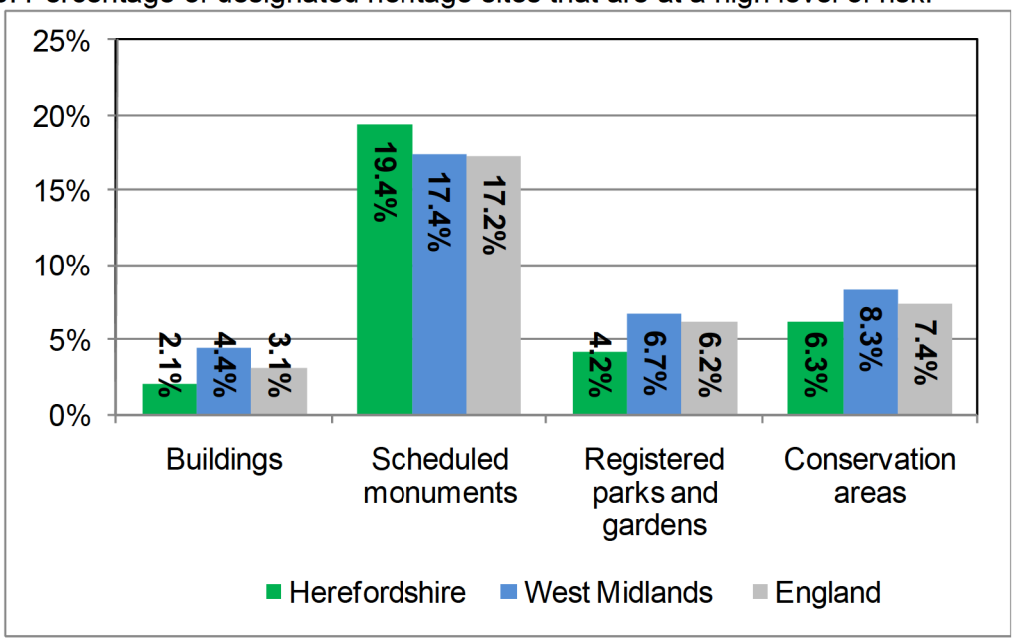
In the Herefordshire quality of life survey 2008, residents were asked how important a list of aspects were in making somewhere a good place to live. Access to nature was one of these. Overall access to nature was above average in terms of its importance in making some where a good place to live, selected by 29% of respondents. The most important aspects were the level of crime (53%), health services (46%) and affordable decent housing (37%).

Source: Herefordshire quality of life survey 2008

Less of Herefordshire's designated built and historic environment was at high risk[23] in 2010 compared to 2009.

Both the number of designated scheduled monuments and listed buildings at a high level of risk decreased between 2009 and 2010. In 2010 a smaller proportion of Herefordshire's built and historic environment was at risk compared to regionally and nationally, with the exception of scheduled monuments.

Chart 8. Percentage of designated heritage sites that are at a high level of risk.



Source: English Heritage

[23] The criteria for the classification as high risk varies depending on the type of designation, but generally is when the site is in poor condition and vulnerable to change i.e. due to changes in ownership

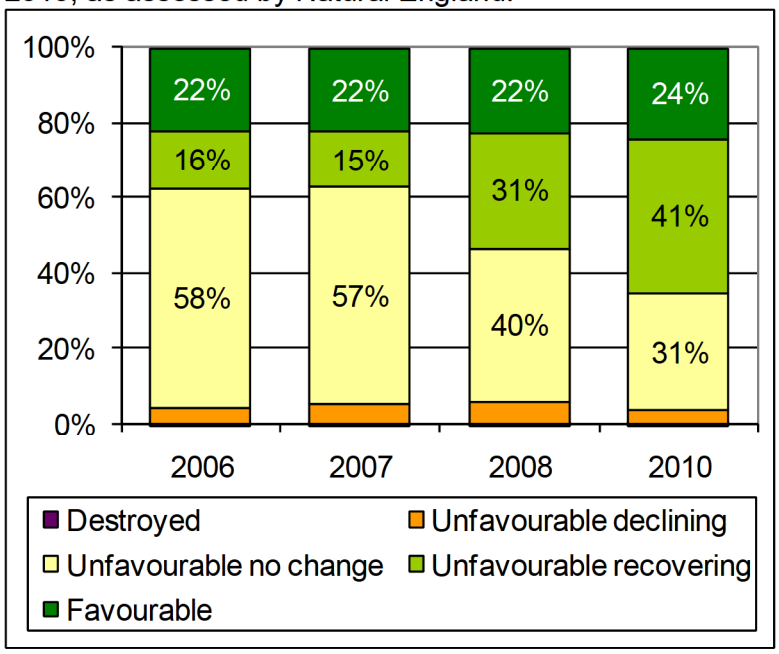
STRENGTH

Management of local wildlife sites and sites of special scientific interest in Herefordshire saw considerable improvement between 2007 and 2010

Herefordshire's biodiversity is important in making Herefordshire the place that it is. In 2009-10, positive conservation management has been (in the last five years) or is being implemented at 43.2% of local wildlife or geological sites. This is a considerable increase on 2007-08 when it was 29.0%. This measure was a national indicator which is no longer measured.

Sites of Special Scientific Interest (SSSIs) represent the best sites for wildlife and geology, with over half of English SSSIs being internationally important. In 2010 Herefordshire had a higher proportion than in previous years of SSSI land that was in favourable or unfavourable but recovering condition. Despite this positive trend a large proportion (34%) is in unfavourable condition and either not showing change or worsening, much more than the level nationally (6%).

Chart 9: Proportion of SSSI land in Herefordshire found to be in favourable or unfavourable condition, 2006-2010, as assessed by Natural England.



Source: Natural England

THREATS AND CHALLENGES

Salmon, which are an iconic species, saw considerable decline in the mid 1990s and catch numbers remain low.

The Wye salmon fisheries saw a considerable decline in the mid 1990s. Work by the Wye and Usk foundation identified a number of causes for this reduction, which included: barriers to fish migration, diffuse and point pollution, acidification and habitat degradation. The resulting reduction in the salmon population meant that the level of salmon exploitation then had a greater impact. Since the mid 1990s salmon catches have remained below 1000 per year. In 2008 the catch just exceeded 1000, but then dropped back in 2009 and 2010.

OPPORTUNITIES

Households in Herefordshire are producing less waste and a greater proportion of household waste is now being recycled

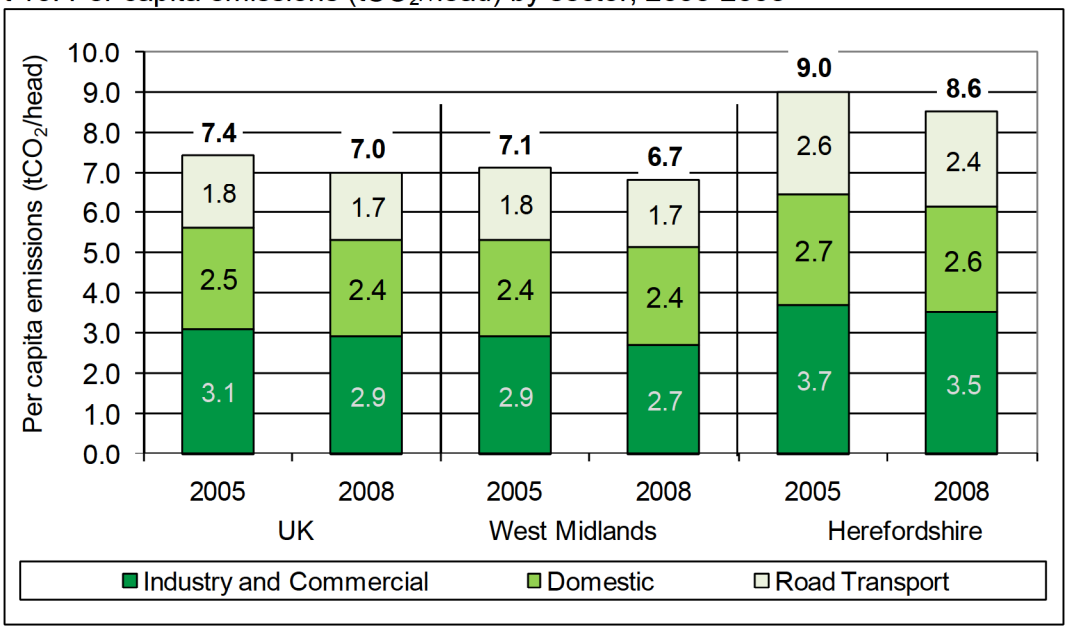
Historically Herefordshire has produced more waste per household and has recycled less when compared to England as a whole. However, the situation is improving due to changes in the way waste, particularly recycling, is collected. On average in 2010-11 589kg was collected per household per year compared to 646kg in 2009-10. The amount that households recycle is also improving, but is just below target. In 2009-10 households on average recycled 35% of their waste. In 2010-11 this had increased to 40% (the target was 41%). These improvements are likely to have moved Herefordshire's recycling rate closer to the national rate.

Source: Waste and sustainability, Herefordshire Council

THREATS AND CHALLENGES

Emissions of CO_2 decreased in Herefordshire between 2005 and 2008, but remain higher than for the UK as a whole.

Chart 10: Per capita emissions (tCO_2/head) by sector, 2005-2008



Estimates of carbon dioxide emissions (CO_2) for Local Authority areas suggest that Herefordshire emits more CO_2 per capita (8.6 tonnes of CO_2 per head of population) than the West Midlands (6.7 tCO_2 per cap) or UK (7.0 tCO_2 per cap). Most of this difference is explained by increased use of road transport and energy sources other than electricity and gas in both the commercial and industrial and the domestic sectors i.e. more use of oil and solid fuels. Unsurprisingly it is the more rural authorities, such as Herefordshire, Shropshire and Powys that have greater per capita emissions from transport, 2.4, 2.3 and 2.7 respectively, compared to the West Midlands region and the UK as a whole (both 1.7).

Source: Department for Energy and Climate Change

Environment

Changes to the global and local climate will directly impact on the quality of people's daily lives.

Expected changes in seasonal climate in Herefordshire include (predictions to 2050 in brackets):

- Predicted annual increases in temperature by as much as 2.5°C by the 2050s.
- Drier summers by possibly as much as 30% of the baseline, contributing to a decrease in summer soil moisture totals by possibly up to 45%.
- An increase in the number of intense rainfall days in winter and also in the number of extremely warm days in both summer and winter.
- Increase in the length of thermal growing season.

Herefordshire has experienced 84 significant weather events between 1998 and 2008, of which nearly half related to heavy rain and flooding. These cannot necessarily be attributed to climate change, but have had a significant impact on Herefordshire's emergency and public services, local businesses and the wider community. For example the flooding in the summer of 2007 was estimated to have cost Herefordshire Council £5.5 million and local businesses around £40 million, as well as other, unknown, costs to agriculture and tourism.

Source: Herefordshire Council Local Climate Change Impacts Profile (LCLIP)

Air quality (as measured by Nitrogen Dioxide (NO_2) Emissions) has worsened in the last year across the majority of monitoring sites in the county.

In 2010 sites on Victoria St. and Edgar St. in Hereford, the A40 at Pencraig and Bargates in Leominster all exceeded the 40 µg/m^3 objective[24] for NO_2 emissions and, with the exception of Pencraig, have done so for the previous seven years (all are in Air Quality Management Areas). With the exception of Bargates in Leominster, all of these sites saw an increase in average annual emissions in 2010 following decreases in 2008 and 2009. In fact the vast majority of sites (87%) in Herefordshire saw an increase in emissions in 2010, although the majority were still below pre-2008 levels. In all, 19 out of 59 sites (including duplicates) exceeded the objective of 40 µg/m^3. Around half of all monitoring sites are located in Hereford City. The most significant source of NO_2 is from internal combustion engines (road traffic) and therefore higher levels of nitrogen dioxide tend to suggest higher levels of traffic congestion. The increase seen in 2010 doesn't however match the picture from some other indicators of congestion for Hereford City. NO_2 emissions are however found to be disproportionately affected by heavy goods vehicles, accounting for less than 10% of traffic volumes, but around 50% of emissions. This could explain some of the difference between this and other measures.

Source: Air, Land and Water Pollution, Herefordshire Public Services

[24] Objectives in the Air Quality Regulations (2000) for Local Air Quality Management

Safer Communities

Community Safety

Overall crime is low and has been decreasing, but economic conditions risk a reversal of this trend

In 2010-11, there were 27 recorded comparator crimes per 1,000 residents in Herefordshire, compared to 32 in West Mercia Police as a whole and 41 in England and Wales. Apart from a slight rise in 2006-07, crime has fallen consistently in Herefordshire from 2001-02 to 2010-11, with only 9,729 crimes recorded in 2010-11. The Safer Herefordshire target was to reduce overall crime by 8% by 2010-11 from the 2007-08 baseline, a reduction of 13% was achieved. However, in the first quarter of 2011-12 Herefordshire saw an increase in all recorded crime compared to the same period in 2010-11. Early projections suggest that Herefordshire may see an increase in crime levels during 2011-12 a trend which may reflect a difficult economic recovery.

Theft *from* a motor vehicle; theft *of* a motor vehicle; violence against the person and burglary dwelling offences have all seen considerable decreases since 2003-04, although the latter two saw an increase over the last financial year.

Source: Home Office (Iquanta) and Safer Herefordshire

The number of anti-social behaviour incidents has reduced in Herefordshire, although anti-social behaviour remains a concern for a large proportion of Herefordshire residents

There were 10,376 incidents of anti-social behaviour in Herefordshire in 2010-11, which is a decrease from 11,850 in 2008-09 and 12,276 in 2007-08. Anti-social behaviour incidents reduced by 15% during the three-year period 2008-2011.

In 2009-10, 18% of residents said that crime and anti-social behaviour was a fairly or very big problem in their local neighbourhood. In particular people identified the following as problems in their neighbourhood (tending to agree or strongly agreeing they were a problem): speeding traffic (64%); rubbish or litter lying around (52%); under-age drinking (52%); dog mess (51%); groups of people loitering or hanging around in public places (50%); people using drugs (47%); and people being drunk or rowdy in public places (45%).

Source: Safer Herefordshire and West Mercia Police Crime and Safety Survey

Alcohol misuse is a growing problem, affecting A&E attendances, hospital admissions and crime levels

Assault with less serious injury is used as a proxy for alcohol-related violent offences. In 2009-10 there were 5.39 offences per 1,000 population in Herefordshire, and this rose slightly in 2010-11 to 5.47 offences (an increase of 14 offences). A high percentage of assaults reported to Hereford Hospital A&E are alcohol-related (as a proportion of all assaults that 'walk in'[25] to A&E) compared to other hospitals in the West Midlands region.

[25] As apposed to those that are brought to A&E by ambulance

Alcohol-attributable conditions are a significant cause of hospital admissions in Herefordshire. There were over 3,500 alcohol-attributable admissions in 2010/11, an increase of 30% on 2007/08. The number of admissions increased by over 7% in 2010/11 alone.

Source: Safer Herefordshire; and Public Health, Herefordshire Public Services

Increasing reoffending rates

For the period January to December 2010 the reoffending rate in Herefordshire was 11.52%, similar to the rate predicted for the period based on the profile of offenders. Previously the actual rate of offending was significantly lower than the predicted rate, but more recently the gap has reduced to be insignificant.

Source: Ministry of Justice

Domestic Abuse

In 2010-11 there were 2,532 incidents flagged as domestic abuse, which affected a total of 1,508 victims, a slight increase on 2009-10. 39% of all recorded domestic abuse offences were alcohol-related, down 1% on 2009-10.

The number of calls to the Herefordshire Women's Aid Helpline has risen to 1,232 during 2010-11, up from 860 in 2005-06, the numbers reduced in 2006-07 and 2007-08, but increased again from 2008-09.

Source: Safer Herefordshire

Fires - Hoax calls continue to be driven down

The number of malicious false alarms attended by the Service in Herefordshire rose slightly from 17 incidents in 2009-10 to 19 in 2010-11, although this was a 52% decrease on 40 incidents in 2005-06.

Source: Safer Herefordshire

Fewer Accidents

The mortality rate from accidents is high and hospital admission levels are rising

Accident-related mortality[26] has increased locally by over 30% since 1996, in contrast to static rates nationally. Mortality rates among males (38 deaths per 100,000) are over three times those of females (11 deaths). People in Herefordshire are 36% more likely to die due to an accident compared to the population of England. People who live in the most deprived neighbourhoods are more likely to die from accidents than those in the least deprived neighbourhoods. Accidents are responsible for the highest average potential years of life lost per death in Herefordshire – 32 years per death.

Source: Public Health, Herefordshire Public Services

[26] All accidents are included, such as falls, drownings and land transport accidents

Safer communities

STRENGTH

The number of accidental dwelling fires has fallen by over 10% and, despite a small increase in the total number of fires attended this year, the overall trend remains downward.

There were 98 accidental dwelling fires in Herefordshire in 2010-11, an 11% decrease over the previous year. The number of deliberate dwelling fires in 2010-11 was 8 compared to 12 in 2006-07, while the number of deliberate primary vehicle fires in 2010-11 was 21, seven fewer than in 2006-07. In all, Hereford & Worcester Fire and Rescue Service (FRS) attended 18% fewer fire incidents in Herefordshire in 2010-11 than they did five years ago. Over this period, the number of accidental and deliberate fires has fallen by 3% and 46% respectively.

While the figures continue to show a long-term downward trend in the total number of fire incidents in Herefordshire, there was a small increase in 2010-11 – 633 fire incidents compared to 621 in 2009-10. The FRS continues to focus on driving down these numbers, with improved risk profiling to increase the targeting of its fire prevention activities towards groups most at risk of fire. In line with this, the FRS carried out 970 Home Fire Safety Checks in Herefordshire in 2010-11, 12% more than in the previous year, and fitted 1,096 smoke alarms.

Source: Hereford and Worcester Fire and Rescue Service

STRENGTH

The number of people killed in fire incidents remains very low

A total of two people were killed in fires across the Fire and Rescue Service area in 2010-11, with one fatality in Herefordshire, which occurred as a result of a car fire. In all, there have been four fire fatalities in Herefordshire in the last five years, including one death in an accidental dwelling fire, which occurred in 2006-07. Twenty-one people were injured in fire incidents in Herefordshire in 2010-11, an increase over the 17 people injured in the previous year. The FRS continues to highlight key risk areas in its fire safety campaigns and activities, including in relation to chimney fires, with numbers falling by 11% from a high of 139 chimney fires in Herefordshire in 2008/09.

Source: Hereford and Worcester Fire and Rescue Service

THREATS AND CHALLENGES

Whilst the number of people killed or seriously injured on Herefordshire's roads has been decreasing, the Hereford and Worcester Fire and Rescue Service still attends the equivalent of four road traffic collisions each week in Herefordshire

In 2010, 61 people were killed or seriously injured on Herefordshire's roads. This was fewer than in 2009 and fewer than in all other years since 1999. Individual years are subject to considerable variability so a three year rolling average is used for longer term trends. Based on this three year rolling average there has been a 44% decrease in the number of people killed or seriously injured on Herefordshire's roads since 2001-03. While the number of people killed or seriously injured on roads continues to decrease, the FRS is still required to attend four RTC incidents each week in Herefordshire. The FRS attended 206 road traffic collisions (RTCs) in Herefordshire in 2010-11, a decrease of 14% over last year's six-year high of 240 RTC incidents attended. Across the two counties of Herefordshire and Worcestershire, the number of RTC incidents attended (656 incidents) was the lowest recorded in recent years, though it still represents more than twelve RTC incidents per week.

Source: Herefordshire Council, Transportation; Hereford and Worcester Fire and Rescue Service

The number of fatal incidents involving young road users is a concern and there has been a notable increase in "drink drive" related accidents, but the number of motorcycle collisions has decreased.

Whilst motorcycle casualties still account for 18% of the overall KSI casualty figure, these have exhibited a marginal decrease compared to 2008, with small reductions in all severities for this vehicle class.

Overall "young road users" (16 – 25 age group) remain a concern with disproportionately high representations within the KSI casualty statistics. More worrying is their over representation in the Fatal casualties, with this age group accounting for 54% (7 of 13) of road fatalities within the County.

2009 saw a notable increase in "drink drive" related accidents compared to previous years, with more than double the number (30 compared to 14) recorded in 2009 compared to 2008. This number is also the highest recorded since 2005.

During 2009 the number of incidents occurring on the trunk road network increased by 50% (20 to 30 casualties) compared to the previous year, whilst on the Council's road network there was a marginal increase of 3% (73 to 75 casualties).

Source: Department for Transport, Crown Copyright and Transportation, Herefordshire Council

Falls are still the single largest cause of admission to hospital due to an accident

Falls are the largest cause of accident-related hospital admission in Herefordshire, accounting for about 63% of such admissions between 2005/06 – 2009/10. On average there are almost 200 emergency hospital admissions among the elderly due to hip fractures and 50% of falls occur in the home. There is no significant seasonal variation. A rapid review of the falls service identified that the service was under-resourced and inequitable. Service mapping against NICE guidelines revealed a number of gaps in the service provision in particular in the community settings.

Source: Herefordshire PCT and Integrated Falls Prevention and Management Strategy for Herefordshire 2000-2014

Stronger communities

Access to key services in rural parts of Herefordshire is notably worse when compared to other parts of England

According to the 2010 Indices of Deprivation, 75 out of 116 LSOAs in Herefordshire fall within the 25% most deprived in England in terms of geographical barriers to services. 50 of these also fall within the 10% most deprived. This measure is based on the road distance to a GP, Post Office, Primary School and food shop.

Source: Indices of Deprivation 2010, Department for Communities and Local Government (CLG)

Residents are generally happy with health services in Herefordshire, but there are specific aspects around access they feel should be better.

The *Herefordshire Quality of life survey 2008* showed that nearly nine in ten residents are satisfied with their GP, nearly eight out of ten with the local hospital and seven in ten with their dentist. On the other hand, getting to see a dentist was the most difficult of any service (over three in ten finding it difficult), whilst also being one of the most important. Nearly one in five found it difficult to access their GP or local hospital.

Source: Herefordshire quality of life survey 2008

Satisfaction with other public services was generally high but had fallen for some

More than eight out of ten people were satisfied with the Hereford & Worcester Fire and Rescue Service, over half with West Mercia Constabulary and one in three with the way Herefordshire Council runs things overall, although satisfaction with specific services was much higher, for instance over eight in ten were happy with refuse collection. However, there were significant drops in satisfaction between 2007 and 2008 amongst *users* of: sport and leisure facilities (72% to 53%), libraries (84% to 75%), museums and galleries (68% to 58%), theatres and concert halls (65% to 55%) and parks and open spaces (78% to 68%).

Source: Herefordshire quality of life survey 2008

Language can be a problem for some minority groups, particularly in accessing health services

Well over 200 seasonal and migrant workers responded to a questionnaire about their health needs. Reflecting the profile of this group, they were mostly male and young; with nearly three-quarters aged 16-24. Almost all (92%) were Polish, Bulgarian or Romanian. Only about one in five considered themselves fluent English speakers, with language a problem for a number when accessing health services. Around two in three had used a dentist in the last 12 months, and a similar number had seen a GP in the last six. In contrast, fewer than half (40%) had used an optician in the last year and only 18% had visited a hospital. One in five felt they faced barriers to health services.

Source: Health Needs Surveys

Stronger communities

STRENGTH

Three-quarters of residents believed they had been treated with respect and consideration by local public services most or all of the time (in 2007-08). Seven in ten also thought that local public services treated all types of people fairly. But fewer than half felt this way about public services acting on the concerns of residents or promoting the interests of locals.

THREATS AND CHALLENGES

In 2008, 29% of residents felt that they could influence decisions affecting their local area. Respondents who lived in villages were most likely to agree that they could influence decisions affecting their local area.

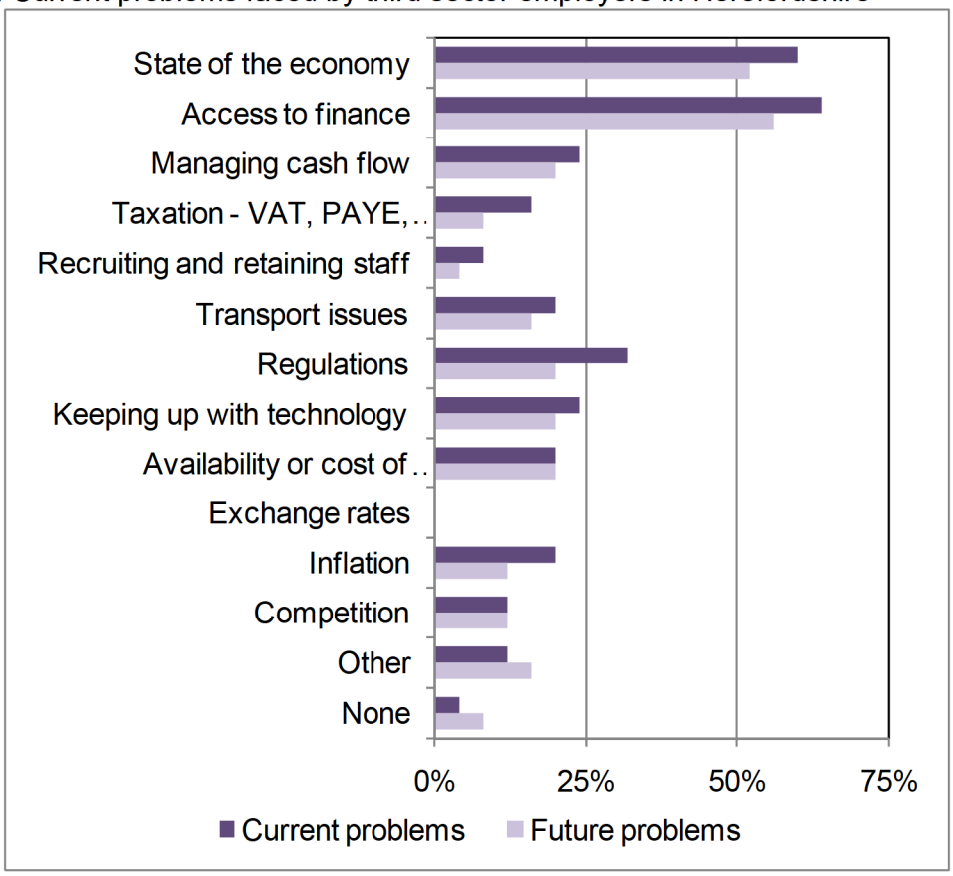
Source: Herefordshire quality of life survey 2008

THREATS AND CHALLENGES

Access to finance was the biggest problem facing third sector organisations in 2010.

As part of a survey of employers carried out in May 2010, third sector organisations were asked a series of questions about operating in Herefordshire and the current issues they face. The issues that were reported most frequently by third sector organisations as being a current problem were access to finance, the state of the economy and regulations, being reported by 64%, 60% and 32% of organisations respectively (chart 11 below). Compared to all employers (inc. private and public sector) access to finance was more of an issue for third sector employers, 64% compared to 28% for all employers. In a separate question IT infrastructure/capability was given the highest priority from a list of 13 issues i.e. it was rated above average in terms of importance, but below average in terms of quality.

Chart 11. Current problems faced by third sector employers in Herefordshire



Source: Herefordshire Employers' Survey

Stronger communities

Over one in five of residents felt well-informed about what to do in the event of a large-scale emergency such as flooding or pandemic flu, which puts Herefordshire in the top quarter nationally. Two in five felt well-informed about local public services.

Source: Herefordshire quality of life survey 2008

Affordable decent housing, public transport and clean streets are regarded as both important and needing to improve. However, when asked to trade-off investment in services the priories were, tackling traffic congestion, more support for families to protect vulnerable children and maintaining adult social care services.

Out of a list of 20, the items seen as most important and most in need of improvement were affordable decent housing, clean streets and public transport. Although crime and health services were amongst the most important in making somewhere a good place to live they were not viewed as the things most in need of improvement.

Source: Herefordshire quality of life survey 2008

In autumn 2008, a joint Council and PCT strategic options consultation asked people to trade-off investment between *examples* of the kind of choices that the Council and the PCT face over the coming years. For **Council-led services** the improvements the public most wanted to see were:

- measures to tackle traffic congestion
- more support for families to protect vulnerable children
- adult social care at least keeping up with increasing demand.

To help pay for these, they were most prepared to see reductions in:

- the arts, libraries and museums
- concessionary leisure fees
- subsidised bus services.

For **PCT-led services** the package preferred by the majority of people was:

- improved access to NHS dental care
- enhancements in services to prevent and treat stroke
- more people with long-term health conditions being supported at home
- increased support for those at risk of falls
- more people receiving end of life care at home
- an increase in alcohol education for children and young people
- no reductions in the current levels of other services, except for…
- 10% fewer people getting high cost drugs and cosmetic surgery that meets NHS criteria.

Source: Herefordshire Council and PCT strategic options consultation

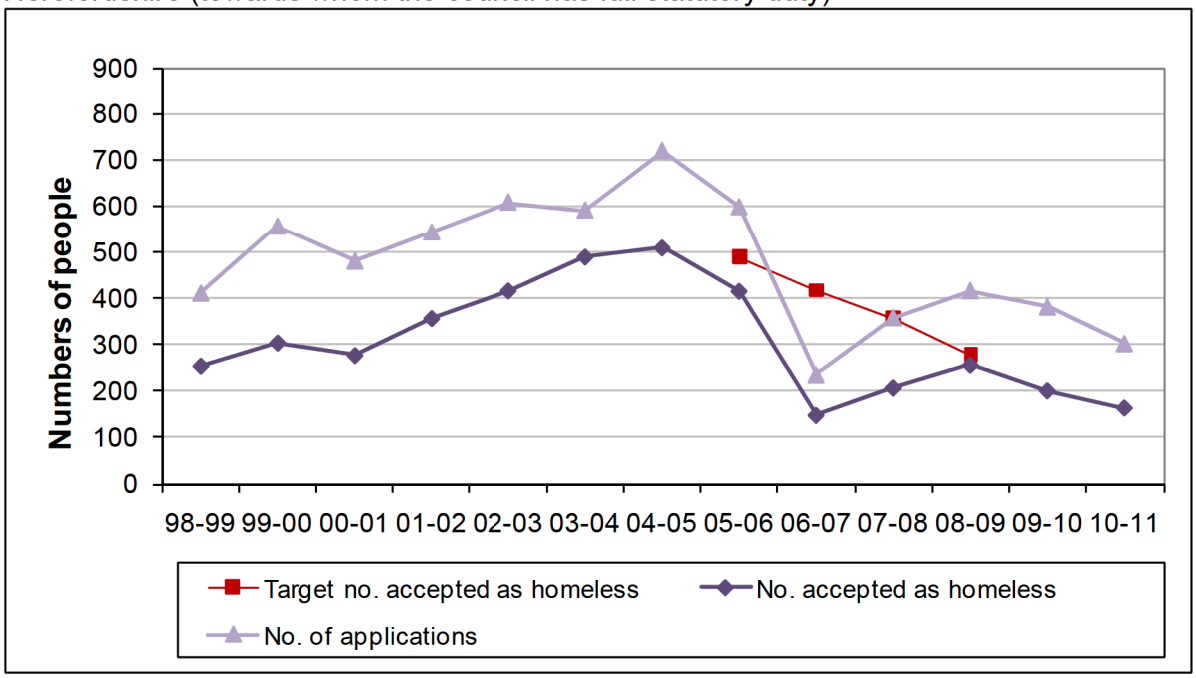
Housing

OPPORTUNITIES

There was a decrease in the number of people applying and accepted as homeless in Herefordshire in 2010-11; following an increase between 2006-07 and 2008-09.

In 2006-07 the number of households being accepted as homeless reached a 12 year low. In the same year, new homeless prevention measures were put in place, which aimed at trying to prevent people from becoming homeless. This work was targeted at individuals or households before they applied as homeless, putting in place interventions such as mortgage rescue. However, after an initial decrease, numbers increased again between 2006-07 and 2008-09 only to decrease again in 2009-10 and 2010-11. It is possible that this increase was due to the effects of the recession. No target has been set since 2008-09.

Chart 12. Number of people applying and numbers of those accepted as homeless in Herefordshire (towards whom the council has full statutory duty)



Source: Strategic Housing, Herefordshire Council

THREATS AND CHALLENGES

A combination of already high proportions of pensioner households and an ageing population may result in an increasing need for certain types of suitable accommodation

In 2001, a higher proportion of households in Herefordshire were made up of either a pensioner living alone or with other pensioners (28%) than in England or Wales or the West Midlands region overall (24%). This proportion will have increased over the decade as the age structure of the population has got older, and will only increase further as this continues (see key finding about ageing population structure, p.11).

More detailed information about the likely demand for particular types of accommodation will be available from a survey of older people's housing needs, commissioned in 2010 to inform an Older People's Housing Plan - which is due to be published in 2011.

Source: ONS 2001 Census and mid-year population estimates 2001-2010, Crown copyright and Herefordshire Council's Research Team population forecasts

Housing

Herefordshire has the worst housing affordability ratio of all local authorities within the West Midlands region

For 2010, the house price affordability ratio for Herefordshire was 9.3. That is, for those with the lowest earnings (bottom quartile), a house at the bottom end of the market would cost them 9.3 times their annual earnings. Herefordshire had the worst affordability ratio out of all the West Midlands authorities and neighbouring counties and the ratio is consistently higher (i.e. worse) for Herefordshire compared to the West Midlands region, and to England, and the discrepancy has become larger in recent years.

Source: Land Registry & CLG (Department for Communities and Local Government)

High demand for affordable properties in Herefordshire, in particular in Hereford City.

The average number of bids per property made to Home point for socially rented housing gives us a measure of overall demand in the county for this type of housing. The average number of bids increased from 21 in 2003 to 34 in 2008, prior to levelling off, with the latest overall average being 35 between January and August 2011. It is to be expected that a steep increase was seen during the early years of the choice based lettings system, which started in October 2002, following the introduction of online bidding. It is not possible to see a specific effect of the recession on the average number of bids per property. The greatest demand in the early part of 2011 was for properties in Hereford City, receiving the most average bids, 52 per property advertised; second most popular was Ross-on-Wye with an average of 28 bids per property. There is generally equal demand (average number of bids) for different sized properties; however there is a much larger difference in the numbers advertised (more 1-bed and 2-bed properties).

Source: Home Point

Modelled forecasts show continuing future demand for affordable housing across the county. Of newly-forming households in the period to 2016, 80% will be unable to afford market housing, whether owner-occupied or privately rented, leading to an anticipated need for 2,800 additional units of affordable housing over this period. Of these 2,800 households, it is estimated that 55% would be able to afford some form of intermediate tenure (shared ownership or affordable rent at 80% of the market rate) with the remaining 45% requiring social rent. In the longer term, to 2026, it is estimated that 41% of additional housing supply in the county should be affordable, that is around 7,000 units. Again, 45% of these would need to be social rented.

Source: Herefordshire Local Housing Market Assessment by GL Hearn Property Consultants, June 2011

Economic conditions are having an impact on the supply of affordable housing in Herefordshire

In 2008/9, a total of 208 additional affordable dwellings were provided in Herefordshire. Due to the recession, with its well-documented effect on the delivery of new housing, it was inevitable that future delivery would be challenging, making the provision of 136 units in 2010/11 a good achievement. However, this reduction in new housing has an impact on Herefordshire's affordability issues. Overall completions in Herefordshire have also declined from 829 in 2007/8 to 547 in 2009/10, which is below target. Again this may be attributable to economic conditions.

The number of sales declined markedly due to the recession, from over 1000 in the 3rd quarter of 2007 to less than half that figure a year later, and was only just over 600 in the 3rd quarter of 2010. Availability of finance has been found to be a problem in various surveys of the market, for example by the Research Team and by GL Hearn at the beginning of 2011.

Source: Herefordshire Council Research Team and GL Hearn Consultants

Stock condition of privately rented dwellings is worse than for other tenures

In 2005, 10% of private sector stock was classed as having "Category 1 hazards" – ie. the dwelling has a defect or defects which are severe enough that the local authority has a duty to address them. When broken down by tenure, the findings were that 9% of owner occupied stock and 17% of privately rented stock had Category 1 hazards. More recent data on hazards is available for housing association stock, and in 2011, only one housing association dwelling (out of over 11,000) was recorded as being in this condition; during 2010/11 Herefordshire Council freed 78 private sector dwellings from Category 1 hazards.

Source: House Condition Survey 2005, Herefordshire Council

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For a large print copy, please call 01432 383634

Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
DATE:	**18 OCTOBER 2011**
TITLE OF REPORT:	**HEREFORDSHIRE HEALTH-CARE COMMISSIONERS (HHC)**
REPORT BY:	**CHAIR OF HEREFORDSHIRE HEALTH-CARE COMMISSIONERS**

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To provide an overview of the activities of Herefordshire Health-Care Commissioners

Recommendation(s)

THAT the Board reviews and considers progress to date.

Introduction and Background

1 A report is appended.

Background Papers

- None identified.

Further information on the subject of this report is available from
Dr Andy Watts, Chair Herefordshire Health-Care Commissioners, on 01432 260618

HEALTH AND WELL BEING BOARD
18 October 2011

Subject:	Herefordshire Health-Care Commissioner – Sub Committee of NHS Herefordshire Board
Presented By:	Dr Sam Ghazawy Deputy Chair – Herefordshire Health Care Commissioners

PURPOSE OF THE REPORT:

To provide an overview of the activities of the Herefordshire Health-Care Commissioners in August and September 2011.

KEY POINTS:

RECOMMENDATION TO BOARD:

The Board is asked to review, note and provide feedback on this report and clinical commissioning Consortium progress to date

CONTEXT & IMPLICATIONS:

Financial	£2.00 per head of population. CCC support cost budget circa £360k
Legal	National guidance awaited
Risk and Assurance *(Risk Register/BAF)*	NHSH Corporate Risk Register
HR/Personnel	National HR Guidance received on 7th July.
Equality & Diversity	Equality Act 2010-making fair financial decisions

Strategic Objectives	Supports the delivery of the objectives of: • Integrated Commissioning Strategy • Joint Corporate Plan • Older Peoples Plan • Social Care Recovery Plan
Healthcare/National Policy *(e.g. CQC/Annual Health Check)*	Draft Health and Social Care Bill Liberating the NHS: Equality and Excellence Vision for Social Care NHS Future Forum Government Response to Future Forum Report
Partners/Other Directorates	HPS Directorates; People, Place and Corporate Services Wye Valley NHS Trust 2gether Foundation Trust Other private, public and civil society providers
Carbon Impact/Sustainability	Carbon management targets will be included within contracts for providers of health care.
Other Significant Issues	

GOVERNANCE

Process/Committee approval with date(s) *(as appropriate)*	NHSH (PCT) Board 28 September 2011

Herefordshire Health-Care Commissioners (HHCC)

Clinical Commissioning Group progress report Health and Well Being Board

18 October 2011

Introduction

During August and September 2011, in response to the NHS Future Forum, revised national guidance was released on the structure and function of Clinical Commissioning Consortium. Over this period HHCC has been refreshing its organisational design plans to reflect these emerging requirements as well as accelerating the delivery of local QIPP plans to ensure that service improvement and financial targets are achieved. This report has been written to highlight some of the key activities that HHCC has undertaken since the last report to the PCT Board in July 2011, including:

- QIPP Delivery
- A&E Media Campaign
- Any Qualified Provider
- CCC Self Assessment Process
- Organisational Design
- Work Plan

QIPP Delivery

An analysis of QIPP performance was reported at the formal Herefordshire Health-Care Commissioners Committee Meeting in September. The wider HHCC membership received a briefing on the QIPP position at the GP Parliament meeting on the 13th September 2011. An additional meeting was also scheduled, by the Director of Resources and Delivery, to accelerate QIPP delivery as at month 4 only 68% of the year to date plan had been delivered. Since the delivery of QIPP is crucial for financial stability HHCC has been leading the revision of the QIPP programme that has seen year to date delivery against plan improve to 88% in month 5. More details of the QIPP programme is provided in the Month 5 finance report which is included in the papers for the September PCT Board.

On Tuesday 4th October HHCC held away day which focused on QIPP. At this event HHCC committee members reviewed, prioritised and agreed action plans to ensure that QIPP financial targets are achieved this year and robust plans are developed for 2012/13.

A&E Media Campaign

Over the past few years there has been a steady increase in the number of Accident and Emergency attendances. Clinicians within Herefordshire believe that many of these attendances could be dealt with in other settings such GP Surgeries, the Walk in Centre and Minor Injury Units. HHCC, as part of the QIPP delivery programme, decided to undertake a concerted and wide ranging communications campaign to inform the public about why it is important to get treatment in the most appropriate setting and keep A&E for emergencies only.

The aim of this campaign is to develop Herefordshire residents understanding of how they should access emergency care if they are unwell or injured. In conjunction with other initiatives within unscheduled care it is anticipated that in the first instance growth in A&E

attendances will contained with the eventual aim being a 10% reduction by April 2012. In the initial phase of this communication plan the following media resources have been utilised:

Bus Adverts – Adverts have been placed on the back, side and passenger panels of Buses in Herefordshire for 6 Months

Radio Adverts - over a 6 month period radio adverts will play up to 30 times a month and there is the opportunity to record 5 different adverts.

Poster and Leaflet Campaign – A new poster and leaflet campaign has been developed and is being rolled out across GP surgeries, Hospitals, other health outlets and all other HPS locations.

Refresh website – The website content on access to emergency services will be updated to give more of a focus on symptoms rather that just concentrating on service availability

Newspapers, magazines and newsletters – Articles are being placed in a number of local publications. Where possible information about where to attend in the event of illness or injury will be supported by stories about where people have accessed appropriately and had a good experience.

The next phase of the campaign will involve refreshing and maintaining the communication channels already utilised and the development of new engagement mechanisms including:

- Bill Boards

- Mobile Phone Application
- Further web marketing
- Social marketing
- Exploration of opportunities with major employers in Herefordshire

Any Qualified Provider

By October 2011, PCT Clusters are expected to identify three or more community or mental health services in which to implement patient choice of Any Qualified Provider in 2012/13, based on the priorities of pathfinder clinical commissioning Consortium, and having engaged with local patients and professionals. Stakeholder feedback combined with commissioning intelligence has led HHCC to feedback to the West Mercia Cluster that musculo-skeletal services for back and neck pain would be Herefordshire's local priority for Any Qualified Provider Implementation.

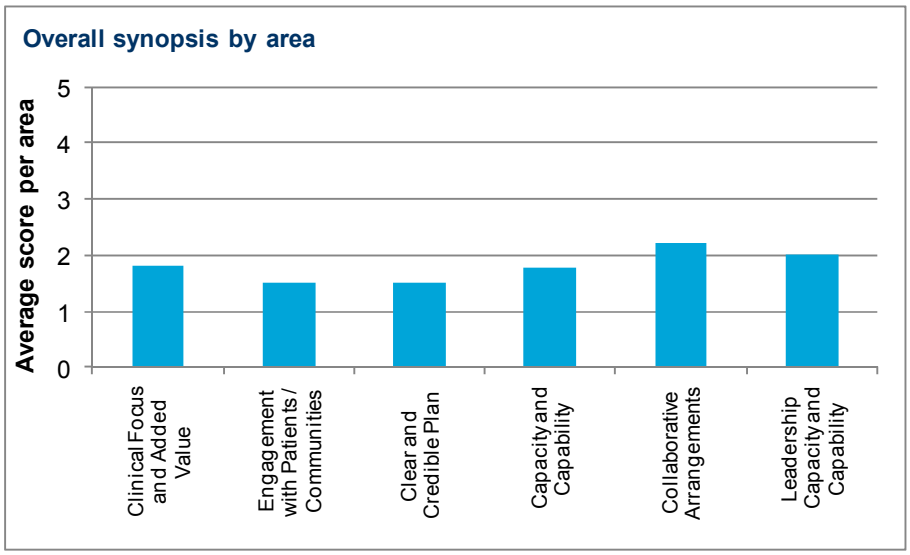
Clinical Commissioning Consortium (CCC) Self Assessment Process

By April 2013, subject to the approval of the Health and Social Care Bill, the whole of England will need to be covered by established CCCs. Each one will have been authorised to take on some or all of the commissioning responsibilities for the populations it serves. To become fully authorised CCC's will have to demonstrate competence across the following domains:

- Clinical focus and added value
- Engagement with patients and communities
- Clear and credible plan
- Capacity and capability
- Collaborative arrangements
- Leadership capacity and capability

A Diagnostic Toolkit for emerging Clinical Commissioning Consortium has been developed by the Department of Health to support the authorisation process. This toolkit defines the standards that need to be achieved in each of the authorisation domains and the evidence which will be required to demonstrate competence. A base line self assessment using this diagnostic toolkit has been started and although not all stakeholders have contributed to this process as yet some initial scorings are shown in chart 1. It is anticipated that there will be at least two further self assessments prior to authorisation.

Chart 1 Authorisation Toolkit Assessment September 2011



The initial self assessment shows that, although there is a significant amount of work required to achieve level five compliance, there has been consistent progress made across all authorisation domains over the last six months. Once all stakeholders, including representatives from the main Provider and H&WBB, have completed the diagnostic toolkit the final results will be presented to the HHCC Committee at the away day on the 4th October. Based on feedback from this event a refreshed work plan and an OD Plan will be developed and presented to the PCT Board in November 2011.

These plans will outline the activities HHCC intends to undertake to achieve compliance in all areas by July 2012. This will mean that by this date HHCC will be in a position to begin the authorisation process with the National Commissioning Board which is scheduled to start between July and October 2012 (these dates are dependent on when the National Commissioning Board comes into being). The overall expectation is that HHCC with be authorised by 1st April 2013 at the latest.

Organisational Design

During August and September 2011 HHCC has run a number of 'How we do business' sessions to develop the ideas that were formulated at the away day on June 30th 2011. Using these ideas and concepts from the Mckinsey 7's model (authorisation process has been based on this model – see **Appendix 1** for an overview of the model) key operational structures are being developed in the following areas:

- Board Governance
- Service Improvement
- Commissioning Support
- Back Office Support

Once these structures are complete a range of standard operating procedures will be developed which will be combined to form the target operating model for HHCC. The initial focus of work has been the service improvement structure as this needs to be redesigned to support the accelerated delivery of QIPP. It is anticipated that this new structure will be ready for review and approval by the end of September 2011. Board Governance will then be the focus in October with the other areas following in November.

Work Plan

Changes to National Policy combined with the release of more details about the CCC authorisation process have meant that many of the objectives and timescales within the original work plan have been superseded or have needed alteration. HHCC has completed all of the planned activities that have not been subject to change and has been developing a revised work plan to support the authorisation process. As mentioned in the section on the authorisation process this revised work plan in combination with an OD Plan will define the key activities that will be undertaken by HHCC to ensure that it is in a position to commence authorisation in July 2012. This work plan will be submitted to PCT Board in November for formal approval.

Appendix 2 of this report contains an updated version of the original work plan.

Recommendation

The Board is asked to review, note and provide feedback on this report and clinical commissioning Consortium progress to date.

Marcia Pert
Director of Resources and Delivery
Executive Lead for Clinical Commissioning Consortium

McKinsey 7S framework

How do you go about analyzing how well your organization is positioned to achieve its intended objective? This is a question that has been asked for many years, and there are many different answers. Some approaches look at internal factors, others look at external ones, some combine these perspectives, and others look for congruence between various aspects of the organization being studied. Ultimately, the issue comes down to which factors to study.

While some models of organizational effectiveness go in and out of fashion, one that has persisted is the McKinsey 7S framework. Developed in the early 1980s by Tom Peters and Robert Waterman, two consultants working at the McKinsey & Company consulting firm, the basic premise of the model is that there are seven internal aspects of an organization that need to be aligned if it is to be successful.

The 7S model can be used in a wide variety of situations where an alignment perspective is useful, for example to help you:

- Improve the performance of a company.
- Examine the likely effects of future changes within a company.
- Align departments and processes during a merger or acquisition.
- Determine how best to implement a proposed strategy.

The McKinsey 7S model can be applied to elements of a team or a project as well. The alignment issues apply, regardless of how you decide to define the scope of the areas you study.

The Seven Elements

The McKinsey 7S model involves seven interdependent factors which are categorized as either "hard" or "soft" elements:

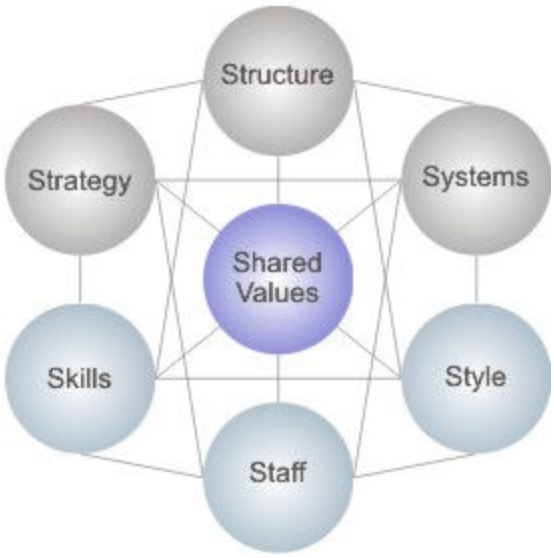
Hard Elements	Soft Elements
Strategy	Shared Values
Structure	Skills
Systems	Style
	Staff

"Hard" elements are easier to define or identify and management can directly influence them: These are strategy statements; organization charts and reporting lines; and formal processes and IT systems.

"Soft" elements, on the other hand, can be more difficult to describe, and are less tangible and more influenced by culture. However, these soft elements are as important as the hard elements if the organization is going to be successful.

The way the model is presented in Figure 1 below depicts the interdependency of the elements and indicates how a change in one affects all the others.

Figure 1: The McKinsey 7S Model



Let's look at each of the elements specifically:

- **Strategy:** the plan devised to maintain and build competitive advantage over the competition.
- **Structure:** the way the organization is structured and who reports to whom.
- **Systems:** the daily activities and procedures that staff members engage in to get the job done.
- **Shared Values:** called "superordinate goals" when the model was first developed, these are the core values of the company that are evidenced in the corporate culture and the general work ethic.
- **Style:** the style of leadership adopted.
- **Staff:** the employees and their general capabilities.
- **Skills:** the actual skills and competencies of the employees working for the company.

Placing Shared Values in the middle of the model emphasizes that these values are central to the development of all the other critical elements. The company's structure, strategy, systems, style, staff and skills all stem from why the organization was originally created, and what it stands for. The original vision of the company was formed from the values of the creators. As the values change, so do all the other elements.

Herefordshire Health-Care Consortium Work Plan (to September 2011)

Overview

This work plan was developed during the first month that Herefordshire Health-Care Consortium (HHCC) was formally a subcommittee of the PCT Board. It was intended to set out the key programmes of work that would be undertaken by the clinical commissioning consortium between April and September 2011. Over the last six months significant changes have been made to national policy as a result of the NHS Future Forum and the Government response to this listening exercise. This in combination with more details of the authorisation process and the future financial envelope available to support the running costs of clinical consortium has led to this work plan becoming outdated. These changes have meant that many of the objectives and timescales within this work plan have required alteration or adjustment. On a positive note HHCC has achieved all of the objectives set out in the work plan that have not been subject to any changes. Overall the national policy changes that have occurred over the six month will require the development of a new work plan that is more aligned to the latest national requirements.

During September and October Herefordshire Health-Care Commissioners will be developing a new work plan that will be based on the Clinical Commissioning Diagnostic Tool that has been released by the NHS National Leadership Council. In line with the Diagnostic Tool this work plan will have the following focus areas:

- Clinical Focus and Added Value
- Engagement with Patients/Communities
- Clear and Credible Plan
- Capacity and Capability
- Collaborative Arrangements
- Leadership Capacity and Capability

This governance framework has been designed to make certain the clinical commissioning groups have the necessary skills and capacity to continue to commission high quality health services that patients need. It will also ensure that the CCC's have developed and are implementing credible plans to ensure the financial sustainability of the health economy and deliver the QIPP objectives in this and future financial years.

Herefordshire Health-Care Consortium Work Plan (to September 2011)

Planned Activity for May – Sep 2011

The tables below outline the key activities which will be undertaken in during the period May – Sep 2011. Below is a key for the lead(s) identified in each table.

Key

AW – Andy Watts
MP – Marcia Pert
JD – Jo Davidson
SG - Sam Ghazawy
SD – Sue Doheny
IT – Iain Tait
AB – Andy Black

SC – Simon Collings
AN – Andrew Nash
ATS – Alison Talbot-Smith
RBP – Richard Bevan-Pearson
PE – Paul Edwards
SCa – Steve Carter
LJ – Lin Jonsberg

Please note: Leads may be subject to change until transition team has been fully aligned and final work plan has been agreed

Organisational Development

Development Area	Key Activities	Lead(s)	Due Date	Status
Governance	Consult on draft constitution and finalise	AW/SC	Jun (now Oct 11)	Target moved due to changes nationally
	Develop and implement accountability framework	MP/SC	Jun (now Oct 11)	Target moved due to changes nationally
	Develop standard performance report and process	AN	Jun (now Oct 11)	Target moved due to changes nationally
	Agree KPI's and outcome measures with PCT Board	AW/MP	Jun (now Oct 11)	Target moved due to changes nationally
	Develop and implement improvement plan which targets areas of NHSH underperformance (Red flags)	CCC	Jul	Complete
	Develop and populate risk register	SC/LJ	Jul	Complete
	Align risk register with board assurance framework	SC/LJ	Sep	On target

Herefordshire Health-Care Consortium Work Plan (to September 2011)

Development Area	Key Activities	Lead(s)	Due Date	Status
	Develop and implement risk treatment plan	SC/LJ	Sep	On target
	Cluster review of CCC alignment and OD progress	Paul Maubach	Ongoing	Complete
Policy Management	Ensure that CCC operates within PCT policy framework which includes the following policy areas: • Clinical Quality • Finance • HR • Estates and Carbon Management • Health and Safety • Information Governance	MP	Aug	Complete
Finance and Information	Finalise CCC budgets and running cost envelope projections to 2013/14	MP/CP	now Oct 11	Target moved due to changes nationally
	Finalise Scheme of Delegation	MP/SC	now Oct 11	Target moved due to changes nationally
	Establish list of authorised signatories	MP	now Oct 11	Target moved due to changes nationally
	Develop long term sustainability model	MP	Sep	On target
Staff structures and development	Develop and band job descriptions for transition team	PM/MP/ SM	May	Complete
	Align transition team	SP/MP/J D	now Oct 11	Target moved due to changes nationally
	Agree objectives	AW/MP	now Oct 11	Target moved due to changes nationally
	GP Consortium Away day	AW/MP	June	Complete

Herefordshire Health-Care Consortium Work Plan (to September 2011)

Development Area	Key Activities	Lead(s)	Due Date	Status
Strategy Development	Develop and Implement CCC strategy portfolio including: • Commissioning Strategy • Market management strategy • MTFMS • Communication Strategy (which aligns with HPS and WVNHST Communication strategies) • ICT and IG Strategy • OD Strategy	AW/MP/JD/ Cluster	Sep	On target

Clinically led service development

Development Area	Activities	Lead(s)	Due Date	Status
Care pathways	Review and Monitor through Wye Valley NHS Trust contract the implementation of five care pathways: • Stroke • Diabetes • COPD • Lower Back Pain • Older People	CCC	Sep	On target
	Undertake Care pathway mapping in:			
	• Midwifery	IT	Sep	On target
	• Health visiting	IT	Sep	On target
	• Dementia	IT	Sep	On target

Herefordshire Health-Care Consortium Work Plan (to September 2011)

Development Area	Activities	Lead(s)	Due Date	Status
	Identify further areas for service reviews	SG/PE	Aug	On target
	Develop and implement service specifications	SG	Sep	On target
QIPP Delivery	Develop QIPP Contingency plans	AW/MP	Jul	Complete
	Undertake QIPP impact assessment and benefits realisation	MP	Aug	Complete
	Develop QIPP Plans for 2012/13	AW/MP	Sep	On target
Patient Safety and Quality assurance	Develop and implement CQUIN Scheme 2012/13	SG/SD	Sep	On target
	Design and implement quality improvement plan	SD	Sep	On target
Clinical networks	Develop Clinical expertise network	SG/IT	Sep	On target
	Establish special interest groups	SG/IT	Sep	On target
	Develop NHSCB and NICE working arrangements	SG/IT	Sep	On target

Partnership Working

Development Area	Activities	Lead(s)	Due Date	Status
Needs assessment	Support the development of JSNA	ATS	Aug	Complete
	Work with H&WBB on equality assessment	ATS	Aug	Complete
	Identify key health care commissioning priorities	ATS	Aug	Complete
	Design and implement a prioritisation of investment process	ATS	Aug	Complete
	Develop investment/disinvestment plan	ATS	Aug	Complete
Stakeholder Engagement	Develop stakeholder register	AW/RBP/EM	Sep	On target
	Utilise customer segmentation intelligence to develop effective	AW/RBP/EM	Sep	On target

Herefordshire Health-Care Consortium Work Plan (to September 2011)

Development Area	Activities	Lead(s)	Due Date	Status
	engagement methodologies			
	Design and implement a stakeholder engagement plan	AW/RBP	Sep	On target
	Develop CCC internet and intranet sites	CCC/RBP	Jul	Complete
	Engage stakeholders in 2012/13 planning cycle	AW/RBP	Jul	Complete
Business planning	Agree joint working arrangements with Peoples directorate and align structures	MP/JD	Jun	Complete
	Develop a business operating model for health and social care	MP/JD	now Oct 11	Target moved due to changes nationally
	Map business process across health and social care	MP/JD	Jun (now Oct 11)	Target moved due to changes nationally
	Develop cluster working arrangements	AW/MP	Ongoing	Complete
	Support the development of the H&WBB	AW	Ongoing	Complete
	Contribute to the development of the JCP	MP	Sep	Complete
Joint working	Support the implementation of the older peoples plan	AW/MP	Sep	On target
	Support the implementation of the social care recovery plan	MP	Sep	On target
	Align CCC change programme with Rising to the Challenge	SC	now Oct 11	Target moved due to changes nationally
	Deliver OD Phase 2 savings targets and NHS Management Cost	MP/JD	TBC	Complete

Herefordshire Health-Care Consortium Work Plan (to September 2011)

Development Area	Activities	Lead(s)	Due Date	Status
	Savings			
	Work with the People Directorate to develop a plan for accelerating the delivery personalisation and personal budgets	MP/JD	now Oct 11	Target moved due to changes nationally

Commissioning and procurement

The development of commissioning and procurement functions will be undertaken with the HPS Corporate Services Directorate as part of a wider development of a HPS Commissioning Framework.

Development Area	Activities	Lead(s)	Due Date	Status
Contracting	Develop provider contract portfolio	AB/PE/AN/SCa	Jun	Complete
	Implement contract monitoring process	AB/PE/AN/SCa	Jun	Complete
	Agree contracting protocols with providers	AB/PE/AN/SCa	Jun	Complete
	Finalise 2012/13 Commissioning intentions	AB/AW/AN/SCa	Sep	On target
	Continue to develop contracting models with Healthcare Commissioning Services and the Information Centre for Health and Social Care	AB/PE/AN	Sep	On target
Market Development	Develop Market position statement	AB/PE/SCa	now Oct 11	Target moved due to changes nationally
	Develop Supply and Demand model for 2012/13	AB/AN/SCa	now Oct 11	Target moved due to

Herefordshire Health-Care Consortium Work Plan (to September 2011)

Development Area	Activities	Lead(s)	Due Date	Status
				changes nationally
	Work with public, private and third sector providers to design and implement a new modular commissioning framework	AB/PE/AN/SCa	now Oct 11	Target moved due to changes nationally
	Involve private, independent and voluntary sector in the planning and development of health care services	AB/PE/AN/SCa	now Oct 11	Target moved due to changes nationally
	Implement a framework to support the development of alternative models of provision for such as social enterprises, private sector companies and civil society organisations	AB/PE/AN/SCa	Sep	On target
	Further develop the referrals management process	AB/PE	Aug	On target
	Develop locality provider profiles	AB/PE/SCa	Sep	On target
	Assess accessibility and choice of health care services at a locality level	AB/PE	Aug	On target
	Develop locality improvement plans	AB/PE	Sep	On target
Provider relationship management	Provider engagement plan	AW/AB/PE/RBP	now Oct 11	Target moved due to changes nationally
	Provider development plan	AW/AB/PE	now Oct 11	Target moved due to changes nationally
	Provider performance management framework	AB/PE/AN	now Oct	Target

Herefordshire Health-Care Consortium Work Plan (to September 2011)

Development Area	Activities	Lead(s)	Due Date	Status
			11	moved due to changes nationally
	Innovation scheme	AB/PE/AN	now Oct 11	Target moved due to changes nationally

Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
DATE:	**18 OCTOBER 2011**
TITLE OF REPORT:	**HEALTH AND WELL BEING BOARD UPDATE AND WORK PROGRAMME**
REPORT BY:	**DEPUTY CHIEF EXECUTIVE**

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To provide an update on the current position with the development of the Health and Wellbeing Board, including the revised Development Framework, a proposed outline draft Work Plan for the next six months which picks up the key development themes agreed by the Board and to set out the next steps that will be addressed over the coming weeks.

Recommendation(s)

THAT the Board:

(a) note the update and next steps and agree any further work that the Board would like to see; and

(b) review and amend as necessary the Work Plan.

Introduction and Background

1 The update is appended.

Background Papers

- None identified.

Further information on the subject of this report is available from
Dean Taylor, Deputy Chief Executive on 01432 260042

HEALTH AND WELL BEING BOARD UPDATE AND WORK PROGRAMME – 18 OCTOBER 2011

A PURPOSE

This report:

- Provides an update on the current position with the development of the Health and Well Being Board, including the revised Development Framework
- Proposes an outline draft Work Plan for the next six months which picks up the key development themes agreed by the Board
- Sets out the next steps that will be addressed over the coming weeks.

B RECOMMENDATION

The Board is asked to:

a) Note the update and next steps and agree any further work that the Board would like to see
b) Review and amend as necessary the Work Plan

C SUPPORTING INFORMATION

Update

1 Key developments for the Health and Well Being Board are highlighted below.

Board Development

2 Following the appointment of the Institute of Local Government (Inlogov) to support the Board, Catherine State has undertaken interviews with Board members to seek their views on the priorities for development. In summary:

- *There is a high level of commitment to the Board*
- *Some people feel there is still a need to discuss what we are trying to achieve, to be clear where we can add value and to agree the difference that we will make*
- *Others feel that we need to be more decisive and to "learn by doing"*
- *There is a consensus, however, that the HWBB needs to develop at the same pace as the Clinical Commissioning Group*

Membership of the Board

3 Membership of the Board will be kept as currently agreed for the time being, but will be enhanced by additional Councillor and GP representation later in

the year. In addition, others will be invited to attend the Board for specific items.

Board Development Framework

4 The discussion paper considered by the Board in April and June 2011 has been updated to reflect both local discussions (including the second workshop on 16 July 2011) and the Government's recent statement on the role of HWBBs. This will now be used a Framework for the Board's development and work planning and will be reviewed from time to time by the Board.

5 A reminder that the top ten key issues for the Board are:

KEY ISSUE	OUTCOMES
1. Defining Health and Well Being	▪ Shared understanding of what "health and well being" means ▪ Shared vision of what we want to achieve for Herefordshire through the new arrangements ▪ Shared understanding of the statutory health and well being requirements for the Board
2. The Operation of the Board	▪ Right Board membership ▪ Secretariat in place to support the Board: clear and effective governance ▪ Subject matter expertise (capacity and capability) in place to deliver aims across many agencies
3. Links with Other Parts of the System	▪ Mapping of relevant stakeholders etc ▪ Clear understanding of respective roles and responsibilities ▪ Effective communications
4. Integrated Strategic Needs Assessment	▪ Fully integrated assessment of health and well being for all ages ▪ Assessment of the needs of different localities ▪ Alignment of needs assessment and mapping of resources across agencies
5. Health and Well Being Strategy	▪ Comprehensive system wide plan addressing the broad determinants of health and well being ▪ Clear and manageable set of priorities, but with some quick wins ▪ Funding aligned to priorities ▪ Measurable improvements in health and well being in Herefordshire
6. Public Accountability and Community	▪ High profile for health and well being in Herefordshire ▪ Public engagement in the work of the Board

Engagement	▪ Increase in personal responsibility for health and well being
7. Delivery	▪ Integration of health and well being services, interventions and workforce ▪ Pooled budgets ▪ Local delivery teams working in each of the 9 localities
8. Performance Management	▪ Evidence based performance improvements ▪ Return on investment ▪ Performance outcomes supported by qualitative evidence of effective local delivery
9. Organisational Development	▪ Shared understanding of what we need to do be successful ▪ Workforce is developed to deliver outcomes
10. Roadmap	▪ Comprehensive plan is in place to achieve our aims ▪ Effective communications

Support for the Board

6 An outline project resource plan has been produced to ensure that roles and responsibilities are clear in supporting the HWBB. Sarah Aitken is the corporate lead for the Board and Clare Wichbold is the lead Project Officer.

Community Engagement Events

7 Planning for community engagement events across the 9 localities on the theme of health and well being has started, with support from Inlogov. The aim is to link health and well being engagement with existing community engagement initiatives on health matters and the wider work on localities.

Herefordshire Public Services

8 Following consultation with the three partners, a Herefordshire Public Services Board is being established to oversee the partnership between Herefordshire Council, Herefordshire Health-Care Commissioners and NHS Herefordshire.

9 The Board will provide a forum for the agreement of integrated structures and budgets to realise both the strategic vision for Herefordshire and the implementation of joint commissioning plans agreed by the HWBB; the promotion of system wide integration within the county and to oversee the transition through the NHS and public health reforms. The first meeting of the new board will be on 1 November 2011.

Health and Wellbeing Board Early Implementers: National Learning Sets

10 National Learning sets are being established as part of the HWBB Early Implementers programme. The Learning Set themes are:

- Improving the health of the population
- Bringing collaborative leadership to major service reconfiguration
- Creating effective governance arrangements
- How do we “hard wire” public engagement into the work of the board?
- Raising the bar in joint needs assessment and strategies
- Making the best use of collective resource
- Improving services through more effective joint working

11 Herefordshire’s participation in this initiative has been accepted and we are likely to engage, in particular, in the themes of governance and collaboration. The programme will be launched at a national event on 15 November 2011 by Minister of State for Care Services, Paul Burstow MP.

Implementation of NHS, Public Health and Social Care Reforms

12 The NHS Herefordshire Board receives a regular report on the transition plan for the implementation of the NHS, Public Health and Social Care Reforms, including the development of the HWBB. An extract from the last report to the meeting of the Board on 13 September is attached for information as **Appendix A.**

13 Of particular note is the acceleration of the work to transform Public Health. Chris Bull is chair of the Public Health Engagement Group, which is providing a focus for the Autumn reform updates covering:

- Public Health England Operating Model
- Public Health funding
- Public Health role of local government, including Directors of Public Health
- Public Health outcomes framework
- Consultation on the workforce strategy

Work Plan

14 A draft outline Work Plan has been produced to support the Board’s development (**Appendix B**). The Work Plan picks up the key development themes agreed by the Board such as Alcohol, developing the HWB Strategy, Prevention, CCG Commissioning plans, Community Engagement Plan

15 A guiding principle is that agenda planning for the Board will be undertaken jointly across a number of key areas, including:

- Strategic planning
- JSNA/Integrated needs assessment
- Commissioning priorities
- Budget consultation, engagement and priority setting
- Health and Well Being Board and strategy

16 An internal Officer planning group has been established to develop this common agenda with representation from the Council (Cabinet and Overview and Scrutiny), PCT, CCG, Herefordshire Partnership and Safeguarding Boards.

17 Until April 2012, the Board will alternate formal and workshop meetings to allow space for development.

18 The Board is invited to review and amend the Work Plan as necessary.

Next Steps

19 As part of the Board's development, a number of actions will be taken forward over the next few months, including (not exhaustive):

- Developing the joint work plan
- Understanding the role of the HWBB during the shadow period in relation to CCG commissioning plans
- Engaging other stakeholders in the development of Herefordshire's approach to HWB
- Agreeing the health and well being priorities for the next year or so; as a first stage reviewing current plans and strategies (taking a broad view) that cover health and well being
- Completing the refresh of the JSNA and starting work on the more comprehensive Integrated Needs Assessment
- Completing the 9 local engagement exercises on health and well being priorities
- Asking services/agencies to state their contribution to the health and well being agenda
- Developing communications actions in conjunction with the joint communications plan already agreed for health and social care changes, including the "branding" for the Board
- Producing a scoping paper for a health and well being website/portal and directory of local services – this is a joint initiative with the CCG
- Ensuring that the Board's development is aligned with that of the newly restructured Herefordshire Partnership
- Participating in the Early Implementer Learning Sets

20 The Board may wish to identify other areas for action.

APPENDIX A

NHS HEREFORDSHIRE TRANSITION PLAN (SEPTEMBER 2011)

STRAND	OUTCOMES	LEAD	KEY MILESTONES
HEREFORDSHIRE REFORMS			
Mental Health Procurement	• *Procurement of a new mental health provider to meet our agreed service and financial outcomes* • **Update***:* work is underway on the future delivery of learning disability services within the contract	Ann Donkin Director of Resources & Delivery	• All key milestones met
Integrated Care Organisation (ICO)	• *Creation of the Integrated Care Organisation to deliver the outcomes agreed by the Board as part of the recommendations of the Transition Board for the transfer of community services* • **Update**: o Contract signed and new arrangements in place (Wye Valley NHS Trust) on 1st April 2011 o QIPP Delivery Board meeting to review delivery of agreed outcomes	Ann Donkin Director of Resources & Delivery	• All key milestones met • Integrated health and social care commissioning plan and the ICO integrated business plan agreed by Boards mid February 2011 • Transfer agreement signed 1st April 2011 • Heads of Agreement for contract signed on 1st April 2011 • Section 75 (provider) agreement Adult Social Care signed 1st April 2011

HEALTH WHITE PAPER REFORMS			
Clinical Commissioning Group (Herefordshire Health-Care Commissioners)	• *Establishment of a Clinical Commissioning Group for Herefordshire to deliver clinically led commissioning* • **Update**: ○ Changes required to Consortia membership and governance have largely been established locally with the current membership ○ Update on work plan on the Board agenda ○ Process for authorisation to be agreed	Chair Chief Executive, Dr Andy Watts Director of Resources & Delivery	• Herefordshire is a Pathfinder for CCG • Shadow CCG in place by April 2011 • Plan agreed in January/February 2011 to manage the phased transfer of responsibilities from April 2011 • Board agreement for GPC to be a sub committee of the Board from April • Outline Work Plan presented to the Board in May • Updates to each Board meeting
Clinical Commissioning Group (Herefordshire Health-Care Commissioners) Support Requirements	• *The Clinical Commissioning Group is supported by the PCT to develop a structure to deliver its new responsibilities* • *The Clinical Commissioning Group has the skills, knowledge and capacity needed to discharge its new role* • **Update**: ○ Weekly meetings taking place to plan support ○ Transition Team supporting the CCG ○ Work underway to align the Transition	Deputy Chief Executive Director of Resources and Delivery	• Developing an "offer" for the CCG to deliver commissioning, research and business support • A plan for skills and knowledge transfer and the transfer of appropriate people to the CCG over time • Compliance with the Guidance on assignment • Alignment between the CCG transition structure and

	structure with the Organisational Design Phase 3 proposals		Organisational Design Phase 3

Health and Well Being Board	• *Health and Well Being Board is established by Herefordshire Council to meet new requirements*
	• *Health and Well Being of residents is increased through joint local leadership of health, social care and public health commissioning*
	• **Update***:*
	  ○ Fourth (workshop) meeting of the HWBB held on 13 September
	  ○ Development Framework and Work Plan in place
	  ○ Initial priorities include development of an Alcohol Strategy for Herefordshire
	  ○ 9 local stakeholder events to take place in the Autumn
		Deputy Chief Executive Director of Public Health	• Herefordshire Council is an early implementer for the Health and Well Being Board
			• Stakeholder consultation Workshop to develop Herefordshire's approach February 2011
			• HWBB established by the Council in March 2011
			• First meeting of the Shadow Board held on 14 April 2011
			• Workshop on 16 June on the HWBB development plan
			• Proposals for new JSNA agreed in June 2011
			• Inlogov, University of Birmingham, appointed to support the development of health and well being in Herefordshire Draft HWB Strategy produced by October 2011

HealthWatch	• *Establishment of HealthWatch Herefordshire building on the LINk and existing engagement*	Assistant Director Customer Services and	• Discussion paper on outcomes and options produced January 2011

	• **Update**:
	  ○ New host contract awarded to Shaw
	  ○ HealthWatch Pathfinder application successful
	  ○ Discussions with the LINk about the transition plan
		Communications	• Pathfinder application to be submitted by 11 May 2011
			• HealthWatch transition plan to be agreed by December 2011

PUBLIC HEALTH REFORMS			

Public Health	• *Responsibility for the health of the population and Director of Public Health is transferred to Herefordshire Council*
	• *Plan in place to improve health outcomes for residents*
	• **Update**:
	  ○ Public Health White Paper Update and Next Steps published 14 July 2011
	  ○ Local transition plan to be revised as part of Phase 3 of the OD project
	  ○ Risks of Public Health transition from NHS Herefordshire to Herefordshire Council identified and managed
	  ○ Core public health offer to the Clinical Commissioning Group agreed
		Director of Public Health	• Discussion paper about the outcomes we want to see and the different models to achieve this by January 2011
			• Stakeholder consultation event on Public Health and HWBB in February 2011
			• Herefordshire Public Services response to the consultation on the public health white paper March 2011
			• Director of Public Health and staff integrated into structure of new HPS People Services Directorate April 2011
			• Consultant in Public Health on HHCC Shadow Board
			• West Mercia Public health

			network risk assurance framework developed and updated quarterly, most recent update 15 September 2011 • Assurance visit by Regional Director of Public Health arranged for 24 October 2011
CROSS CUTTING REQUIREMENTS			
Governance	• *Governance is in place to oversee the transition and discharge existing responsibilities and objectives* • *New structures are in place to meet national requirements for GP led commissioning and the Health and Well Being Board* • **Update**: o Task and Finish Sub Group established o Final report to Board 25 May 2011 o Update on recommendations on Board agenda	Assistant Director Law and Governance Board Secretary Director of Quality and Clinical Leadership	• Establish Task and Finish Group December 2010 • Refresh of governance January 2011 • GP Sub Committee of the Board April 2011 • Health and Well Being Board in place April 2011 • Cluster level workshop July 2011 to discuss Quality and safety at CCG level and Cluster Level
Organisational Development	• *PCT employees are supported through the change* • *PCT meets its management costs reduction targets* • **Update**: o Ongoing discussions across the West Mercia Cluster about opportunities for	Deputy Chief Executive Director of Resources & Delivery Assistant Director People, Policy &	• Local management of change policies are in place • MARS applications approved • Organisational Design changes agreed to reduce management costs and share functions across HPS: Phase 1 December 2010;

	mutual support if capacity reduces in critical areas ○ NHS HR Framework published	Partnerships	Phase 2 March 2011, Phase 3 July 2011
Quality and Safety	• *Standards quality and safety are maintained during a time of significant change* • *Responsibility for QIPP Outcomes and Targets is transferred to the GP Consortium* • **Update**: Clinical Leads from the CCG within each workstream are focused on QIPP Delivery	Director of Resources and Delivery Director of Quality and Clinical Leadership	• Action Plan agreed to ensure the continued focus on quality and safety • Plan to transfer the QIPP Outcomes and Targets
Communication and Engagement	• *Stakeholders are fully engaged in and help to shape the NHS reforms* • *Employees are fully engaged in and help to shape the NHS reforms* • **Update**: Patient and Public Experience workshops held with CCG and other stakeholders	Deputy Chief Executive Assistant Director Customer Services and Communications	• A Communications and Engagement Plan is woven into each aspect of the Transition Plan • Joint Communications Plan agreed by the Board July 2011 • Regular Stakeholder events are held: ○ 7 December 2010 ○ July 2011 (AGM) ○ Next one: to be confirmed
Transition Management	• *A smooth transfer of functions, assets and liabilities of NHSH to the successor bodies achieved* • **Update**: ○ This will be subject national guidance, particularly for finance and property • Legacy document updated for	Director of Resources and Delivery Board Secretary	• A plan is in place with the key assets and liabilities • Draft Legacy document considered by the Board July 2011

	September 2011 Board		
Links	• *Links between the Transition process and other key activities for NHSH and HPS are mapped and co-ordinated* • **Update**: links being managed by the Transition Team and HPSLT	Deputy Chief Executive	• Map the links between the Transition process and other key activities by January 2011
Risks	• *Risk are managed and resilience is maintained throughout the transition process* • **Update**: update on risks within the Board Assurance Framework	Assistant Director Law and Governance Board Secretary	• Initial assessment of risks reported to Board December 2010 • Cluster Resilience plan in place December 2010 • Risk Log for the Transition process in place by January 2011 • Resilience Risk register incorporated within the BAF

APPENDIX B

HEALTH AND WELL BEING BOARD
DRAFT OUTLINE WORK PLAN

MEETING	AGENDA ITEMS	LEAD
22 November (W)	**Updates** • CCG Update • HPS Update • Work Plan	Clare Wichbold
	Strategy & Development • Draft Alcohol Strategy • Health and Well Being Strategy – Session 2: Outcomes • Community Engagement Feedback & Plan • Healthy Herefordshire Workforce Plan • Health and Well Being Portal	Sarah Aitken Sarah Aitken Clare Wichbold Lucy Marder Simon Colllings
	System Leadership • CCG Authorisation Process	Dr Andy Watts
13 December	**Updates** • CCG Update • HPS Update • Work Plan • Public Health Transition Update	Clare Wichbold
	Strategy & Development • Draft Health and Well Being Strategy • Alcohol Commissioning Plan • INA Project Update	Sarah Aitken Sarah Aitken Alison Talbot-Smith
	System Leadership • CCG Commissioning Plan	Dr Andy Watts
17 January 2012 (W)	**Updates** • CCG Update • HPS Update • Work Plan	Clare Wichbold
	Strategy & Development • Health and Well Being Strategy: Action Planning • Workforce Reform	Sarah Aitken Jenny Lewis
	System Leadership • Service Integration & Pooled Budgets	
21February 2012	**Updates** • CCG Update	Clare Wichbold

	• HPS Update • Public Health Transition Update • Work Plan	
	Strategy & Development • Health and Well Being Strategy Approval • INA Project Update	Sarah Aitken Alison Talbot-Smith
	System Leadership • CCG Commissioning Update	Dr Andy Watts
20 March2012 (W)	**Updates** • CCG Update • HPS Update • Work Plan	Clare Wichbold
	Strategy & Development • Health and Well Being Strategy: Performance Management	Sarah Aitken
	System Leadership •	
17 April 2012	**Updates** • CCG Update • HPS Update • Public Health Transition Update • Work Plan	Clare Wichbold
	Strategy & Development • Review of Health and Well Being Strategy • INA Project Update	Sarah Aitken Alison Talbot-Smith
	System Leadership • First Annual Report • CCG Commissioning Update	Dean Taylor Dr Andy Watts

***Notes**:*

1. *(W) Denotes Workshop*
2. *Scheduling is indicative in some cases and will be firmed up as part of the joint agenda planning work*
3. *Work Plan will be updated each month*