

Understanding Herefordshire 2013

An integrated needs assessment

Version 1.2
June 2013



www.herefordshire.gov.uk/understandhere

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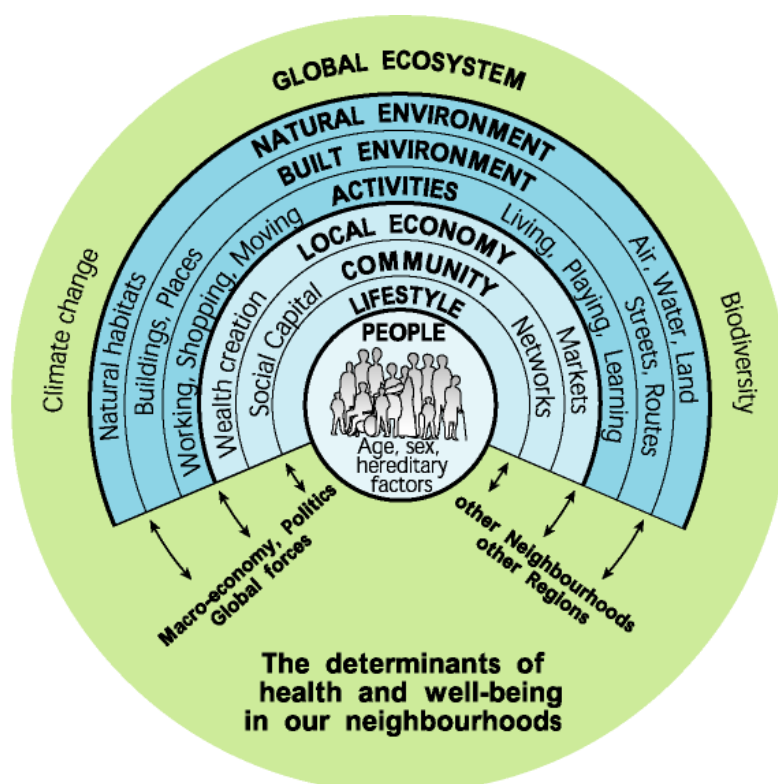
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About Understanding Herefordshire 2013

Understanding Herefordshire provides a single integrated assessment of the health and well-being needs of the people of Herefordshire, bringing together the statutory requirement to produce a *Joint Strategic Needs Assessment* and the previous *State of Herefordshire* reports (developed over the last decade). It provides strategic intelligence for commissioning and business planning, particularly to determine priorities for resource allocation.

Individual determinants of health include a person's age, gender and hereditary factors but there are also the social, economic and environmental determinants of health which include lifestyle factors, social and community influences, living and working conditions, activities, the built environment (buildings and roads) and the natural environment. The diagram below shows these determinants of health and well-being and demonstrates the interdependences between different aspects. *Understanding Herefordshire* highlights some of the opportunities for joint working between organisations and communities in Herefordshire to meet the health and well-being needs of our population in the context of significantly reduced budgets.



The health map (Barton, H. and Grant, M., (2006); *A health map for the local human habitat*, Journal of the Royal Society for the Promotion of Public Health

This document provides a high level summary with electronic links to the underlying evidence provided throughout the document, where more detail and supporting strategies can be found. The integrated evidence base is available at www.herefordshire.gov.uk/factsandfigures and maintained by the local authority research team with contributors from public health, quality and improvement team (children's and adults' services), housing, spatial planning and transport strategy and sustainable communities teams as well as Herefordshire's Clinical Commissioning Group, Herefordshire Voluntary Organisation Support Services and the Local Nature Partnership.

Understanding localities



This document is a summary of the needs of Herefordshire as a whole, but wherever possible the analysis has been carried out for smaller areas and is available by following the **electronic links** to the underlying evidence base. Major geographical differences have been mentioned here where appropriate as denoted by the symbol to the left, but for a fuller understanding of a particular locality *Understanding Herefordshire* should be used alongside the *Key Findings About Herefordshire Localities* available at www.herefordshire.gov.uk/aboutlocalities. Also available online are statistical profiles of particular areas, including [localities](#), [GP practices](#), [wards, market towns and smaller areas within them](#). Profiles of key statistics from the 2011 Census for wards are available on request from the [research team](#).

Do our delivery plans address needs highlighted in 2012?

A review of Herefordshire Council's 2013-14 delivery plans shows that about half of the recommendations of *Understanding Herefordshire 2012* are being addressed but in some areas there is insufficient detail to be able to make an assessment.

Understanding Herefordshire 2013 will be considered by Cabinet in June 2013 alongside the 2012/13 year end performance report and budget monitoring report

Population and changing demographics

The 2011 Census confirmed that immigration to Herefordshire had been significantly underestimated during the last decade. The county now has 183,600 residents (mid-2011) – a growth of five per cent (8,700 people) since 2001. It is also home to the families of 3,000 students who live elsewhere in the UK during term-time, but may well use local services when home. The total population growth is more than double that originally estimated, but is still less than the seven per cent increase across England and Wales as a whole and Herefordshire still remains one of the least densely populated areas of the country. The growth has been entirely driven by migration since the 1990s, but prior to the expansion of the EU in 2004 the majority of migrants came from other parts of the UK. Indicative figures suggest the majority (60-70 per cent) of annual net migration has been from outside the UK.



Migration since the expansion of the European Union has been responsible for a reversal of the trend in the numbers of young adults (16-34) in the county; rather than declining by six per cent since 2001 as expected, they have increased by seven per cent (+2,400).

*+2,400 young adults
in the county due to
migration*

The number of children in the county has fallen since 2001 but not as much as expected; numbers of older people have gone up but not as much as expected and the numbers of young adults have gone up instead of down. Nonetheless, although some age-groups are substantially affected, these differences have had little impact on the county's overall age profile. It still has a relatively high proportion of older residents (21 per cent aged 65+ compared to 17 per cent nationally), and this is expected to continue to increase as the post-war 'baby-boom' generation moves into old age. In particular, although now 500 fewer than initially thought, the number of people aged 85+ will more than double to 12,200 by 2031. Latest forecasts, based on an expectation that 16,500 more dwellings will be built between 2011 and 2031, predict that the total population will grow to 205,300; 12 per cent higher than in 2011 - an annual average increase of 0.6 per cent.



Herefordshire's 39,400 residents aged 65 and over are scattered across the county, although those aged 65-84 are slightly more likely to live in rural villages, hamlets and isolated dwellings than the population as a whole (47 per cent of 65-84s; 43 per cent of all people). The very elderly (85+) are more likely to be living in rural town and fringe areas (Bromyard, Kington, Ledbury, Credenhill, Clehonger): 18 per cent compared to 11 per cent of the total population.

The changing demographics of county **children** will continue to pose challenges for delivering services for them and their families as it leads to higher numbers eligible for pre-school services, but a continued surplus of school places across the county – albeit with excess demand in some areas. Births remain at the higher level seen since 2007 (1,800-1,900 a year), with the increase driven by women of child-bearing age migrating to the county: eight per cent of births in 2011 were to mothers born in countries that joined the EU during the last decade (one per cent prior to their joining). The latest forecasts suggest that this will lead to a slight increase in the number of children between 2016 and 2025, peaking at 32,800 before starting to fall again. This peak is 4 per cent higher than currently (31,500) but still lower than in any year prior to 2005.

The census was the first opportunity to accurately quantify the impact that the unprecedented migration since the expansion of the EU in 2004 has had on the county's demographics. Of the 12,250 residents who were born outside the UK, 53 per cent have arrived since then – much higher than nationally (40 per cent). Just over 5,000 residents were born in the new member states (Estonia, Czech Republic, Hungary, Lithuania, Latvia, Poland, Slovakia and Slovenia joined in 2004; Romania and Bulgaria in 2007) – three fifths in Poland alone.

Unsurprisingly then, **ethnic make-up** has changed significantly since 2001, when only 2.5 per cent of the population (4,300 people) were from an ethnic origin other than 'white British'. In 2011, the figure was 6.3 per cent (11,600 people). Overall, this is still very low in national terms (19.5 per cent), but the proportion of county residents who identified as 'white: other' (3.9 per cent) is amongst the highest third across all local authorities in England and Wales. Numbers of people from other ethnic groups (e.g. Asian or Asian British) have increased, but not as much as estimates through the decade had suggested.

*Ethnic makeup has changed significantly: **6.3%** not 'white: British'*

The 2011 Census was also the first to include a **Gypsy and Irish Traveller ethnic group** category, and 360 Herefordshire residents chose to tick this box – just 0.2 per cent of the population, but just outside the highest ten per cent of authorities in England and Wales. It is estimated that the actual population is nearer to double this (between 550 and 800).

Current interest in migration is focused on what might happen in January 2014, when transitional controls on the employment of **Bulgarian and Romanian nationals** end. Since joining the EU in 2007, they have only been able to work in the UK if they are self-employed or recruited via one of two national schemes for temporary work – including the

Seasonal Agricultural Workers Scheme which sees several thousand come to Herefordshire for up to six months each spring and summer. Relatively few have settled here so far (less than 350 people spoke Bulgarian or Romanian as their main language in 2011), but there is speculation that this will change next year, especially for those who already have links with the county through their seasonal work. National experts say that it is impossible to predict what might happen, since it is a very different situation to the 2004 expansion. There are also concerns in the agricultural sector about what impact the changes will have on the supply of seasonal labour.

Language is a common barrier for members of our newest communities in accessing public services, and the 2011 Census has revealed that there are 2,000 usual residents of the county who can't speak English well or even at all. It is unlikely that those residents will be integrating in other ways.

2,000 residents (1.1%)
can't speak English well.

Vulnerable people

There is no single way of defining if someone is vulnerable across public services and there has been a shift away from defining vulnerability based on personal characteristics to a focus instead on the circumstances that make an individual vulnerable and the support activities required. For example a person may be vulnerable if in receipt of social care or while in hospital, if disabled, have a long-term health problem, in a domestic abuse situation, or becomes homeless or if their home is flooded. These circumstances may not be long-term.

Social isolation is a risk factor for vulnerability. Most residents in Herefordshire have contact with family, friends or neighbours most days of the week but for one in twenty the contact is once a month or less and a similar proportion felt lonely most or all the time. A community based approach is recommended where statutory services work with unpaid carers, communities and voluntary organisations to support vulnerable people.

Children and young people in social care

There has been a rise in numbers of referrals of children to social care. Additionally numbers of children subject to child protection plans and numbers of looked after children have risen, although the former have now stabilised (at 60 per 100,000 population, but still almost double the national rate). The Safeguarding and Protecting Children Improvement Plan has put in place a number of activities in place to stabilise the recent rise which emerged following the Ofsted inspection of arrangements to safeguard



children, in September 2012. There has been a rise in the number of young people re-referred to children's social care within six months of receiving a service, but the reasons for this have not yet been established.

Adults in social care

The most important driver of a person's need for care is the impact of disability related impairment (physical and cognitive) on the ability to perform basic activities of daily living (ADLs). However, not everyone who needs help to wash, dress, eat, go to the toilet or get in and out of bed, will require support from social services - this depends on an individual's income/wealth, housing circumstances, and the level of support from family, friends and the community. All of the demographic evidence suggests that levels of need will continue to rise, but an analysis in 2012 of factors affecting the need for adult social care established that the current trend is for fewer adult social care service users, albeit with more intensive care packages and rising costs. It also noted that numbers of people over the age of 65 claiming benefits related to a disability have levelled off, even though the population has increased. It concluded, therefore, that projections of numbers of future service users based on these rising indicators of needs are unreliable.

Rates of limiting long-term illness amongst those aged 65-84 are lower than nationally, and people turning 65 in the county can expect to live longer, and in good health and without a disability, than those elsewhere. Nevertheless, the natural ageing of the population, as the post-war 'baby-boomers' become very elderly, will have continuing implications on the need for care and support. Future levels of need for traditional social care are unclear, but older people and their carers will need to be enabled to support themselves. In particular, an estimated 3,000 people with dementia (two-thirds of whom are undiagnosed) could almost double in 20 years.



Known risk factors affecting the need for adult social care can be targeted through health services, housing, economic development, spatial planning and transport. There is a rich patchwork of support for vulnerable adults provided by community and voluntary groups, outside of the council's eligibility criteria although levels of activity and trends are not yet quantified. Everything required from a prevention strategy already happens somewhere in the county such as: advice and information on where to get help, benefits maximisation, community transport, support groups for people with particular conditions, support for carers, handyperson service, telecare provision, home aids and adaptations, user-led lunch clubs, community meals, falls prevention clinics, warm front campaigns, extra-care housing, winter flu vaccinations. However we need to do better what we already do in patches and work more effectively together across sectors and organisations.



As nationally, most users and carers in Herefordshire are happy with **social care services** once they are in place. The key area of discontent is the difficulty and time taken in getting in to the system. A key theme in the local account of adult social care in Herefordshire is how service provision is managed at a time of shrinking resources. The impact has been felt by users with new charges for their services and by provider organisations in reduced contracts. Despite the pressure, the trend had been to spend more money on adult social care in recent years, although this is mostly due to inflation.

Health

The **Public Health Outcomes Framework** (published in January 2012) set out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. It concentrates on two high-level outcomes for this namely '*health life expectancy*' and '*differences in life expectancy and healthy life expectancy between communities*'. Given the nature of public health, improvement in these outcomes will take years or even decades to see marked change. Therefore, a set of supporting public health indicators have been developed to understand how well we are doing year by year nationally and locally, which are grouped into four areas: improving wider determinants of health; health improvement; health protection and healthcare public health and preventing premature mortality. This information is covered in narrative form here in '*Understanding Herefordshire 2013*' but overview 'spine charts' comparing Herefordshire data with regional and national data can be accessed using the [public health outcomes framework tool](#).

Life expectancies at birth in Herefordshire remain significantly higher than regionally and nationally (both males and females) and inequalities in local health outcomes - as measured by the Slope Index of Inequality (SII) for Life Expectancy 2006-10 - are lower than for England. However, even within this context the effects of deprivation produce demonstrable inequalities – residents living in the most deprived areas generally have a shorter average life expectancy at birth and spend a greater part of that life expectancy with a disability when compared with residents of less deprived areas. Average male life expectancy varies across Herefordshire practice populations by almost 5 years and the **gap in life expectancies** between the most and least deprived areas (as measured by the SII) currently equates to 4.8 years for males and 4.1 years for females. Females living in the least deprived areas of the county can expect to live an additional 7.2 years of healthy life (i.e. free of disability) on average compared to residents of the most deprived areas, and males an additional 6.6 years.



Herefordshire's mortality rates are consistently lower than that of England and Wales as shown in the following graphic. The three disease groups that account for 80 per cent of all mortality in the county are still circulatory diseases, neoplasms (cancers) and respiratory diseases where the rates are lower than nationally. However analysis of individual causes of mortality in the period 2008-10 show that Herefordshire experienced significantly higher mortality from strokes and accidents compared with England.



Indicator	Herefs		SHA	England		England		Best
	Count	Value	Value	Value	Worst	Range	Best	
Infant deaths	19	3.5	6.0	4.6	8.0		2.2	
Mortality from circulatory disease, aged <75	446	60.8	70.2	67.2	123.2		46.2	
Mortality from cancers, aged <75	734	102.7	112.3	110.1	157.1		77.8	
Mortality from suicide and injury undetermined	56	9.9	8.1	7.9	14.2		4.1	
Mortality from causes amenable to healthcare	603	87.9	99.7	92.3	160.2		60.0	
Mortality from chronic liver disease, aged <75	53	8.0	11.7	9.7	32.6		4.9	
Mortality from chronic respiratory disease, aged <75	69	8.7	11.8	11.7	28.5		5.7	
Mortality from infectious diseases	82	7.4	9.1	7.6	17.4		4.0	
Perinatal mortality	26	4.6	8.6	7.5	12.9		4.2	
Epilepsy patients seizure free for 12 months	651	74.6%	74.2%	74.7%	63.3%		81.0%	
Smoking attributable mortality	960	180.0	208.8	210.6	371.8		135.3	
Alcohol Attributable Mortality (Male)	35	30.9	40.1	35.5	69.4		23.3	
Alcohol Attributable Mortality (Female)	20	14.1	17.4	14.7	26.3		7.4	
Estimated prevalence of CHD (all ages)	10163	5.7%	5.2%	4.7%	7.9%		2.7%	
Estimated prevalence of CVD (all ages)	20098	11.2%	9.9%	9.5%	12.5%		6.5%	
Estimated prevalence of stroke (all ages)	4466	2.49%	2.25%	2.07%	3.44%		1.26%	
Estimated prevalence of hypertension (all ages)	52994	29.6%	25.8%	24.9%	31.7%		17.3%	
Estimated prevalence of COPD (all ages)	5020	2.80%	3.22%	2.91%	5.37%		1.91%	
1yr survival from colorectal (bowel) cancer	-	74.5%	-	74.2%	64.2%		82.3%	
5yr survival from colorectal (bowel) cancer	-	55.0%	-	53.0%	41.4%		66.2%	
1yr survival from breast cancer	-	96.3%	-	95.9%	91.9%		98.2%	
5yr survival from breast cancer	-	84.0%	-	83.7%	73.3%		89.0%	

Source: Fingertips, Copyright© 2011–2013, Public Health England. All rights reserved.



Health inequalities exist between Herefordshire residents living in the most deprived areas compared with those living the least deprived areas. Those living in the most deprived areas are 33 per cent more likely to die of cancer; 60 per cent more likely to die of coronary heart disease and over twice as likely to die prematurely (under 75 years) of cerebrovascular disease and 65 per cent more likely to die of chronic lower respiratory disease than those in the least deprived areas.

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

Those living in deprived areas
33% more likely to die of cancer; **60%** more likely to die of coronary heart disease.



A third of deaths in Herefordshire during 2006-10 were 'premature' (i.e. deaths in those aged under 75) with the **standardised premature mortality rate** 10 per cent lower than the average rate for England and Wales. However around 350 deaths in Herefordshire per year are from causes considered preventable. There were approximately seven and a half thousand years of life lost per annum in the pooled years 2008-10 in the county.

Rates of suicide are generally higher in Herefordshire than nationally or comparator areas, although rarely significantly so due to the small numbers (18 in 2012). Over 70 per cent of suicide deaths in Herefordshire are men and rates are highest locally amongst people aged 30 – 49 years.

There were almost 40 thousand **hospital admissions** (elective and emergency) of Herefordshire residents in 2010-11. Complications of pregnancy represent almost 17 per cent of all non-elective admissions. There were around 53 thousand accident and emergency attendances by Herefordshire residents at Wye Valley NHS Trust over the last four quarters for which data is available, leading to over 12 thousand hospital admissions. Herefordshire residents living in the most deprived areas are around 30 per cent more likely to be admitted to hospital due to an accident than those in the least deprived areas.

Self-reported levels of general health from the 2011 Census were similar to the picture nationally, with nearly half of all residents (around 46 per cent) reporting very good health and only about five per cent in bad/very bad health. Nevertheless, this still represents almost 10 thousand residents in the county that perceived their health as being poor.

10,000 Herefordshire residents say their health is poor

The highest proportions of residents reporting their health as good/very good were in the Ledbury locality and the highest reporting their health as bad/very bad were found in Leominster town and Bishop's Meadow - Hunderton areas



(south Hereford). The [2011 Herefordshire Health and Well-being Survey](#) showed that just under half of adults reported being on regular **medicine** prescribed by their doctor. Around 20 per cent of adults reported currently being treated for high blood pressure, 11 per cent for a respiratory illness, 8 per cent each for; a mental illness, a heart condition, arthritis, back pain and 7 per cent for diabetes. Men enjoy significantly better **self-reported physical and mental health** than women in Herefordshire. In general, although declining slowly throughout adulthood, physical health is relatively constant for both genders until their mid-50s, but thereafter men's physical health declines from the mid-50s and women's health from 60 onwards. The pattern of change with age for mental health is the same for both genders; relatively constant until late middle age (55-59) then increasing in early old age to a peak at 75-79 before falling rapidly in extreme old age.

Medicines account for a fifth of total NHS budgets so pharmaceutical services are ideally placed to add value to the use of medicines by helping patients to get the best from their medicines, for example, reducing waste and ensuring the most cost effective products are prescribed and dispensed. A [pharmaceutical needs assessment](#) was recently completed in Herefordshire to inform the future commissioning and approval of such services by ensuring they are based on local need, particularly where an enhanced service is required and by developing the role of community pharmacies in promoting health and wellbeing.

The 2011 Census also showed that around 34 thousand people (approximately 19 per cent) said that they had some form of **limiting long-term health problem or disability** – a slightly higher proportion compared to 2001 and nationally (both 18 per cent). However, the proportion of residents of working age with a limiting long-term illness was marginally lower than the proportion nationally. The areas with highest reported levels were in areas in Bromyard, North Hereford and Leominster. The [2011 Herefordshire Health and Well-being survey](#) of adults found that by far the most common cause of long-term limiting illness were musculoskeletal problems, accounting for almost half of all cases. It also found that 12 per cent of adults were limited in their ability to bathe and dress themselves.

12% of adults
struggle to bathe and dress themselves



Health improvement

Further analysis of the [2011 Herefordshire Health and Well-being survey](#) of adults in Herefordshire has enabled a more in-depth understanding of patterns of smoking, alcohol consumption and lifestyle behaviour generally.

Smoking remains the major cause of preventable death within Herefordshire. Recent evidence on smoking shows that just over one in five county adults currently smoke (similar to national rates), with prevalence in the most deprived areas twice this rate and more men smoking than women. Approximately 60 per cent of daily or occasional smokers would actually like to quit, but only 30 per cent of Herefordshire adults who currently smoke have attempted to quit in the past 12 months. This proportion is significantly lower for people living in the most deprived areas. A similar pattern emerges with smoking related mortality rates which are 40 per cent higher among the most deprived areas than the county overall. Adults (35+ years) residing in the most deprived areas are a third more likely to be admitted to hospital as a consequence of their smoking than the population of Herefordshire overall. In addition to smoking prevalence rates, nearly one in four non-smoking adults in the county are regularly exposed to other people's tobacco smoke.



Alcohol misuse is the third greatest overall contributor to ill health, after smoking and raised blood pressure. Over half of Herefordshire residents drink alcohol on a weekly basis, including 11 per cent who drink alcohol almost every day. 40 per cent of all adults drink alcohol at levels above the recommended guidelines on at least one day per week, including 19 per cent who binge drink. Men are significantly more likely than women to drink alcohol at levels above the recommended guidelines and are more likely to binge drink. Almost half of females aged 25-44 drink alcohol at levels above recommended guidelines including binge drinking. A higher proportion of adults residing in the most deprived areas appear to drink alcohol less than weekly, although this is based on small numbers.



Among Herefordshire residents there were just over 3,500 **alcohol related hospital admissions** in 2011-12. The consequent secondary healthcare costs to Herefordshire PCT were an estimated £6.25 million. There are on average around 64 alcohol-related deaths per year in Herefordshire (similar to national rates) and most of them are men (65 per cent). A person living in the most deprived quartile of the county is almost twice as likely to be admitted to hospital due to alcohol consumption as someone resident in the least deprived quartile and more than twice as likely to die an alcohol related death.



Young people (under 18 years) living in the most deprived areas are over 12 times more likely to be admitted to hospital as a direct consequence of their alcohol consumption than those living in the least deprived areas of the county. However numbers of teenage women accessing health services as a result of alcohol misuse were much lower in 2011-12 compared with the recent trend where they comprised 70 per cent of all teenage alcohol-related admissions across the previous five-year period.

In terms of other aspects of healthy lifestyles, just over a third of Herefordshire adults are **overweight** and a further 20 per cent are obese or morbidly obese. Adult men in Herefordshire are significantly more likely to be overweight but less likely to be obese than adult women. Around 40 per cent of young adults (16-24 years) are overweight or obese. Almost 30 per cent of adults in the county do not meet minimum physical activity guidelines on any day of the week and significantly more men than women meet the minimum recommended physical activity guidelines. Almost two thirds of adults in Herefordshire consume less than the recommended five portions of fruit or vegetables per day.

Child health profile

The child health profile shows that for some aspects Herefordshire fares better than rates for England: a lower level of obesity, higher level of physical activity, lower rates of entry to the youth justice system and lower levels of children living in poverty. However there are areas where the county is below the national average: higher rate of families who were homeless, poor dental health, low immunisation levels (particularly for those in care), higher level of emergency admissions due to alcohol and substance misuse, higher rates of under 18s being admitted to hospital for mental health conditions, lower educational attainment and early years development rates and higher level of young people not in education, employment or training (NEET). These wider determinants of health are covered in more detail in other sections of this report.



Health protection

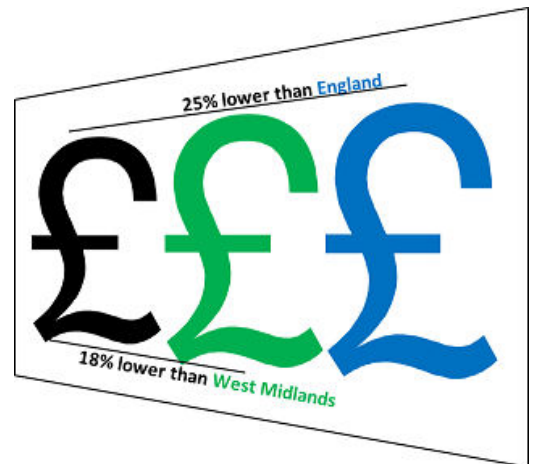
Immunisation rates have not improved in Herefordshire in the way that they have elsewhere and we have slipped from above average to poor. Rates for children under 5 were lower than both the England and West Midlands' averages in 2011-12, with differences apparent between Herefordshire's 24 GP practices. This follows a steady increase since the last dip in 2007-08 for the full courses of diphtheria, tetanus, pertussis, polio, measles, mumps and rubella. Herefordshire figures appear to follow the national trend in that uptake rate for the vaccines at age 1 are higher than those at age 5 - at 1st birthday the rate in 2011-12 was 94 per cent whereas the booster rate in 2011-12 was 85 per cent.

The dental health of children in Herefordshire continues to be poor – two in every five children have some experience of tooth decay by the age of 5 years and more than two in every five have experienced decay in at least one of their permanent teeth by the age of 12.

In terms of **sexual health**, teenage conception rates and abortion rates in Herefordshire remain lower than regional and national rates. There was a 13 per cent fall in the rate of sexually transmitted infections among Herefordshire residents in 2011 but the county has the highest infection rate for syphilis in the West Midlands. Rates of sexually transmitted infection were 70 per cent higher in the most deprived areas than in Herefordshire overall in 2011.

Economic development

Herefordshire's **economic output** is low compared to regionally and nationally; with persistently **low wages**. However there is currently no robust evidence to explain why wages in Herefordshire do not seem to be increasing in line with regional and national trends. Possible explanations are the types of employment by industry sector in the county (high proportions in **low value sectors**), the volume of employment



opportunities, the gender pay gap and relatively higher level of self-employment compared with nationally - the earnings for whom are not fully known as they are not incorporated into the standard measure for earnings. The last decade has seen an increase of two thousand more residents who are self-employed (+12 per cent) and nearly three and a half thousand more part-time employees (+20 per cent). In 2011 the county **self-employment** rate (14 per cent) was in the top ten per cent nationally and the rate of part time working (15 per cent) in the top twenty per cent. The overall **employment rate** also increased over the last decade, although there appears to have been a reduction in the percentage of working age people who are employees since 2008.

1 in 7 self-employed:
one the of the highest
rates in the country

Increased housing provision and population growth is predicted to mean increased demand for **jobs** in 2031 – uncertainty over economic conditions makes it difficult to predict how many jobs there will be to meet this demand, although regeneration projects in Hereford City have the potential to create thousands of new jobs. Herefordshire has a lower

rate of new **business start-ups** than England as a whole, but also a lower rate of closures meaning start-ups survive longer than they do nationally. However, in 2011 the number of closures was still higher than start-ups meaning a continued decline in the number of businesses in the county.

Transport has a key role to play in terms of supporting economic growth in Herefordshire through the provision and maintenance of transport infrastructure and services which provide access for businesses and services in the county. Evidence has shown that the western relief road and its complementary package of sustainable measures and parking policy changes will be an enabler of economic growth in the county by reducing congestion in the city centre particularly along the A49 trunk road, which is currently a designated Air Quality Management Area, and encourage more sustainable and healthier forms of travel such as walking and cycling. Without a reduction in congestion in Hereford, development and growth in areas such as the Hereford Enterprise Zone will be limited because of problems accessing the site. A western relief road will not only reduce traffic on the A49 close to the city centre but it will also provide an opportunity to introduce sustainable transport measures on the A49 and reduce short distance journeys by car across the city. Analysis shows that currently 10,000 car journeys of less than 5km are made each day during the morning and afternoon peak periods. Since 2006-07 overall vehicle flows along the A49 have increased by 5 per cent although there has been a steady decline over the last few years, whilst traffic on other radial 'A' road routes in Hereford has declined by eight per cent. This could be a result of the economic downturn as well as the council's [Destination Hereford](#) project which encourages people to reduce their short distance journeys by car in favour of more sustainable forms of transport.

Unemployment claimant rates remain low (2.5 per cent) compared with the West Midlands (4.6 per cent) and England (3.8 per cent), but the number claiming for more than 12 months continues to increase. As of March 2013 there were five times as many people claiming for this length of time than prior to the recession. In Herefordshire twice as many people claim an **out-of-work benefit** due to poor health than because they are unemployed and actively seeking work.

5 x as many people unemployed for more than a year; compared to before the recession

The recession has had less of an effect on unemployment levels than might have been expected given its length and depth. Whilst this is clearly positive, the way in which redundancies have been reduced i.e. through more part-time working and pay freezes, may have exacerbated the problem of “in work poverty” during the recession. Whilst part-time working increased notably over the last decade at a national level, the increase locally was much smaller meaning the proportion is now fairly similar. The increase in part-time working is forecast to continue. Work incentives under [Universal Credit](#) are also likely to mean more people taking part-time jobs.



Around a fifth of households in Herefordshire live in poverty¹ (14,500 households), a similar proportion to nationally and regionally. Income deprivation mostly occurs in the urban areas of Herefordshire, including Hereford City, Leominster and Ross-on-Wye, but also to a lesser extent the market towns of Kington and Bromyard. Smaller pockets also occur in more rural areas. Rural households are also likely to face additional costs associated with transport and heating the home, which have increased at a higher rate than inflation. Across the UK an increasing proportion of children live in poverty. The Herefordshire figure of 14 per cent (2010) is lower than the national figure but it disguises the pockets of high child poverty, mainly in Leominster and south of Hereford City.

The link between poverty and households being out-of-work is shown by the areas with the highest rates of poverty having the highest rates of claiming for out-of-work benefits. These same areas are those where most households will be affected by the various changes to the welfare system. Some households in these areas will be subject to a whole raft of changes including the implementation of universal credit, changes to housing benefit, reductions in support for Council Tax and changes to disability benefits. It's important that public services ensure support for those households most at risk is coordinated effectively. It is not just those on out-of-work or disability benefits that will be affected by changes to welfare. Those in work will also see changes to tax credit entitlements. In all, changes to tax and welfare payments over the coming years will result in more people living in poverty with those at the bottom end of the income scale most affected. Overall the economic impact of welfare changes in Herefordshire are estimated to be a loss of £43 million annually – approximately one per cent of total economic output. Per head of population (£385 per year) this is less than the national average (£448). It is difficult to define exactly which households in the county will be most affected, but they are likely to be those at the lower end of the income distribution who are eligible for housing and council tax benefit, those claiming incapacity and disability benefits, lone parents, couples with no children and those with low literacy and low financial literacy.

***Loss of £43 million
annually in Herefordshire
due to welfare changes***

Education, qualifications and skills

Educational attainment remains a mixed picture, with continued improvements in early years' development (although still below national levels) and achievement at the end of secondary school and 'A' levels, but a decline in performance at the start of secondary school and GCSEs. Levels are below the national average at all stages except 'A' level

¹ A household is considered to be in poverty if its net income (after housing costs and taxes) is less than 60% of the national average (median).

where Herefordshire is in the top quartile for the percentage of students achieving 3 A* - A grades at 15 per cent. Although the performance gap between boys and girls achievement has narrowed, there remains the need to raise boys' performance in some schools where the difference is particularly stark.

The last few years has seen an apparent increase in the proportion of Herefordshire's working age population without [qualifications](#) (14 per cent compared to 10 per cent across England). This is slightly at odds with information from the 2011 Census and needs further analysis. Herefordshire has a similar rate of enrolments on higher education courses as across the UK and around 40 per cent of graduates return to work in the county - a further two per cent find work elsewhere in the Marches.

Recent research shows that, although lower than nationally, a considerable proportion of employers in the county report that young people leaving education are poorly prepared for work (a quarter of those recruited from education at 16 or at 18 in 2011). A lower proportion of employers in Herefordshire recruited people straight from education in the last two to three years (22 per cent) compared with nationally (27 per cent across England). Herefordshire also has fewer vacancies with apprenticeships than in other areas in the Marches and there is less competition for each vacancy. In 2011 the county had the lowest proportion (seven per cent) of employers with any vacancies in the Marches area and less than half the national proportion (14 per cent). The county has the lowest percentage of organisations with hard-to-fill vacancies (one per cent), compared to the Marches and England. However, it has the highest rate of hard-to-fill vacancies per organisation. Only one per cent of employers in Herefordshire have skills shortage vacancies compared to three per cent in England and Telford and Wrekin.

The percentage of young people who are not in education, employment and training fell in 2012 from 7.7 per cent to 6.2 per cent bringing it in line with the regional average but higher than comparable areas. [Young people in rural areas](#) can face barriers to their choices because of transport, and are more likely to be in low paid work, with limited opportunities for progression because of the range of employment on offer.

Housing

Herefordshire has the worst [housing affordability](#) ratio (house prices remain at 8.6 times annual earnings) within the West Midlands region. There is high demand for affordable properties in Herefordshire, in particular Hereford City.

Although more than two-thirds of households are still owner occupied, there has been a substantial fall in those owned with a mortgage in the last ten years (in line with national trends): from 35 per cent in 2001 to 28 per cent in 2011. Conversely, renting from a private landlord or letting agent is now far more common: 14 per cent of households compared to nine per cent in 2001. The number of communal establishments has increased by 86 from 2001 to 300 in 2011; with 600 more residents to 2,900. 60 per cent of those residents are in care homes (either residential or nursing).

The census showed that just over 5 per cent of 'household spaces' were vacant (including because they were second homes or holiday accommodation) – now a higher proportion than nationally and more than in 2001. Only some of these could potentially be brought back into use by the local authority such as those identified as long-term empty.



A recent local housing market assessment recommends that intermediate tenures are included in the housing offer to cater for emerging households who can afford more than social rents, but cannot afford to rent privately or afford the full purchase of a home. Intermediate rental is relatively new so supply is currently limited whereas shared ownership (part owned and part rented) is also classed as an intermediate tenure, and here the county has been successful in that the number of units has increased by 130 between 2001 and 2011 – the proportion of households with this tenure is similar to nationally. As identified previously there is a need to build more accommodation suitable for older people, particularly open market housing (work is underway to address this).



A separate accommodation assessment for Gypsies and Travellers was carried out in 2008, and this concluded that an additional 91 pitches would be needed in Herefordshire over the next five years. An update of this shows that 53 of these are now in place, or firmly committed, and future need for pitches indicates that 31 will be needed during 2013 to 2017, i.e. about six pitches per year.

The introduction of the Allocations Policy in April 2014 will support social landlords in Herefordshire to allocate housing to those with the greatest need. Currently many applicants remain on the waiting list with no realistic chance of being rehoused. The new policy will reduce the numbers on the register; this will include those with sufficient funding to secure their own accommodation or not demonstrating a housing need. The Allocation Policy will also support recent legislative changes to discharge

our duty to secure accommodation under homelessness legislation with an offer of private rented accommodation without requiring the applicant's consent. Making a homelessness application will no longer be a direct route into social housing.

In 2012 the housing solutions team worked with 1,295 households at risk of homelessness of which 86 per cent were prevented from becoming homeless. For 352 households prevention was not possible and they applied as homeless of which 245 were accepted as statutory homeless. The number accepted as homeless was a slight increase on the number in 2011 (242), but much larger than previously (171 in 2010 and 187 in 2009). In 2012 over 60 per cent of homelessness cases were due to parents / other relatives / friends no longer willing to accommodate the applicant. This was a large increase from 2011 when the percentage was 38 per cent.

Energy efficiency in all residential dwellings has improved to above the national average, but although the standard of insulation has improved this is counterbalanced by increases in fuel prices. This is reflected in an increase in the percentage of households experiencing fuel poverty in the county (from 21 per cent in 2006 to 24 per cent in 2011).

24% in fuel poverty in
2011 from 21% of
households in 2006

Volatility in energy prices poses a challenge for households and businesses. Although both appear to be taking greater advantage of renewable energy and energy efficiency schemes locally than nationally, and homes are on average more efficient, there are still considerable opportunities for improvement. For example in 2011 just over half of all houses had below the recommended level of loft insulation. Furthermore, half of households in the county were assessed as being suitable for solar photovoltaics, but only three per cent currently have them installed.

Environment and transport

The county's **natural and historic environment** is important for residents, businesses and tourism. Access to local green space and nature areas improves public health and wellbeing. The proportion of wildlife and geological sites in positive management and favourable condition has improved considerably over the last five years, but the latest data shows a reversal of this trend (52 per cent in 2012-13) as a result of no funding for activity in the last year.





The amount of waste produced in Herefordshire has fallen by 15 per cent in the last ten years, however the proportion of waste landfilled (57 per cent in 2011-12) remains relatively high compared with other unitary councils where the average proportion was 35 per cent. We also have relatively low levels of **air pollution** but there are still air quality management areas in Hereford and Leominster. Emissions of carbon dioxide increased in 2010 (in line with the national trend), a likely result of cold conditions and more polluting forms of electricity generation being used – emissions per head of population in the county (9.0 tonnes of CO₂) remain above those nationally (7.6). Water quality in parts of the rivers Wye and Lugg is such that measures are required to ensure that protected species are not adversely affected in the long term, in particular while enabling development to take place.

The provision of sustainable transport infrastructure to encourage modal shift to more sustainable forms of travel such as walking and cycling, particularly for short distance journeys, assists in encouraging healthier lifestyles and hence improved physical fitness as well as tackling congestion and air quality. As with the national trend the number of people cycling or travelling by bus as their main form of transport to get to work declined between 2001 and 2011. Walking or driving a car or van on the other hand increased. In Hereford City the trends were the same, but more pronounced. The decline in cycling to work over the decade hides a trend of increasing cycle trips up to 2008-09 and then decline, possibly driven by the recession and some years with poor weather. Despite this trend Herefordshire has one of the highest rates of cycling compared to similar rural authorities (ranked sixth out of 48) and Hereford City ranks highly against urban districts of a similar size (ranked fifth out of 59). There are also opportunities through the council's Destination Hereford project to increase the number of people walking, cycling, car sharing and using public transport through its behavioural change campaign.



There are a lack of transport options for many rural communities and therefore high car ownership and dependency – the last decade has seen a 15 per cent increase in household car ownership, although this is not reflected in traffic flows of recent years with volumes in Hereford City and wider county having decreased. The proportion of people working from home increased over the decade from 15 per cent in 2001 to 17 per cent in 2011. Of those who did travel to work a greater proportion did so in a car or van or by walking, whilst fewer did so by bike or via bus/minibus or coach – 70 per cent now go by car or van compared to 68 per cent in 2001. There are still potential economies of scale through the integration of transport for health, social services and education, particularly for dispersed populations. There are also opportunities to increase the number of people car sharing through the 'Park and Share' schemes which currently provide 34 dedicated



sites across the county covering 343 spaces. Despite road traffic being forecasted to increase in the future, more efficient vehicles are expected to reduce average driving costs and emissions. The council have installed nine electric vehicle charging points around the county to encourage the use of electric vehicles in the future.

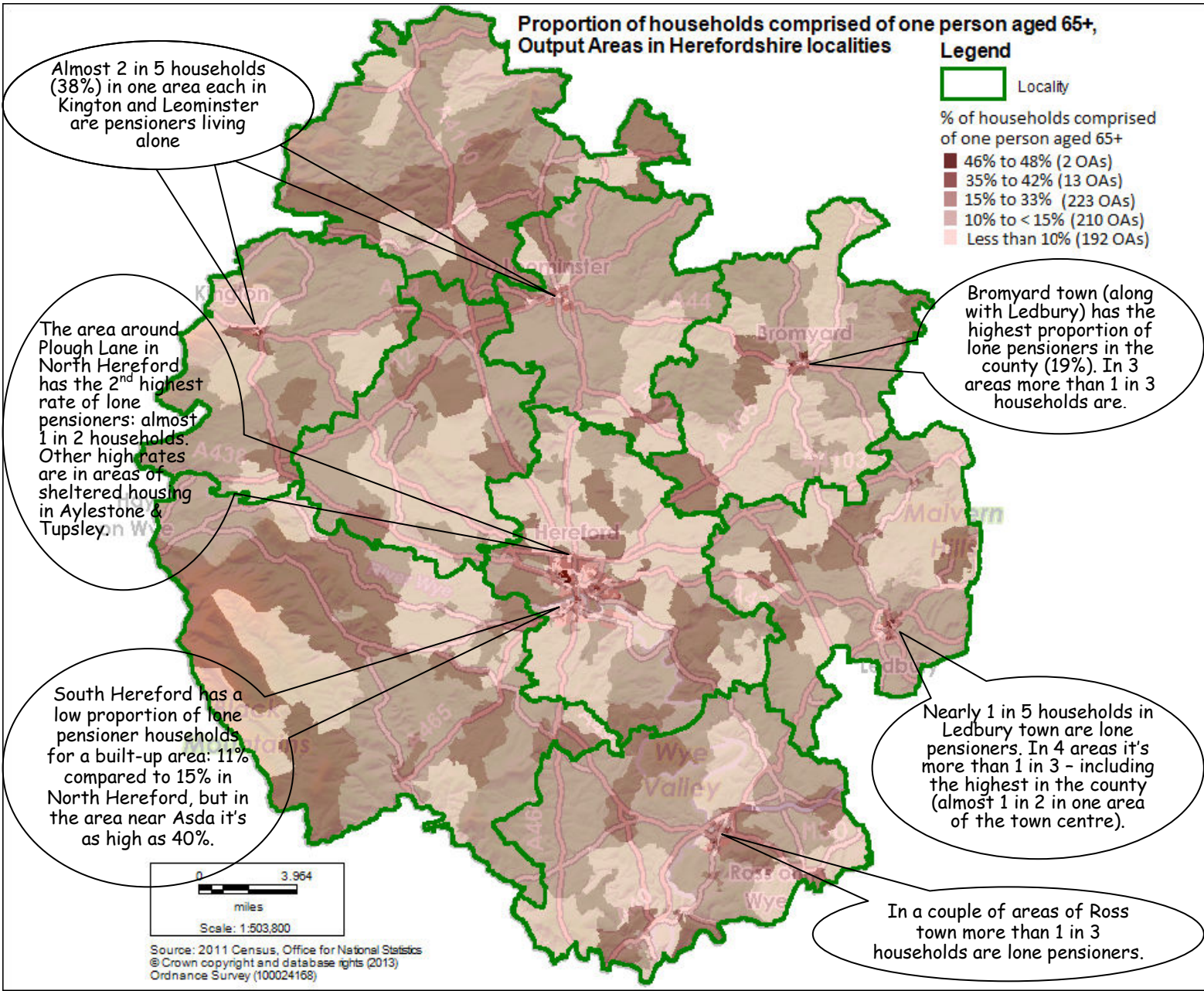
Sustainable Communities

Access to services

Providing services to a scattered population across a large geographic area is a challenge. The 2012 Quality of life survey found that some residents in Herefordshire find it difficult to access services: one in five find it difficult to use a **post office** (getting there and back); one in four find it difficult to see their **GP** (suitable appointments); just under one in three find it difficult to see an **NHS dentist** (mainly registering with one) and one in four find it difficult to access **public transport** (lack of services at suitable time). The majority of county residents (83 per cent) had access to **broadband** at home; half found it adequate but 44 per cent found it too slow for their needs. Of the 17 per cent without broadband, a quarter wanted it but didn't have a computer or the service was unavailable or not affordable; although more than half did not want it. Analysis of Mosaic data to show likely preferred ways of obtaining information suggests that the county has a very sizeable population of people who are unlikely to use the internet, for reasons not purely related to lack of broadband service in remote areas. As we move to a situation where the default method of accessing services and getting information is digital, it is important that those who cannot use the internet for whatever reason are not excluded. While most people in Herefordshire (60 per cent) had contact with family, friends or neighbours most days of the week, for one in twenty the contact is once a month or less and a similar proportion (five per cent) felt lonely most or all the time (regardless of age or where they live in the county). Those who live alone are most likely to experience this kind of isolation; currently 28 per cent of households comprise one person – half of whom are over 65.

The highest proportions of lone pensioner households are found in Hereford and the market towns (see map).





Social capital

Herefordshire has high levels of volunteering with 34 per cent of people in Herefordshire reporting that they had volunteered at least once a month in 2012 compared to 29 per cent in 2008 and 23 per cent in England overall in 2008. Those living in the most rural parts of the county are more likely to have given any unpaid help and those living in the most deprived areas of the county the least likely to do so.



Many older people in Herefordshire are active and well, and many are an asset to the community – reducing the burden on public services by providing large amounts of

informal care to friends and family and volunteering for third sector organisations. Most people over 65 will be grandparents, and nationally, two-thirds help look after their grandchildren. This interaction has advantages for both child and grandparent, as well as enabling parents – especially mothers – to work, and has been valued as contributing £3.9 billion to the national economy. As life expectancy continues to increase and the population structure ages, more grandparents will become part of what is referred to as the ‘sandwich generation’ – with their own parents who may need care and with grandchildren under the age of 16. These people, especially women, are also those who are most likely to be affected by increases in state retirement age requiring them to work for longer.



Latest figures from the 2011 Census show that 11 per cent of residents provide **unpaid care**, suggesting that Herefordshire is relying on approximately 21,000 **carers**, although this may be an under-estimate, as the *Herefordshire Health and Well-being Survey 2011* suggested that 19 per cent of adults (aged 16 and over) provide some level of unpaid care each week. When the same question was asked in the 2012 *Herefordshire Quality of Life Survey* 34 per cent of adults (18+) indicated they provide unpaid care each week. Only 3,500 carers are currently registered with Herefordshire Carers Support.

In 2012 a survey of carers who had received a carer’s assessment in the previous 12 months showed that only 34 per cent of carers felt they receive adequate encouragement and support and of those that had tried to access information and advice about support, services or benefits 35 per cent found this difficult. Over half of the carers surveyed indicated that they were disabled or suffered health problems themselves and 71 per cent did not feel that they had adequate social contact with people. The average age of family carers has been increasing, with already many adults with learning difficulties living with a carer over 70; and younger parents are much more likely to expect their children to live independently, away from the family home.



The main issues identified by unpaid carers were the need for additional support hours and the length of time taken by services to make decisions or follow through on any actions identified. Practitioners generally echoed these views with more specific points about the funding panels and lack of resources to offer services.

Residents' views

In 2012, when residents were asked about the delivery of public services, the proportion of respondents who would like communities to have a say in how they are run varied from 44 per cent up to 71 per cent depending on the service concerned, with residents most interested in having a say regarding road and pavement repairs, public bus services and health and care services. However, there was clearly much less desire for communities to be able to run the services themselves should they wish.



Views from the 2012 Quality of life survey show that the top three priorities from residents for the Council (from a list of 6) were: create a successful economy, improve health and social care and raise standards for children and young people. Views on what's important and what needs improving to make a local area a good place to live prioritised: affordable decent housing, job prospects, road and pavement repairs and public transport; with some variation across localities. Testing these and potential changes to public services through qualitative research (Your Community, Your Say) showed that health services, public transport and policing were high priority for residents and public toilets, street lighting, cultural facilities and services and planting schemes were less important. Road and pavement repairs and public transport were identified as most in need of improvement. There were also mixed views about the importance of maintaining public rights of way and street cleaning, although general consensus suggested that these services could be better delivered at a local level.



High numbers of residents participated in the council's Budget consultation, which received almost 3,000 responses. 56 per cent of respondents disagreed with the savings proposal to reduce the support to the voluntary and community sector, which was perceived as doing a good job and providing good value for money and essential services. 80 per cent of residents agreed with bringing together customer centres, libraries and other facilities where these are duplicated in an area, but 51 per cent disagreed with reducing opening hours for customer service centres and libraries. There was also strong opposition to reducing the subsidy to bus services and concern at the impact this may have on rural communities.



When residents were asked for their **views about public services** in 2012 there were higher levels of satisfaction compared to 2008 for the police (69 per cent), local dentist (80 per cent) and the way Herefordshire Council runs things (51 per cent). Satisfaction with GPs, local hospital and the fire and rescue service remained high (80 per cent+). However, only a little over a quarter of respondents agreed that the council provides value for money, only slightly more than in 2008. Furthermore, the Your Community,

Your Say engagement events held in 2012 and the subsequent **Budget consultation** revealed that many residents felt the council communicates poorly with residents, with a widespread perception that the council wastes money and its leadership is overpaid and ineffective.

With the reduced funding available to local authorities, there is a danger that some residents will be disproportionately affected by the resultant changes to services and there is a need to ascertain and monitor the impact of these changes on communities, for example with regard to social isolation and access to services.



Safer communities

The majority of residents **feel safe** (60 per cent) and feel the police are doing a good or excellent job in their local area (70 per cent). On the whole, **crime is low** in Herefordshire and continues to decrease. Theft and handling of stolen goods and criminal damage accounted for over half of recorded crimes (37 per cent and 15 per cent respectively). Both decreased over the last year, whilst burglaries (both of a dwelling and 'other') increased. Violence against the person (other and with injury) were the third and fourth highest category of offence - both decreased over the last year.



Domestic violence and abuse was highlighted as a concern in the last *Understanding Herefordshire*, and since then a needs assessment has been undertaken. One of the main findings is that insufficient information is collected from the majority of agencies. West Mercia Police and Women's Aid can provide a detailed picture of those individuals involved with their respective agencies however there is limited information available from primary health care services such as GPs, health visitors, alcohol, drugs and mental health services, and also from adult and children's social care. A number of initiatives and improvements have begun such as improved recording in children's social care when domestic abuse is a factor of concern for the child; education for five of the 'high risk' primary schools and ten of the secondary schools; and pilot programmes for perpetrators.



Alcohol is a significant factor in incidents and crimes recorded by the police, and in some cases can often lead to more violent offences. There is currently some misunderstanding among professionals about what alcohol services can be accessed or referred into by professionals. Some work is underway to clarify the situation and ensure that the alcohol service available in Herefordshire meets clients' needs.



Drug offences make up a relatively low proportion of crimes in Herefordshire, with the majority receiving a positive outcome, e.g. offender arrested. However, there has been a

slight increase in number of crimes so far in 2013-14; particularly possession of controlled drugs (excluding cannabis).

Re-offending in Herefordshire has seen a four per cent increase since the 2007-08 baseline whereas England and Wales has seen an overall reduction of four per cent. There has been a steady decline in the number of young people coming to the notice of the police for the **first time** and this is a third lower than in 2000. However, the characteristic of young offenders has changed such that they are more likely to re-offend. There was no re-offending by **looked after children** in the third quarter of 2012-13.

There has been a ten per cent reduction in the number of **anti-social behaviour** incidents reported to the police over the last year.

The number of people **killed or seriously injured on Herefordshire's roads** has generally been decreasing. In 2012 there were 80 adult casualties (33 per cent lower than the 2005-09 baseline) including five fatalities and 75 serious casualties resulting from 64 collisions. In addition there were 10 child casualties in 2012.

Incidents of deliberate **fires** have reduced by two thirds compared to last year with only 59 deliberate fires² in 2012-13. The busiest months for the fire and rescue service were between May and September, however there was a spike of deliberate primary fires in vehicles during October, November and December. The areas for focus for fire and rescue are around home fire safety checks for vulnerable persons and road safety via the safer roads partnership.

Recommendations

These will be discussed by senior management and councillors at Herefordshire Council, the Health and Well-being board and the Herefordshire Partnership Executive Group. The emphasis is to focus on a small number of key priorities for the public sector and partners to focus on over the next few years, to meet the health and well-being needs of the people of Herefordshire.

For further information, please contact the research team on 01432 261944 or e-mail researchteam@herefordshire.gov.uk

² Including deliberate primary fires, deliberate primary fires in vehicles and deliberate secondary fire (excluding deliberate secondary fires in vehicles)