

# AGENDA

## Health and Wellbeing Board

Date: **Tuesday 16 May 2017**

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Time: **3.00 pm**

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Place: **Council Chamber - Shire Hall**

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

For any further information please contact:

**Ruth Goldwater, Governance Services**

Tel: 01432 260635

Email: [councillorservices@herefordshire.gov.uk](mailto:councillorservices@herefordshire.gov.uk)

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# Agenda for the Meeting of the Health and Wellbeing Board

## Membership

### Chairman

### Vice-Chairman

Councillor PM Morgan

Dr Dominic Horne

Herefordshire Council

NHS Herefordshire Clinical

Commissioning Group

Chris Baird

Simon Hairsnape

Interim director for children's wellbeing

NHS Herefordshire Clinical

Commissioning Group

Diane Jones MBE

NHS Herefordshire Clinical

Commissioning Group

Councillor JG Lester

Herefordshire Council

Jo Melling

NHS England

Simon Adams

Healthwatch

Martin Samuels

Director for Adults and Wellbeing

Prof Rod Thomson

Director of Public Health

## AGENDA

		Pages
<b>PUBLIC INFORMATION</b>		5 - 6
<b>1. APOLOGIES FOR ABSENCE</b>	To receive apologies for absence.	
<b>2. NAMED SUBSTITUTES (IF ANY)</b>	To receive any details of members nominated to attend the meeting in place of a member of the committee.	
<b>3. DECLARATIONS OF INTEREST</b>	To receive any declarations of interests of interest by members in respect of items on the agenda.	
<b>4. MINUTES</b>	To approve and sign the minutes of the meeting held on 28 March 2017.	7 - 14
<b>5. QUESTIONS FROM MEMBERS OF THE PUBLIC</b>	To receive questions from members of the public relating to matters within the board's terms of reference.  (Questions must be submitted to the committee clerk by midday two clear working days before the day of the meeting.)	
<b>6. SAFEGUARDING AND COMMUNITY SAFETY</b>	To respond to queries raised in relation to the Safeguarding Adult Board and Safeguarding Children Board annual reports.  To seek the board's views on the degree to which the proposed priorities for the community safety strategy 2017/20 pay regard to the priorities within the health and wellbeing strategy.	15 - 20
<b>7. ADULTS WELLBEING PLAN 2017- 2020 AND LOCAL ACCOUNT</b>	To note the publication of the adults wellbeing plan 2017-2020 and Local Account 2016 and seek the views of the Health and Wellbeing Board.  The reports covered by this report are: <ul style="list-style-type: none"> <li>• <b>Adult Wellbeing Plan 2017 - 2020</b> - sets out the broad strategy and plan for the directorate</li> <li>• <b>Adult Social Care Local Account 2016</b> – a report on adult social care performance, produced in conjunction with service users and carers via the Making It Real Board</li> </ul>	21 - 62
<b>8. PUBLIC HEALTH STRATEGY AND PLAN 2017 - 2020</b>	To note the publication of the Public Health Plan 2017-2020 and seek the views of the Health and Wellbeing Board.  The Public Health Plan 2017 - 2020 sets out the vision to improve health of the local population. It identifies six key priority areas that are aligned to the	63 - 128

Herefordshire's Health and Wellbeing Strategy and Joint Strategic Needs  
Assessment.



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## **HEREFORDSHIRE COUNCIL**

**SHIRE HALL, ST PETER'S SQUARE, HEREFORD, HR1 2HX.**

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HEREFORDSHIRE COUNCIL

**MINUTES of the meeting of Health and Wellbeing Board held in Committee Room 1, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 28 March 2017 at 2.00 pm**

**Present:** Cllr PM Morgan (Herefordshire Council) (Chairman)  
 Dr Dominic Horne (NHS Herefordshire Clinical Commissioning Group) (Vice Chairman)

J Davidson	Director for Children's Wellbeing
Mr S Hairsnape	NHS Herefordshire Clinical Commissioning Group
Cllr JA Hyde	Herefordshire Council
Mr P Deneen	Healthwatch Herefordshire
Prof Rod Thomson	Director of Public Health
Mr S Vickers	Assistant director, operations and support

**In attendance:** Councillor PA Andrews

**Officers:** Chris Baird, Steve Hodges, Amy Pitt, Alison Talbot-Smith and Laura Tyler

**102. APOLOGIES FOR ABSENCE**

Apologies were received from Cllr JG Lester, Diane Jones, Martin Samuels, Jo Melling and Jacqui Bremner.

**103. NAMED SUBSTITUTES (IF ANY)**

Cllr JA Hyde substituted for Cllr JG Lester and Stephen Vickers substituted for Martin Samuels.

**104. DECLARATIONS OF INTEREST**

None.

**105. MINUTES**

It was confirmed that the action points identified at the meeting were with officers and updates were due to be reported to the meeting on 16 May 2017.

**RESOLVED**

**That the minutes of the meeting held on 7 February 2017 be approved as a correct record and signed by the chairman.**

**106. QUESTIONS FROM MEMBERS OF THE PUBLIC**

No questions were received.

**107. BETTER CARE FUND 2016/17 QUARTER THREE PERFORMANCE REPORT**

The better care fund and integration manager presented the report. The following points were noted:

- the quarter 3 return was submitted to NHS England on 3 March, having been signed off through delegated authority by the Clinical Commissioning Group accountable officer and the Council's director for adults and wellbeing

- For residential care, no improvement in performance was reported; admissions had increased and were at a higher level than a year ago; demand for nursing care appeared to have increased and placements were being evaluated individually
- Non-elective admissions appeared to be meeting the target for reduction in admissions and this had been supported by the introduction of a number of initiatives including the “red bag” scheme which contained information about the individual when transferring between hospital and care home
- community provision was being explored with the intention of freeing-up and understanding blockages in transfer of care
- Healthwatch had developed a patient passport, which included medication and care information, which could be linked to the red bag scheme
- In terms of risk sharing arrangements, there were some clients who were awaiting review, but it was planned for these to be completed by the end of March 2017. It had taken time to carry out these reviews due to the various care pathways involved
- There was a review of the intermediate rehabilitation pilot under rapid assessment and active therapeutic interventions in order to support people to regain independence. The pilot was to be extended to the end of June 2017
- Further BCF policy and planning guidance was awaited and in the meantime, planning by partners continued. It was noted that the national conditions had been reduced from 8 to 4
- With regard to financial implications there was pressure on the residential nursing element and funded nursing care

In answer to a question regarding an action plan to address bed blocking, it was explained that the better care fund was an enabler, bringing parts of the system together and drawing upon funding from commissioned services to drive changes. There was quality assurance of every case funded by the local authority and there had been successes in supporting people to stay at home, which made it easier to predict changes in admissions, with the more complex cases staying longer or going into nursing care rather than residential care. The pace of change was a challenge, but the focus was on promoting ongoing cultural change through strengths-based practice.

It was noted that there was a significant programme of work underpinning the sustainability and transformation plan and One Herefordshire to avoid admissions, and elements funded through the BCF needed to be considered as part of the overall system. There was further work to be done to ensure the pace of change on reducing bed blocking was having an impact and continuing progress on redressing the trend in urgent care admissions. An additional factor was delayed transfer of care where patients from out of the county were unable to return home.

It was confirmed that timeframes for transferring people to the most appropriate care were improving, although there were challenges in cases being picked up to transfer from adult social care. That 7-day services were not available was a factor and there were steps being taken within the system to mitigate this impact. An additional factor was the quality of the market and capacity for example in carrying out assessments at weekends, although it would not be enough to address that without having provision in place for the discharge once the assessment was completed.

It was intended for the BCF to address this but there were aspects of budgets and accountability expected that had not been overcome through the BCF.

The chairman observed that the report showed just one part of the whole system and invited comments on recommendations. The view was that the BCF was one part of the bigger system which would be considered more widely in the integration update.

It was further noted that there were challenges regarding capacity and recruitment and retention with a 12 per cent vacancy factor and shortages in qualified staff. There has been some redesigning but output needed to improve, particularly around completing assessments. It was suggested that some further modernisation ideas and plans be shared with the board.

## **RESOLVED**

**That the report be accepted.**

### **108. THE CARE MARKET**

The assistant director operations and support introduced the adult care market element of the report, noting that the quality assurance framework offered some reassurance and there was good practice highlighted by the Local Government Association reflected in the Care Quality Commission's report that the county had some of the best care homes in the country.

The senior commissioning officer highlighted that for the adult care market:

- the report focused on the quality of the care market and domiciliary care market but that consideration was needed of other areas of contracting monitoring arrangements including the delivery of care by external providers as there was a significant self-funding market which created challenges.
- There were just over 2000 beds in the care home sector and joint commissioning of around 500 of the bed capacity was an advantage.
- Commissioners monitor planning applications in order to comment on the needs for nursing beds
- With regard to the home care market, there are around 800 users and a significant number of small organisations as local
- domiciliary care workers provided around 3000 hours per week of care
- quality framework information gathered from service users and their families, and from providers, was used for reporting to the quality review panel. Ways of gathering more information from providers in care sector was being explored, to understand more about self-funding and to support providers to grow
- Care Quality Commission ratings were good but there was work to be done around developing understanding of reablement and the home care market to encourage care homes to consider short-stays as a viable option.

In answer to a question about delivering the reablement model in care homes, this was aspired to in the longer term and there was therapy in place at one home so there could be a step-up facility as well as a step-down facility, and more options could be considered to care for people at home. It was also noted that care homes were not carrying out assessments although this was a contractual requirement which needed following up. Some of the homes were small with limited staffing resource to do this and to meet on-call and weekend cover requirements.

Responding to a question about encouraging collaboration between homes, the assistant director identified that was limited appetite for this despite the advantages and there was greater encouragement needed alongside greater focus on domiciliary care and help to live at home.

There were also workforce planning implications and an observation was made regarding a poor perception of nursing home careers amongst the nursing profession despite competitive salaries, leading to recruitment difficulties. This had led, in one case, to a provider withdrawing nursing care for challenging behaviour despite this being a growth area.

There were other factors affecting the overall condition of the nursing workforce, including vacancy levels, age profiles and salary levels falling in real terms. There could be a further impact from Brexit and potential loss of workforce from the EU.

The assistant director education and commissioning presented the children's care market element of the report, which referred to the looked after children and complex needs commissioning and sufficiency strategy (appendix 1). Summarising the report, he made the following points:

- Increasing the number of Herefordshire foster cares was going well and on course to deliver on the strategy's objective there was currently a comparatively high number of looked after children and although needs were met effectively, the service was considering what were the causes and how they could be appropriately addressed
- with regard to increased complex needs, the range of provision had expanded with the Herefordshire intensive placement support service (HIPSS) and the therapeutic intervention support service (TISS) in place to support practitioners and foster carers, particularly with regard to potential placement breakdown, and with managing challenging behaviours
- short breaks for children with complex needs had expanded through recommissioning coming into effect from April 2017
- there was joint working with adults' services on developing housing for young adults, which is expected to bear fruit and is part of the strategy
- for young people in tier 4 mental health services, work was underway to explore how to enhance planning for discharge

It was identified that there was some good practice to be shared between adults' and children's services, noting the successful work to recruit foster carers.

It was noted that an update on housing was planned for the next meeting.

**RESOLVED:**

**That**

- a) **the report be noted; and**
- b) **the following project areas be proposed through the Joint Commissioning Board to be taken forward to address market forces and sustainability:**
  - **workforce planning**
  - **domiciliary care**
  - **the care home market; and**
- c) **that adults' and children's services work together to develop recruitment and retention approaches that would benefit adults' services in conjunction with the communications team**

**109. HEALTH AND WELLBEING STRATEGY UPDATE ON PRIORITY TWO**

The assistant director education and commissioning presented the report and the board considered the achievements and areas of focus as set out in the report. The children and young peoples' plan 2015-18 is the key deliverer of the health and wellbeing strategy, and focuses on 6 priorities:

1. **Early help:** It was noted that the strategy had been agreed and work was now taking place to develop the operational approach across Herefordshire. Early help was taking place but could be more effective once greater clarity and enhanced systems are put in place, including the development of locally based family network meetings. . Public health work included obesity, dental health and promotion of mental health particularly around reducing self-harm

2. 0 – 5 early years: wider issues around outreach and access, particularly with regard to rural isolation was being considered in order to support families. Health visiting and school nursing services were to be recommissioned later this year.
3. Mental health and emotional wellbeing: the Care Quality Commission had commented positively on the initial screening of cases by 2gether Mental Health CAMHS service as part of the local area SEND inspection. Schools were being supported with regard to resources for emotional wellbeing
4. Children and young people in need of safeguarding: focus on this continued and it was expected that there would be an Ofsted inspection next year. A peer review was planned to take place during June and September this year
5. Addressing challenges for teenagers: the number of young people not in employment education or training (NEET) was in line with regional trends but further work was required to understand the barriers in order to identify possible solutions. A factor to this was accessibility and discussion took place around transportation and what community resources existed to help overcome this
6. Children and young people with disabilities: there had been a positive inspection report and encouragement to share practice with other authorities. Workforce training was being developed around service reforms.

In response to a question regarding 1 Ledbury Road, the assistant director clarified that there was a range of provision that would be available from 1 April 2017 and which had been developed with parents and carers. 1 Ledbury Road was to close on 31 March 2017 there was a mixed response from families in this regard and officers were working with parents on alternative provision. A developmental approach was being taken to commissioning including family-based overnight provision being extended. Distance to this provision was an important consideration for some families.

In answer to a question from the chair about what was in place for this group with regard to NEETs, the assistant director confirmed that all NEETs were tracked within service priorities to identify appropriate support.

It was noted that early help support directly affected entry into higher threshold services and it was important to note that a range of activity was already taking place across early years settings, schools, colleges, local communities and by the private and voluntary sectors as well as services provided by the council.

## **RESOLVED**

**That**

- a) **progress on priority 2 of the health and wellbeing strategy be noted as positive;**
- b) **the safeguarding peer review be welcomed;**
- c) **an update on early help outcomes be presented to the board in autumn 2017;**
- d) **an update on inequalities be provided which takes into account information on the number of young people not in education, employment or training, the barriers faced, and solutions to overcome barriers; and**
- e) **the children and young people's plan and update report be shared with the Clinical Commissioning Group board, GPs, Healthwatch, and local providers (2gether NHS Foundation Trust, Wye Valley NHS Trust and Taurus) by the lead senior manager for each of the organisations.**

## **110. CORPORATE DELIVERY PLAN 2017-18**

The directorate services team leader for economy, communities and corporate presented an update on the corporate delivery plan. The plan, which was approved last year, covers 2016 to 2020, with four priorities:

- enable residents to live safe, healthy and independent lives

- keep children and young people safe and give them a great start in life
- support the growth of our economy
- secure better services, quality of life and value for money

The activities in the plan would be delivered over a number of years, so this report sets out the 2017-18 delivery plan that would be presented to cabinet in April 2017, followed by an end of year report.

Board members noted that there was considerable health and wellbeing activity threaded throughout the corporate aims and this was commended. Health and wellbeing had been brought to the top of the agenda and was becoming evident.

## **RESOLVED**

**That it be confirmed to cabinet that the plan is in line with the priorities of the health and wellbeing strategy.**

### **111. INTEGRATION: SUSTAINABILITY AND TRANSFORMATION PLAN (STP) DELIVERY PLAN**

The update was presented by the director of transformation for One Herefordshire, and the board was invited to consider how the board and the overall aims could be better aligned and the board be more involved in the work.

A number of key milestones had been attained and thanks were expressed to Healthwatch for their engagement work which had been commended by NHS England.

The plan was being refreshed at this point and external resources were being considered within the remodelling. There were plans to hold meetings of both health and wellbeing boards of Herefordshire and Worcestershire to sit simultaneously during May 2017 prior to the Clinical Commissioning Group's governing body meeting, and it was suggested that the same approach could be taken with health scrutiny committees. Work had commenced to scope the approach for co-production.

It was noted that consultation events regarding the proposals for walk-in centre arrangements in Hereford were to be commended for their approach in ensuring questions were responded to thoroughly.

One Herefordshire, as the delivery mechanism for integration, was based on a logic model, or plan, bringing together the prevention, self-care and public health agenda. Key enablers in this were recruitment and the workforce, and information management and technology, for which there were working groups and sharing of information and common themes.

The aim was also to extend engagement to the parts of the community and voluntary sector beyond health and social care and there had been developments around estates and transport infrastructure across partners to support integration.

In terms of communications and engagement, there was a high level engagement programme which had been presented to the health and social care overview and scrutiny committee. It was noted that there were particular sensitivities that the approach to engagement and consultation needed to take into account.

Discussion took place regarding the role of the health and wellbeing board as the public facing element of the plan's delivery, and consideration of appropriate membership to include the provider element. It was important to ensure that the governance role of the health and wellbeing board was effective, and that there was improved engagement with the public.



**RESOLVED**

**That**

- a) The director for adults and wellbeing, with CCG officers, be commissioned to review the governance arrangements for the health and wellbeing board to ensure that:**
  - membership is appropriately aligned to facilitate the delivery of the STP through One Herefordshire**
  - there are mechanisms in place to raise the profile of the board's work including provision for engagement with the public**
- b) the outcomes of this review be presented to the health and wellbeing board in May 2017**

The meeting ended at 4.30 pm

**CHAIRMAN**





<b>Meeting:</b>	<b>Health and wellbeing board</b>
<b>Meeting date:</b>	<b>16 May 2017</b>
<b>Title of report:</b>	<b>Safeguarding and community safety</b>
<b>Report by:</b>	<b>Business manager, Herefordshire safeguarding boards and Community Safety Partnership</b>

## Classification

Open

## Key decision

This is not an executive decision.

## Wards affected

Countywide

## Purpose

To respond to queries raised in relation to the Safeguarding Adult Board and Safeguarding Children Board annual reports.

To seek the board's views on the degree to which the proposed priorities for the community safety strategy 2017/20 pay regard to the priorities within the health and wellbeing strategy.

## Recommendation(s)

**THAT:**

- a) the board determine whether the proposed priorities for the Herefordshire Community Safety strategy 2017 – 2020 (detailed in paragraph 13 of this report) pay sufficient regard to the priorities of the health and wellbeing strategy; and**
- b) the board determine any further recommendations it wishes to make to the Safeguarding Adult Board or Safeguarding Children Board in order to secure further improvement in health and wellbeing outcomes in the county.**

## Alternative options

1. There are no alternative options; it is a function of the board to review whether the commissioning plans and arrangements for the NHS, public health and social care are in line with and have given due regard to the health and wellbeing strategy.

## Reasons for recommendations

2. To seek the board's views on the proposed priorities for the community safety strategy.
3. To provide assurance that safeguarding boards activities align to the priorities of the health and wellbeing strategy.

## Key considerations

4. ***Update on the proposed Herefordshire Community Safety Partnership priorities 2017 – 2020 and progress on developing the strategic plan.***
5. On 7 February 2017 Herefordshire health and wellbeing board requested that it receives the draft Herefordshire Community Safety Partnership (HCSP) strategic plan, with a particular focus on domestic abuse, harm from alcohol and drugs, and incidents of sexual harm against children.
6. Prior to the development of a new strategic plan a review of the HCSP priorities to which it had been working during 2014 – 2017 was required.
7. The HCSP met on the 20 March 2017 and received a presentation from the Strategic Intelligence Team on their report 'Domestic Violence and Abuse: Evaluation of Local Response in Herefordshire 2017', and a presentation on the recently completed assessments of child sexual exploitation and sexual offending against children in Herefordshire. A discussion then took place in relation to setting the strategic priorities for the HCSP for the next three years. The key elements considered within that discussion are set out below.
8. The Domestic Violence and Abuse evaluation. In summary the report outlined that whilst domestic violence and abuse is no more prevalent than elsewhere, there is an upward trend in numbers of police recorded domestic abuse related offences and incidents. Whilst this is concerning it may demonstrate increased confidence in reporting incidents. This increase in reporting has had an impact on services, for example the dedicated specialist support service, West Mercia Women's Aid (WMWA).
9. The emerging themes highlighted were that where agencies are aware of each other's risk management strategy and the agency role, victim support is more effective resulting in positive outcomes. However, there is a need to address perpetrator behaviour. Also whilst it is acknowledged that there is some good practice in Herefordshire and successful outcomes for victims and their families, there is a need to provide coherent preventative interventions and a requirement to drive a co-ordinated strategic response to domestic violence in the county.
10. Alcohol and drug misuse. Recent substance misuse interventions completed through the HCSP include implementation of the "Take Home Naloxone" through a task and finish group, completion of a draft procedure on drug related deaths notification, and an approach to identify opportunities and plans for short term, geographically localised initiatives. On 20 March 2017 it was recommended that there was no longer

a need for an ongoing substance misuse delivery group and any future CSP involvement in substance misuse interventions should follow a task and finish group approach. It is therefore proposed that the HCSP will retain a strategic overview of the harm caused by substance misuse and agencies' responses to that through an assurance reporting process. The HCSP delivery groups will also have specific regard to substance misuse where it has a direct link to matters captured within the refreshed priorities. It will however no longer feature as a stated priority of the HCSP.

11. Sexual offending against children. Having considered the reports on child sexual exploitation and sexual offending against children in Herefordshire the HCSP reached the decision that the reduction of sexual offending against children should be a priority for 2017 – 2020. This decision was based on the evidence available which showed a high level of recording in relation to these types of offences within the county. It highlighted that Herefordshire was 18th out of the 315 CSP's in England and Wales, when ranked in order of highest prevalence of recording of sexual offences per 1000 children compared with England and Wales as a whole (9.7 per 1000 children, compared with 6.5 per 1000). Whilst acknowledging that the matters affecting recording levels are complex, this provides continuity to the decision taken by HCSP in 2015 to adopt a fifth priority at that time to address the harm caused by sexual violence and sexual exploitation on both children and adults. The Herefordshire Safeguarding Children Board are to be asked to consider expanding the terms of reference of their current Child Sexual Exploitation and Missing Children sub group to incorporate the co-ordination of the partnership response to sexual offending against children on behalf of the HCSP.
12. There is also a recognition that there are potentially a number of emerging threats that need to be addressed by the partnership, specifically people trafficking and modern slavery, FGM, forced marriage and 'honour based' violence.
13. Following a review of performance and underlying CSP themes the following priorities were agreed for 2017 - 2020:
  - To reduce the harm from domestic violence and abuse
  - To reduce sexual offending against children
  - To promote community cohesion, address hate crime and prevent radicalisation
  - To reduce exploitation of vulnerable people
14. These proposed priorities were agreed by the HSCP Board to reflect the importance of the work required in these areas, but also to reflect the need to add value to current interventions through cohesive partnership working. The report on domestic violence reinforced that ongoing co-ordinated activity is required to address domestic violence and abuse in Herefordshire. Further, there is still a need to address issues of hate crime and community cohesion and to deliver Prevent interventions, with the increase in the reporting of 'hate crime' linked with 'Brexit' having remained at that level.
15. It is recognised that the HCSP also has a statutory function to reduce reoffending in Herefordshire. It is proposed that like substance misuse, these matters will be followed by the HCSP through an assurance reporting process.

Having agreed the proposed priorities for 2017 – 2020 it is the intention of the HCSP to produce an annual review and a draft 3 year strategy for the HCSP Board to consider on 12 June 2017. These documents will be shared with the health and

wellbeing board when available. Following CSP approval of the draft 3 year strategy, it will then be reviewed by the general scrutiny committee before being presented to Cabinet to recommend to full council for adoption.

- 16. To provide updates on the questions raised to the chairs of the Safeguarding Adult Board and Safeguarding Children Board following consideration of the annual reports on 7 February 2017.**
17. As a result of the presentation of the Herefordshire Safeguarding Adult Board annual report 2015 – 2016 and the Herefordshire Safeguarding Children Board annual report 2015 – 2016 to the health and wellbeing board on 7 February 2017, a number of action points were raised to which responses have been set out below.
- 18. Action point 1 - Community Safety Partnership board to facilitate a multi-agency approach in order to gain a better understanding of patterns of incidence of sexual abuse of children coinciding with domestic abuse.**
19. A report into the prevalence of sexual offending against children in Herefordshire was commissioned from the Local Authority Intelligence Team, and delivered in October 2016. This provided detail on the nature of offences being committed, locations, age groups affected and emerging themes linked with those. It did not however raise any concern in relation to the sexual abuse of children coinciding with or being linked to domestic abuse.
- 20. Action point 2 - For the Adult Safeguarding Board to co-ordinate a domestic abuse summit for partners to consolidate intelligence and approach.**
21. Since August 2014 Herefordshire has experienced three separate incidents for which a Domestic Homicide Review has been required. These reviews have been overseen by the Herefordshire Community Safety Partnership, and all should be published shortly. There is significant learning from these reviews for various partner agencies, and this learning has been and will continue to be disseminated as it becomes available.
22. There are common themes emerging from these reviews however which would benefit from an input covering the three incidents and which emphasises those themes to practitioners in a multi-agency learning event.
23. It is planned that a presentation of these three Domestic Homicide Reviews and their findings will be delivered at a partnership conference to be held in November 2017, to coincide with the National Domestic Abuse White Ribbon Awareness day, held annually on the 25th November. This will also provide an opportunity to brief practitioners on other elements of our response to Domestic Abuse within Herefordshire, as required.
- 24. Action point 3 - Both safeguarding boards and the community safety partnership board to ensure they are sighted on modern slavery and trafficking and also on domestic abuse, with a clear lead board to be identified.**
25. On Thursday 27th April 2017 the Chairs and Statutory Officer's Group met to agree clear lines of ownership and accountability in relation to a number of aspects of vulnerability within Herefordshire, particularly modern slavery, human trafficking, female genital mutilation, forced marriage and honour based violence.
26. In view of the Community Safety Partnership's new priority for 2017-2020 of 'Reducing the exploitation of vulnerable people', the decision was made that the Community Safety Partnership would have responsibility for co-ordinating the delivery

of the partnership response to these areas of vulnerability. Specifically, the Domestic Violence and Abuse Delivery Group will expand its terms of reference to include female genital mutilation, forced marriage and honour based violence. Further, a task and finish group led by Police and accountable to the HCSP will review and develop our partnership response to modern slavery and human trafficking.

**27. Action point 4 - In developing a bid focused on bespoke services to support the issue of domestic abuse by people with dementia, West Mercia Police to involve partners in recognition that disclosures were not being made exclusively to the police.**

28. The West Mercia Office of the Police and Crime Commissioner has developed and submitted a bid for funding to the Home Office from the Violence against Women and Girls service transformation fund. This bid is aimed at improving the response to tackling violence in a relationship where dementia is also a factor. This clearly has relevance to Herefordshire in view of recent events covered in Domestic Homicide Reviews.

29. The bid proposed a number of possible interventions, however it is recognised that the effectiveness of such interventions, and the need for them, may differ from area to area so necessitating a more 'bespoke' response in each community safety partnership area rather than a single 'West Mercia' wide solution. As such, the Herefordshire Dementia Implementation Group has agreed to support the development of Herefordshire's involvement in this bid and how best the funds can be used within the county should the bid be successful, so ensuring a broad and fully informed proposal. Having now entered a period of 'purdah' however, a decision from the Home Office in relation to allocation of funds is not expected in the near future.

## **Community impact**

30. The Herefordshire Community Safety Partnership has certain statutory responsibilities under the Crime and Disorder Act 1998, updated by the Police and Justice Act 2006 which are intended to deliver a positive impact on the safety of our communities. These are set out in detail in paragraphs 34 to 36 below. In addition, the priorities that have been set for Herefordshire are based on evidenced assessment of matters which are currently having greatest impact on community safety within Herefordshire.

## **Equality duty**

31. The Community Safety Partnership pays due regard to The Equality Duty on public bodies and others carrying out public functions, specifically that public bodies consider the needs of all individuals in their day to day work. This is particularly evident in the work of the Community Safety Partnership for example through the focus on addressing 'hate crime' and other matters that impact more heavily on members of minority groups, such as 'honour based' violence, female genital mutilation, and human trafficking.

## **Financial implications**

32. None arising from the recommendations. The Herefordshire Community Safety Partnership and the safeguarding boards receive contributions from partner agencies to fund their organisation and work. A budget is set out and reviewed throughout the year and any risks identified.

## **Legal implications**

33. The Crime and Disorder Act 1998 gave local authorities and police services duties to work together to develop crime and disorder audits and implement reduction strategies and to work in partnership with other agencies, Community Safety Partnerships (CSPs), to tackle the identified problems.
34. The Police and Justice Act 2006 made certain amendments to the legislation which resulted in an approach to CSP's that is more flexible and allows for more local discretion, but which retains key statutory responsibilities which must be met.
35. These key statutory responsibilities include the development of a strategic plan for the reduction of crime and disorder in the local area, to reduce reoffending and the harm caused by substance misuse and to coordinate Domestic Homicide reviews.

## **Risk management**

36. There are a number of identifiable risks associated with any reduction in the effectiveness of the Community Safety Partnership. There is a legal risk that it does not meet its statutory responsibilities as set out above. Secondly, an ineffective response to the priorities of the Community Safety Partnership through a lack of coordination of partnership working may lead directly to an increased risk to some of the most vulnerable members of our community.
37. The Community Safety Partnership works closely with the other safeguarding boards, children and young person's partnership and health and wellbeing board through the Chairs and Statutory Officers group to ensure that there is a coordinated approach to managing these risks. The CSP also manages the response to the identified priorities through a well established delivery group and assurance reporting structure. In addition the two safeguarding boards and the Community Safety Partnership run a joint risk register in order to monitor and manage these risks where appropriate, and this is subject to regular review.

## **Consultees**

None

## **Appendices**

None

## **Background papers**

None identified.





<b>Meeting:</b>	<b>Health and wellbeing board</b>
<b>Meeting date:</b>	<b>16 May 2017</b>
<b>Title of report:</b>	<b>Adults Wellbeing Plan 2017- 2020 and Local Account</b>
<b>Report by:</b>	<b>Director for adults and wellbeing</b>

## Classification

Open

## Key decision

This is not an executive decision

## Wards affected

County-wide

## Purpose

To note the publication of the adults wellbeing plan 2017-2020 and Local Account 2016 and seek the views of the Health and Wellbeing Board.

The reports covered by this report are:

- **Adult Wellbeing Plan 2017 - 2020** - sets out the broad strategy and plan for the directorate
- **Adult Social Care Local Account 2016** – a report on adult social care performance, produced in conjunction with service users and carers via the Making It Real Board

## Recommendation(s)

**THAT:**

**the board review the adults wellbeing plan 2017-20 (appendix 1), having regard to the local account 2016 (appendix 2) and consider the extent to which this is aligned with the health and wellbeing strategy and seek assurance from partner organisations regarding the consequences for joint working across health and social care.**

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Further information on the subject of this report is available from  
Martin Samuels (Director for adults and wellbeing) Tel: 01432 260339

## Alternative options

- 1 There are no alternative options; it is a function of the board to review whether the commissioning plans and arrangements for the NHS, public health and social care (including Better Care Fund submissions) are in line with and have given due regard to the health and wellbeing strategy.

## Reasons for recommendations

- 2 The Adult Wellbeing Plan 2017-2020 provides details of the future delivery plans for social care.

## Key considerations

- 3 The adult wellbeing plan describes how the council continues to work towards a model of care that promotes wellbeing through good information and signposting and local initiatives that keep people at home within their community wherever possible.
- 4 When people are in need of social care support, the approach is to help people regain control and independence as quickly as possible with an appropriate and proportionate level of support that is based on what people can do for themselves (a strengths based approach).
- 5 An ageing population and the increase in people who are living longer with long term conditions and disabilities are challenges that are faced nationally. Work is in progress locally to redesign the care pathways across adult social care to ensure resources effectively manage the flow of demand across the health and care system and improve the experience for people and families.
- 6 If formal support is required, there are a variety of care options available including the traditional residential, nursing and domiciliary care but also alternative care offers such as the Shared Lives scheme which provides the opportunity for vulnerable and disabled people to live as part of a family on a permanent or respite basis.
- 7 Understanding the future demands and needs of social care and housing are critical to the planning and delivery of services that meet the outcomes for people. An analysis of this has highlighted the competing demands for economic growth, which brings jobs and opportunities for people in industries such as retail, and the impact on the health and social care economy which is struggling to attract and retain people into social care.
- 8 **Adult Wellbeing Plan 2017 – 2020**
  - a. The plan sets out the strategic aims for adult services and Herefordshire's model for wellbeing. It is intended to sit alongside the existing Children and Young People's Plan, such that the plans together cover the full life course.
  - b. The plan also set out the challenges for the services include levels of rurality and sparsity of the population, increase in demographic pressure and

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Further information on the subject of this report is available from  
Martin Samuels (Director for adults and wellbeing) Tel: 01432 260339

recruitment and retention of the social care workforce and increasing costs of adult social care.

- c. The work focuses on prevention, staying well and building on community networks. Where formal support is required, a short term enablement offer will be made with ongoing support only provided to the few that need it. The aim of the strategic plan is to ensure work programmes are aligned to deliver the blueprint for change and manage demand on public services.

## 9 **Adult Social Care Local Account 2016**

- a. The purpose of a local account is to communicate with, and promote accountability to, the local community and to support benchmarking, peer reviews and sector led improvement.
- b. Herefordshire's Local Account is designed and co-produced with the Making It Real Board (service user representative group).
- c. The structure of the report is based on structure based on the national performance framework (Adult Social Care Outcome Framework) established by the Department of Health.
- d. The 2016 Local Account details a change of approach being embraced across adult social care which focuses on strengthening supportive communities and building on individual's strengths and assets.
- e. The account highlights the outcome from the annual survey which show improvements in many areas such as increased quality of life for clients cared for by social care services. In addition, the quality of life indicators also reflect improvements with people reporting that:
  - i. They had as much social care contact as wanted
  - ii. They felt safe
  - iii. The services they receive make them feel safe
  - iv. They were satisfied with care and support received

## **Community impact**

- 10 The process of producing the Local Account is an important element in ensuring councils with responsibility for adult social care, make themselves accountable to their local communities.
- 11 The common theme throughout these reports emphasises the central role of self-care and communities in ensuring that people can live well within their communities and when required, communities are able to respond.
- 12 Addressing the issues highlighted in these reports has the potential to positively impact on the health and wellbeing of the adult population of Herefordshire.

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Further information on the subject of this report is available from  
Martin Samuels (Director for adults and wellbeing) Tel: 01432 260339

## **Equality duty**

- 13 The Local Account identifies how support is provided to vulnerable people with a range of tailored services.
- 14 The recommendations support the Public Sector Equality Duty, under section 149 of the Equality Act 2010, which are to:
- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act;
  - Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it;
  - Foster good relations between people who share a relevant protected characteristic and those who do not share it.

## **Financial implications**

- 15 There are no direct financial implications. The reports provide the strategic direction for the ongoing application of the resources allocated by the council to adult's wellbeing.

## **Legal implications**

- 16 With regards to the adult wellbeing plan, there is no legal duty to prepare such a plan.
- 17 With regards to the adult social care local account, again there is no legal duty to prepare such a document, but government guidance issued via the Adults Social Care Framework 2015/2016 includes a recommendation to publish such information to ensure that the community is aware of the current position.

## **Risk management**

- 18 There are no specific risks as a result of the recommendations in this report, however it is important that the Board note the key priorities for council adult's wellbeing services set out in the plan and consider these principles in their decision making.

## **Consultees**

- 19 The production of these reports are in consultation and co-production with service users, providers, partners and internal and external stakeholders.

## **Appendices**

- 20 Appendix 1 – Adult Wellbeing Plan 2017- 2020
- 21 Appendix 2 – Local Account 2016

## Background papers

22 None

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Further information on the subject of this report is available from  
Martin Samuels (Director for adults and wellbeing) Tel: 01432 260339



# Adults Wellbeing Plan 2017-2020





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# Introduction

The Herefordshire health and wellbeing strategy, adopted in 2014, underlines how Herefordshire aims to be a vibrant county where good health and wellbeing is matched with a strong and growing economy. Our health and wellbeing strategy therefore links with the county's economic strategy, so we can secure the long term goals articulated in our vision for the future:

*Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.*

29

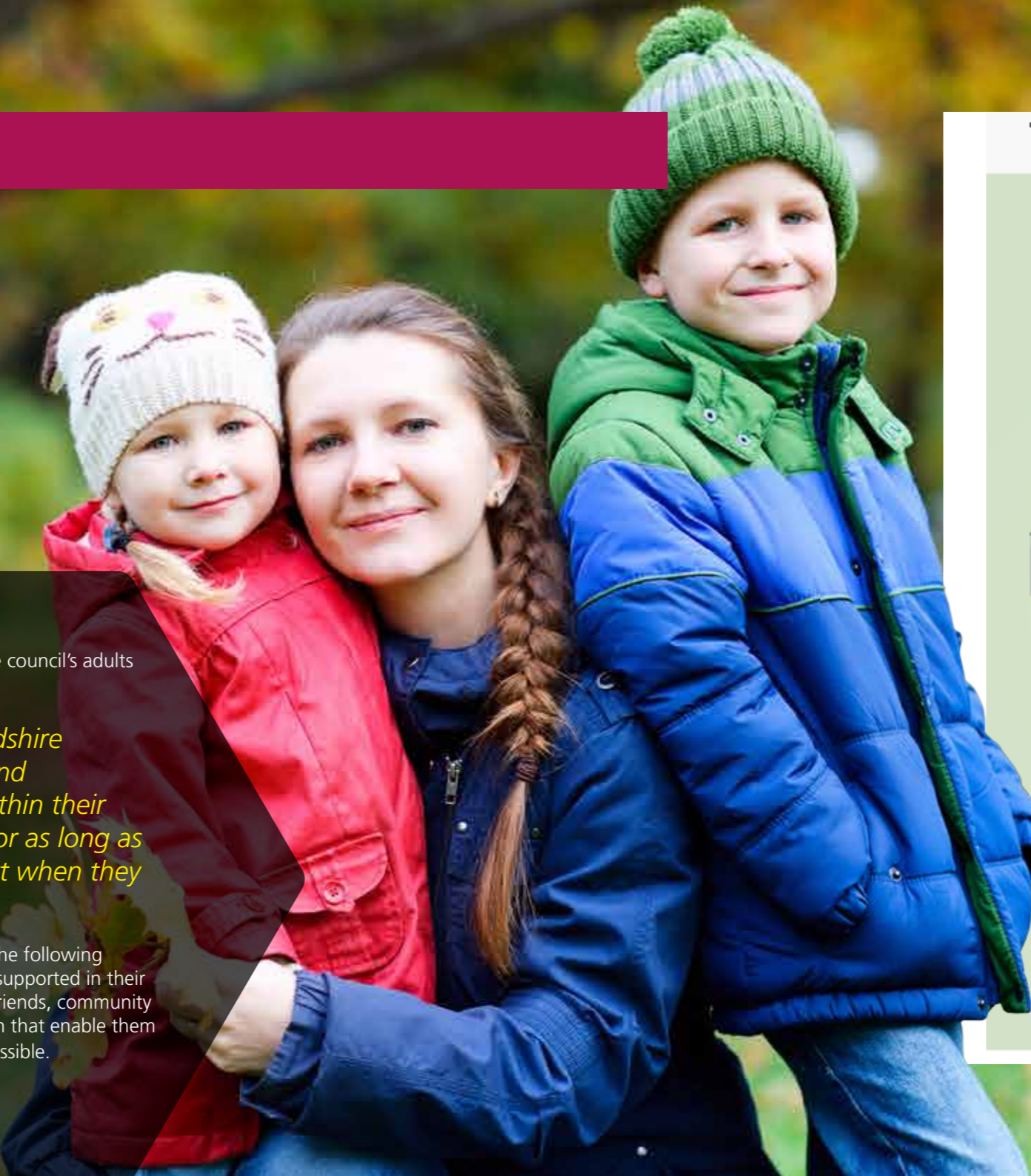
For Herefordshire Council, this is expressed in the priorities set out in its corporate plan 2016 - 2020:

- Enable residents to live safe, healthy and independent lives
- Keep children and young people safe and give them a great start in life
- Support the growth of our economy
- Secure better services, quality of life and value for money

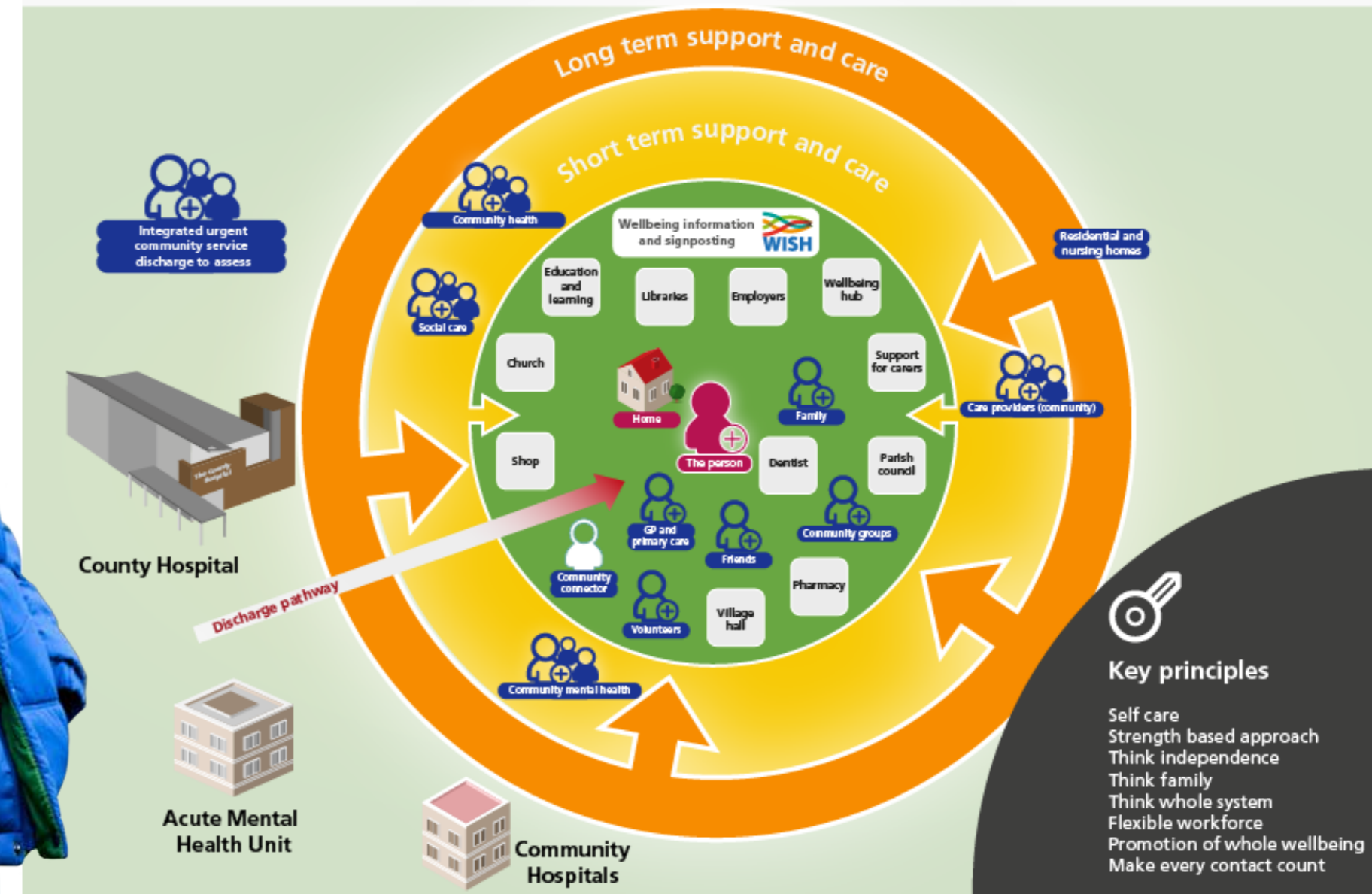
Within this, the vision for the council's adults and wellbeing directorate is:

*All adults in Herefordshire live healthy, happy and independent lives within their local communities, for as long as possible with support when they need it.*

This vision is represented in the following blueprint, where people are supported in their community through family, friends, community groups and good information that enable them to live as fulfilling a life as possible.



## The Blueprint





# Our philosophy

In seeking to adopt the approach set out in the blueprint, our philosophy is centred on the interconnected principles of both information and prevention and also enablement.

The essence of this approach is that it is better if people are able to maintain a good level of wellbeing, drawing on their community, on an ongoing basis. Nonetheless, we recognise that people will at times experience situations where they are unable to cope on their own, even with the support of their local networks. Information and prevention are the central features here. In these circumstances, our philosophy is based on the belief that the best approach is to focus on helping people to regain as much control over their own lives, as quickly as possible. Ways of working that are grounded on the principle of enablement form the foundation of this.

## Prevention

### Stay well

We recognise that everyone is different, with different approaches, experiences, unique strengths and abilities. The essence of our approach is that the individual is best placed to take responsibility for their own life, focusing on the things that are most important to them. This will be a unique combination for each of us.



Sometimes, people need some support to help themselves and maximise their own wellbeing and independence. For the adult population as a whole, we have put in place a wide range of campaigns and services commissioned by our public health team, examples include healthy lifestyles services, health checks, annual flu vaccinations and sexual health services. These services are focused on key groups within our communities, who may be more vulnerable and need additional support.

## Social networks are key

The most significant assets or resources that people can have are often their family, friends and social networks within their community. Communities can and do play a key role in reducing isolation, loneliness, depression and the development of other illness. Part of our work, therefore, is to support communities to understand how they can help people and to enable people to access local community support when they need it.



To help people connect to their communities, we have developed the online WISH (Wellbeing Information and Signposting for Herefordshire) portal. This provides a wide range of information and guidance, including a comprehensive directory of services and activities that support the wellbeing of adults, children, young people and families across Herefordshire.



## Providing prevention and support services

It's critical to the level of wellbeing experienced by Herefordshire residents, as well as the sustainability of social care, that the care and support system works to actively to promote wellbeing and independence, and is not simply a reactive service responding only when people reach a crisis point.

We have in place, and will continue to develop, a suite of preventative services that are designed to intervene early to support individuals to maintain their independence and their daily living skills, helping them to retain or regain their skills and confidence to delay or prevent needs from developing, wherever possible.

These include our recently expanded telecare service, which allows people to call for help if they have a problem at home; extra care housing developments, which make it possible for people to maintain their independence in their own home, secure in the knowledge that care is available on site and our rapid response service, which cares for people in the first few days after they are discharged from hospital.

## Enablement

### Promoting choice and independence

From time to time, a relatively small number of people will need a more substantial level of care and support. At these times, our formal adult social care services are there to assist.

At the heart of our philosophy is the belief that people are best able to maintain a good level of wellbeing when they take control over their own lives, taking personal responsibility for themselves.

We will promote choice and improve wellbeing for everyone we support, so that they can lead the most fulfilling lives possible by achieving the maximum level of independence.

Therefore, when local people are in contact with us, we will:

- Listen to them to understand their circumstances and find out if they need care and support to live independently within their local community
- Find out what people would like to achieve to help them live their life as they want to
- Talk to people, and those who support them, to understand any barriers that could be stopping them from living their life as they want to
- Help people to recognise their strengths and abilities and discuss how these can be built upon to meet their needs

As a result, the people who engage with us can expect a support and care offer that is appropriate and proportionate to meet their needs. In line with our strategic approach, the focus will be on information, prevention and enablement.





## Providing good quality support when needed

We train and support our staff to be compassionate and caring, creative and responsive in assessing and meeting the needs of people seeking support. We want to make every contact count, so our staff are trained to look wider than just assessing whether people are eligible for formal social care and recognise where they can offer information and advice to enable people to make changes to their own lifestyles that could improve their wellbeing.



## Working together

Starting from the belief that people are best placed to take control of their own lives and having choice over the way in which their care needs are met, we will place the individual at the centre of how we work. We will work collaboratively with the people around the person needing care and support, joining with other services, in order to collectively determine the outcomes that build on their strengths and networks, and ensure these are achieved.



## Our challenges

Whilst Herefordshire has a wealth of natural assets, which greatly support the wellbeing of the population, we face a number of significant challenges in ensuring people maintain a good level of wellbeing and are able to access care and support when they need it.

**Rurality:** The level of rurality and sparsely populated communities cause challenges for the delivery of public services. Herefordshire has 186,100 residents and 82,700 homes dispersed across 842 square miles. The county has the fourth lowest population density in England, with over half of all residents living in areas classified as rural, with two in five living in the most rural villages and dispersed areas. Furthermore, those aged 65 years and older are more likely to live in the rural areas, creating particular challenges with the delivery of services where travel times and access issues, such as public transport, is a barrier.

**Demography:** Herefordshire has one of the highest proportions of people over the age of 65 in the country and the figure is growing faster than in most other areas. In addition to this general trend, the number of people aged over 75 and 85 is increasing at a much more rapid rate and people in these age ranges tend to be much more likely to need formal care. Furthermore, although life expectancy has been increasing, the number of years of healthy life that a person can expect has not been growing at the same rate. This means that there has been, and continues to be, a significant rise in the number of older people living with disabilities.

**Workforce:** Not only does the demographic character of the county mean we have a larger number of people requiring care than other areas, but the number of people of working age who might provide that care, is smaller than in other areas. As the economy in Herefordshire develops, there is increasing competition in the market place for staff. Social care has traditionally not enjoyed high levels of status or pay, so it can often prove difficult to recruit and retain staff.

**Funding:** Over the past several years, the funding available to councils has not kept pace with either inflation or demand. The grants paid by central government have fallen very significantly and are due to be largely eliminated by 2020, such that the council will be almost totally reliant on taxation raised from the county's residents and businesses. This means that we have to be sure that we are focusing the limited resources available to us on the most effective ways to support local people and that we prioritise those in greatest need.





## The adults and wellbeing directorate

The council currently supports around 3,200 people a year through its adult social care services. On average, there are around 2,500 people receiving long term services at any one time and over two thirds of these are aged 65 or older.

In 2015/16, the council's net expenditure was a little over £142million. Of this, 41% was spent within the adults and wellbeing directorate.

To ensure we think about people's wellbeing more broadly, the directorate brings together the key areas of social care, housing and public health. We embrace change and continually look to drive improvement within our services and influence the wider health and wellbeing community where we can.

When making changes, we review and re-design our services through collaboration with customers, residents, stakeholders and providers. Our strategy is to work closely with colleagues in the health system, voluntary sector and local communities to find the best way to meet the requirements of the whole adult population.

This includes providing information and advice on keeping safe and well, finding support to help maintain independence, planning care that enables people back into independence and where required, commissioning high quality longer term care.

## Our offer

At times of change and challenge, it is important that the council continues to meet its legal duties, which include making the best use of our resources. We are confident that our approach, along with plans for improved integrated working with health organisations, means that we can both improve and deliver services within our reducing budgets. This enables us to continue to be there when our most vulnerable residents need us.

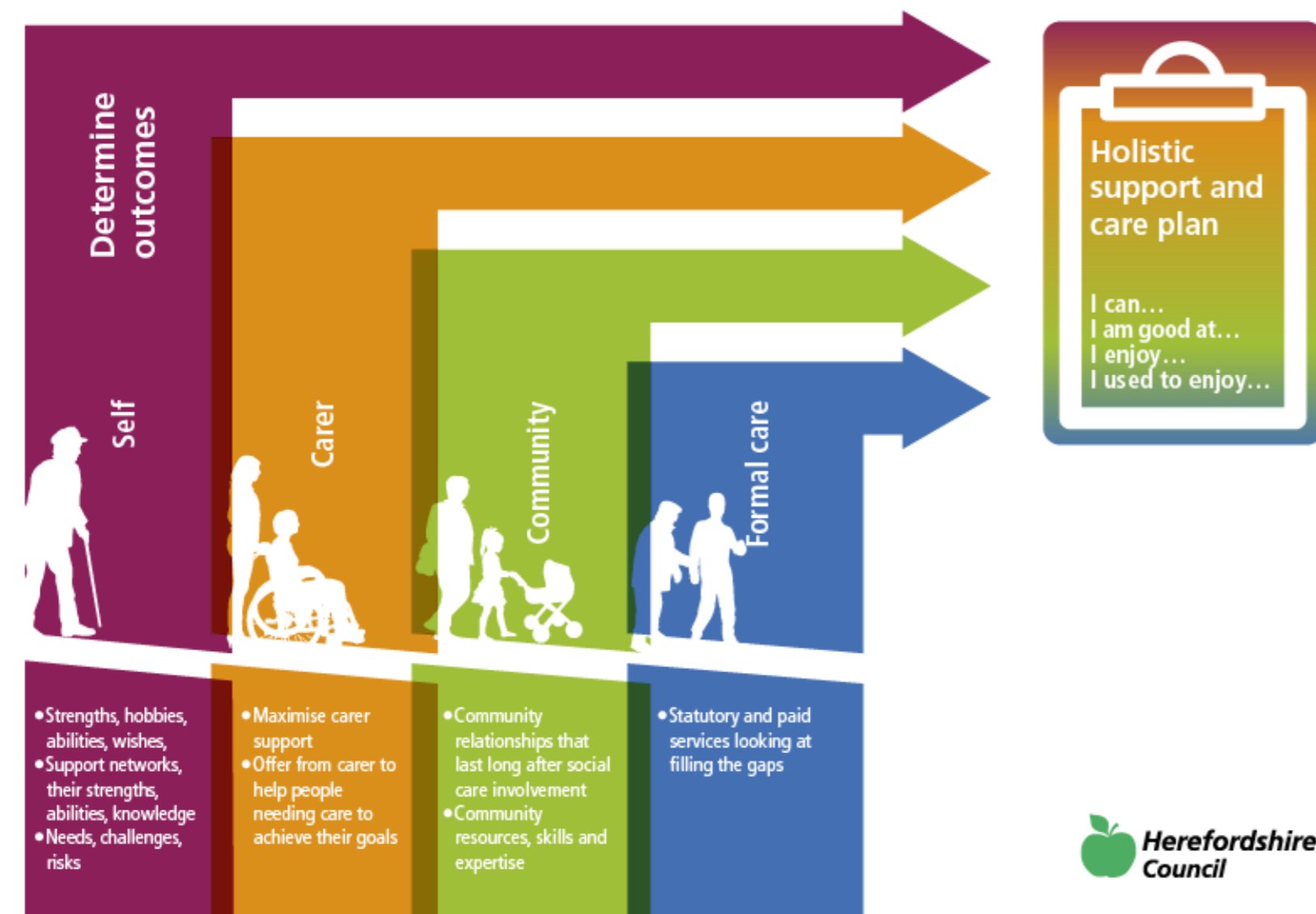
Recognising the importance of protecting and promoting people's independence, resilience, ability to make choices and maximising wellbeing, our social care services operate a strengths based model of practice. This looks first at what people can do with their skills and resources, what the people around them can do and what support is available within their local communities.

Our comprehensive, whole system outcomes approach to care assessment and planning is built upon this strengths based model.





## Whole System Outcomes Model



The result for the people we work with is that they are offered the appropriate level of help when they need it, using our three tier delivery model:

### Tier 1: Help to help yourself

We will...

- Work to keep people in good health and living independently
- Make every contact count and offer information and advice to improve lifestyles and reduce health and social inequalities
- Help people to take responsibility for their lives for as long as possible without 'formal care'
- Offer people information about and connections into their communities, as knowledge of local communities is essential
- Have information at our fingertips to offer advice and signposting
- Capture the wealth of societies, clubs and services within our communities and connect people to them
- Encourage people to be as active as possible and contribute to their community, whilst understanding what their strengths and interests are and how can they build on them
- Look to help people manage at home and remain independent through the use of aids, adaptations and technology

Tier 1 is available for every adult in Herefordshire, whatever their situation.



## Tier 2: Short term enablement

- We will offer short term, sometimes crisis response to people who are at risk of losing their independence
- We will work with people to help them continue to live in their own homes and communities, if at all possible
- We will work to get someone back as close to their previous level of independence as possible, which is our enabling approach
- We will work as quickly and efficiently as possible to stop someone losing their independence
- We will look at the strengths and support that someone already has and how we can build on them
- We will work with people and support their carers to meet their outcomes
- We will use technology and personal aids as much as we can to maintain someone's independence. What is important is what will work and this includes occupational therapy, equipment and assistive technology
- Our response will be time limited and monitored to the point of maximising or achieving a person's independence (see Tier 3 for when ongoing support is needed)
- We will not automatically align customers to services. We will think differently and work with people to find out what would really make a difference to their lives
- Each person with a Tier 2 offer will be reviewed in accordance with their individual circumstances
- Our aim is to assist people on their journey to independence



## Tier 3: Ongoing support for those who need it

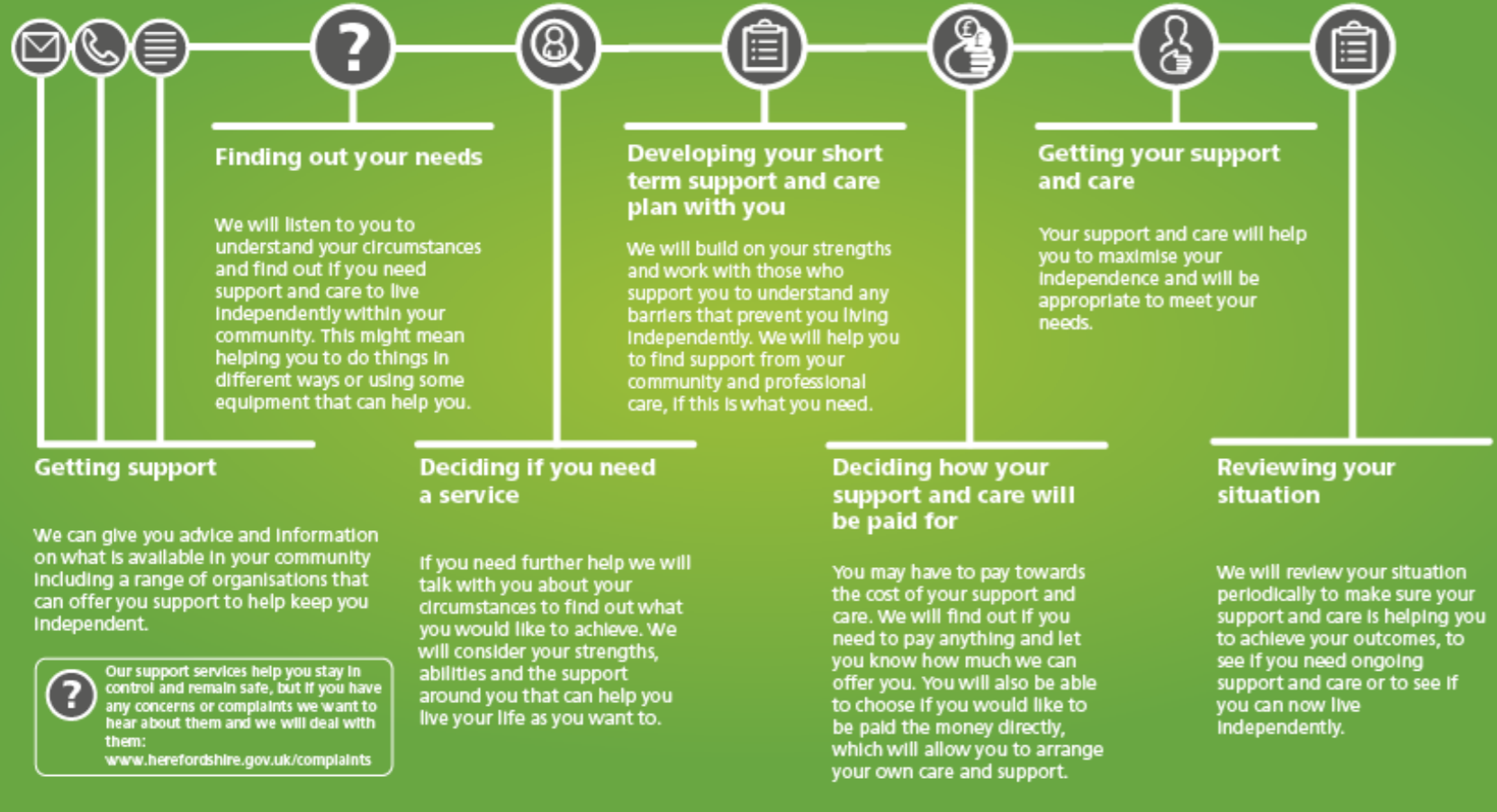
We will...

- Have offered appropriate and timely enablement and preventative support first, before considering ongoing support
- Develop interventions that build on individual strengths, rather than creating dependency
- Ensure that processes are simple and easy for all who use them
- Make sure that any response is proportionate and tailored to people's individual circumstances
- Provide a clear and unambiguous offer that enables people to make informed decisions
- Enable people to have greater choice and control by using the principles of self-directed support and promoting direct payments
- Use a resource allocation system that calculates an indicative amount, which can be spent flexibly and creatively to meet a person's individual minimum outcomes
- Expect people to create their own support plan and give them flexibility to amend it
- Include assistive technology and equipment wherever appropriate in our Tier 3 offer, as it can do so much to maintain independence
- Work closely with local health care teams where appropriate to help a person manage their condition
- Regularly review support according to an individual's circumstances, whether they are someone in need of care or provide care to someone else





# Adult social care - the customer journey



You can take steps to keep yourself safe, healthy and prevent illnesses or conditions developing or getting worse. You can find support in your community, join community groups to make friends, lose weight, get fit, stop smoking and more...

Visit the WISH website for more information: [www.wisherefordshire.org](http://www.wisherefordshire.org)





[www.herefordshire.gov.uk](http://www.herefordshire.gov.uk)



# Adult Social Care in Herefordshire

Our Local Account 2015/16



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Our vision is to:  
Enable residents to live safe, healthy and  
independent lives

# Introduction

In this year's local account, you will read about a change of approach which is being embraced across adult social care. It focuses on strengthening supportive communities and building on individual's strengths and assets.

This change in approach has significant implications for our service providers as they need to adapt to working in a context where individuals have more choice and control and rely on a web of care and support, some paid for and delivered by providers, but much delivered through informal local connections with family, friends and the wider community.

In this context, we retain our responsibilities for safeguarding and for ensuring the best outcomes for all vulnerable adults across the county, whether publicly funded or self-funding.

We are actively engaging with people who use services, those who provide them and our own staff who understand some of the pressures individual people and families face now and in the future. This open dialogue is very important as we can only bring about the changes needed and meet the challenges that austerity poses by working together.

Annual survey results show that in spite of these financial pressures, our customer satisfaction rates are increasing. For example, the overall satisfaction rate has gone up from 67% to 70% which is well above the national average (64%). And the proportion of people whose services that make them feel safe and secure has gone up from 83.9% to 88%. You can read more about what our service users think about our services on page 21.

We would like to thank you for your continued support.



**Martin Samuels**  
Director for adults and wellbeing



**Councillor Patricia Morgan**  
Cabinet member for health and wellbeing

# Understanding the challenge

## Our local population

Herefordshire has a population of 186,100 people, with about 59,900 of these living in Hereford, 9,800 in Ledbury, 11,900 in Leominster and 10,700 in Ross-on-Wye. The rest of the population live in the rural parishes – Herefordshire has the fourth lowest population density in England. Although it is a lovely place to live in, the low population density brings with it service delivery challenges.

Around 42,000 people, or 23 per cent, of the population are aged 65 and over which is above the national average (19 per cent). Current projections suggest that as much as 30 per cent of Herefordshire's population will be aged 65 or over by 2031, with 11,700 of these expected to be 85 or over.

In addition, there are an estimated 2,600 people aged 18-64 in Herefordshire who have a learning disability. Of these, 600 are estimated to have a moderate or severe learning disability and are therefore likely to be in receipt of services.

## Changing legislation

In April 2015, a significant change to social care, the Care Act, was implemented, bringing together existing bits of legislation into one set of laws. The focus was on the wellbeing and care needs of individuals. Key changes included a national eligibility criteria, easier access to better information and advice, changes to safeguarding practices, an increased focus on identifying and meeting individuals' outcomes, and a greater focus on prevention, with the intention of reducing and delaying the number of adults that enter the care system.

## Expectations

As well as the challenges outlined, we have to support colleagues in other agencies such as health professionals and local communities, as well as our own staff, to understand that creating a dependence on social care services is not always the best outcome for individuals. We know that historically, we have supported disproportionately more of particular client groups, like people with learning disabilities, and by addressing the current culture, we can ensure individuals live independent, fulfilled lives.

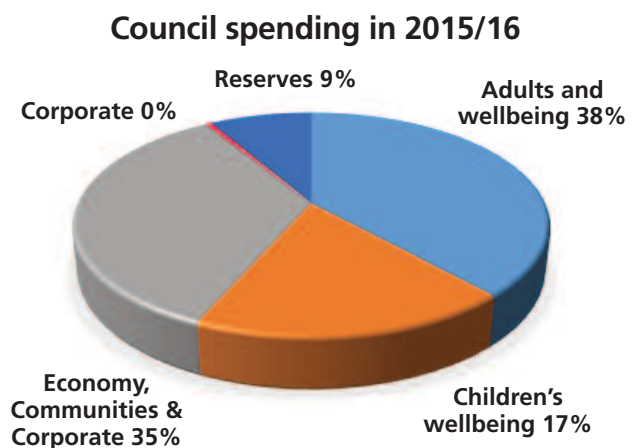
## Money

The council is also facing continuing cuts in public sector funding. In 2010, 80 per cent of council expenditure was funded by government grants, but by 2020 all council expenditure will be funded locally through council tax and business rates.

Between 2010 and 2015/16, Herefordshire council has saved £59million.

Chart 1 demonstrates how the council's expenditure is divided between the different directorates. The adults and wellbeing directorate's proportion of the council's overall spending has remained consistent and currently receives 38 per cent of the council's £141m annual net spend.

Chart 1

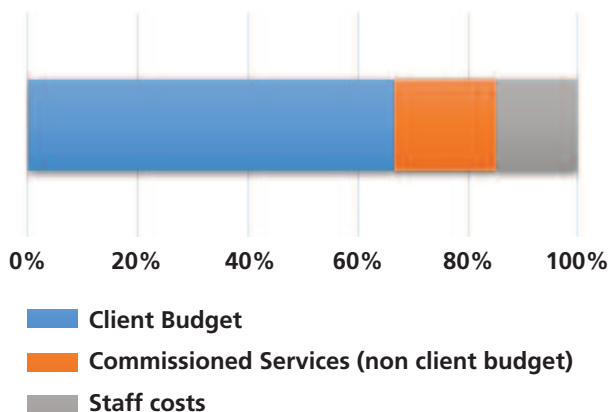




To give an indication of how the money is spent in the directorate, chart 2 below demonstrates the gross spend. The biggest proportion of spend (two thirds), is spent directly on clients, some of whom are supported in their own home, while others are supported in care homes.

Chart 2

**Spend within the directorate**



We spend 19 per cent on non-client focused services, such as public health preventative services. The remaining 15 per cent is spent on staff; this includes social workers, emergency support care staff who help quick discharges from hospital, commissioners and back office support.



The money comes from a combination of revenue settlement grant from the government, public health grant, council tax and business rates, client contributions (where people have been financially assessed as being able to contribute towards the cost of their care) and from the Better Care Fund.

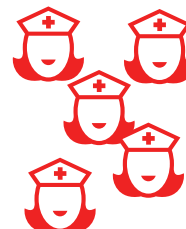
**633** people received residential care during the year



Residential care  
£22.2m



Nursing care  
£9.3m



**459** people received nursing care during the year



Direct Payments  
£7.4m

**528** people received direct payments during the year



Domiciliary Care  
£11.6m



Supported Accommodation  
£3.2m



Other Services  
£3.2m



Carers  
£0.9m

In total, during 2015/16 **2058** people received support in the community.

# Our approach

We began a conversation with residents in 2014, about how we could meet the needs of a growing adult population at a time when funding was being reduced. We've listened to what people and staff have to say, and embarked on developing a new culture of helping people to help themselves, independence, empowerment, choice and control over their wellbeing and care and support needs.

As a result, we are embracing an approach that builds on people's strengths and abilities and connects people to information and support in their local communities, wherever possible.



If you are in contact with adult social care we will:

**Listen to you** - to understand your circumstances and find out if you need care and support to live independently within your local community.

**Find out what you would like to achieve** - to help you live your life as you want to.

**Talk to you and those who support you** - to understand any barriers that could be stopping you from living your life as you want to.

**Help you recognise your strengths and abilities** - and discuss how these can be built upon to meet your needs.

We will help you by:

- Providing information and advice and connecting you to groups, organisations and activities within your local community.
- Agreeing with you what we will do to help and support you, and what you can best do for yourself to maximise your independence.
- Helping you find care and support, if this is what you need.
- Checking if you are eligible for council help to meet some of the costs of your care.



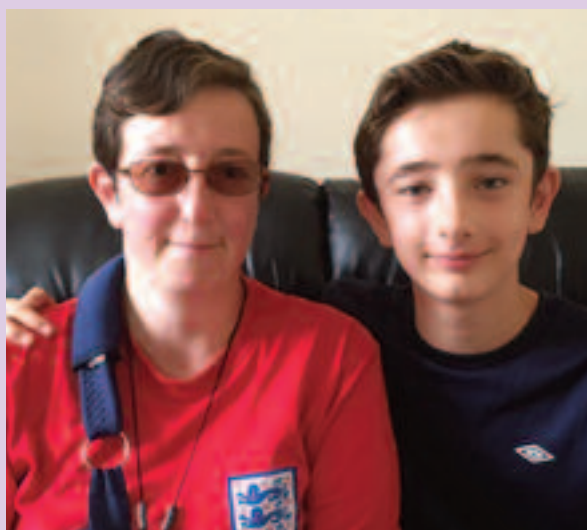
# CASE STUDY

helping people live independently

## Caz's story

Mum of three, Caz began suffering with epilepsy seizures about 10 months after her youngest son was born 14 years ago. Although receiving medication, the number of seizures has increased over the years: on her worst day she had 12 seizures in 24 hours.

She has three sons living at home with her. They are all in full time education and need to be able to go to school and college, knowing that their mum is going to be okay.



Following an assessment with the council's telecare team, Caz had a lifeline with an intelligent pendant/falls detector and an epilepsy sensor installed into her home.

The lifeline and intelligent pendant/fall detector have worked well for Caz, she can raise the alarm if she feels a seizure coming on, or if she falls as a result of a seizure. However, night times are a worry for her.

"The boys need their sleep as they've got school and college to go to" said Caz. "I'm scared that I'm not going to wake up one night. Because the boys are asleep and the doors are shut, I could have a seizure, choke and die .... and they wouldn't know."

She used to have an epilepsy bed sensor mat, but it wasn't working well for the type of seizures Caz has, it was failing to pick them up.

So the telecare team made arrangements for a specialist from Alert IT to visit her and install an Alert IT guardian monitor. This monitor can be set in a bespoke way, so that it can get a more accurate reading of the signs and symptoms of Caz's seizures. The monitor is linked to the lifeline, triggering an alarm call to both her family and to Careline if she has a seizure.

Caz said: "I had no idea what adult social care was and didn't realise this type of service was available. I thought the only thing available was social services and that was for older people.

"They asked me lots of questions on the phone when I got started, but it was well worth it.

"The biggest thing is worrying about what is going to happen to the kids if anything happens to me .... Having this new equipment installed makes me feel a lot better and will help me stop worrying."

## Key changes

### ➔ April 2011-12

Health and social care join forces to form Wye Valley NHS Trust – the first integrated provider of acute, community and social care in England.

National reforms lead to Primary Care Trusts being replaced by Clinical Commissioning Groups.

### ➔ September 2013

Herefordshire council brings adult social care back into the council. It also changes the way some services are provided to promote direct payments and give people more choice and control.

Health services for people with learning disabilities are transferred from Wye Valley NHS Trust to 2gether NHS Foundation Trust.

A newly formed adults and wellbeing directorate embarks on a programme of commissioning to bring new providers and a fresh approach to services.

### ➔ March 2014

The council extends arrangements for 2gether NHS Foundation Trust to provide mental health and substance misuse services..

### ➔ Summer 2014

Public health becomes part of the adults and wellbeing directorate in order to align prevention work.

### ➔ March 2015

The council brings seconded staff from 2gether NHS Foundation Trust back into the council to deliver assessment and care management services for mental health clients.

### ➔ April 2015

The Care Act brings together existing legislation to form the biggest change to social care laws in years. To comply with new regulations, the council revises systems, amends safeguarding arrangements, adopts new national eligibility criteria and strengthens signposting and advocacy services.

### ➔ December 2015

Social care teams are reconfigured and based on the needs of individuals rather than medical diagnoses.

A changed, updated approach is launched (see page 6).

# Some of our achievements 2015/16

In our local account 2014/15, we told you about some of our plans and challenges for 2015/16. You can see below how we managed to address some of these, and also where we have had problems making the progress we would have liked.

## Improving access to quality information

In February 2016, we improved the availability and quality of information available to residents by launching WISH (Wellbeing, Information and Signposting for Herefordshire).

WISH is a web-based system which guides residents through online information and signposts them via a directory of services and activities. It can also be accessed by phone or face to face through a WISH shop in Hereford and pop-up services throughout the county. The aim of the WISH service is to promote and maximise independence for the people of Herefordshire.

WISH continues to develop; we are currently exploring the possibility of delivering an online self-assessment tool and a personal assistant directory.



## Meeting increased demand from carers

In October 2015, we launched a recommissioned health and wellbeing service for carers and following a competitive tendering process, the contract for providing the service was awarded to Crossroads Care.

The service enables carers, who are eligible for support, to have their needs met in an innovative way. Working in collaboration with voluntary sector organisations and utilising community resources, Crossroads Care is facilitating and providing a wide range of activities for carers and the people they care for. For example, the services include a very popular gents pub lunch club, pamper days, outings, arts and crafts, cookery, ladies lunch club and men's shed group. The range of activities is continually expanding to reflect the interests and preferences of carers.

## Direct payments and pre-paid card promotion

In autumn 2015, the council embarked on an engagement programme to promote the benefits of direct payments and pre-paid cards. The cards are easy to use as they require lighter touch monitoring requirements, give clients more choice and control, and help the council make sure money is being spent appropriately. As of August 2016, 174 cards had been issued. We continue to promote the cards to existing direct payment recipients and new clients.

## Better Care Fund

The council and Herefordshire Clinical Commissioning Group are working together to deliver better health and care outcomes for the people of Herefordshire. The government is encouraging this joint working by pooling budgets and developing the Better Care Fund. In Herefordshire this fund is worth £42million.

The Better Care Fund is based around the following schemes:

- Protection of social care
- Community health and social care service redesign
- Managing the care home market

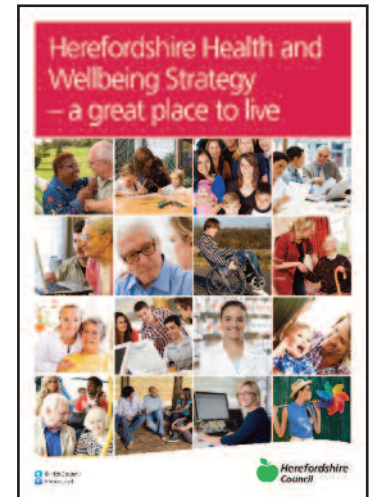
Within each of these schemes, there are programmes of work that intend to drive up performance and enable the entire health and social care system to manage increased demands better and support people in the most effective way possible.

Ultimately, the Better Care Fund is measured by the following five indicators:

- Non-elective admissions to hospitals, which improved slightly in 2015/16; this is positive given the increasing population.
- Number of days of delayed transfers of care (bed blocking), which got worse in 2015/16. It's target is to meet a 2.5% reduction on the number of days delayed on the same month in the previous year, however there has been significant pressure on the hospitals in Herefordshire during the year.
- New permanent admissions to residential homes improved and were down by more than a third in 2015/16
- The rate of people discharged into reablement that remained at home 91 days after discharge, which improved in 2015/16 to nearly 85%
- The falls response service met targets in 2015/16, with lower than forecasted levels of A&E admissions attributed to falls.
- Customer satisfaction (taken from the adult social care survey), which improved in 2015/16 as reported on page 16.

## Health and Wellbeing Strategy

Herefordshire's health and wellbeing strategy identified seven key priority areas including mental health, wellbeing of children, adults and older people, housing, reducing inequalities with focus on special groups of people and alcohol abuse.



In the last 12 months, the adults and wellbeing directorate has recommissioned services to focus on these priority areas and develop a programme of health and wellbeing, as below:

### NHS health check programme

NHS healthchecks are a rolling programme of free checks offered to GP-registered patients aged 40-84. Every year a fifth of the qualifying population are invited for checks. The uptake of the NHS health check was 49 per cent against a national target of 7 per cent in 2015/16.

### Smoking cessation service

The main measure of success for smoking cessation services, the "quit rate at four weeks", continues to be low at 29 per cent. This was as a result of contractual changes and plans are in place for improvement in 2016/17.

### Healthier You

The council is a key partner in Healthier You, the national diabetes prevention programme. People identified by pilot GP practices have been offered the programme and two courses have already started. A further six are due to be delivered in Leominster, Colwall and Cradley in the autumn 2016 with the remaining county being phased in from January 2017. It is anticipated that 1,200 people will be referred to the programme in the first year.





### Active HERE

This council-led programme aims to get inactive people active. It is funded by Sport England with public health grant contribution and is delivered by Brightstripe. The first interim formative evaluation report showed that in the first six months 4,889 people engaged with the programme with 348 of these taking part and 189 becoming more active as a result.

### Transitions

Working jointly with the council's children's wellbeing directorate and other agencies, we have brought forward a new preparing for adulthood protocol, to improve a child's transition into adult social care. Growing the transitions team from one to three members of staff has enhanced opportunities to work with young people and to liaise with a range of professionals to ensure a smooth move into adulthood.



### Strategic Housing

During the year we have continued to work with housing associations and other providers to make sure the county is able to accommodate our growing population.

We have produced a core strategy which sets out our housing plans for the next 20 years. This includes the significant regeneration of the Oval in Hereford.



We have also revised our allocations policy and found housing for people with a range of needs, including highly complex health needs and learning disabilities.



We continue to manage homelessness using very low levels of temporary accommodation. We have not used bed and breakfast facilities since November 2012. We have also reviewed our homelessness and prevention strategy, amending our staffing structure to support services better.

# CASE STUDY

## Shared Lives

Beryl Morgans has helped people live independently all her life. Her mum, Margaret, was one of the founding members of the adult placement scheme, now known as Shared Lives. The scheme places adults who need help to live independently, with families who are able to provide the support they need.

The concept of Shared Lives was developed in response to a move away from institutionalisation to supported community integration in the 1960s and 1970s. It was also a time when the system could overlook people with special needs once they left school.

Beryl remembers what it was like back then. "I have worked in institutions and the Shared Lives scheme is so much better. People blossom, it is a much more natural way of living."

Originally Beryl's mum and dad looked after up to 20 people, when the institutions closed in London. Years later, they retired to Wales with four of the people they had been caring for. Sadly one of them has passed away, but the other three remain with Beryl who now lives in Herefordshire. Sadie, Lloyd and Brian who have moderate learning disabilities, have lived with Margaret for 40 years...

..this is where Sadie and Lloyd met and they've now been married for 32 years!

"I don't know whether Sadie and Lloyd would be a couple in the way that they are if they were living somewhere else. It's lovely that they've found each other and been able to live as husband and wife" said Beryl.

Matching is an important part of the process, particularly when arrangements are likely to be long term. Families are very much involved too and Sadie, Lloyd and Brian are clearly part of the family.

"The families of people we care for get concerned about what's going to happen when they can't be around to look after them anymore. Shared Lives gives people alternative options to residential homes by offering independent living in a family setting."

As these are long term arrangements, a rigorous matching process takes place followed by a planned transfer that involves families. People can continue to see their families every day if they wish, but also get the interaction and support they need to live independently away from their family home.



The Morgans' have a smallholding and Sadie, Lloyd and Brian get involved in daily activities around the premises.

"They look after the animals and orchard. They are just not into day centres, although if they wanted to try them, that would be fine. They enjoy each other's company as well as their friends and family".

Sadie, Lloyd and Brian are clearly very happy and love to show the photos from the many holidays they've had with the Morgans'. They are truly part of the family and are involved in all household decisions, and for Beryl, it's a way of life.

"It's great for anyone who is vulnerable and stops people feeling lonely. It's having someone around in the house that makes the difference, knowing you are not on your own.

"You build up a strong relationship with people. The people I care for; their confidence has built up and they are more independent now and enjoying a better quality of life".

# How are we doing?

The council has a legal duty to produce a set of performance indicators and performance data on its annual performance. This data set is called the Adults Social Care Outcomes Framework, sometimes known as ASCOF. A full copy of these data items are included on page 21, but a number of the most important items are included below:

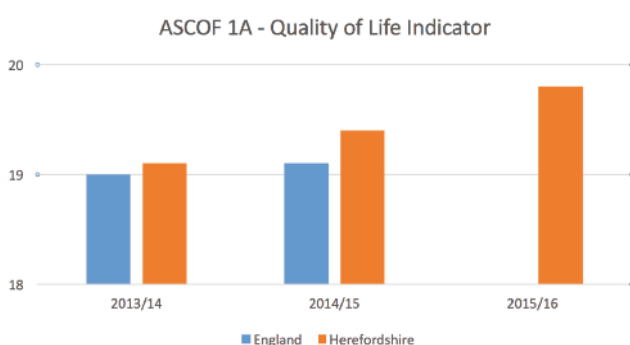
## Improving the quality of life for people with care and support needs

### Annual survey

Every year, we survey a random sample of our social care service users. We do this based upon set criteria from central government. In 2015/16, our results showed improvement in many of the areas surveyed. In addition, we had one of the highest response rates compared to other local councils (over 48 per cent).

As indicated in chart 3, we are showing an increase in the quality of life for clients cared for by social care services (ASCOF 1A). This is calculated by collating a number of the questions within the survey. We have improved significantly over the last few years when compared to similar councils, the West Midlands and English averages.

Chart 3



In addition to the quality of life indicator, we were able to see an improvement in the following areas, with more people saying that:

- They had as much social contact as they wanted
- They felt safe
- The services they receive make them feel safe
- They were satisfied with the care and support they receive

### Listening to Herefordshire people

We have involved people more in reviews and service redesigns and adopted a co-production approach wherever possible. We have held many conversations over the year, some in market towns, some at specifically organised events and some through our provider networks. We have also developed a more robust model of engagement to make sure people who use services and those who care for them have a voice.

The Making It Real board is well established and continues to make a difference to people's lives in Herefordshire. During 2015/16 they have been particularly involved in the following areas;

- Redesigning the council's easy read documentation
- Providing the service user perspective in developing WISH and helped test the site before launch
- Looking at some of the letters the council sends out to clients and making improvements to them
- Participating in the Safeguarding Peer Review
- Reviewing, challenging and revising direct payments literature
- Promoting the Making it Real group and encouraging new people to join
- Electing an independent chair for the board
- Participating in a programme of engagement and consultation over the future of home care
- Continuing to raise concerns and challenge the council over social worker practice, direct payments and assessment issues.

We also have a newly formed Learning Disability Partnership Board and a thriving Autism Partnership.



## Listening to concerns - complaints

Unfortunately, as much as we try, we don't get it right all the time and service users and their families or representative may wish to complain about our service or the services they receive.

Between April 2015 and March 2016, there were 81 complaints made about the adult and wellbeing directorate, a similar number to the previous year.

Complaints focussed on funding of care packages, timeliness of social work assessments and communication with service users. There were also a number of complaints about failure of commissioned services. We did however see a reduction in the numbers of complaints around the housing allocations system (Homepoint).

All complaints are investigated and responded to in line with our complaints policy.



## Delaying and reducing the need for support

### Reablement

The six week reablement service supports clients being discharged from hospital in an enabling way to reduce and potentially remove the need for any ongoing social care services. It is universally accepted that where possible, supporting people so that they become completely independent of support is a good thing and that it helps them to lead more fulfilled lives.

During 2015/16, more than 340 people received this service which is about 50 per cent more than in 2014/15. Eighty-five percent of clients aged 65+ remained at home 91 days after their discharge into reablement services (ASCOF 2B), this is an improvement on the 2014/15 results. In addition, during the year, the commissioned provider began recording their interactions with their clients on the council's data system. This gives social work staff a better understanding of what happened during the reablement period and also allows access to improve information for reporting.

The reablement ethos is fundamental to the delivery of the services commissioned by the local authority. Supporting individuals to be as independent as possible is at the core of this approach and is part of the current review of home care and rehabilitation services.

### Improving healthy lifestyle choices

Our healthy lifestyle trainer service supports residents of Herefordshire to make lifestyle changes (stop smoking, reduce alcohol, lose weight etc.) During 2015/16, 410 people received intensive lifestyle support; 36 per cent of these people were aged 18-44, 74 per cent were female and 53 per cent were from the most deprived parts of Herefordshire.

As a result of this support, 61 per cent achieved the outcomes that they set for themselves and made the lifestyle changes they wanted, 26 per cent partially achieved their outcomes and the remaining 13 per cent did not achieve outcomes, typically due to disengaging with the service early.



In addition to providing one-to-one support, the service attended 674 community activities within Herefordshire, provided support at 458 activities and reached approximately 7,500 people. Support was largely around healthy eating, losing weight, stopping smoking, reducing alcohol consumption and physical activity.

### **Delayed transfers of care**

During 2015/16, one of the significant pressures on social work teams was supporting hospitals to discharge clients from hospital settings. This is sometimes very difficult and can't always be achieved for many reasons; due to both medical and social care delays. Where hospitals are unable to discharge someone despite them being medically fit, this is called a delayed transfer of care otherwise known as bed-blocking. In the year, there was a small improvement in the total number of people delayed (ASCOF 2a1), although there was an increase in the numbers of clients delayed due to social care reasons (ASCOF 2a2). This is one of the key areas of improvement for the Better Care Fund and there is a specific action plan identified in order to drive up improvement in 2016/17.

### **Residential care**

The number of clients placed in residential and nursing care significantly reduced during the year when compared to 2014/15. In the year, we admitted 11 clients aged under 65, which is a 21% reduction on the previous year. During 2015/16, we placed 183 people aged 65+ in care homes; 104 in residential and 79 in nursing – this has resulted in a small reduction in the number of people supported in care homes. The ASCOF measures relating to residential admissions, 2a 1 and 2, can be found on page 21.

## Ensuring people have a positive experience of care and support

### **Care home monitoring**

There are 64 homes providing residential care within Herefordshire (1,001 beds) and 28 homes providing nursing care (1,054 beds). There are also 48 domiciliary care agencies registered within Herefordshire. The Care Quality Commission, ensures that all care providers maintain a registration which regulates standards of care provided. To support this work, they have a rolling programme of inspections. At the time of reporting CQC had identified that four homes and three domiciliary providers required improvement in Herefordshire.

During 2015/16 the council supported care providers to address different levels of quality concerns through service improvement planning, which included eight care homes and three domiciliary care providers, in Herefordshire.





### Quality Assurance Framework

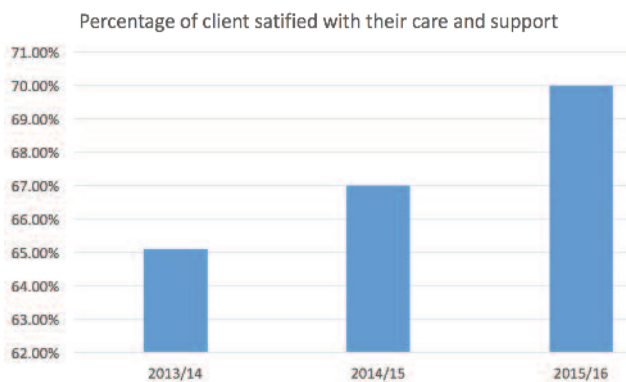
Herefordshire council introduced a new approach to quality assurance in the county this year. As a key priority is for people to be confident that the care and support they receive will be of high quality and that they will be safe and treated with dignity and respect.

The new Quality Assurance Framework was introduced in April 2016, which sets out the approach that Herefordshire council will take to ensure local care and support services provide what individual citizens need. The frameworks principles are person centre, intelligence based, supportive and proportionate, with a set of processes which are put in place with one goal: to deliver high quality care and support services in Herefordshire. It is not a replacement to the inspection programme conducted by the Care Quality Commission (CQC), who are the independent regulator of health and social care in England, but more a local process which can help the council identify and support.

### Annual Survey

As referred to earlier, our annual survey gave us some really positive results. Overall satisfaction with care and support services rose from 67% to 70%; this improvement is particularly positive in the light of the increasing demands on the service and the reduced level of finances.

Chart 4



### Ensuring people have a positive experience of care and support

### Safeguarding

We received 1760 safeguarding concerns, relating to 1310 individuals during 2015/16. These concerns are reports of potential safeguarding issues that could warrant further investigation. A small team of people review the information made available to us and assess whether the reported concern meets safeguarding criteria. The following visuals identify who are our main referrers, where reported incidents took place and also what types of abuse were reported.

Chart 5

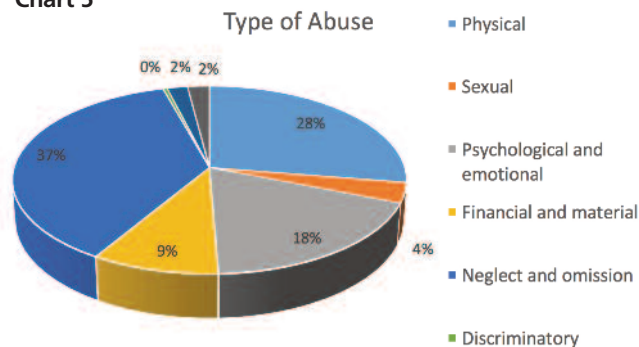


Chart 6

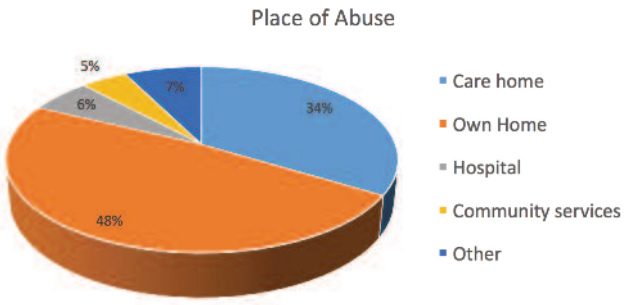
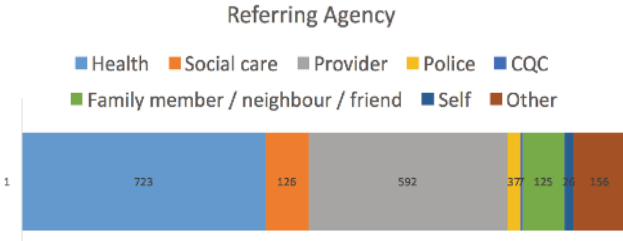


Chart 7



Of the 1760 concerns raised in the year, only 22 per cent were assessed as appropriate for an investigation to be undertaken. When this investigation happens, we make a judgement about whether the abuse has been substantiated or not. Chart 8 shows that 33 per cent of the investigations started in the year confirmed that abuse had occurred.

In addition to the information we collect about our safeguarding practices, we also ask some questions in our annual survey about people's perceived safety. It is good to see that in the past year, a greater proportion of people in Herefordshire feel safe and secure as a result of their services and these improvements have brought our performance in line with national averages. Charts 9 and 10 show the improvement in these two measures.

Chart 8



Chart 9

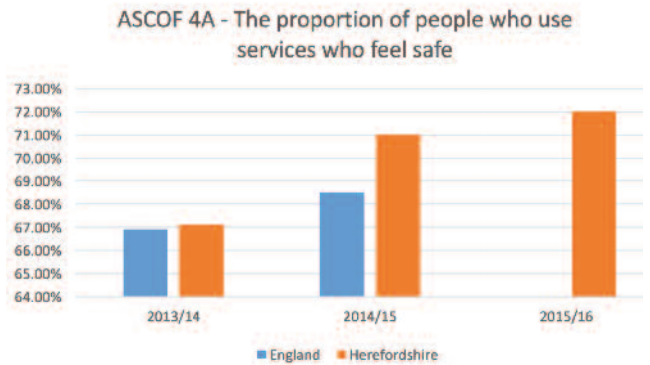
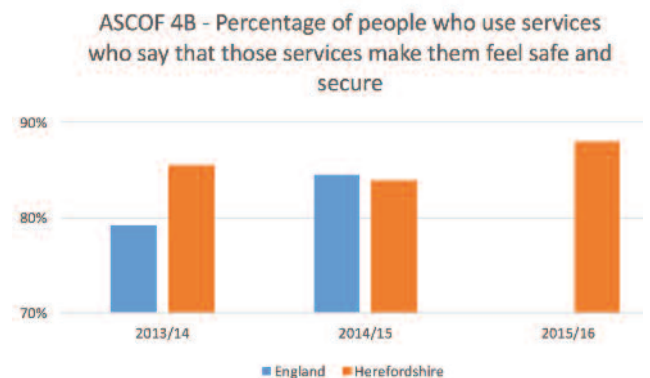
















Chart 10





## Safeguarding Peer Review

In September 2015, a number of experienced safeguarding professionals from around the West Midlands, together with some experts by experience came to Herefordshire to assess our safeguarding practice and performance. Below is a summary of their recommendations together with actions taken as a result.

They recommended...	We have...
	
<p>That we develop a strategic plan for safeguarding, covering the next 3-5 years.</p>	<p>Developed a strategic plan through our Herefordshire Safeguarding Adults Board which is available on our website.</p>
	
<p>That an individual's desired outcomes should be identified at concern stage; all referrers should be advised of this and assisted in implementing this.</p>	<p>We plan to train our partners to support them through this process change. We are also reviewing our processes to ensure that outcomes are more clearly captured.</p>
	
<p>That we review the capacity and availability of our advocacy service to ensure prompt access to advocacy.</p>	<p>We have extended our current service, and plan to review and re-commission the service in April 2017.</p>
	
<p>We have developed a multi-agency competency framework for training</p>	<p>This has been completed.</p>
	
<p>We further develop the performance framework of the board</p>	<p>This was completed and continues to evolve in line with the board requirements.</p>
	
<p>That we review our processes and terminology to ensure full Care Act compliance</p>	<p>All documentation and processes on our case management system are being updated. In addition, all user facing communications have been reviewed with our Making It Real Board</p>
	
<p>We work closer with our partners to improve everyone's understanding of their roles and responsibilities</p>	<p>We are planning training to promote awareness amongst our partners. We are also developing safeguarding bulletins and organising a programme of communication events</p>

## Making Safeguarding Personal

The safeguarding review also focused on our Making Safeguarding Personal practices. One of our key measurements is to see whether a person has been asked what their desired outcomes are and whether these outcomes have then been achieved. As part of our statutory reporting responsibilities, we identified that in 28 per cent of completed safeguarding enquiries we asked the person in the middle of the enquiry (or their advocate or family member) what they would like to achieve as a result of the investigation. In 74 per cent of cases, we were able to meet these outcomes. This is an area for improvement in 2016/17.

## Deprivation of Liberty Safeguards

Over the last few years we have received significantly more applications for Deprivations of Liberty Safeguards (DoLS) as a result of changes to case law. These are requests that grant authority to deprive someone of their liberty in order to keep them safe. This increased number of applications continued in 2015/16, with 1479 applications, nearly double the number of applications received in 2014/15 (783).



# Spending and service levels

As a result of increasing demand, reduced funding and appreciation that there are better ways to meet needs, the council closely monitors its financial position to make sure we offer value for money.

At the end of the financial year (March 2016), as a result of tight financial management, the directorate had a small underspend of £22k.

Chart 11 demonstrates how much money was spent by the directorate per head of population. This is similar to other authorities like Herefordshire.

**Chart 11**

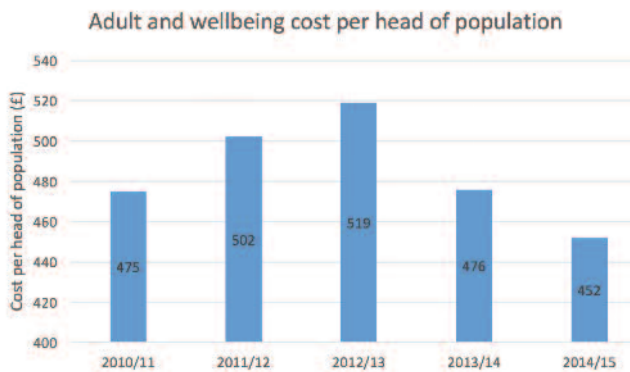


Table 1 shows the amount of money that the council spends on our over 65 population. It also shows what this equates to per 1000 population and an average of authorities identified as similar to us; either in their population or demography. This shows us that as an authority, we spend less money per 1000 population on older people aged over 65 than our comparator authorities.

**Table 1**

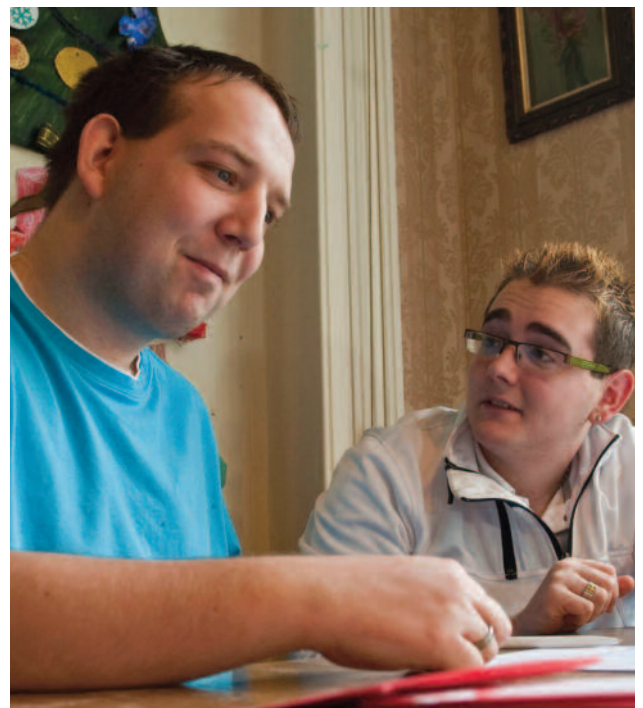
	Total Spend	Spend per head of population	Comparator mean
Older people	20,885	£522.62	£591.31

Table 2 shows we spend more money per 1000 population on people who are aged under 65; those with learning disabilities, mental health, physical disabilities and sensory impairments. Given the prevalence of people with learning disabilities, mental health and physical disabilities in our under 65 population, this is quite high and one of the highest compared to other authorities similar to Herefordshire.

**Table 2**

	Total Spend	Spend per head of population	Comparator mean
Learning Disabilities (Under 65)	16,453	£153.28	£141.55
Mental Health (Under 65)	3,365	£31.35	£23.23
Physical Disabilities (Under 65)	4,905	£45.70	£29.73

We will continue to manage the needs of our clients effectively so that we can reduce our costs where possible.























# Adult social care outcomes framework

The Adults Social Care Outcomes Framework, or ASCOF, is a national set of measures that all local authorities must report on.

The table below compares the performance of Herefordshire, this year and last year, with the English average for last year. At present, the English comparator has not been published for 2015/16.

	2014/15		2015/16	Improvement
	England	Hereford	Hereford	
Social Care Quality of Life	19.1	19.4	19.8	
Proportion of people who use services who have control over their daily life	77.3%	77.9%	80.5%	
Proportion of people using social care services who receive self-directed support, and those receiving Direct Payments	83.7	87.3%	94.0%	
Proportion of people using social care services who receive a Direct Payment	26.3%	23.1%	32.9%	
Carer reported quality of life	7.9	7.6	*	
Proportion of adults with a learning disability in paid employment	6.0%	6.0%	11.3%	
Proportion of adults in contact with secondary mental health services in paid employment	6.8%	10.4%	9.7%	
Proportion of adults with a learning disability who live in their own home or with their family	73.3%	60.2%	58.0%	
Proportion of adults in contact with secondary mental health services living independently, with or without support	59.7%	76.0%	73.6%	
Proportion of people who use services, and their carers, who reported that they had as much social care contact as they wanted	44.8%	46.3%	54.2%	
Permanent admissions to residential and nursing care homes, per 100,000 population, aged 18 - 64	14.2	13.0	10.2	
Permanent admissions to residential and nursing care homes, per 100,000 population, aged 65+	668.8	655.3	416.6	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	82.1%	77.0%	84.7%	
Delayed transfers of care from hospital (all reasons)	11.1	7.8	7.7	
Delayed transfers of care from hospital which are attributable to adult social care	3.7	4.1	4.5	
Overall satisfaction of people who use services with their care and support	69.0%	67.0%	70.0%	
Overall satisfaction of carers with social services	41.2%	38.6%	*	-
The proportion of carers who reported that have been included or consulted in discussions about the person they care for	72.3%	71.1%	*	-
The proportion of people who use services and carers who find it easy to find information about support	75.4%	74.5%	72.2%	
The proportion of people who use services who feel safe	68.5%	71.0%	71.5%	
The proportion of people who use services who say that those services have made them feel safe and secure	84.5%	83.9%	88.0%	

Please note that the Carers Survey is only completed every 2 years and as a result, we do not have results for 2015/16.

# Further information

## Useful information

### 1. Access to adult social care

Adult social care enquiries: 01432 260101

[ASCAdviceandReferralTeam@herefordshire.gcsx.gov.uk](mailto:ASCAdviceandReferralTeam@herefordshire.gcsx.gov.uk)

### 2. WISH

[www.wisherefordshire.org](http://www.wisherefordshire.org)

### 3. Healthwatch Herefordshire

01432 364481

[www.healthwatchherefordshire.co.uk](http://www.healthwatchherefordshire.co.uk)

### 4. Care Quality Commission

The independent regulator of all health and social care services in England.

03000 616161

[www.cqc.org.uk](http://www.cqc.org.uk)

## Further reading

### 1. Facts and figures about Herefordshire

<https://factsandfigures.herefordshire.gov.uk>

### 2. Making it Real

[www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)





[www.herefordshire.gov.uk](http://www.herefordshire.gov.uk)



<b>Meeting:</b>	<b>Health and wellbeing board</b>
<b>Meeting date:</b>	<b>16 May 2017</b>
<b>Title of report:</b>	<b>Public Health Strategy and Plan 2017 - 2020</b>
<b>Report by:</b>	<b>Director of Public Health</b>

## Classification

Open

## Key decision

This is not an executive decision.

## Wards affected

County-wide

## Purpose

To note the publication of the Public Health Plan 2017-2020 and seek the views of the Health and Wellbeing Board.

The Public Health Plan 2017 - 2020 sets out the vision to improve health of the local population. It identifies six key priority areas that are aligned to the Herefordshire's Health and Wellbeing Strategy and Joint Strategic Needs Assessment.

## Recommendation(s)

**THAT:**

**The board review the public health plan 2017-20 (appendix 1), and provide any recommendations to further improve achievement of outcomes or alignment with the health and wellbeing strategy with particular focus on alcohol related harm and dental health in young people.**

## **Alternative options**

- 1 There are no alternative options; it is a function of the board to review whether the commissioning plans and arrangements for the NHS, public health and social care (including Better Care Fund submissions) are in line with and have given due regard to the health and wellbeing strategy

## **Reasons for recommendations**

- 2 The plan is based on the annual Director of Public Health Report (appendix 2) which is a statutory requirement.
- 3 The Public Health Plan 2017-2020 provide details of the work programme and priorities for the council.

## **Key considerations**

- 4 The plan reflects the director of public health's view on important issues affecting the health of the population of Herefordshire.
- 5 The plan recognises the importance of screening programmes, as early identification and interventions are linked to more positive health outcomes. The report has been informed by Public Health England Adult Health Profile data and local morbidity and mortality data
- 6 The plan provides a summary of the health of the Herefordshire population, describes the work undertaken by the public health team in key areas, and offers advice to employers and members of the public on ways in which they can take greater responsibility for their own wellbeing, with links to online resources.
- 7 Priority areas are in line with the strategic objectives of the council's Corporate Plan.
- 8 The focus for the plan is prevention and supporting people to make the necessary lifestyle change to prevent illness and improve wellbeing.
- 9 The key aspects of two public health programme are described in detail in the appendices 3 and 4.

## **Community impact**

- 10 The plan emphasises the central role of self-care and communities in ensuring that people can live well within their communities and when required, communities are able to respond.
- 11 Addressing the issues highlighted in these reports has the potential to positively impact on the health and wellbeing of the adult population of Herefordshire.

## **Equality duty**

- 12 The focus of public health programmes is to reduce health inequalities and to commission services that are accessible to hard to reach communities. All of the

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Further information on the subject of this report is available from  
Rod Thomson (Director of Public Health) Tel: 01432 383783



services that are commissioned by the public health grant demonstrate the council's commitment to its equality duty.

- 13 Section 149 of the Equality Act 2010 imposes a duty on the council to have due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic (disability being one such characteristic) and persons who do not share it.
- 14 The recommendations support the Public Sector Equality Duty, under section 149 of the Equality Act 2010, which are to:
  - Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act;
  - Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it;
  - Foster good relations between people who share a relevant protected characteristic and those who do not share it.

## **Financial implications**

- 15 The reports provide the strategic direction for the ongoing application of the resources allocated by the council via the public health grant.

## **Legal implications**

- 16 Section 31 Health and Social Care Act 2012 provides a duty for the Director of Public Health to prepare an annual report, with additional information as required, on the health of the people in the area of the local authority, and a duty on the local authority to publish the report. Failure by the authority to act in accordance with the legislation, will leave it open to criticism and potential legal action.

## **Risk management**

- 17 Failure to produce the Director of Public Health Annual Report would mean the council was not fulfilling its statutory duties.
- 18 There are no specific risks as a result of the recommendations in this report, however it is important that the Board note the key priorities set out in the plan and consider these principles in their decision making.

## **Consultees**

- 19 The production of these reports are in consultation and co-production with service users, providers, partners and internal and external stakeholders.

## **Appendices**

Appendix 1 – Public Health Plan 2017 – 2020

Appendix 2 - Public Health Annual Report 2016

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Further information on the subject of this report is available from  
Rod Thomson (Director of Public Health) Tel: 01432 383783

Appendix 3 - Integrated Public Health and Wellbeing Programme for Children and Young People

Appendix 4 - Problematic Alcohol Use in Herefordshire

## **Background papers**

- None identified

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Further information on the subject of this report is available from  
Rod Thomson (Director of Public Health) Tel: 01432 383783

# Public Health Plan 2017 - 2020



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## Purpose of the report

The Public Health Plan 2017 - 2020 sets out the vision of Herefordshire Council to improve the health of the local population. It identifies five key priority areas and describes key deliverables for each one. The priority areas are aligned to the Herefordshire Health and Wellbeing Strategy and Joint Strategic Needs Assessment, as well as the objectives set out in the council's Corporate Plan.

This plan supports the Adults Wellbeing Plan 2017 - 2020 and the Children and Young People's Plan 2015 - 2018.

## Herefordshire: Setting the scene

Our society has made great progress in treating illness. However, we could spare many people the anxiety and pain of a wide range of conditions, if we helped them to prevent these from occurring in the first place.

In many respects, Herefordshire is a very fortunate county in terms of the health of its population. When compared to other local council areas in England, people here are generally healthier than in other communities. The number of people who die prematurely (before the age of 75) is one of the lowest rates in the country, with Herefordshire rated 21 out of 150 local council areas. However, like the rest of the country, we've see a rise in the number of people with long term health problems due to illnesses such as diabetes and conditions such as obesity.

Most of these long term conditions and illnesses, which are the cause of premature death, are preventable and simple changes to our lifestyles can make a significant difference in reducing the risk of developing, for example, heart or lung disease. A number of key factors such as increasing the level of exercise we take, reducing the amount of food we eat, including controlling the sugar content of our diet and stopping smoking cigarettes can all make a significant difference in reducing our risk of chronic illness or premature death. The latest data for the levels of exercise, obesity and smoking prevalence within the county, highlights there's still room for improvement in the health of local people.

Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared



Indicator	Period	Herefs		Region England		England			Best/Highest
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	
Smoking Prevalence in adults	2015	-	-	17.5%	15.7%	16.9%	26.8%		9.5%
Percentage of physically active adults	2015	-	-	63.3%	55.1%	57.0%	44.8%		69.8%
Excess weight in adults	2013 - 15	-	-	63.9%	66.8%	64.8%	76.2%		46.5%

Source: Herefordshire Health Profile 2016

There are other factors for the council to consider in our planning, including levels of diabetes, the number of hip fractures due to falls and the number of hospital stays due to self-harm or alcohol related harm.

Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared



Indicator	Period	Herefs			Region England		England			Best/ Highest
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range		
Cancer diagnosed at early stage	2014	–	432	51.6%	50.9%	50.7%	36.3%		59.7%	
Hospital stays for self-harm	2014/15	–	243	141.4	202.7	191.4	629.9		58.9	
Hospital stays for alcohol-related harm	2014/15	–	1,034	528	697	641	1,223		379	
Recorded diabetes	2014/15	↑	9,653	6.4%	7.3%	6.4%	8.9%		3.7%	
Incidence of TB	2013 - 15	–	11	2.0	14.4	12.0	85.6		1.2	
New sexually transmitted infections (STI)	2015	–	621	543	697	815	3,263		287	
Hip fractures in people aged 65 and over	2014/15	–	222	466	594	571	743		379	

Source: Herefordshire Health Profile 2016

The figures above focus on the health and wellbeing of adults, however we recognise that the greatest health gains can be made when we, as parents and as a society, give our children the best start possible. The council is committed to ensuring that Herefordshire’s children and young people have the very best start in life and grow up healthy, happy and safe within supportive family environments.

Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared



Indicator	Period	Herefs			Region England		England			Best/ Highest
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range		
Smoking status at time of delivery	2015/16	–	-	*	13.1%*	10.6%*	26.0%		1.8%	
Breastfeeding initiation	2014/15	↓	1,126	67.7%	66.8%	74.3%	47.2%		92.9%	
Obese children (Year 6)	2015/16	–	320	19.8%	22.1%	19.8%	28.5%		11.0%	
Alcohol-specific hospital stays (under 18)	2012/13 - 14/15	–	49	45.3	32.8	36.6	92.9		10.9	
Under 18 conceptions	2014	↓	65	20.4	26.5	22.8	42.4		8.4	

Source: Herefordshire Health Profile 2016

### Herefordshire’s mortality rankings compared with neighbouring counties

For all causes of premature mortality, the average ranking is based on the mean of all metrics out of 150 local council areas, with first being the best and 150 being the worst.

Whilst our overall ranking is good, as demonstrated in the following list, when different health conditions are considered it’s clear that for some causes of premature death, we need to make more effort to improve the health of local people.

## **Premature death before the age of 75**

**Herefordshire is ranked 21** with Shropshire 33, Gloucestershire 36 and Worcestershire 55.

However, wide variations are seen in ranking when broken down by individual causes of premature death.

### **Cancer**

Overall cancer deaths:

**Herefordshire is ranked 8** with Gloucestershire 27, Worcestershire 29 and Shropshire 41.

Lung cancer for all ages:

**Herefordshire is ranked 3** with Shropshire 22, Gloucestershire 27 and Worcestershire 57.

Breast cancer:

**Herefordshire is ranked 48** with Gloucestershire 59, Shropshire 117 and Worcestershire 126.

Colorectal cancer:

**Herefordshire is ranked 67** with Gloucestershire 48, Shropshire 55 and Worcestershire 118.

### **Heart disease and stroke**

Overall heart disease and stroke:

**Herefordshire is ranked 42** with Gloucestershire 29, Shropshire 30 and Worcestershire 43.

Heart disease:

**Herefordshire is ranked 64** with Worcestershire 27, Shropshire 40 and Gloucestershire 42.

Stroke:

**Herefordshire is ranked 8** with Gloucestershire 42, Shropshire 51 and Worcestershire 87.

## **Our vision for the future**

Life expectancy in Herefordshire has increased for both women and men over recent years, as it has for the rest of the country. However, there are several facts that must be taken into account in promoting the health and wellbeing of our population. Firstly, we must remember that we are still mortal and at some time our lives will end and secondly there are significant variations in the life expectancy of the women and men. In general, women live for several years longer than men. There is also a variation in life expectancy within each gender, with those at greater social disadvantage generally having shorter life spans.

The vision for the county is therefore two fold. The first aspiration is to bring the life expectancy of our most disadvantaged residents up to that of the most affluent in our communities and so end health inequalities. The second aspiration is to reduce the prevalence of long term conditions such as diabetes, chronic obstructive airways disease and cardiovascular disease to as close to zero as possible. These are challenging



aspirations and will need credible markers over the years to identify our progress to achieving them.

Abraham Lincoln said: “In the end, it’s not the years in your life that count. It’s the life in your years”. Whilst his sentiment is correct in terms of the quality of a person’s life being important, as a community we have the ability to extend both the life span and quality of that life. Our vision should be to enable everyone in our communities to have a long life span that is free of long term illness. To achieve this vision, we need the combined efforts of individuals, families, communities and the statutory and voluntary sector organisations.

To bring this vision and its aspirations closer to achievability will require all of us to have a stronger commitment to investing our time and resources into preventing ill health and to promoting physical and mental wellbeing. With the pressures being placed on health and social care services, due to our ageing population and the current levels of chronic illness, it is essential that we as individuals, families and communities take better care of ourselves and stay as well as possible for as long as possible. Our neighbours in Wales have adopted an approach that is worthy of adaption in Herefordshire, called Prudent Health Care.

### **The principles of Prudent Health Care**

Any service or individual providing a service should:

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production
- Care for those with the greatest health need first, making the most effective use of all skills and resources
- Do only what is needed, no more, no less and do no harm
- Reduce inappropriate variation using evidence based practices consistently and transparently

To these principles, a fifth should be added, namely whenever possible prevent the causes of ill health rather than treat the disease after it has caused harm.

With children and young people we have a prime opportunity to prevent chronic ill health through immunisation and by assisting them to develop healthier lifestyles, which provide a sound basis for their adult lives. However, for some adults within our community, patterns of behaviour have already established factors that make it more likely that they will develop long term conditions.

This plan therefore focuses on what we call primary and secondary prevention. Primary prevention will focus on helping individuals and families avoid developing a long term health problem. Secondary prevention will help individuals and families change their existing behaviour, in order to reduce the likelihood of developing severe problems from long term illnesses, such as through smoking cessation support or weight reduction advice and treatment. This plan outlines the key issues affecting our population and the actions proposed to address them.

## **Our priorities**

### **Priority One: Early help (0 to 5 years)**

Giving children the best start in life is the aim of most parents, however becoming a parent is recognised to be one of the most challenging roles any of us can take on. The UK has for many years recognised the need to assist parents. This complements a childhood surveillance system designed to detect developmental problems as early as possible, so they can be addressed before they have serious consequences.

The health visiting service provides parents with advice and support about the care and development of their children. Along with promoting immunisation, health visitors also play a key role in detecting postnatal depression in new mothers and providing support for those women dealing with this debilitating condition. Breastfeeding is recognised as being the best form of nutrition for new born babies; however despite this, the number of women initiating breastfeeding and maintaining it for six weeks is low locally and nationally. Improving these rates is an important measure in improving the health of new born babies.

#### **Key measures**

- Improve breastfeeding initiation and continuation rates to above the national average
- Maintain childhood immunisation rates for all programmes above the immunity level of 95% of the eligible population
- Ensure every child receives developmental screening in a timely fashion in line with the national schedule
- Provide advice to parents regarding child development to reduce the rate of accidents
- Provide advice to parents regarding good nutrition for children in order to reduce the number of children entering school who are over a healthy weight

### **Priority Two: Children and young people (5 to 19 years)**

The childhood and adolescent period of life is one of great opportunity to establish good patterns of healthy behaviour that will have long term benefits for wellbeing into adulthood, including efforts to promote mental and physical wellbeing.

The activities put in place require contribution from a range of statutory organisations as well as from parents and young people themselves. All of these interventions, such as relationships and sex education, must of course be age and maturity appropriate. As a young person matures, their ability to make choices for themselves will increase, although often choices are subject to peer pressure which can make it difficult for young people to resist, for example, cigarettes and alcohol. The provision of good quality advice and education is key to enabling young people to pass through this 'rites of passage' period in their lives with the minimum of harm.

## **National Childhood Measurement Programme**

One of the major challenges facing this country is the rising level of obesity across all age ranges. The National Childhood Measurement Programme monitors the growth of children entering school for the first time (reception) and those children in year 6.

The latest data from the programme indicates that 8.3% of Herefordshire's four to five year olds are obese. The proportion of children who are measured as being either obese or overweight is 22%.

For children aged 10 to 11, the level of obesity is 18.3%, with a total of 32% assessed as being either obese or overweight.

The percentage of children in the four to five year old age group who were identified as obese or overweight in 2016 was at the same level as those measured in 2014, which is a positive sign that the trend towards an increase has levelled off. However, the same cannot be said for the 10 to 11 age group, as the 2014 data was lower with 15.9% being obese and 28% being either obese or overweight. The data obviously refers to two different groups of 10 to 11 year olds, but clearly indicates that a growing percentage of Herefordshire's young people are overweight. If this trend is not addressed, it is likely that they will remain overweight or obese as adults, which means they are likely to experience poorer health during the rest of their lives.

## **Emotional, behavioural and mental health needs**

There is growing recognition of the mental health needs of children and young people. Young Minds is a national charity which advocates for such needs and has published the following national statistics:

- 1 in 10 children and young people aged 5 to 16 suffer from a diagnosable mental health disorder; which is around three children in every class
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm
- There's been a big increase in the number of young people being admitted to hospital because of self-harm and over the last ten years this figure has increased by 68%
- More than half of all adults with mental health problems were diagnosed in childhood, although fewer than half were treated appropriately at the time
- Nearly 80,000 children and young people suffer from severe depression
- Over 8,000 children aged under 10 years old suffer from severe depression
- 72% of children in care have behavioural or emotional problems; these are some of the most vulnerable people in our society
- 95% of imprisoned young offenders have a mental health disorder; many of whom are struggling with more than one disorder

- The number of young people aged 15 to 16 with depression nearly doubled between the 1980s and the 2000s
- The proportion of young people aged 15 to 16 with a conduct disorder more than doubled between 1974 and 1999

Source: Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk) - search mental health statistics)

The 2016 hospital admissions data for Herefordshire indicates there were:

- 49 related to mental health conditions
- 111 as a result of self-harm
- 20 due to alcohol specific conditions
- 18 related to substance misuse specific conditions

Source: Chimat 2016 ([www.chimat.org.uk](http://www.chimat.org.uk))

### **Mental wellbeing**

Making a positive difference to the mental wellbeing of children and young people will require the combined efforts of parents, teachers, school nurses and a wide range of professionals, as a complex set of factors can affect them. These factors can range from normal life events such as exam anxiety and loss of a pet to bereavement and bullying.

Herefordshire Council is responsible for commissioning health visiting and school nursing services and works with the Herefordshire Clinical Commissioning Group (CCG) and local schools to co-ordinate a range of health promotion and ill health prevention activities needed to assist young people and their parents.

### **Key activities for children and young people**

- Promote advice and support for parents and children to enable them to achieve and maintain a healthy weight, in order to reduce the percentage identified as being obese or overweight
- Work with schools and the County Sports Partnership to encourage children and young people to take the recommended levels of exercise in order to reduce the percentage identified as being obese or overweight
- Promote better dental hygiene and a reduction in the number of high sugar content food and drinks to reduce the rate of dental disease and prevent Type 2 diabetes
- Work with schools and the CCG to commission a range of early help services to promote mental wellbeing and identify emotional, behavioural and mental health problems at an early stage, in order to reduce the rates of self-harm and hospital admissions for alcohol and drug misuse specific conditions



## Priority Three: Preventing long term conditions

The Herefordshire Health Profile 2016 demonstrates that local people are generally healthier than the average for England, although this means there is still a significant pressure on the local health and social care system. Public Health England (PHE) has made an evidence base available for both clinical and cost effectiveness of health promotion interventions. This demonstrates the significant potential impact of a number of interventions.

### One You campaign

The evidence suggests that 8 out of 10 middle aged people either weigh or drink too much or don't exercise enough (PHE December 2016).

The One You campaign aims to reach the 83% of 40 to 60 year olds (87% of men and 79% of women) who are either obese or overweight, who exceed the Chief Medical Officer's alcohol guidelines or are physically inactive. Nationally, obesity in adults has shot up by 16% in the last 20 years and the diabetes rate among this age group has also doubled within the same period. Obese adults are over five times more likely to develop Type 2 diabetes than those who are a healthy weight (a body mass index between 18.5 and 25) and 90% of adults with diabetes have Type 2 as opposed to Type 1.

Herefordshire has been selected to be a pilot area for the national NHS Diabetes Prevention Programme, which targets individuals at risk of diabetes and provides a free structured programme of support to enable them to reduce the risks factors in their lifestyles.

### NHS Diabetes Prevention Programme (NDPP)

Diabetes prevention programmes can reduce progression to Type 2 diabetes compared to the usual care pathway by 26%.

**Costs:** The intervention is nationally commissioned and the costs to local stakeholders vary according to the chosen approach.

**Net savings:** Based on the NDPP running for five years, NHS England has estimated an average cumulative net saving of £31m nationally within 15 years (excluding local expenditure), with additional savings to the social care system of £4m. This will vary depending on final costs agreed with providers and programme attendance rates.

In addition, the national One You campaign aims to provide free support and tools to help people live more healthily in 2017 and beyond. Herefordshire Council and its NHS partners are supporting this health promotion campaign and will continue to do so throughout 2017.

### Smoking cessation

Over the last two decades there has been a significant reduction in the number of adults who smoke tobacco in its various forms, such as cigarettes, cigars and pipes. However, 17.5% of adults within Herefordshire still smoke tobacco regularly.

Smoking is a leading cause of a range of long term conditions including cancer, lung and cardiovascular disease and stopping smoking significantly reduces the risk of these conditions. Although it's certainly possible for an individual to stop smoking without

assistance, national research demonstrates that people are significantly more successful with a combination of advice and support from a health practitioner and when a form of nicotine replacement therapy is provided.

A disproportionate number of people who smoke are concentrated in certain sectors of our communities, therefore targeted prevention and smoking cessation programmes will be key to gaining maximum effect. PHE has also identified that 33% of tobacco is consumed by people with mental health problems, while those who perform routine and manual jobs are twice as likely to smoke compared to those in managerial or professional roles.

Being a smoker also has an adverse effect on a patient's recovery from surgery and smokers with other long term conditions will benefit from quitting. The benefits of hospital staff referring patients to smoking cessation programmes are clear and PHE has identified the advantages of patients being referred for treatment.

**Smoking:** Assessment with very brief advice and referral in hospital.

**Effectiveness:** The quit rate amongst patients who want to quit and who take up a referral are between 15% and 20%, whereas only 3% and 4% of those without a referral successfully quit. A Cochrane Review highlighted the appropriateness of offering very brief advice to all hospitalised smokers, regardless of why they were admitted.

**Costs:** PHE estimates the total cost of intervention to be approximately £620 for each successful quitter, although the NHS could incur an additional one off cost of around £130 for each successful long term quitter from nicotine replacement therapy, delivery and follow-up sessions. In addition, there could be a potential one off investment for the council in the region of £11k for setting up an electronic referral system with annual maintenance costs of £3.5k. The council could incur £490 of these costs for each successful quitter, through commissioning local stop smoking services.

**Net savings:** It's estimated that the NHS would have cumulative savings in the region of £340 per quitter over the first five years (average savings of £68 per year), assuming it's phased and excluding the electronic referral investment. The intervention can become a net saving in the fourth year following implementation.

## **Harmful and hazardous alcohol use**

Alcohol misuse is the leading risk factor of preventable death in people aged 15 to 49 years old. In England, between 2001 and 2012 there was a 40% increase in the number of people dying from liver disease, which is in contrast to other major causes of disease that are declining.

In Herefordshire, the rate of admissions for alcohol related conditions per 100,000 population was 546. This is better than the rate for England of 645 per 100,000 population, but poorer than the best rate in England, which is just 366.

There are two main forms of harmful or hazardous alcohol use which are of particular concern. The first is exceeding the Department of Health's weekly maximum recommended alcohol level of 14 units. A number of people often exceed this limit by drinking on a daily basis, such as a glass of wine or spirits after work. However, research has shown that many people underestimate the number of units they drink as both the quantity of alcohol they

pour and the strength of drink is getting greater, leading to a higher number of units of alcohol being consumed.

The second form of drinking that increases the risk of health harm is binge drinking. In this form, large quantities of alcohol are consumed in a very short space of time, leading to intoxication and risk of injury.

These can both lead to dependency and the need for treatment from specialist services. There is evidence that early identification of potentially harmful patterns of alcohol use, accompanied by a brief clinical intervention, can promote an effective change in behaviour.

**Alcohol use:** Alcohol identification and brief advice (IBA).

**Effectiveness:** IBA can reduce weekly drinking by between 13% and 34%, resulting in 2.9 to 8.7 fewer drinks per week. This will reduce the relative risk of alcohol-related conditions by around 14% and the absolute risk of lifetime alcohol-related death by approximately 20%.

**Costs:** PHE estimates that the cost for each screening and IBA intervention is an average one off cost of £4.50 per person. The component costs are £3.40 for screening and £7 for screening and brief advice when delivered in primary care (around 30% of those screened are above the threshold and receive brief advice).

**Net savings:** PHE estimates the net NHS saving per person receiving brief advice could be on average £24 a year or the equivalent of saving £120 over five years. If everybody attending their next GP appointment was screened, use of IBA could result in up to £200m of national net savings by the fifth year.

### **The growing problem of obesity**

England is seeing a significant increase in the number of adults who are obese or significantly over a healthy weight and Herefordshire is no exception to this trend. The percentage of adults in the county classified as overweight or obese is 66.8% compared to the England average of 63.8%, while the best figure for the country is 45.9%. With two thirds of our adult population over a healthy weight, they are significantly at risk from potential health problems.

As well as causing obvious physical changes to an individual's body, obesity and being seriously overweight can lead to a number of serious and potentially life-threatening conditions, such as:

- Type 2 diabetes
- Coronary heart disease
- Some types of cancer, such as breast and bowel cancer
- Stroke

Obesity can also affect your quality of life and lead to psychological problems, such as depression and low self-esteem.

Source: NHS Choices

Some individuals are able to make changes to their diet and exercise more in order to achieve a healthier weight; however others benefit from having advice and support for the behaviour changes they need to make. Public Health England has identified that such support is cost effective, given the medium and long term benefits to the individual and the reduced pressure on health and social care services.

Type 2 diabetes can lead to serious complications such as amputation, blindness, heart attack, stroke and kidney disease. We know how hard it is to change the habits of a lifetime, but we want people to seek the help they need to lose weight, stop smoking and take more exercise.

### **Obesity: Weight management services**

**Effectiveness:** Participants completing a 12 week intervention programme could lose an average of 2kg (for each metre of their height), maintain this for around six months followed by a gradual weight regain.

**Costs:** This is estimated at a total upfront cost of £60 per enrolled person.

**Net savings:** Over a five year period, average annual health and care savings are around £20 a year per enrolled person, which is a cumulative saving of approximately £100 per person over five years.

Weight management interventions aim to have a lifelong impact and so are unlikely to manifest as high cost savings in the short term. This intervention could be cost saving to the health and social care system by the fourth year following implementation.

### **Key measures**

- Improve the uptake of NHS Health Checks for those aged 40 and above to increase the numbers screened and improve early detection of chronic illness. In conjunction with local GPs target those patients who have not taken up the screening programme
- Improve the uptake of cancer screening programmes such as breast, bowel and cervical cancer to enable early detection and referral rates for treatment and ultimately improve cancer survival rates. The target will be agreed with NHS England for each programme
- Promote the NHS Diabetes Prevention Programme to at risk population groups
- Promote physical activity opportunities in conjunction with the County Sports Partnership and other appropriate groups, such as the Woodland Trust, to increase the number of adults achieving the Department of Health's recommended levels of physical activity



- Promote the Department of Health's One You campaign through a range of media outlets and with the support of local employers and voluntary sector organisations
- As part of the One You campaign, promote mental health awareness and measures to promote mental wellbeing. In conjunction with local voluntary sector organisations and employers, promote opportunities for individuals at risk of mental ill health to access advice, support and treatment
- Promote the use of the Healthy Workplace Toolkit with the support of the local business board to local employers. Herefordshire Council will utilise the toolkit with its own staff as part of the campaign
- In conjunction with Herefordshire CCG, local GP surgeries, pharmacies and NHS trusts, promote smoking cessation programmes to high risk groups in order to reduce the prevalence of smoking to below 10% of the adult population
- In conjunction with Addaction, GP surgeries, pharmacies and NHS trusts, promote the use of brief intervention tools to identify individuals at risk of harmful and hazardous drinking patterns and refer them for advice and support

#### **Priority Four: Promoting mental health and emotional wellbeing**

Mental health and wellbeing is all too often defined by what it is not and the absence or loss of mental health is often easier to define and describe. Throughout our lives, we experience emotional highs and lows, ranging from crying as a child when we have been hurt playing to the pains of bereavement due to the loss of a much loved friend or family member.

At some time in our lives, 1 in 4 of us will experience a more intense and enduring loss of mental health due to a serious illness such as obsessive compulsive disorder (OCD), schizophrenia, bi-polar disorder, depression or dementia. For many of these conditions there are few obvious signs to a casual observer of the difficulties that an individual is experiencing. Mental ill health can be perceived as a weakness that can easily be overcome by the individual 'pulling themselves together', thereby inhibiting the individual from seeking advice and support at an early stage.

In addition to the aforementioned conditions, other forms of mental ill health include alcohol and drug addiction and the use of mood altering substances such as alcohol, cocaine and heroin are often a reflection of an underlying emotional, behavioural or mental health problem. Addressing the cause of the addiction is a key part of breaking the cycle of substance misuse and like physical health, there are ways mental health can be promoted and the effects reduced.

#### **What is mental health?**

The national MIND charity, which was established to promote mental health and help people coping with mental health problems, defines mental health as:

“Mental wellbeing describes your mental state, how you are feeling and how well you can cope with day to day life. Our mental wellbeing is dynamic. It can change from moment to moment, day to day, month to month or year to year”.

If you have good mental wellbeing, you are able to:

- Feel relatively confident in yourself and have positive self-esteem
- Feel and express a range of emotions
- Build and maintain good relationships with others
- Feel engaged with the world around you
- Live and work productively
- Cope with the stresses of daily life
- Adapt and manage in times of change and uncertainty

### **Primary prevention: Five steps to mental wellbeing**

NHS Choices set out five steps in which individuals can promote their own mental health wellbeing:

- **Connect:** With the people around you, your family, friends, colleagues and neighbours and spend time developing these relationships
- **Be active:** You don't have to go to the gym, take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life
- **Keep learning:** New skills can give you a sense of achievement and a new confidence, so why not sign up for that cooking course, start learning to play a musical instrument or figure out how to fix your bike?
- **Give to others:** Even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks
- **Be mindful:** By being more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness 'mindfulness'; and it can positively change the way you feel about life and how you approach challenges.

## Key measures

- Promote the One You campaign and its mental health themes
- Promote and improve the uptake of the national NHS Health Checks programme across the county
- In conjunction with the local NHS mental health trust and voluntary sector organisations, promote awareness of sources of advice and support regarding mental health promotion and illness support
- Promote awareness of services available to provide advice and treatment of alcohol and drug misuse
- Promote the development of dementia friendly environments, in order to reduce the impact of the disease on individuals with the condition and their families

## Priority Five: Ageing well

Herefordshire is fortunate that a higher proportion of our people do not die prematurely (before the age of 75) and we are also seen as a desirable community in which to retire, which means we have a higher proportion of our population who are past retirement age.

Amongst the many advantages of having a high proportion of older people, is that the county is blessed with capable people who are willing to devote much of their time as volunteers to help the communities in which they live. Indeed, many vital services across the county would not exist without this resource. However, it's important that these vital members of our community are enabled to stay as well as possible for as long as possible, not only for their own wellbeing but for the benefit that they give to the communities of Herefordshire.

Ageing beyond retirement is often seen as a time of steady decline in an individual's health and wellbeing, but there's evidence to indicate that good health can be maintained for many years. A number of key factors can make a positive difference, including being physically, mentally and socially active.

## Falls prevention

Falls are costly for individual's, their families, the NHS and the council and are estimated to nationally cost the NHS and adult social care services around £6m a day and £2.3b a year.

A King's Fund study carried out in Torbay reviewed the cost of health and social care for 421 individuals who required treatment and care. It identified that the cost was more than £5m for the treatment of the fall and follow up recovery (based on 2013 prices).

The latest data for Herefordshire revealed that 466 people aged over 65 suffered fractures to the neck of their femur, so based on this research the cost to Herefordshire would have been over £5.5m. This figure only takes into account the financial cost to the health and social care system, of course the personal cost to each of these people and their families in terms of pain, distress and loss of social functioning is significant, hence the importance of preventing falls from occurring.

## **Primary prevention**

National and international research has shown that a range of prevention measures can be taken to reduce the chances of an individual falling and sustaining a serious injury, including being physically active.

Adults aged 65 or older, who are generally fit and have no health conditions that limit their mobility, should try to be active daily and do any of the following options:

- At least 150 minutes of moderate aerobic activity such as cycling or walking every week and strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)
- 75 minutes of vigorous aerobic activity such as running or a game of singles tennis every week and strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)
- A mix of moderate and vigorous aerobic activity every week, for example two 30 minute runs plus 30 minutes of fast walking which equates to 150 minutes of moderate aerobic activity and strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)

## **Secondary prevention**

### **Making Every Contact Count (MECC)**

As well as promoting physical activity to help an individual maintain muscle tone and balance, there are other measures that can be promoted to reduce the chances of a serious fall occurring, including:

- Regular vision checks
- Improving the lighting within the home
- Reducing trip hazards in the home
- Regular reviews of any medication being taken
- Promoting the use of properly fitting footwear

Relatives and friends, as well as agencies in contact with older people, can encourage individuals to adopt these measures to help reduce their risk of a serious fall.

For those individuals who have had a fall, they can access the fracture liaison service which will reduce their chances of having another serious fall, as well as enabling them to rehabilitate effectively.



## Fracture liaison services (FLS)

**Effectiveness:** An FLS evaluation concluded that 88% of hip fractures and 34% of other fractures in patients aged 50 and above were referred to a fracture liaison service. The referrals prevented 2.26% of hip fractures, 1.13% of other inpatient fractures, 1.13% of other outpatient fractures and 0.75% of clinical vertebrae. There are an estimated 2,000 fractures per acute trust.

**Costs:** Public Health England estimates the cost to be around £237 per person seen by the fracture liaison service. This is a one off cost and if the service is co-commissioned by the council and NHS, it could mean costs of around £95 to the council and £142 to the NHS. There are an estimated 4,280 patients seen by an FLS over five years.

## Hypertension

One of the causes of ill health in later life is hypertension, namely a chronic condition where an individual's blood pressure is raised beyond a healthy level for an extended period of time. If an individual's blood pressure is too high, it puts extra strain on their blood vessels, heart and other organs, such as the brain, kidneys and eyes.

Persistent high blood pressure can increase an individual's risk of a number of serious and potentially life-threatening conditions, such as:

- Heart disease
- Heart attacks
- Strokes
- Heart failure
- Peripheral arterial disease
- Aortic aneurysms
- Kidney disease
- Vascular dementia

There are certain sections of the population who are at an increased risk of high blood pressure, if they:

- Are over the age of 65
- Are overweight or obese
- Are of African or Caribbean descent
- Have a relative with high blood pressure

- Eat too much salt and don't eat enough fruit and vegetables
- Don't do enough exercise
- Drink too much alcohol or coffee (or other caffeine based drinks)
- Smoke
- Don't get much sleep or have disturbed sleep

Making healthy lifestyle changes can help reduce an individual's chances of getting high blood pressure and help them to lower it if it's already high.

The following lifestyle changes can help prevent and lower high blood pressure:

- Reduce the amount of salt you eat and have a generally healthy diet
- Cut back on alcohol if you drink too much
- Lose weight if you're overweight
- Exercise regularly
- Cut down on caffeine
- Stop smoking
- Try to get at least six hours sleep a night

### **Health promotion in later life**

As highlighted in the previous sections on chronic disease prevention and mental health and wellbeing promotion, older people can reduce their risk of long term health problems by taking relatively simple measures to maintain a healthy lifestyle.

The approaches listed in the previous sections are applicable in the later years of life and additional measures can be taken to reduce the risk of ill health or enable early detection of disease, including:

- Receiving an annual flu vaccination
- Receiving the shingles vaccination
- Attending for aortic aneurysm screening
- Attending for cancer screening
- Attending an NHS Health Check

## **Key measures**

- In conjunction with Herefordshire CCG, GP surgeries and NHS trusts, promote the uptake of national screening and immunisation programmes to improve the early detection of ill health and reduce the risk of infectious diseases such as influenza (targets to be agree with NHS England)
- In conjunction with the County Sports Partnership and voluntary sector organisations, promote the engagement of older people in physical, social and cultural activities in order to reduce social isolation and encourage healthier lifestyles (increased uptake in community activities)
- In conjunction with Herefordshire CCG and local pharmacies, promote medicine usage reviews for older patients receiving a mixture of medication in order to reduce the incidence of medication related falls
- In conjunction with local councils, voluntary sector and community organisations promote the development of dementia friends and dementia friendly communities

## **Current council led programmes**

Herefordshire Council currently commission a range of services as required and funded by the Department of Health, including:

- Healthy lifestyle trainer service
- NHS Health Checks screening programme
- Smoking cessation services
- Substance misuse treatment services
- NHS Diabetes Prevention Programme (jointly with Herefordshire CCG)
- ActiveHere programme
- Health visiting and school nursing service
- Sexual health services

In addition, through other programmes of work that the council commissions or provides, there are other interventions in place to promote the health and wellbeing of local people, ranging from early help support to families to promoting the flu vaccination to at risk sections of the population and carers.

However, to achieve a population level change in the health of our residents, a joint effort is needed. In addition to the programmes the council undertakes in partnership with Herefordshire Clinical Commissioning Group, there is a need to gain additional support from individuals, families, schools, employers and local communities to promote a change in the

behaviours that cause long term conditions which can adversely affect the health and wellbeing of local people.

Whether it's creating environments that encourage people of all ages to be more physically active, working with employers to develop healthy work places or reaching voluntary agreements with off licences to reduce the promotion of high strength, low cost alcohol, there is more that can be done to enable our communities to be healthy and maintain their quality of life for as long as possible.

### **Accessing information and advice**

A key component is to enable individuals and groups to access information and advice about the steps they can take to improve their health and wellbeing. As part of this, Herefordshire Council has developed the WISH (Wellbeing Information and Signposting for Herefordshire) service to promote such information and advice.

WISH provides a wide range of information on activities and wellbeing and lifestyle issues and is available online and in health and wellbeing hubs. The hubs are co-located in existing community buildings, such as libraries and are not only good points of access for information and using the internet, but are also potential locations for delivering lifestyle interventions. As Herefordshire is such a rural county, these hubs will vary in their capacity for offering support however a mixed model of health and wellbeing hubs will enable smaller communities to have improved access to health promotion interventions.

### **Conclusion**

Whilst the population of Herefordshire is amongst the healthiest in England, there is more that we can do as individuals, families, communities and statutory and voluntary sector organisations to improve our health and prevent chronic illness. If we work together, we have an opportunity to significantly increase both the length and quality of our lives.





# Public Health Annual Report 2016

Living and staying well in Herefordshire



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# Section 1



## A personal note from Councillor Patricia Morgan

'One You' is a national campaign encouraging people to look after themselves and keep as healthy as possible. In Herefordshire, we also recognise that there is only 'One You' and help is available locally to support you to becoming a healthier you.

With many of the causes of chronic illness being caused by factors which we can influence, adopting a healthy lifestyle is important for each of us.

As we get older, the importance of maintaining a healthy lifestyle becomes even greater, to prevent major illness such as diabetes and heart disease. Whilst there is much that we can do for ourselves and our families, often advice and help is needed to make and maintain healthy lifestyle choices. The NHS 'One You' website can provide information and support as well as our local WISH website and drop in shop in Hereford.



Herefordshire Council's public health team is working with council colleagues, NHS partners and the voluntary sector to help individuals and communities to achieve and maintain positive health and wellbeing.

This report highlights what you can do for yourself and signposts you to other sources of information, advice and support, such as stop smoking services, local screening programmes and NHS Health Checks, because there is only 'One You'.

**Councillor Patricia Morgan**  
Cabinet member for health and wellbeing



# Section 1



## Introduction from Professor Rod Thomson

Herefordshire is a great county to live and work in and whilst many people here enjoy good health, we still have too many adults suffering from diseases that are preventable, such as diabetes, heart disease and stroke, with many types of cancer also being preventable.

So, this year, my report is focusing on adults and the things that can affect adult health, what you can do as an individual to help yourself become happier, healthier and more resilient to reduce the risks of disease and ill health. It will also focus on how communities can care and support residents.

To enable us to stay healthy, it is important to know what things put us at risk, so we can take steps to reduce these risks. In fact, taking steps by walking more frequently and for longer, is one of the most effective, as well as the cheapest way, that we can improve our health.

Most people try their best to look after themselves and be healthy, but for many adults life can get so busy that our own health slips down the priority list of things to do. This can mean that while we try to ensure that our loved ones are healthy, our own lifestyles are often less healthy than we think.

Other causes of ill health can stem from accidents during seemingly routine activities at work or at home, which sometimes happen because we forget simple safety rules or are just plain tired due to our busy lives.

This report highlights how we, as adults, can look after our own health and also covers some of the things that Herefordshire Council and its partners are doing to help us all stay healthy with signposting to organisations or groups that can provide help and support.

**Professor Rod Thomson**  
Director of public health for Herefordshire

# Section 1

## Herefordshire's health headlines

### What's good and what's not so good

Life expectancy for both men (80.7 years) and women (84.2 years) in Herefordshire is higher than the average for England by about a year. However, life expectancy is over five years lower for men in the most deprived areas of Herefordshire and three and a half years lower for women, than in the least deprived areas

Deprivation is lower than the national average, although despite this, around 4,000 children in Herefordshire are living in poverty

More adults in Herefordshire are attending cancer screening opportunities with uptake rates for breast, cervical and bowel screening all higher than for the West Midlands and England



Just under half of those adults who have been offered an NHS Health Check have taken up an appointment

Just over half of Herefordshire adults report eating five portions of fruit and vegetables a day

Rates of violent crime, long term unemployment, drug misuse and early deaths from cancer are better than the average for England. Over the last 10 years, early deaths from cancer have gradually reduced, although more needs to be done

Approximately two out of three adults in Herefordshire are overweight or obese, with a quarter being obese. This is similar to the England average

Rates of sexually transmitted infections and TB are better than average, though late HIV diagnosis is high at 70%, compared to 49.8% in the West Midlands and 42.2% in England



Physical activity is higher than the average for England, but we still have approximately one in four adults saying they are physically inactive

With a prevalence of 14.1%, proportionally more people suffer from fuel poverty in Herefordshire than in either the West Midlands (13.9%) or England (10.4%)

Approximately one in three adults who are carers say they have as much social contact as they would like, which is lower than England's average

Proportionally more adults smoke in Herefordshire compared with the rest of the West Midlands and England

Key  
Green = Good  
Amber = Could be better  
Red = Not so good





# Section 2

## What we are doing to improve health in Herefordshire

With many of the issues affecting the county's health being related to lifestyle factors, approaches to good health that look at lifestyle change, are now a priority for Herefordshire Council. By focusing on the prevention of ill health, rather than its treatment, we hope to help individuals keep themselves healthy and thereby build healthy and successful workplaces and communities.

The following examples show what the council and its partners are doing to help people live well.

### Health check programme: To prevent heart disease, stroke and diabetes



Coronary heart disease (CHD) is the leading cause of death both in the UK and worldwide. Heart disease is also the leading cause of illness and death for both men and women in Herefordshire. In Herefordshire, an average 276 people die from CHD disease each year.

Since 2009/10, the proportion of people in Herefordshire with CHD has shown a gradual but steady decline, which is similar to the rest of England. However, local prevalence has been consistently higher than the national rate and in 2014/15 remained significantly higher than those recorded both regionally for the West Midlands and nationally.

Heart disease generally affects more men than women, although from the age of 50 the chances of developing the condition are similar for both sexes.

Strokes are the third most common cause of death nationally and someone has a stroke every five minutes in the UK. Stroke prevalence in Herefordshire in 2014/15, across all ages, was higher than in England, with all but one GP practice reporting prevalence above the national figure.

An NHS Health Check is offered free of charge to all adults aged between 40 and 74 years old, once every five years, in order to detect early signs of heart disease and stroke. If you already have medical treatment or regularly visit your GP, then you won't be invited to take part in the programme.

Through simple lifestyle changes, such as improved diet and increased physical activity, you can reduce your risk of developing some serious health problems.

Just under half of all adults in Herefordshire, who have been offered an NHS Health Check, have taken up an appointment. It is important that everyone who gets an invitation takes up the offer, as it could be life changing.

**Last year, Herefordshire GP practices sent out invitations to 11,802 patients, with just under half making an appointment. There will need to be more done over the coming years to encourage more people to attend for screening.**

Over the last year, 383 people (7% of those checked) were found to have a high risk of developing heart disease, stroke or diabetes. All of these people were immediately given personalised advice on ways they could reduce their risks and invited to go on a free lifestyle programme to help them make the necessary changes.

# Section 2

### Healthier You programme: To prevent Type 2 diabetes



**In 2014/15 (the most recent figures available), 13 out of the 24 Herefordshire GP practices reported diabetes prevalence above the national figure. Since 2009/10, the local diabetes prevalence has increased year on year, which mirrors regional and national patterns, although compared to the West Midlands and England, a slower rate of increase is evident in Herefordshire.**

Diabetes is a condition where the amount of glucose in your blood is too high, because the body cannot use it properly. There are two main types of diabetes: Type 1 and Type 2.

Type 2 is the most common form of diabetes and is often linked to adults who are overweight or obese, while the risk of developing it increases with age. There are steps you can take to reduce your risk of developing it by adopting a healthier lifestyle.

The Healthier You programme was launched as part of a national pilot project in 2016 and is being delivered by Reed Momenta, working closely with Herefordshire Council and Herefordshire Clinical Commissioning Group (CCG). It's a behaviour change programme that helps those at risk of developing Type 2 diabetes to reduce their odds of that happening. GP surgeries invite patients identified as being 'at risk' from diabetes to take part and it's estimated that approximately 10,000 people in the county could benefit from the programme.

Participants receive nine months of support to change their lifestyle in a friendly and supportive group environment. Courses are run by staff recruited from local communities, who are specially trained in behaviour change and diabetes prevention.

**To find out more:**  
Diabetes prevention programme  
0800 092 1191

### What people said:

*"Remember...If you get an invitation for your NHS Health Check, you won't get another chance for four years. Make the most of it!"*

This year, alongside GP practices other partners can also carry out NHS Health Checks in a wider range of places at different times. We hope this wider, flexible choice will mean that more people will accept this important invitation.

You must have an invitation from your GP to access this service, but you can contact your GP to find out more.

**To find out more:**  
NHS Health Checks  
[www.healthcheck.nhs.uk](http://www.healthcheck.nhs.uk)





# Section 2

## Cancer

Cancer is the second leading cause of death in England after heart disease.

Between 2009/10 and 2014/15, the prevalence of cancer in Herefordshire has shown a steady increase, mirroring regional and national patterns, although the local figure has consistently remained higher. However, over this period there has been a strong decrease in deaths from cancers, indicating that people are benefiting from earlier diagnosis and treatment.

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Similarly, since 2007/09, the rate of preventable cancer related deaths in Herefordshire has shown a steady decrease, with the local rate consistently lower than regional and national figures.

Screening can help detect some cancers at an early treatable stage and national screening programmes are available for breast, cervical and bowel cancer. If you are invited to attend any of these cancer screening programmes, it is important that you take up the offer.

There are different types of cancer and it is possible to reduce the risk of getting cancer.

### Breast cancer

About 1 in 8 women in the UK are diagnosed with breast cancer during their lifetime. There's a good chance of recovery if the cancer is detected in its early stages.

In 2014/15, three quarters of women in Herefordshire aged between 50 and 70 attended a breast screening appointment, which is higher than the national average. However, that still means that 1 in 4 women who were invited for screening, did not attend.

If you are invited for screening please go, because we know that breast cancer screening is effective and early intervention can save lives.

Breast screening aims to find breast cancers early, by using an x-ray test called a mammogram that can detect cancers when they are too small to see or feel. As the likelihood of getting breast cancer increases with age, all women who are aged 50 to 70 and registered with a GP are automatically invited for breast cancer screening every three years.

In the meantime, if you are worried about breast cancer symptoms, don't wait to be offered screening, see your GP.

### Cervical cancer

In 2014/15, the majority of Herefordshire GP practices reported that more women aged 25 to 64 were attending cervical screening, with rates higher than those recorded nationally. However, 1 in 4 women in Herefordshire did not attend.

### Bowel cancer

In 2014/15, the number of individuals who were screened for bowel cancer within six months of invitation, in Herefordshire, was higher than the national rate.

The national cancer screening programmes save lives, so please accept your invitation to screening.

Vaccines also reduce cancer risk. For example, the human papillomavirus vaccine (HPV) helps prevent some cervical, vaginal, vulva and other cancers, so it's important that young people are encouraged to engage with the vaccination programme.

The cost of cancer to the NHS is huge, but the cost also extends beyond the number of lives lost. For those who survive cancer, their family, friends and carers often face physical, emotional, social and spiritual challenges as a result of their cancer diagnosis and treatment.

# Section 2

## Healthy lifestyle trainer service



This service has provided personal support to over 400 people in Herefordshire during 2015/16, who would otherwise have found it difficult to access healthy lifestyle services.



53% of those accessing the service were from our most deprived communities and 63% achieved the goals that they had set.

Most people were supported to make the changes they wanted in order to get healthier or make good progress towards their goals. These included healthy eating, losing weight, increasing activity levels, stopping smoking and reducing alcohol consumption. Many say they now feel more confident to make changes in their lives and have a greater sense of wellbeing.

The service also supported 674 community events, providing brief advice and promotion of healthy lifestyles to at least 6,000 people in Herefordshire.

“  
**What people said:**  
*“I am much more aware of what I'm eating and what I'm doing since seeing the trainer. I now think before having an unhealthy option and am aware of keeping much more active. I would never have tried Tai Chi...now I go on a weekly basis and thoroughly enjoy it!”*  
 ”



To find out more:  
 Healthy lifestyle trainer service  
 01432 383567  
[hlt@herefordshire.gov.uk](mailto:hlt@herefordshire.gov.uk)



# Section 2

## Smoking



Last year, 261 people in Herefordshire set a quit smoking date and 132 were confirmed quitters at four weeks; a 50% success rate, which compares with the national average. As we have slightly more adults smoking in Herefordshire compared with the national average for England, we want to encourage more adults to stop smoking and to stay stopped for good.

If you are a smoker then quitting can be the biggest step you will ever take to improve your health, and you are much more likely to succeed with help from the county's stop smoking services.

Stop smoking services offer behavioural support to help you change your lifestyle to avoid the daily habits associated with smoking and the temptations to smoke, as well as being able to prescribe nicotine replacement therapies (NRT), such as gum, lozenges or sprays. These reduce the body's chemical dependence on nicotine, making it easier to resist cravings for a cigarette in the early stages of giving up.

The council is working to increase the variety of stop smoking support available, so those wanting to stop smoking will be able to choose what type of support they want and how they can access it.

To find out more:  
Healthy lifestyle trainer service  
01432 383567  
[hlts@herefordshire.gov.uk](mailto:hlts@herefordshire.gov.uk)



### What people said:

*"This is a fantastic support service when stopping. It gives you an extra reason not to lapse. Keep the programme going!"*



## Physical activity



The ActiveHERE project is supported by Sport England's 'get healthy get active' fund and is delivered locally by Brightstripe. It aims to encourage people who do no physical activity at all to 'get active' by matching them to a type of activity they are comfortable with.

The overall feedback from participants, activity providers and stakeholders in Herefordshire provides a positive indication that ActiveHERE, in its initial phase, has been successful in developing effective support to enable inactive people to participate in sport or physical activity.

The Kings Fund ([www.kingsfund.org.uk](http://www.kingsfund.org.uk)) has calculated that getting just one more person to walk to school, pays back £768 or to cycle to work rather than driving, pays back between £539 and £641 in terms of NHS savings, productivity improvements and reductions in air pollution and congestion.

The council has asked all its health and social care staff to make everyone in Herefordshire aware of ActiveHERE.

To find out more:  
Healthy lifestyle trainer service  
01432 383567  
[hlts@herefordshire.gov.uk](mailto:hlts@herefordshire.gov.uk)

# Section 2

## Community falls prevention service

Every year, more than one in three people over 65 suffer a fall that can cause serious injury and even death. That's approximately 3.4 million people nationally.

In Herefordshire, our older adults aged between 79 and 85 are more likely to fall.

During 2015/16, over a third of all hospital admissions for falls in the county were the result of a slip, trip or stumble. The next most common cause of fall related admissions was from stairs or steps at 17%.

Most falls do not result in serious injury, although there is always a risk that a fall could lead to broken bones, which can cause a person to lose confidence, become withdrawn and feel as if they have lost their independence.

Not all falls cause injuries. However, serious injuries such as broken arms, wrists or hip fractures and head injuries are common. These injuries can mean that a person cannot get around as easily or could find it difficult or impossible to do everyday activities such as cooking and taking a bath. Sometimes, people can no longer live on their own and need support.

The local community falls prevention service, which is run by Wye Valley NHS Trust, is for older people who have fallen, are at risk of or are worried about falling or have concerns about their balance. The service received 1,400 referrals during 2015/16.

The number of hip fractures in the county has improved with a decline from 2013 to 2015. This is despite an ageing and growing older population.

As part of the service, a team of physiotherapists, occupational therapists and support workers see patients in dedicated falls clinics or at their home to provide free advice, assessment or interventions on how to reduce the risk of falls, which includes exercise, education and home safety advice.



### What people said:

*"You gave me information that helped explain the problem and that was very useful. Plus exercises I could easily do and that helped. And you were friendly and helpful."*



To find out more:  
Wye Valley NHS Trust  
01568 617309  
[fallsreferrals@nhs.net](mailto:fallsreferrals@nhs.net)  
[www.wyevalley.nhs.uk](http://www.wyevalley.nhs.uk)





# Section 3

## What you can do to improve your health



### For yourself

The One You national campaign is designed and targeted at the older working age population. The website is full of information and provides links to apps that are designed to help you keep track of your lifestyle issues, such as smoking, drinking and eating.

### As an employer

As well as encouraging your staff to visit One You, there are other resources available for you to build a healthy workplace.

- Get involved in the Workplace Challenge: [www.workplacechallenge.org.uk](http://www.workplacechallenge.org.uk)
- Take a look at the National Institute for Health and Care Excellence (NICE) website: [www.nice.org.uk](http://www.nice.org.uk) (search workplace health)

An active campaign is being developed to engage with workplaces and the business community to support and promote health, including a health and wellbeing toolkit for employers.



### As a voluntary organisation or community group

Alongside encouraging people to visit One You, why not also try 'Making Every Contact Count' and undertaking the training and using the resources on the 'Making Every Contact Count' website: [www.makeeverycontactcount.co.uk](http://www.makeeverycontactcount.co.uk).

You can also contact the healthy lifestyle trainer service (01432 383567 [hlts@herefordshire.gov.uk](mailto:hlts@herefordshire.gov.uk)) and ask about training staff and volunteers as Community Health Champions, who can help develop specific initiatives for the communities you work with.

An active campaign is also being developed with voluntary organisations and community groups, to provide leadership for the Making Every Contact Count approach.

To find out more: One You [www.nhs.uk/oneyou](http://www.nhs.uk/oneyou)



# Section 3

## Healthy lifestyle support

It can quite often be the case that small changes in our health behaviour which is linked to lifestyle, such as drinking less alcohol, eating more fruit and vegetables and walking more, can lead to a measurable reduction in the risk of developing conditions such as coronary heart disease, cancers, stroke and diabetes.

The council has developed a series of healthy lifestyle leaflets, which can help you make changes to your lifestyle to be healthier and reduce your risk of serious diseases.

- Healthy eating / healthy weight
- Drinking alcohol sensibly
- Physical activity
- Quitting smoking
- Mental wellbeing

You can print any of our healthy lifestyle leaflets at [www.herefordshire.gov.uk/healthy-lifestyle-booklets](http://www.herefordshire.gov.uk/healthy-lifestyle-booklets), along with visiting the One You website, to find the lifestyle change you'd like to make. You can also try any of the local services listed within this report or search for other local providers on the Wellbeing Information and Signposting for Herefordshire (WISH) website.



To find out more: WISH [www.wisherefordshire.org](http://www.wisherefordshire.org) One You [www.nhs.uk/oneyou](http://www.nhs.uk/oneyou)





# Section 3

## Additional information

Alongside the information, advice and support already provided in this annual report, you can also visit the following websites:

Herefordshire Council  
[www.herefordshire.gov.uk](http://www.herefordshire.gov.uk)

NHS Choices  
[www.nhs.uk](http://www.nhs.uk)

Samaritans  
[www.samaritans.org](http://www.samaritans.org)

Change4Life  
[www.nhs.uk/change4life](http://www.nhs.uk/change4life)

If you'd like further background information, health data, information relating to children's health and previous public health annual reports, please visit the council's Facts & Figures for Herefordshire website at [factsandfigures.herefordshire.gov.uk](http://factsandfigures.herefordshire.gov.uk).

### Acknowledgements

Thank you to staff, colleagues and partner organisations for their contributions, which have helped produce this annual report and for their ongoing efforts and hard work to promote and improve health and wellbeing in Herefordshire.

Photographs used with kind permission of Brightstripe and Herefordshire Council.

# Section 4

## Public health financial summary 2015/16

The funding for public health in 2015/16 came from:

	£000's
Public health grant	7,970
Herefordshire Council	121
Health visitors (Half year from 1 October 2015)	1,266
Pharmacy needle exchange	186

<b>Total</b>	<b>9,543</b>
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The expenditure allocation for 2015/16 was:

	£000's
Staffing costs	850
Agency staff	403
Public health outcomes delivered by Herefordshire Council	1,738
Sexual health	1,590
Drugs and alcohol	1,834
Stop smoking	156
School nursing	513
Health checks	356
Healthy lifestyles	54
Oral health	24
Projects	460
Public health overheads	231

Total expenditure before transfers from Herefordshire Clinical Commissioning Group	8,209
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Health visitors	1,148
Pharmacy needle exchange	186

<b>Total expenditure</b>	<b>9,543</b>
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[herefordshire.gov.uk](http://herefordshire.gov.uk)





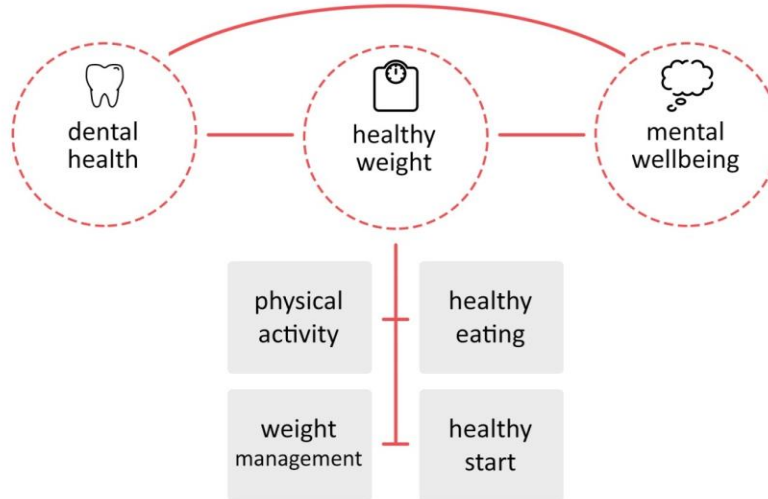
# Over the Rainbow

Integrated Public Health and Wellbeing  
Programme for Children and Young People

Herefordshire Public Health  
April 2017

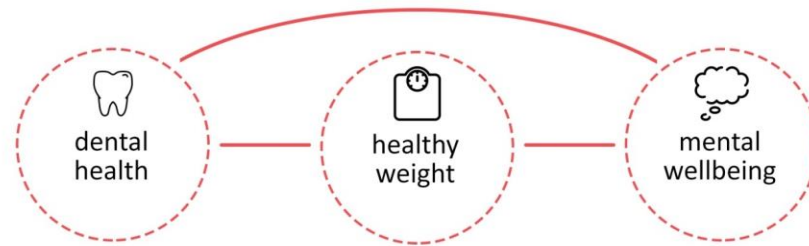


# The programme model: Over the Rainbow



# Making the links

Relationship/s between dental health, obesity and mental wellbeing:



- Sugars in food and drinks play a major role in the development of dental caries
- Excessive unhealthy, sugary food and sugar-sweetened soft drink consumption has been linked to weight gain
- Obesity and physical illness can lead to poor physical and mental health.
- Good mental health is a protective factor for good physical health and against physical illness and is essential for making healthy lifestyle choices and behaviour changes.
- Poor mental health can lead to unhealthy lifestyle choices and unhealthy weight management.

# The problem in Herefordshire

Area	Problem
Overweight and obesity	In 2015/16: <ul style="list-style-type: none"><li>• 1 in 5 children in reception year aged 4/5 were overweight or obese</li><li>• 1 in 3 children in year 6 aged 10/11 were overweight or obese</li></ul>
Healthy Start	Healthy start vitamin uptake is very low and is inequitable
Oral health	During July – November 2016: <ul style="list-style-type: none"><li>• 81 children (under 16) had 433 teeth extracted under General Anaesthetic</li><li>• An average of 5.3 teeth extracted per patient visit</li></ul>

# Dental health: under 16 yr olds in Herefordshire

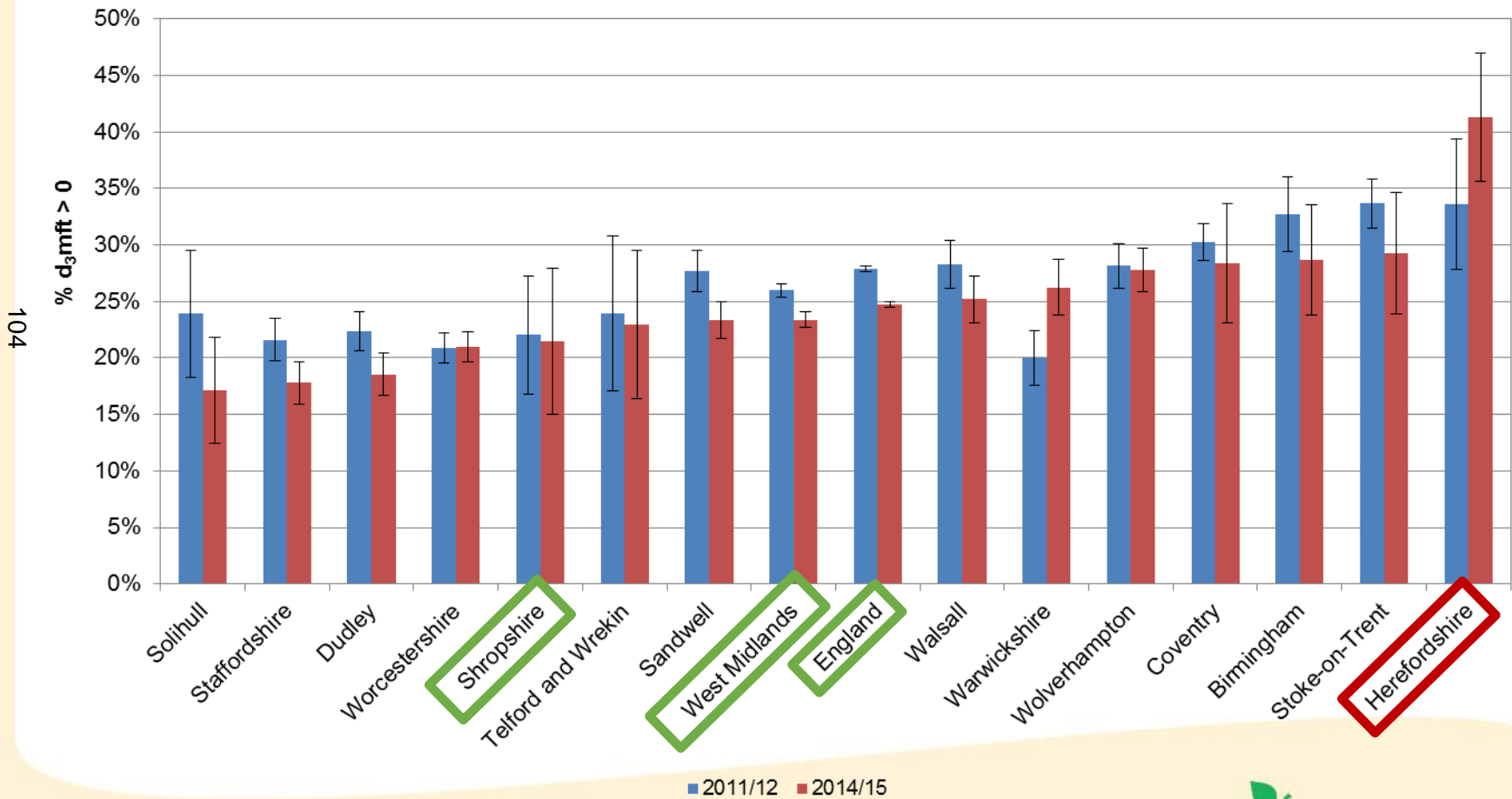
## General Anaesthetics for dental extractions (CDS Herefordshire)

<u>Year</u>	<u>Number</u>
2014/15	157
2015/16	197
2016/17	286 (projected)

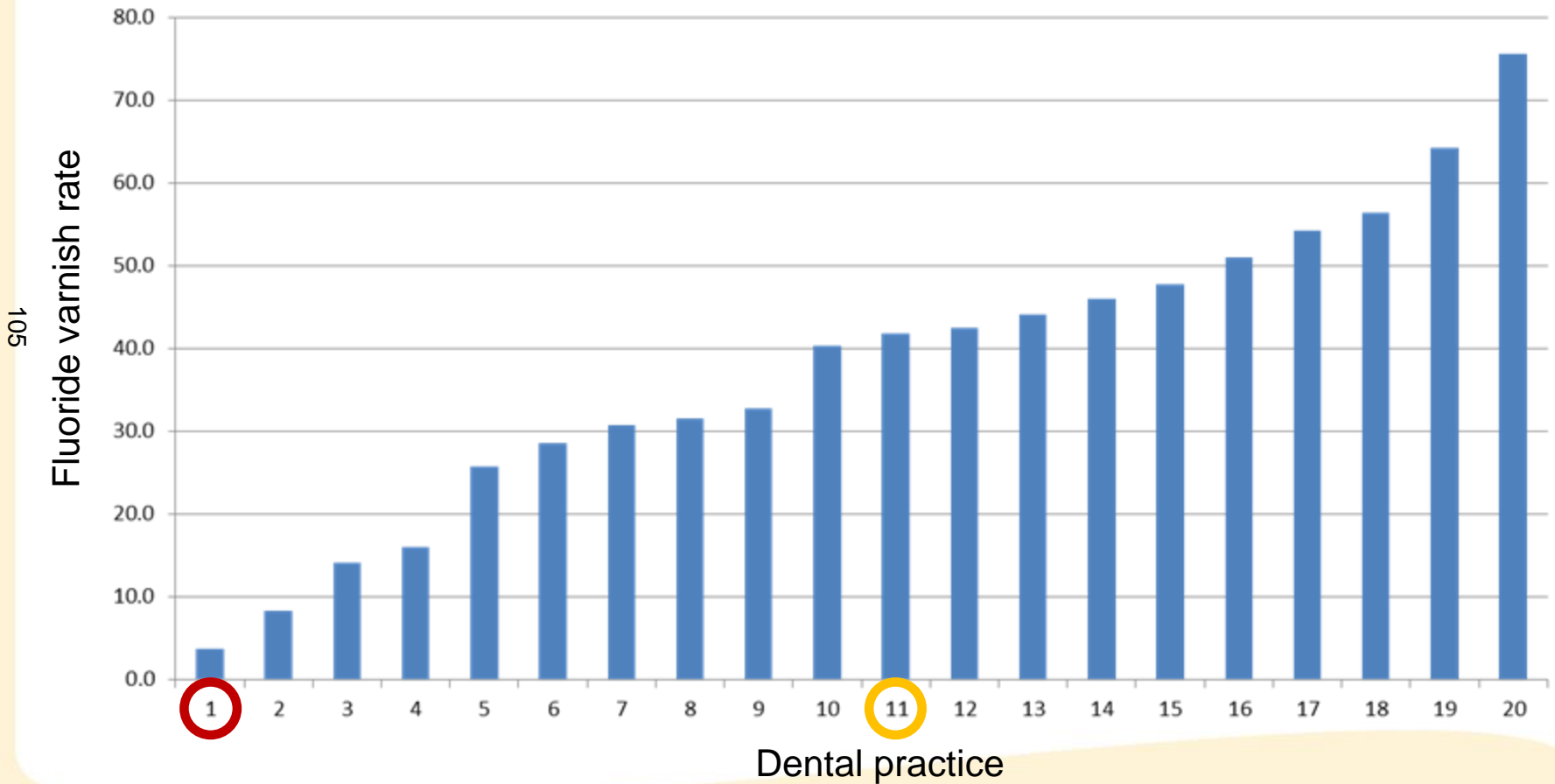


# Oral Health 5 year olds

## % experienced decay (%dmft >0)

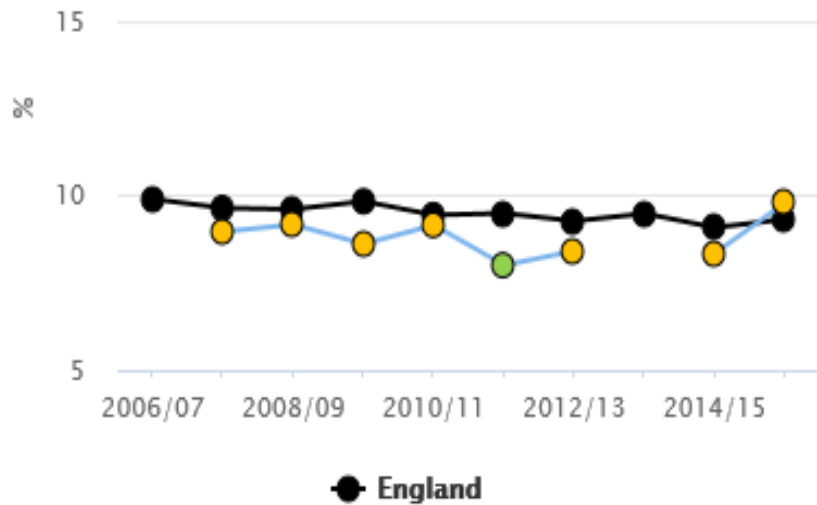


# Herefordshire Fluoride Varnish (FP17s/Total FP17) rate for 3-16 year olds

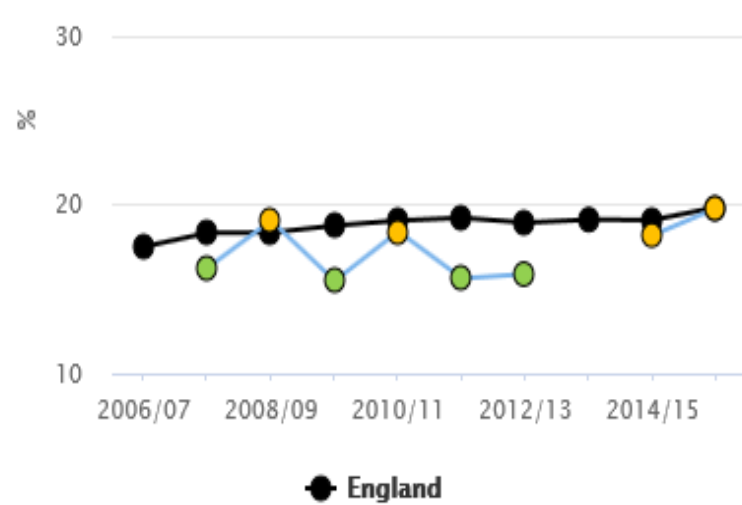


# 2015/16 NCMP data trends

Reception children (aged 4/5 years):



Year 6 children (aged 10/11 years):



# 2015/16 National Child Measurement Programme (NCMP) data

Period 2015/16	No. eligible children	Participation (number / %)	No. underweight children	No. / % overweight children	No. / % very overweight children	Total (overweight + very overweight)
Reception children (5/6 year olds)	2007	1920 (95.7%)	17	184 (12.8%)	105 (9.8%)	<b>289</b> <b>22.6%</b>
Year 6 children (10/11 year olds)	1873	1648 (88%)	25	227 (14%)	190 (19.8%)	<b>417</b> <b>33.8%</b>



# Links to other programmes

## School readiness

In 2015/16:

- 71.7% of children achieved a good level of development at the end of reception
- 50% of children with free school meal status achieving a good level of development at the end of reception

Gap: 21.1 %



The economic costs of obesity

Obesity costs the wider society **£27 billion**



The NHS in England spent an estimated **£6.1 billion** on overweight and obesity-related ill-health in 2014/15

We spend **more** each year **on the treatment** of obesity and diabetes **than** we do on the **police, fire service and judicial system combined**



# Evidence to back up programme development

The School Food Plan Economics **ONE YOU**

Upstream prevention Training & Education Tackling inequalities

**Herefordshire Public Health Plan 2017-2020** NHS Health check Start4Life Public Health England

Statutory duties **NICE** Childhood Obesity plan

Law and Policy Change4Life Peer support NHS England

Technology Sugar tax Incentives **Fair Society Healthy Lives** Evidence

Return on Investment Childrens Food Trust Easy meals app Outcomes SHN

**OFSTED** Department of Health

Cycling and walking strategy Health & Wellbeing Board **Equity**

JSNA  
Food labelling  
Get Active To Get Healthy

# Developing a comprehensive/integrated approach

- We have a major issue in relation to our children and their dental health
- We have a major issue in relation to our children and very overweight (obesity) levels
- We have an issue in relation to our children and mental health & emotional wellbeing issues
- Sexual health, smoking, drugs and alcohol are also issues that need to be addressed/are being addressed but the programme needs to focus in the first instance on the areas of major concern, ie in relation to **dental health, obesity & weight management and mental health & wellbeing**



# What has been done in 2016/17?

## Children & Young People

- Weights and heights of children in YR & Y6 measured during academic year 2016/17 (data due Dec 2017)
- Dissertation research project - food provided in early years settings and opportunities/barriers for provision of healthy food
- Bi-annual oral health survey of children aged 5yrs (currently being undertaken)
- Tooth-brushing packs distributed to YR children
- Development of a local standardised childhood dental health information leaflet
- Promotion of local and national campaigns eg. Change4life, Sugar Smart and mental wellbeing
- Electronic health information booklet distributed to all schools in Herefordshire
- School Nurse drop-in sessions in all secondary schools across the county once a week
- Early-bird participation and support for 3-year national rollout of free training in Youth Mental Health First Aid to local secondary schools (to be completed by December 2017)
- Launch of Healthy Living Pharmacy Scheme in Herefordshire
- The Voice of the Child pilot project – to promote resilience and emotional wellbeing (secondary schools). Outcomes due July 2017.
- But we want to do more.....

# “Over the Rainbow”: plans for 2017/18

## Dental/Oral Health

- High profile local dental health campaign to improve oral health across the county (using twitter, facebook etc)
- Targeted tooth-brushing packs to early years setting
- Action on fluoride varnishing for 0-16 yr olds
- Targeted work linking overweight with dental decay

# “Over the Rainbow”: plans for 2017/18

## **Overweight & Obesity (incorporating healthy eating and physical activity)**

- Commission an evidence-based, targeted child & family weight management programme
- Provide advice to parents and carers of children identified as being Underweight, Overweight and Very overweight from the National Child Measurement Programme
- Pilot project with 3 secondary schools to weigh and measure heights of Yr9 children
- Increased physical activity support for early years settings and primary schools
- Guidance to primary schools re healthy eating policies and Change4Life resources
- Commission an equitable and sustainable model for Healthy Start vitamin distribution in the county

# “Over the Rainbow”: plans for 2017/18

## Mental Health & Emotional Wellbeing

- Provide Youth Mental Health First Aid training for all School Nurses and an offer to other appropriate staff (eg social workers, youth workers etc)
- Support and advise the delivery of PSHE in schools and explore the development of a dedicated PSHE resource (eg Respect Yourself; Eat Better, Move More)
- Embed the learning from the Voice of the Child programme through peer mentors and PSHE coordinators across secondary schools in Herefordshire
- Develop a Herefordshire School Nurse texting service



# “Over the Rainbow”: plans for 2017/18

- Local communications and promotion of child/youth/family local and national campaigns (eg. Teen Health podcasts)
- Collaborative working with in-house colleagues (transport, planning, trading standards, local dental committee, children’s centres, libraries) to deliver public health messages on dental health, obesity, healthy eating, physical activity and mental health & emotional wellbeing
- Collaborative commissioning/partnership opportunities agreed with external agencies to support the development of family health and wellbeing

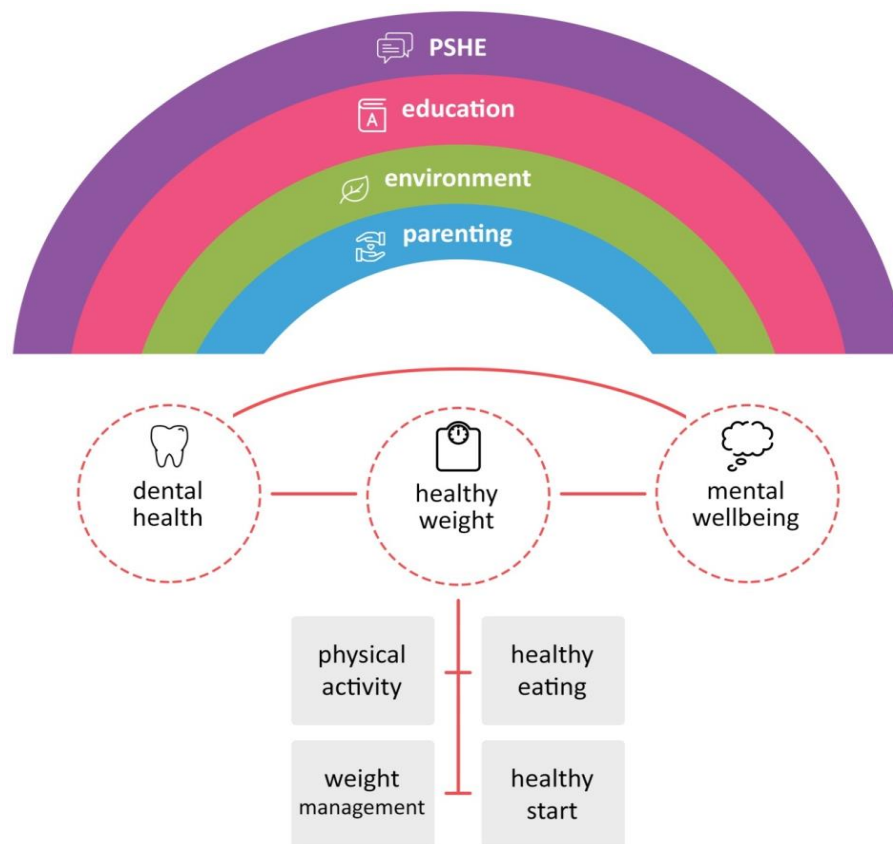
# Public Health Programmes linked to Family-related Health Conditions

We know that some health-related issues run in families, due to a variety of reasons.

The following adult programmes are linked to the proposed “OTR” childhood programme:

- Solihull parenting & trainer-training (ante-natal, post-natal and throughout childhood)
- Delivery of the Diabetes Prevention programme
- Smoking cessation programme
- Health Checks programme
- Sexual health and substance misuse service
- Level 2: Understanding Health Improvement training delivered to 100 persons
- Stronger links and closer working with teams across the Council eg. transport, planning
- Making Every Contact Count (MECC) lifestyle leaflets, covering healthy eating, physical activity, smoking, drinking alcohol and mental and emotional health and wellbeing
- Close links are also maintained/continually developed across the Council and in particular with Children’s Wellbeing Directorate

# 2017-19 “Over The Rainbow” programme : overview of impact



# Problematic Alcohol Use in Herefordshire

Presentation to the Herefordshire Health and Wellbeing Board  
16 May 2017

# Definitions of Alcohol Risk

- Low risk: Men who drink less than 3-4 units & women who drink less than 2-3 units per day, and weekly limits of 21 & 14 units respectively.
- Increasing Risk: Men who drink between 21 – 50 units per week and women who drink between 14 – 35 units per week.
- Higher Risk: Men who drink over 50 units per week and women who drink over 35 units per week.



# The size of the Problem

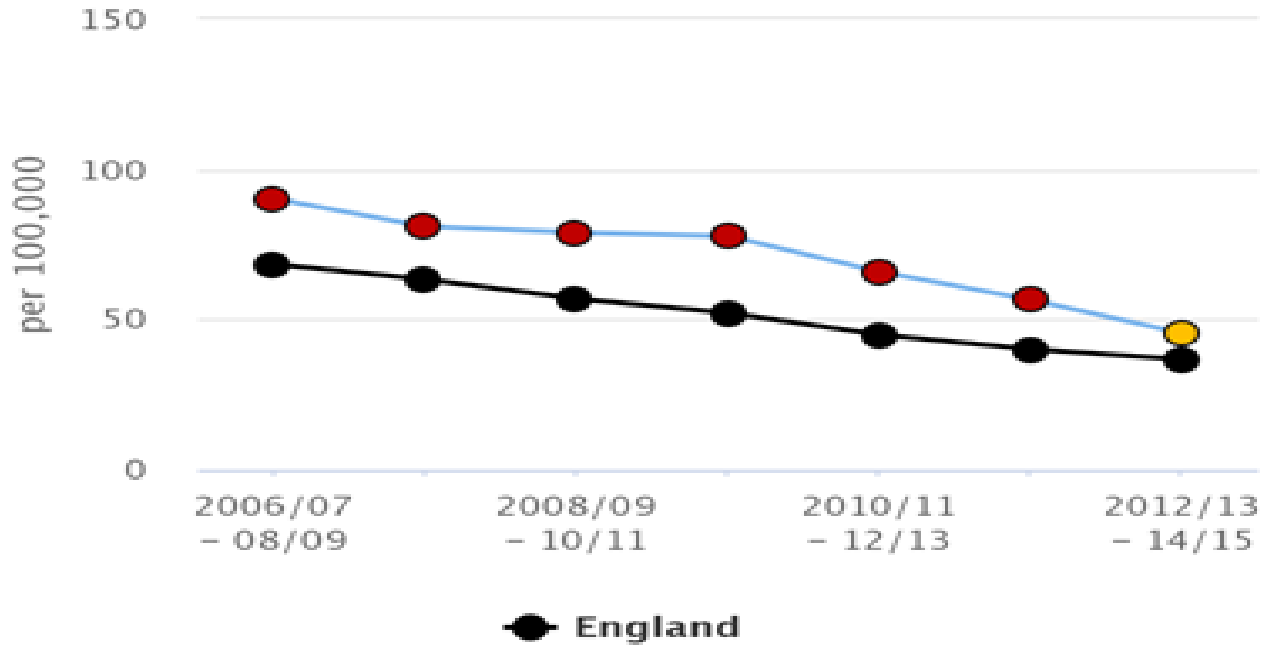
- Estimates of alcohol dependence from the University of Sheffield suggest that approximately 1,686 people in Herefordshire were dependent in the years 2010 – 2014.
- During 2011 – 2014, the percentage of adults binge drinking at least once a week was 21% and the percentage of people drinking more than 14 units a week was 25.9%. These figures suggest that between approximately 30,000 and 40,000 people are drinking at potentially harmful levels.
- During 2014 Herefordshire sold significantly more sprits through off trade than England (1.68 ltr/adult compared with 1.34 ltr/adult)

# Alcohol Related Harm

- For the period 2013 – 2015 alcohol specific mortality was significantly lower in Herefordshire than in England (8.1 per 100,000 as opposed to 11.5 per 100,000).
- During 2014 – 15 the rates for hospital admissions for alcohol related conditions (persons and episodes) were all significantly lower than England.
- The rate of admission to hospital for alcohol specific conditions in under 18 year olds has continued to fall and by 2012/12 – 2014/15 was no longer statistically worse than England.

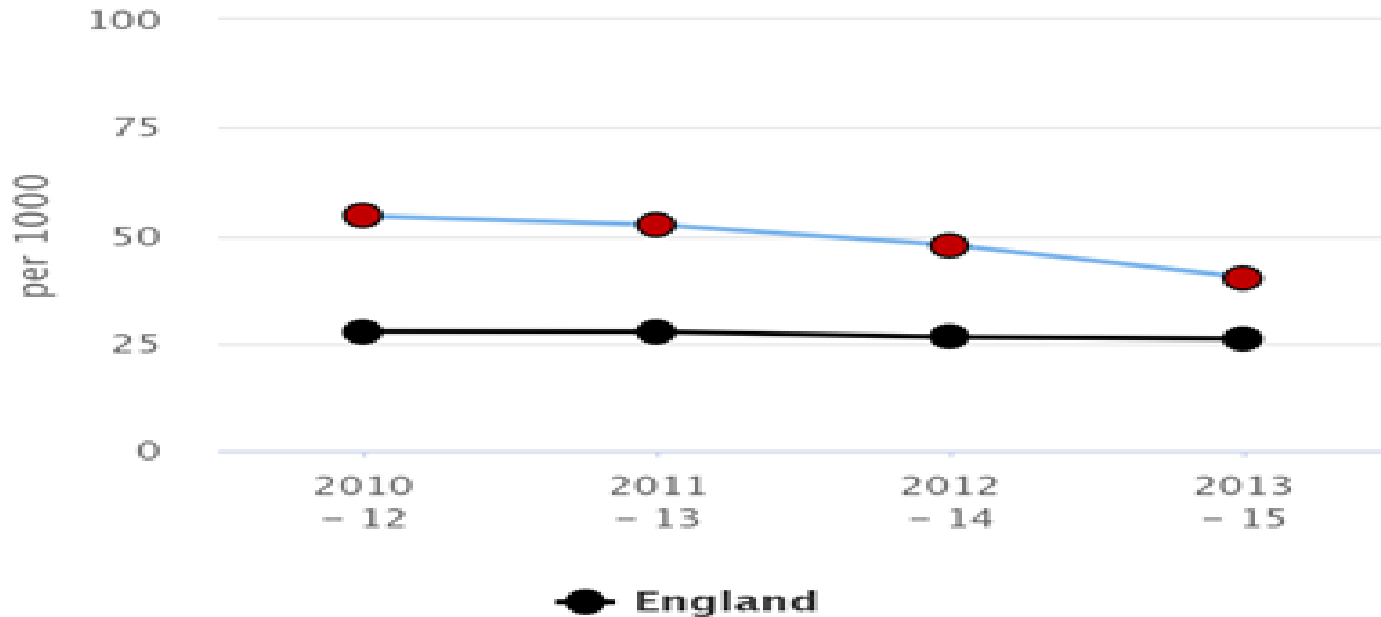
# Alcohol hospital admissions (under 18s)

5.01 - Persons under 18 admitted to hospital for alcohol-specific conditions - Herefordshire



# Alcohol related Road Traffic Accidents

12.01 - Alcohol Related Road Traffic Accidents - Herefordshire



# Numbers in treatment

- The number of people currently in treatment for alcohol problems is 239.
- The latest DOMES from NDTMS (Q3 2016/17) shows a successful completion (non-representation) rate of 30.0% (76/253).
- The national rate is 38%.



# Conclusion

- Unlike drug misuse, consumption of alcohol is a legal activity for adults
- Most adults use alcohol responsibly, most of the time
- In general Herefordshire has a lower prevalence of alcohol related harm compared to the figures for England
- Successful treatment outcomes are currently lower than the national average
- Though the number of alcohol related traffic accidents is falling, it remains a concern

# Next Steps:

- Promotion of Alcohol Harm Reduction Measures as part of the “One You” and Health Checks campaigns
- Joint work with Trading Standards to tackle sales of alcohol to young people. (Targeted raids on premises)
- Recruitment of an additional alcohol treatment worker in Addaction
- Promotion of the Alcohol Brief Intervention tool in primary and secondary care
- Use of the national Alcohol “CLeAR” assessment to review and improve performance

