2015

Understanding Herefordshire July 2015

Joint Strategic Needs Assessment 2015

V1.2

Strategic Intelligence Team
July 2015

CONTENTS

UNDERSTANDING HEREFORDSHIRE

Understanding Herefordshire provides a single integrated assessment of health and wellbeing needs of the people of Herefordshire, bringing together the statutory requirement to produce a Joint Strategic Needs Assessment to inform corporate business planning and commissioning intentions across the council. The Joint Strategic Needs Assessment sits alongside and informs the Joint Health and Wellbeing Strategy.

The JSNA provides a comprehensive picture of the County in 2015. The determinants of health and wellbeing include a person's age, gender and hereditary factors as well as the social, economic and environmental determinants of health which include lifestyle factors, social and community influences, living and working conditions, the built environment and the natural environment. Understanding Herefordshire highlights some of the challenges and opportunities to make improvements and changes. Alliances and partnerships need to develop more effectively across sectors and with the community at large if the needs of our population are to be met in the context of significantly reduced funding.

This year's Joint Strategic Needs Assessment summary presents a selection of key issues affecting health and wellbeing in three key areas - adults, children and the economy.

This document is a high level summary with electronic links to the underlying evidence provided throughout the document, where more detail and supporting information or knowledge can be found. The integrated evidence base is available at www.herefordshire.gov.uk/factsandfigures and the site is maintained by Herefordshire Council's Strategic Intelligence Team. Understanding Herefordshire is developed with contributions from other departments within council, Herefordshire's Clinical Commissioning Group, Herefordshire Voluntary Organisation Support Services (HVOSS), and other key partners across different sectors.

ABOUT HEREFORDSHIRE

Key Facts

Land area = 2,180 square kilometres

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

2 in 5 living in most dispersed rural areas

Population (mid 2014) estimate = 186,100 residents

Density: average of 85 people per square kilometre

Density varies across county – 13 people per sq. km in North West and south west of county to 5,000 per sq.km in Hereford.

4th lowest population density in England

1/3 of county residents live in Hereford (59,900)

1/5th population live in market towns: Leominster – 11,100, Ross on Wye – 10,100, and Ledbury – 9,200

From 2001-2013**,** the county had a low rate of population growth is 6.4% compared to England & Wales (8.8%) and West Midlands (7.5%)

GEOGRAPHY AND INFRASTRUCTURE

Herefordshire covers a land area of 2,180 square kilometres (842 square miles) (excluding inland water), and is a predominantly rural county (95 per cent), with the 4th lowest population density in England (0.85 persons per kilometre).

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

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

The transport network is mainly comprised of rural 'C' or unclassified roads leading off single carriageway 'A' roads, and four railway stations (Hereford, Leominster, Ledbury and Colwall).

The main road links, which pass through Hereford, are the A49 trunk road (running from north via Leominster to Ross-on-Wye in the south), the A438 (entering the County near Hay-on-Wye in the west to the east via Ledbury to Malvern) and the A4103 towards Worcester. The A44 also provides a west to east route through the north of the county entering the county at Kington in the west, running via Leominster and then Bromyard and onto Worcester in the east.

The M50 and A40 trunk routes across the southern edge of the county linking with the A49T at Ross on Wye. The A417 also provides a route from the M50 in the south near Ledbury, north to Leominster.

POPULATION AND CHANGING DEMOGRAPHICS

The current (mid 2013) estimate of the county's resident population is 186,100, an increase of 0.7 per cent (or 1,200 people) since mid 2012.

This is a similar level of growth to the year before, but doubles that seen in the three previous years (from mid-2008 to mid-2011).

It should be noted that these estimates do not include around 3,100 students living away from home during term time, and few thousand seasonal migrant workers who come to work on the county's farms for a few months and return to their country of origin.

Herefordshire has a much smaller population than its neighbouring English counties but larger than its Welsh unitary authority neighbours. Only 3.3 per cent of the whole West Midlands region's total population live in the county.

At 85 people per square kilometre, Herefordshire has the 9th lowest population density of all 'top tier'[1] local authorities in England and Wales, but the 4th lowest in England only. 95 per cent of Herefordshire's land area is classified as 'rural', and 53 per cent of the population live in these rural areas. A scattered population presents particular challenges for service delivery; 'sparsity' measures give an indication of how widely dispersed an area's population is. Despite other counties having a lower overall population density, no area has a greater proportion of its population living in 'very sparse' areas than Herefordshire. This presents particular challenges for service delivery in the county.

Over half of all residents (98,700) live in areas classified as rural, with two in five (78,900) living in the most rural 'village and dispersed'. In general, the population of rural areas has grown less than urban areas.

Almost a third of the county's residents (59,900) live in Hereford itself, a growth of nine per cent since 2001. This growth is relatively high compared to the six to seven per cent seen in the three largest market towns: Leominster (11,100 people), Ross (10,100) and Ledbury (9,200), where almost one-fifth of the population live.

[1] The 'top tier' of local government includes county councils, unitary authorities, metropolitan districts and London boroughs. As a minimum they are responsible for: education, highways, transport planning, passenger transport, social care, libraries, waste disposal and strategic planning. (see www.politics.co.uk/reference/local-government-structure)

KEY FACTS

51% are females and 49% are males

23% are aged 65 years and over (42,000)

43% are aged 85+ (5,700)

By 2031, 30% will be aged 65 to 84 years (50,300 to 50,500)

By 2031, 39% will be aged 85+ (11,700)

53% of the population are children.

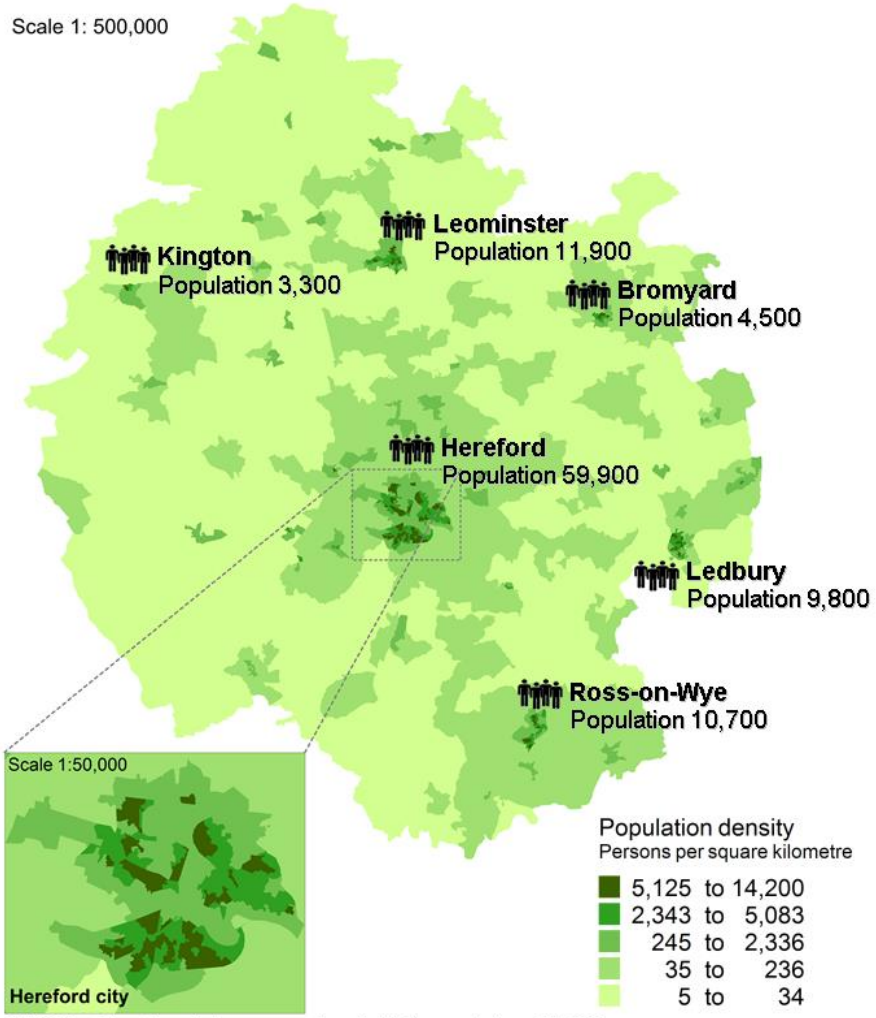
In 2011, 31,400 children (16 years and younger) lived in the county.

60% of people aged 65+ live in rural Herefordshire, more likely in villages, hamlets and isolated dwellings.

54% of people aged 85+ live in rural areas, more likely in rural towns

50% of children aged 16 years and younger live in rural areas.

Figure 1: Population density for Herefordshire



AGE STRUCTURE

There are more females than males in Herefordshire (51 per cent to 49 per cent) and outnumbering males at almost all ages over 40. The difference is more evident in the late seventies – a result of the longer life expectancy of women.

Herefordshire has an older age structure than England and Wales, with people aged 65 and over constituting 23 per cent of the county's population (42,000 people), in comparison with 19 per cent nationally. The number of people aged 85+ in the county has increased by 43 per cent (from 4,000 to 5,700), compared with 29 per cent nationally. It also has a relatively high proportion of older people compared to its statistical neighbours (except for Shropshire).

By 2031, projections suggest that 30 per cent of Herefordshire's population will be aged 65+ in 2031, compared to 23 per cent nationally. In other words, between 50,300 and 50,500 65-84 year-olds (39 per cent more than in 2013) and around 11,700 aged 85+.[2]

In 2011 there were 31,400 children aged 16 years and younger. Numbers of children had been declining in Herefordshire throughout the whole of the last decade despite rising numbers of births and migrants. However, the number of children rose by 200 (half of one per cent) in each of the last two years (2011-12 and 2012-13), and this gradual rise is predicted to continue until 2023.

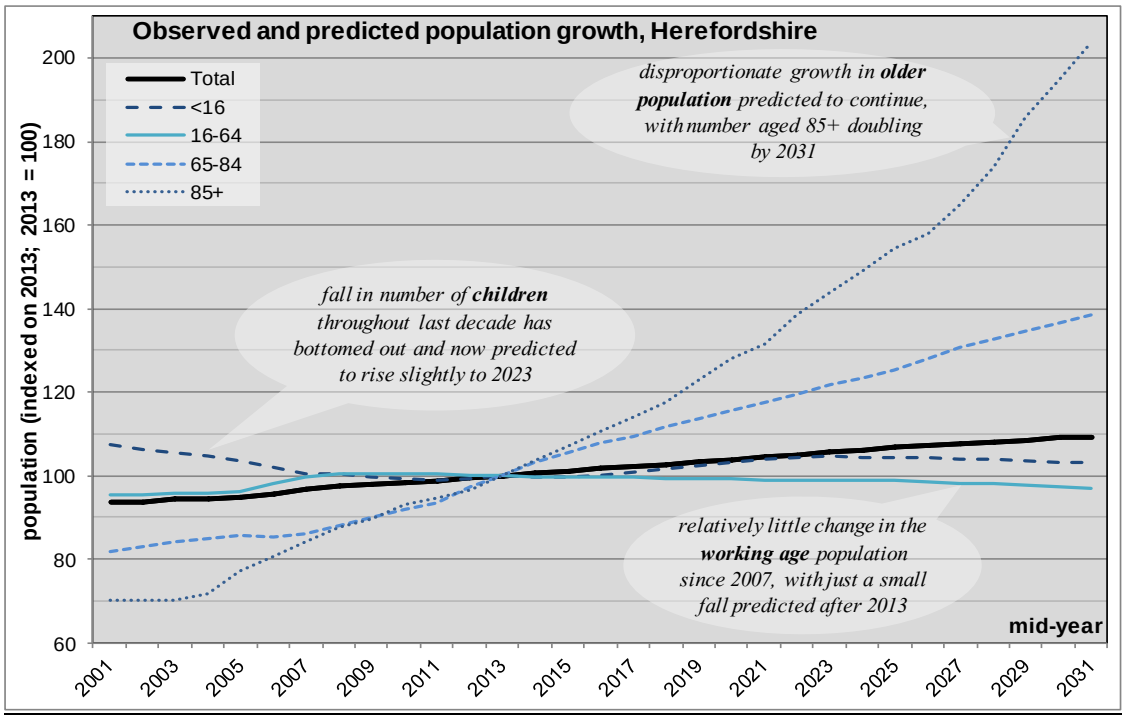
SUB-COUNTY LEVEL

The city has a much younger profile, with relatively high proportions of young adults. 'Rural village and dispersed' areas have relatively more people of older working and early retirement age. The market towns and other areas (which include larger villages like Colwall and Credenhill) have a profile more similar to the county overall, but with relatively high proportions of elderly people. Kington, however, is slightly different to the other towns – with a lower proportion of 30-44 year-olds but slightly higher 16-29 year olds.

A higher proportion (60 per cent) of people aged 65+ live in rural Herefordshire. 54 per cent of people aged 85+ live in rural areas, more likely in rural towns and less likely in villages, hamlets or isolated dwellings than those aged 65-84 years. By the same measure, 50 per cent of Herefordshire's children aged under16 years live in rural areas of the county – slightly below the proportion of the total population (53 per cent).

[2] These are **projections** based purely on birth, death and migration trends. Awaiting the dwelling-led population **forecasts** from GL HEARN**.**

Figure 2: Observed and predicted change in broad age groups, Herefordshire 2001-31



Source: MYEs - Population Estimates Unit, ONS. Crown copyright; Projections – GL Hearn for Herefordshire Council (demographic scenario, 2014).

NATURAL CHANGE: BIRTHS AND DEATHS

Births fell throughout the 1990s, and began rising from 2002. Births rose by 22 per cent from a low of 1,570 in 2002 to 1,900 in 2010 and have plateaued around 1,800 to 1,900 since.

Births to women from 'new Europe', mostly Polish and Lithuanian, accounted for 1 per cent (less than twenty) of all births in the county in 2003, but increased to 11 per cent (almost 200) in 2013. 5,000 residents in 2011 were born in EU countries, with over 3000 born in Poland before migrating to Herefordshire.

DRIVERS OF POPULATION CHANGE

Migration

Net international migration overtook migration from the rest of the UK as the biggest driver of population increase in Herefordshire in 2005-06. Since then, on average, three-quarters of the county's annual total net migration has been from overseas as for the first time, people from countries such as Poland and Lithuania had free rights of movement to the UK.

Migration from elsewhere in the UK is still an important component of demographic change, but it is not the key driver for Herefordshire's population growth. The actual flows (volume or the number of people moving in and out) are still much greater between Herefordshire and the rest of the UK than overseas: over 6,000 a year in each direction. This means people moving into or out of the county tends to remain fairly stable, numbers almost cancelling each other out.

KEY FACTS

Net international migration is the biggest driver of population increase.

Immigration has averaged a net in-flow of 800 people per annum.

For the period 2004/5 to 2012/13, 57% of all international migrants were aged 21 to 39 years. Over half were males (54%).

Annual in-flow accounted for all ages except 18-20 year olds.

Largest flow in and out of the county are young adults in their late teens and twenties, coinciding with leaving for further studies and returning after completing their studies. Others who leave for employment purposes may not return.

The smallest flows in and out of the county are people aged over 75 years.

Prior to 2004, the county's population had been growing by 400 people (0.2 per cent) per year, driven entirely by migration from other parts of the UK, but this more than quadrupled to 1,500-1,900 (0.8 to 1.1 per cent) in the three years following the expansion of the European Union in 2004.[3] Numbers then started to fall again, coinciding with the global recession. The last three years (to 2012-13) have seen some fluctuation, but immigration has averaged about 1,500 people and emigration 700 – an average net in-flow of 800 people per annum.

The county receives annual net inflows of people of all ages except 18-20 year-olds moving elsewhere in the UK – the ages at which young people are mostly likely to be moving away to study. Strong family connections is a reason for staying or returning

In the period 2004-5 and 2012-13, over half (57 per cent) of the international migrants to Herefordshire were aged 21 to 39; and over half (54 per cent) were males. In January 2014, Bulgarian and Romanian nationals gained free employment rights in the UK - whereas before they were restricted to either self-employment or temporary jobs via, for example, the Seasonal Agricultural Workers Scheme. It has not yet been possible to assess what impact the changes have had on migration from these countries. There was concern in the county's agricultural sector about the impact on the supply of seasonal labour from new Europe, but this hadn't been realised during the 2014 growing season, according to last year's council farm survey

The largest flows by far - in and out of the county – are of young adults in their late teens and twenties: 2,400 aged 18-29 left the county each year on average over the last five years; 1,900 moved to it. The smallest flows are amongst the over 75s. Analysis shows that 19 year olds are most likely to leave the county, whilst 22 year olds are most likely of all ages to move here – coinciding with starting and finishing university.

Qualitative research for Herefordshire Voluntary Organisations' Support Service (HVOSS) in 2014 confirmed the assumption that young people leave the county for education and alternative employment opportunities to the relatively low-paid and low-

[3] See https://factsandfigures.herefordshire.gov.uk/about-a-topic/population-and-demographics/population-overview.asp

skilled jobs available locally, but also because of a perceived lack of wider social and cultural activities. .

ETHNICITY, IDENTITY, LANGUAGE AND RELIGION

In 2001, 2.3 per cent of the of the county's population were from Black, Asian and Minority Ethnic (BAME) communities. The BAME population increased to 6.4 per cent in 2011, with a younger age profile than the county's population as a whole; 77 per cent are under 45 years old, compared with 50 per cent of the total population. People of 'White: Other' origin (that is, not British; Irish; Gypsy or Irish Traveller) made up the largest single minority group in the county: 3.9 per cent of the population. Gypsy or Irish travellers made up 0.2 per cent of the whole population.

Key facts

- Polish is the most common language after English. Other languages included Lithuanian, Slovak, Hungarian, Russian, and other European languages.
- 2,000 residents (1.1 per cent of children aged 3+) could not speak English well.
- Christianity is the largest religion in the county (68 per cent).
- Buddhism is the second largest religion at 0.3 per cent, [560 people].
- Muslims and Hindus account for 360 and 230 residents respectively.
- 23 per cent of the population report they have no religion.

THE FUTURE POPULATION

Population projections

1. **203,500 by 2031**, based on adjusted demographic trend led projections (annual increase of 0.6 per cent)
2. **204,700 by 2031** if levels of migration were to revert to the higher averages seen over the past 12 years (2001-02 to 2012-13) with an annual average increase of 0.6 per cent.
3. **205,500 by 2031** using economic projections about future growth in the number of local jobs (10 per cent rise from 2013).

Key Considerations

1. There will be a need for a range of housing developments that fulfil the needs of different age populations living in the county or drawn into the county from the UK and abroad (family, older age, vulnerable people, affordable and so on). The subsequent impact of increased levels of housing on the county's infrastructure i.e. roads, schools, health facilities and so on, is crucial to planning.

2. The rural nature of Herefordshire presents unique challenges in service design and delivery, with some residents having to travel considerable distances to access essential services such as hospitals, schools and GP surgeries.

3. Some children from new Europe (and other minority communities) may struggle with learning English as an additional language and evidence shows that children with English as an additional language are less likely to do well in education.

4. Religion might need more analysis. Christianity is a church of diverse denominations with Herefordshire having a predominantly Anglican provision. One of the factors emerging in the agricultural sector is the need to cater for the religious needs of substantial increases in Roman Catholics and Orthodox Christians from new Europe.

5. Further intelligence on the migration pattern of Black, Asian and Minority Ethnic (BAME) communities would be helpful to gauge future growth and needs. Also helpful might be migration of the whole population across the county, within the county.

CHILDREN AND YOUNG PEOPLE: STARTING WELL

The Government's Early Years Policy Statement 'Supporting Families in the Foundation Years' (2011) sets out the Government's recognition of the importance of pregnancy and the first years of life. The Marmot Review (2010)[4] highlighted the importance of the early years in long term positive health and wellbeing outcome in adulthood, and of giving every child the best start in life to reduce health inequalities across the life course. Informed by these policies, the following factors are considered as crucial for achieving normal and positive developmental outcomes for Herefordshire's children and young people.

BREASTFEEDING

A minority of mothers are unable to breastfeed due to maternal health or other reasons. Due to the high nutritional value of breast milk, babies fed on breastmilk for up to six months from birth leads to reduced hospital admissions of infants for respiratory and gastrointestinal infections; a reduced lifetime risk of obesity and Type II diabetes; and reduced risk of sudden infant death. Mothers who breastfeed have a reduced risk of

[4] Marmot M. et al. (2010) Fair Society, Healthy Lives, The Marmot Review

ovarian and breast cancer throughout their lifetime (DH 2007[5]). A key element is to encourage the importance of the nurturing relationship between mother and baby embodied in the act of breastfeeding.[6]

The World Health Organisation (WHO) and the DH recommend exclusive breastfeeding of infants up to the age of six months. In Herefordshire, (2013/14) 46.7 per cent of mothers breastfed their baby for up to 8 weeks, compared to England (47.2 per cent), which is marginally worse.[7] As the Public Health England early years profile shows that there has been no change in the county's trend based on previous years.

Key Considerations

6. UNICEF report a strong economic and for investing in support for breastfeeding: a small increase in rates could make estimated annual savings of least £40 million pounds, with a rapid return in investment on health costs.[8]

7. Consideration to be given to joined up working between mid-wives and health visitors to improve breast initiation, duration and management of breastfeeding difficulties for all mothers of all ages.

8. Targeted pre-natal and early postnatal support[9], using a whole family approach, is particularly successful for teenage mothers and mothers from lower socio-economic group where breastfeeding rates tend to be low. Evidence also confirms a positive association between breastfeeding and parenting capability, particularly among single and low income mothers.[10] The families first and children's centre services would have key roles to play.

9. A better understanding of the local context that results in high drop out rates can potentially help design preventative strategies and implement appropriate interventions.[11] [12]

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[5] Department for Health (2007) Implementation plan for reducing health inequalities in infant mortality: a good practice guide

[6] Barclay L, Longman J, Schmied V, Sheehan A, Rolfe M, Burns E, Fenwick J (2012) The professionalising of breastfeeding — Where are we a decade on? *Midwifery* doi:10.1016/j.midw.2011.12.011.

[7] Department of Health, Integrated Performance Monitoring Return.

[8] UNICEF, 'Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK' October 2012.

[9] NICE (2014) Guidelines on postnatal care

[10] Gutman L et al (2009) Nurturing parenting capability – the early years, London: Institute of Education, Centre for Research on the Wider Benefits of Learning.

[11] Renfrew, M et al. (2012) Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK

[12] Health and Social Care Information Centre, IFF Research (2012) Infant Feeding Survey 2010:Summary

SMOKING IN PREGNANCY

Babies born to mothers who smoke are often of a much lower weight and more prone to ill health, and smoking is a major cause of premature maternal mortality. According to the Tobacco Health Profiles, for the period 2013/14 the smoking status at the time of delivery was 14.1 per 100 maternities in Herefordshire, a rate significantly worse than 12 per 100 maternities nationally.

Key Consideration

10. As recommended by NICE (2008)[13], newly pregnant women who are accessing maternity services could be assessed for a full health and social care assessment of need, and provided with appropriate support (for example, to quit smoking).

HEATLH PROTECTION: IMMUNISATION & VACCINATION COVERAGE

Immunisation protects children and young people from vaccine preventable infections and communicable diseases.

Mumps, Measles and Rubella (MMR); Meningitis (MenC); Diphtheria, Tetanus and Acellular Pertussis (Dtap); Polio (IPV); and Haemophilus Influenzae type B (Hib)

These are the vaccines given to children to boost protection against a range of diseases.

In 2013-14, Herefordshire exceeded the herd immunity uptake target of 95 per cent at 1st, 2nd and 5th birthdays for Dtap/IPV/Hib. The county is performing significantly less well than England for 2nd birthday and 5th birthday boosters for Hib/MenC, and MMR 1st and 2nd doses

High vaccine coverage induces high levels of population immunity whereas reduced levels may lead to an increase in disease levels and large outbreaks. In 2013, there was a peak in the number of confirmed cases for measles, largely as a result of a school outbreak. The spike in local cases of scarlet fever in 2014 has also been observed country-wide but no specific local cause is yet identifiable. Improving routine programme uptake is preferred over a local catch up programme as the latter is viewed as a large undertaking without guarantee of success.

Hepatitis B vaccination

There are no estimates available for Herefordshire for Hepatitis B vaccination coverage.

Human papillomavirus vaccination (protection against cervical cancer)

For HPV vaccination coverage, the percentage of girls aged 12-13 (Year 8) who have received three doses of the HPV vaccine was 85.1 per cent, lower than the English or West Midlands figures, 86.7 per cent and 89.7 per cent respectively, and lower than the previous year's national average.

[13] NICE (2008) Clinical Guideline 62 Antenatal care: routine care for the healthy pregnant woman

Key Consideration

11. Anecdotal evidence indicates that local health campaigns have reached saturation point and this opens up the opportunity to find innovative ways of educating parents, teenagers and the public on the health protection afforded by vaccines.

12. Attention to socially isolated groups (for example, gypsy and traveller communities) and communities where English is an additional language is essential to ensure county wide vaccine coverage. Access to immunisation services for those with transport and communication difficulties (other than language) also requires attention in terms of improving accessibility to services.

OBESITY

Obesity is a clinical term to describe an accumulation of fat mass to the extent that it may be detrimental to health.[14] For the majority of children excess weight gain is the result of eating more calories than needed and/or undertaking too little physical activity to match calorie intake, with children most at risk being those where one or both parents are overweight or obese.

Latest 'National Child Measurement Programme' data suggests that locally among Year 6 pupils in Herefordshire, the combined rate of obesity and overweight is 31.1 per cent. The prevalence of obesity in the pooled years 2008/09 to 2010/11 among 10-11 year olds is generally estimated to be higher in urban areas than in the rural areas. A potential correlation between childhood obesity and socio-economic deprivation is evident locally in that highest rates of obesity are recorded in relatively deprived parts of the County such as the South Wye area of Hereford City and northern parts of Leominster. See Figure 3 on obesity rates.

Key Considerations

13. Early identification of those children at greatest need or at risk of developing obesity can be achieved using a whole family approach with a key role for health visitors and school nurses to help change eating behaviours.

14. Children with mental health issues and/or disability need targeted support as they are more likely to lead unhealthy lifestyles, take little exercise and also become obese as a result of the treatment associated with their illness.

15. Those living in more deprived areas are likely to have weight problems due to poor nutrition consisting of a high intake of saturated fats, sugars and carbohydrates, usually through consumption of processed foods which are cheaper to purchase (DoH 2013 survey[15]). Understanding attitudes and behaviours can help uptake of local healthy diet and

[14] Obesity is commonly measured using Body Mass Index (BMI), calculated using the following equation: *BMI = Weight (Kg) / Height (m)*^{2}. In England, child BMI is measured at Reception Year (age 4-5 years) and Year 6 (aged 10-11 years) through the National Child Measurement Programme (NCMP), which is a governmentally mandated requirement.

[15] Department of Health

16. Nutrition programmes in low income families and children living in poverty.[16]

17. There is a wider issue of urban planning that may also need considered in relation to present and future the location of fast food outlets in Herefordshire, especially near schools and colleges.

18. A lack of national or local data on current physical activity levels linked to health outcomes among children prevents a more forensic analysis of the current situation or the size of the problem.

Figure 3: Obesity rates of children related to age and geographical location

AGE OF CHILDREN	OBESITY RATES (2013-14)
Reception (under 5 years)	8.1 per cent compared to national prevalence 9.5 per cent – not significant but higher than the comparator group at 7.3 per cent[17]
Year 6 (10-12 years)	16.8 per cent, significantly lower than national prevalence (19.1 per cent) though not significantly different from comparator group prevalence of 15.5 per cent[18]

Source: Strategic Intelligence, Herefordshire Council

CHILDREN AND YOUNG PEOPLE: DEVELOPING WELL

EDUCATIONAL ATTAINMENT

Education is a major determinant of an individual's economic wealth and social wellbeing, and achieving a solid education is the most decisive factor in enabling young people to succeed in higher education and employment. Being 'school ready' at crucial points of the educational cycle lays the foundation for academic success for a child and, supports social and emotional adjustment through the school years.

[16] The Marmot Review (2010)

[17] Comparator group consists of (in descending order of similarity) Shropshire, Wiltshire, and Rutland, East Riding of Yorkshire and East Cheshire unitary authorities.

[18] Note that Herefordshire data for 2013/14 is based on postcode of school rather than (as in previous years) postcode of child measured as no child postcode data was submitted by the local authority.

A Good Level of Development (GLD)

The key performance indicator in the foundation stage is the achievement of a GLD at the end of reception year. In 2014, 60 per cent of pupils assessed for the Early Years Foundation Stage Profile (EYFSP) in county achieved a GLD, comparable to 60 per cent of pupils nationally who achieved the standard.

Phonics Screening

The phonics screening check is a short assessment to make sure all pupils have learned phonic decoding to an appropriate standard (that is, to read quickly and skilfully) by the age of 6. Locally, 70 per cent of year 1 pupils in Herefordshire achieved the threshold measure compared to 74 per cent nationally. In 2014, 8 per cent fewer pupils (53 per cent) receiving free school meals achieved the Year 1 Phonics threshold than did so in England (61 per cent), the gap has consistently been wider than national attainment.

Key Stages

Attainment at key stage levels shows a mixed picture again compared to 2014, but the overall trend is in the right direction. The results of the last academic year (2013-14) were as follows:

- **At Key Stage 1** (2^{nd} and 3^{rd} years of primary school) in reading, writing and mathematics, Herefordshire is showing steady improvement for the period 2012 to 2104, with the local rates close to or the same as England.

- **At Key Stage 2** (end of primary school) steady improvement has been made in the county, at a slightly faster rate but from a lower base (71 per cent to 76 per cent) achieving the combined standard of level 4 in reading, writing and mathematics (L4rwm) compared to England's rate from 75 per cent to 79 per cent for the same period.

- **At Key Stage 4 level**, where pupils are working toward GCSE or other equivalent qualifications, excellent progress made by Herefordshire's pupils. The percentage of students achieving 5* A to C grades has risen, 58.7 per cent, compared to a national decline in performance to 56.8 per cent.

Special Education Needs (SEN)

The total number of pupils with SEN has decreased over the period 2012 to 2014 from 5,067 to 4,382, partly possibly, due the transition of the new SEN Code of Practice, effective from September 2014 which may have affected recording of provision.

Inequalities

- Significantly fewer children who had Free School Meals (FSM) achieved a GLD (34 per cent) compared to nationally (45 per cent). In contrast, 63 per cent of non-FSM pupils achieved a GLD similar to the national figure of 64 per cent.

- At all key stages, 1 and 2 and 4, the gap in attainment between pupils who have FSM and those who do not persists to be wide for the past two years. Those who have FSM are still performing below non-FSM pupils compared to nationally.

- The gap between pupils with English as an Additional Language (EAL) and non EAL pupils achieving a good level of development in the early years foundation stage profile in the county remains over twice that of the national gap, for the period 2012-2014. Whilst the gap in Herefordshire narrowed in

2014, a smaller percentage of pupils who had EAL met the screening check threshold (66 per cent) compared to similar pupils nationally (74 per cent).

- The gap for pupils who have English as an Additional Language (EAL) at KS2 is even greater over the period. In 2014, 59 per cent achieved L4rwm locally compared to 77 per cent nationally. The gap in Herefordshire between EAL and non EAL pupils at KS4 has fallen in consecutive years but it still greatly exceeds the national gap.

Key Considerations

19. The wide gap in attainment between (a) pupils who have access to FSM and those who do not , at all key stages and (b) between pupils who have EAL and those who do not, are trends that need to be reversed. The clear challenge is to provide opportunities and support to children from disadvantaged and socially isolated communities.

MENTAL HEALTH AND EMOTIONAL WELLBEING

In 2014, a **mental health needs assessment (MHNA)** was developed jointly by the Clinical Commissioning Group and Herefordshire council. The report highlighted key barriers to better mental health care for children and young people, such as:

- A paucity of evidence of mental ill health in children younger than the age of 5 , particularly in regard to more severe mental disorders
- Transitional arrangements between CAMHS and adult mental health services (AMHS) needs improving as young people transferring from CAHMS to AMHS fall through the net. Some disorders on the autistic spectrum are not currently provided by AMHS affecting current transitional arrangements.
- A lack of mental health provision in the community which may help reduce referrals to CAMHS which creates pressure on health and social care systems.
- GPs do not receive specific mental health training that could support clinical decision-making in terms of referrals to specialist provision.
- A lack of targeted mental health provision available in schools.

The MHNA (2015) report can be found **here**

TEENAGE PREGNANCY

Although for some teenage pregnancy can be a positive outcome, it more often results in poor outcomes for both the teenage parent and the child, impacting on their physical and emotional health.

In the period 2011-13 the rate in Herefordshire of 25.0 conceptions per 1,000 girls (an average of 81 conceptions per year) was not significantly different from the national rate of 27.6 per 1,000 girls. Among girls aged less than 16 years the conception rate locally was 4.5 per 1,000 girls (an average of 14 conceptions per

year), compared to 5.5 per 1,000 girls across England as a whole, and a mean rate of 4.4 per 1,000 across the CIPFA comparator group.[19]

Termination of a pregnancy represents an emotional cost to the parent and an avoidable economic cost to the NHS. Of the 260 teenage conceptions in 2010-12 approximately 55 per cent resulted in a termination of pregnancy, broadly in line with national and comparator group figures. A fifth of these terminations (approximately 30) were performed on girls aged less than 16 years. Locally, among girls aged less than 19 years, repeat abortions have dropped from 2011 (11.5 per cent) to 7 per cent of all abortions in both 2012 and 2013, compared to an England average figure of around 10-11 per cent.

Key Consideration

20. Teenage conception, termination and repeat abortions for females aged under16 years can be viewed as an indicator of inadequacy or insufficiency in relation to high quality, free and confidential sexual health information, contraception, service access, service provision or ineffective individual use of contraceptive method. These areas require improvement.

CHILDREN AND YOUNG PEOPLE: KEEPING SAFE

DOMESTIC VIOLENCE AND ABUSE

In the year to September 2014 West Mercia Police recorded 1,893 children exposed to incidents and offences. In the last quarter, 122 had been exposed three or more times, representing a 110 per cent increase from the same quarter of the year before. A proportion of the increase in numbers is attributed to improved recording by the police and an identification of repeat victimisation rather than an actual increase.

Between August and November 2014, 355 children were involved in MARAC [20]cases in the previous three months; a 67 per cent increase from the year before. However, in the year to September 2014, there was an eight per cent decline in the maximum number of children involved in West Mercia Women's Aid, averaging at 126 per quarter. The reason for this is under investigation.

Domestic abuse is cited by the council as a primary reason for the application for protection plans and for why children and young people are taken into state care.

Key Considerations

21. Health visitors can play a key role as they lead and support delivery of the Healthy Child Programme (HCP), which has injury prevention at its core, and children's centres are key partners (Department of Health, 2009). Likewise, school nurses can play a key role in ensuring that children are safeguarded when pupils disclose abuse.

[19] The Chartered Institute of Public Finance and Accountancy Nearest Neighbour Model

[20] MARAC – Multi-Agency Risk Assessment Conference, a part of a coordinated community response to domestic abuse.

22. The lack of therapeutic interventions for children and young people exposed to DVA identified in the recent Mental Health Needs Assessment (2014), needs addressing, as early therapeutic intervention can prevent more severe mental health issues from developing in later years.

PROTECTING CHILDREN

Children and young people come into care or are subject to child protection plans for a variety of reasons including physical harm, neglect, sexual abuse, sexual exploitation, parental alcohol and substance misuse, and other issues which prevents parents or others from providing safe care to their child.

Looked after children (LAC)

At the end of April 2015, there were 273 looked after children and young people in Herefordshire. The number of children and young people looked after by the local authority has continued to rise throughout 2014 (12.45 per cent) across the 12 month period. The rate per 10,000 as at 31 January 2015 was 75.07, significantly worse that the all England rate of 60 per 10,000 children. The impact the Southwark judgement[21] on local LAC numbers and trend is unknown.

Children with child protection plans

Herefordshire currently support 156 children who are subject to a child protection plan. Of these, 121 (78 per cent) have been on a plan for less than 12 months. The rate per 10,000 children subject to a child protection plan in Herefordshire as at 31 January 2015 is 43.21. This is within range of the all England rate of 42.1 for 2013-14, and is lower than the West Midlands 2013-14 rate of 44.7. This means that the number of children subject to a child protection plan has dropped.

Key consideration

23. The upward of trend in numbers of LAC may warrant deeper forensic analysis.

ADULTS LIVING WELL AND FOR LONGER

LIVING LONGER

LIFE EXPECTANCY, MORTALITY AND PREMATURE MORTALITY

Life expectancy is a useful indicator of the general state of health of the local population. It is the number of years that a person can expect to live on average in a given population.

[21] Locally, a higher number of young people aged 16+ years are accommodated due to the fact that young people can remain looked after until they reach 18 years as a result of this judgement.

KEY FACTS

HLE across 2010-2012 was - 65.3 years for males, and 66.9 years for females

DFLE at birth was 65.5 years for males and 66.6 years for females.

Mortality rate is 880 deaths per 100,000 population.

Deaths average 1,900 per year (2010-2014)

Key killers in 2014 are:

-cardiovascular disease (32%)

-cancers (28%)

-respiratory diseases (12%)

-dementia (7%)

Deaths for people under the age of 70 years accounted for 30% of all age mortality in the county.

Between 2010-2014, the county lost 7680 years of potential life of which 60% were due to cancers and circulatory diseases.

Across 2010-2012, healthy life expectancy (HLE) at birth in Herefordshire was 65.3 years for males and 66.9 years for females, significantly higher than in England (63.5 years for males and 64.8 years for females).

Across 2010-12 the disability free life expectancy (DFLE) at birth in Herefordshire was 65.5 years for males and 66.6 years for females. Again this was significantly higher than for England (64.1 years for males and 65.0 years for females). Thus, in Herefordshire males can expect to live 82 per cent of their lives without a disability, and females almost 80 per cent.

Mortality

Mortality rates have been consistently falling in Herefordshire since 2007 with an age rate lower than both national and regional rates; of approximately 880 deaths per 100,000 population. There were approximately 1,900 deaths per year on average among Herefordshire residents during the period 2010-2014.

Premature mortality

Premature mortality (that is, under the age of 75 years) accounted for approximately 570 deaths per year on average in Herefordshire during 2010-2014 approximately 30 per cent of all age mortality in the county, with cancers accounting for around 40 per cent of these and cardiovascular diseases a further 20 per cent. This is in line with the overall cause of mortality in England and Wales with these groups accounting for 72 per cent of all deaths in 2013.

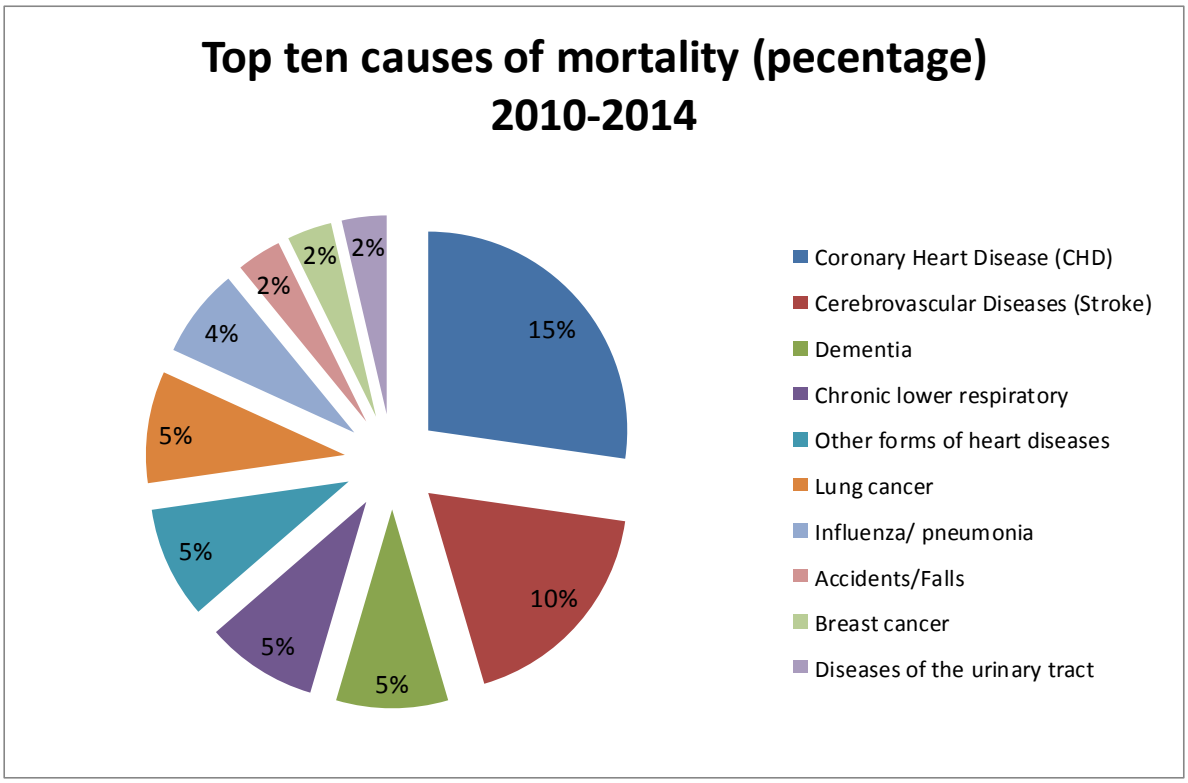
Years of Potential Life Lost

In terms **of Years of Potential Life Lost** [22] there was an average 14.2 YPLL per premature death between 2010-14, with little variation between the sexes (14.1 and 14.5 YPLL for males and females respectively). In total, there were approximately 7680 YPLL per annum in Herefordshire in the pooled five years 2010-2014.

The top then causes of death (mortality) in Herefordshire are illustrated in Figure 4.

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

Figure 4: Top ten causes of deaths in Herefordshire (mortality)



Source: Strategic Intelligence, Herefordshire Council 2015.

Key Consideration

24. In Herefordshire, where a person is born influences how long they live as evidenced above as life expectancy is low in communities experiencing high levels of deprivation. Thus, reducing health inequalities will in turn reduce mortality rates and in turn increase life expectancy for people living in poorer areas of the county.

LIVING WELL: IMPROVING HEALTH AND WELLBEING

MENTAL HEALTH AND EMOTIONAL WELLBEING

Poor mental health has a great social and economic impact, and the effects of mental illness predispose to a range of negative health determinants, which in turn predispose to further mental ill health. The Mental Health Needs Assessment (2014) found that in Herefordshire around 14,520 adults are estimated to have common mental health conditions[23]. Prevalence is higher among females across all conditions at approximately 1.64 female cases to every 1 male. Severe and enduring conditions[24] accounted for a total of

[23] Such as, anxiety, depression, neuroses and phobias, post traumatic stress disorder, obsessive compulsive disorder.

[24] Such as non-organic psychosis, eating disorders, personality disorders, affective disorders, schizophrenia, self-harm.

1,419 patients on the mental health register across Herefordshire practices at end of 2013/14. Herefordshire's average prevalence for severe and enduring conditions is significantly lower at 0.78 per cent, compared to 0.86 per cent nationally.

The MHNA also found that women self harm more than men across most age groups, with a peak in incidence among women aged 15-19 years and for males in the 20-24 age band, although since 2008/09 a discernible trend cannot be identified. The highest number of suicides in men occurred in the age band 40-49 years (similar to the UK age band of 40-44 years) with the highest number of suicides in women occurring in the 70+ category (compared to 30-39 years nationally). For the most recent period, 2009-14, rates of suicide have decreased both locally and nationally, however, rates are highest in agricultural workers, construction workers, the unemployed and retail workers.

The **MHNA (2014)** report highlights key areas for development.

LEARNING DISABILITY (LD)

In 2013/14, Herefordshire had 856 people aged 18 years and over with a Learning Disability (LD) as recorded on GP practice disease registers. The same profiles show that the number of people with LD aged 18-64 in the county and known to the council is 540. In April 2014 the number of those receiving a service commissioned by the council was 594. Of these 528 were aged 18-64 years.[25] People with LD generally have poorer health than the population as a whole, with higher rates of gastrointestinal cancer, coronary heart disease, respiratory disease, mental ill health and dementia, often resulting in high premature mortality compared to non-disabled people.

Key consideration

25. The evidence base for the needs of people with learning disabilities is weak in Herefordshire, and requires improvement.

LONG TERM HEALTH CONDITIONS

This section gives an overview of risk factors that contribute to the burden of morbidity and mortality in Herefordshire.

Risk factors can be categorised as modifiable and non-modifiable. Non-modifiable risk factors are family history, ethnicity and age. Modifiable risk factors include These risk factors increase the risk of adverse health conditions such as hypertension, high blood pressure , and high cholesterol which also risk factors for long term conditions such as cardiovascular disease, diabetes, cancer, and respiratory diseases.

It is estimated that at least 15 million people in the UK are living with one or more long term condition (LTC), and people with at least one LTC are more likely to have risky health behaviours, such as tobacco exposure, obesity, physical inactivity, unhealthy eating, and harmful use of alcohol. Therefore, informed lifestyle choices

[25] The discrepancy in these figures is because that those receiving a LA service do not include those who self-fund, people assessed but not receiving a service, those funded by other councils, those under Continuing Health Care arrangements and so on. Regional and national comparators were unavailable.

KEY FACTS

In 2012, 66% of residents were estimated to be obese or overweight

15,300 adults registered with a Herefordshire GP practice are obese.

26% were estimated to be physically inactive

Across the five year period [2009/10 to 2013/14] the major cause of smoking related hospital admission was lung cancer

Prevalence of respiratory diseases (COPD and asthma) is significantly higher than England in 2013/14,

In 2013, adult smoking prevalence is 17.3% [England's 18.4%]; 27% among routine and manual workers

More males in deprived areas smoke than females.

Quit rates for smoking are significantly lower than national equivalents.

60% of males are admitted to hospital for smoking related conditions, of which 30% of are under 65+

can either prevent their illness or improve their health. The 15 million are estimated to use 70 per cent of health and social care budgets in England. (Department of Health, 2012).

Obesity

In 2012, 66 per cent of adults in Herefordshire were estimated to be either overweight or obese. In total there are approximately 15,300 adults registered with a Herefordshire GP practice who are currently registered as obese with a body mass index[26] of 30+. It is probable that obesity prevalence is generally under-recorded by QOF as it does not reflect the undiagnosed element of obesity within a community i.e. obese patients not presenting to their GPs. Obesity reduces life expectancy by an average of 3 - 10 years for severe obesity (BMI over 40).

A wealth of evidence links overweight and obesity to poor health and social outcomes including: hypertension; coronary heart disease; stroke; type 2 diabetes; premature death (approx. 9 years); osteoarthritis; osteoporosis; depression; various cancers; infertility; asthma; and sleep apnea.

Cardiovascular disease

Cardiovascular disease (CVD) is a general term that describes a disease of the heart or blood vessels (circulatory system) and includes coronary heart disease and stroke. GP register QOF[27] data records significantly high diagnosed prevalence of CVD, approximately 16 per cent in Herefordshire compared to 13.7 per cent for England. People from a more deprived background are at greater risk of CVD than the general population. High cholesterol level is one of the most significant risk factors for CVD, and linked to diets high in certain kinds of fats. Evidence shows that as many as six out of ten adults in England have higher than recommended cholesterol levels. The damage caused by high cholesterol levels can be accelerated if one smokes tobacco which increases the levels of blood clotting and raises blood pressure.

Hypertension is the single biggest risk factor for stroke (where blood supply to part of the brain is cut off), and also plays a

[26] Normal BMI is defined as a value of < 25 kg/m2. The overweight category is >= 25 kg/m2 and < 30kg/m2 for the non Asian population and >= 25 kg/cm2 and < 27.5 kg/cm2 for Asian population. The obese category is >= 30 kg/m2 for the non Asian population and >= 27.5 kg/cm2 for the Asian population.

[27] The Quality and Outcomes Framework (**QOF**) scores GP practices against a number of clinical, disease and administrative areas.

significant role in heart attacks. Risk factors for hypertension include being overweight or obese, lack of physical inactivity, a family history of high blood pressure or diabetes, and being diabetic. Public Health England (PHE)[28] suggests actual local prevalence of hypertension to be 29 per cent but many remain undiagnosed.

Cancer

The two main conditions directly linked to smoking are lung cancer and chronic obstructive pulmonary disease (COPD). Across the five year period [2009/10 to 2013/14] the major cause of smoking related hospital admission in Herefordshire was lung cancer. Smoking also contributes to other conditions such as stroke, heart disease and pneumonia.

Between 2008 and2012, there were around 530 cancer deaths per annum in Herefordshire. The most common causes of cancer-related mortality were lung, urological and upper and lower gastro-intestinal cancers. Cancer accounted for around 2,800 years of life lost per annum in the county. Local standardised data suggest that the highest rates of incidence per 100,000 people are for urological and breast cancer, within both the general population and those aged less than 75 years.

More than 40 per cent of all cancers in the UK are linked to tobacco, alcohol, diet, being overweight, inactivity, infection, radiation, occupation, post-menopausal hormones or breastfeeding for less than six months.

The cancer overview report can be found here.

Respiratory diseases

Prevalence of respiratory diseases such as COPD and asthma as measured by QOF are both significantly higher across Herefordshire relative to England in 2013/14, and it is estimated that the actual prevalence of both is considerably under-recorded. By 2030 POPPI (Projecting Older People Population Information System) forecasts over 1,000 residents of Herefordshire aged 65+ years will have a longstanding health condition caused by bronchitis and emphysema. Persons residing in the most deprived areas are more than twice as likely to die (and also to die prematurely) of chronic lower respiratory disease as those in the least deprived areas, and this variation is statistically significant. Similarly rates of hospital admission due to chronic lower respiratory disease are in excess of 50 per cent higher than expected in these areas.

Smoking tobacco is a known (and modifiable) risk factor for respiratory diseases. More males living in the most deprived areas in Herefordshire smoke than females. More males are admitted to the county's hospital for smoking related conditions than females (over 60 per cent in 2013/14), and around 30 per cent were aged less than 65 years. Quit rates in Herefordshire are significantly lower than national equivalents.

Diabetes

In 2013/14 there were 9,400 persons aged 17+ years diagnosed with diabetes in Herefordshire with an estimated further 2,200 remaining undiagnosed. People with diabetes are at greater risk of heart attack (currently 98 per cent more likely in Herefordshire) or stroke (90 per cent). Diabetes can cause hardening or thickening of the arteries in feet, and this is reflected in the high rate of inpatient episodes for foot care among people with diabetes, in the three years 2010/11 – 2012/13, relative to the national rate.

[28] The Cardiovascular Disease Profile (August 2014) published by Public Health England.

Key Considerations

26. Modelled statistics from Public Health England suggest that only 26 per cent of adults in Herefordshire are physically inactive. Physical activity is an effective for treatment of risk factors for CVD, like obesity, but effects are stronger if accompanied by weight reduction (for overweight individuals) and healthy eating,[29] but *only* if adults engage in regular physical activity several times a week. Otherwise, benefits only last for a few days. This finding supports further evidence that pharmacological interventions are less effective in reducing risk factors for CVD than physical exercise.[30] The range of activities delivered by programmes such as the Council's Destination Hereford project[31], Shirley's Wheels and other schemes target small numbers of people relative to the county's population, but collectively they have a positive impact on the overall health of the population.

27. Given that CVD, cancer and stroke are preventable by choosing safe and healthy lifestyles, future schemes can target the most resistant groups who are obese (BMI 30+), heavy smokers and those who consume excessive alcohol, those with mental health issues and, those living in deprived areas of the county where negative health behaviours are entrenched across generations.[32]

28. Given that elevated cholesterol and hypertension are usually asymptomatic identification and management of hypertension is often overlooked as a preventative measure for CVD. NHS Health Checks aims to identify this risk factor and also assess blood pressure and body mass index. Local statistics (Public Health England) reveal room for improvement on the 47 per cent uptake achieved locally in 2014/15, slightly up from 45 per cent in 2013/2014.

29. Variation across the county for uptake and coverage rates across NHS cancer screening programmes could be reduced by improving early diagnosis and appropriate referrals in GP practices.

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[29] Thompson et al (2003)

[30] Local Herefordshire council and Sport England (*Get Healthy Get Active*) are jointly funding a programme to develop and test a personalised, integrated pathway into physical activity and sport (Active HERE) over the next three years. See also results of a workshop by Herefordshire CCG [*Patients in Control – Whose health is it anyway? Patient Workshop Case Study Report, Hereford,* (March 2015)] supporting a personalised approach to increase physical activity.

[31] The council's Destination Hereford project funded by the Department of Transport) local sustainable transport fund was launched in 2011 encourages and support active travel such as walking and cycling. The project concluded in April 2015 and awaits full evaluation.

[32] The government document; Healthy Lives Healthy People: A call to action on obesity in England' (HWHL) (2011) highlights the economic burden on both the NHS and the economy as a whole.

30. Targeted intervention programmes for male smokers in the deprived areas the county may help reduce hospital admissions for smoking related conditions in this population, as well as help decrease the levels of passive smoking by those in contact with smokers.

31. Kings Fund[33] found that four unhealthy lifestyle behaviours (smoking, excessive alcohol use, poor diet, and low levels of physical activity) clustered together and were more prevalent in the most deprived populations, [34] and successful interventions relied on adopting a holistic and integrated approach. The same approach would benefit Herefordshire.

32. Improving quit rates amongst existing smokers is a priority, especially pregnant women and young mothers.

33. Services need to be more tailored using new technologies to meet the needs of young people, particularly to prevent the uptake of smoking in children and young people in schools.

34. Carers need special support to cease smoking in alternative ways that doesn't necessarily mean they have to attend smoking cessation or alcohol reduction programmes as caring duties may limit outings.

35. Road safety, active travel and public health are inter-connected, and potential substantial co-benefits can be achieved through a systems approach, such as reducing road casualty accidents, which in turn contributes to reduced health costs, and the burden on the NHS. Studies also highlight some additional benefits from reduced traffic speeds such as an improved environment for walking and cycling and the health benefits associated with a more active lifestyle. Local initiatives (such as Travel to Work, Bicycle Ambassadors, and Hereford Active Travel Scheme, Personalised Travel to Work), have contributed to maximising the health of the population.

Gap in intelligence

Almost 30 per cent of the adult population in Herefordshire is estimated to be eating healthily but a lack of data prevents a local assessment of the impact of barriers to healthy eating such as poor accessibility to affordable healthy foods, (linked to the closure of shops in deprived areas leading to increased cost, poor quality and choice in remaining local shops and, low income and debt).

[33] Kings Fund is a health charity that provides evidence, information and knowledge to help shape policy and practice.

[34] Buck D, Frosini F. Clustering of unhealthy behaviours over time. Implications for policy and practice. The King's Fund. August 2012. http://www.kingsfund.org.uk/sites/files/kf/clustering-of-unhealthy-behaviours-over-time-appendices.pdf

ALCOHOL MISUSE

Excessive consumption of **alcohol** is a major preventable cause of premature mortality, disability and injury contributing to hospital admissions and deaths from a diverse range of conditions including alcoholic liver disease. Approximately 16 alcohol-specific deaths per annum occurred in the five year period (2009/10 to 2013/14), where the underlying cause of death is solely attributable to alcohol consumption.

There is a pronounced correlation between alcohol-specific (caused exclusively by the consumption of alcohol) hospital admission and deprivation across the county, at a standardised rate of 449 admissions per 100,000 across the five years 2009/10 – 2013/14, and around 80 per cent greater than admission levels across the entire county. The admission rate ratio between the most and least deprived quartiles is 3.2, which means that a person residing in the most deprived areas of the County is over three times as likely to be admitted to hospital due directly to alcohol consumption as someone resident in the least deprived areas.

The latest set of Local Alcohol Profiles for England (LAPE) estimate that over 25 per cent of the County's drinking population indulge in increasing or higher risk drinking, and that 20 per cent of all adults binge drink (mid-2009 estimates). In 2013/14, around 25 per cent of alcohol related admissions in the County were of adults aged less than 45 years, 40 per cent were of those aged 45 to 64 years, and 35 per cent were aged 75+ years. 60 per cent of all admissions were among males.

Key considerations

36. There is anecdotal evidence that underpins the statistic that 35 per cent of 75+ are admitted to hospital for alcohol related conditions. Some GP practices report that they are treating older adults for alcohol related conditions suggesting alcohol abuse. This warrants further investigation.

37. Binge drinking is a persistent challenge so greater innovation in tackling this problem in a quarter of the Herefordshire's population is urgently required to address a potential increase in the burden of alcohol related illness.

DRUG MISUSE

Drug related hospital admissions for the period 2008/9 to 2013/14 are slowly declining (197 admissions in 2012/13 to 186 in 2013/14), and it is projected that around 162 admissions will take place in 2014/15. For the period 2001 to 2013, an average around eight drug related deaths per year in Herefordshire, the majority of which resulted from accidental poisoning by and exposure to narcotics and hallucinogens.

Drug offences include the production, supply, possession and permitting the use of premises for these reasons. In 2014, 620 crimes were marked with a drugs flag by West Mercia Police. With 518 offences in the first 10 months of 2014/15, this trend looks set to continue.

Key consideration

38. To strengthen current co-ordinated strategies to reduce drug misuse and drug related offences, particularly in urban settings.

ADULTS – PROTECTING HEALTH

This section provides an overview of health protection priorities in Herefordshire.

IMMUNISATIONS FOR PREVENTABLE DISEASES

Seasonal Influenza

Influenza (flu) is a viral infection affecting the lungs and airways. It occurs most often in winter in the UK and peaks between January and March. People aged 64 years of age with an at-risk clinical condition, those 65 years and over and pregnant women are most at risk of developing serious complications from flu, such as bronchitis and pneumonia. The national target is to achieve 75 per cent uptake across those aged 65+ years, though this is proving challenging locally and nationally as shown below.

Figure 5: Influenza immunisation coverage 65+ years

Vaccination coverage Influenza 65+ yrs	England	West Midlands	Herefordshire
2013/14	73.2	72.4	71.3

The local number of deaths (primarily among the elderly) due to influenza and pneumonia has shown a sharp increase on expected levels for the winter of 2014/15, with 50 deaths during the 3 months January to March 2015 alone, compared to an average of 70-80 deaths per full year during the previous five years (2010-14).

Uptake of flu vaccines in at risk groups aged 6 months to 65 years (excluding pregnant women) is 53.9 per cent in Herefordshire in 2013/14, better than the national rate of 52.3 per cent, leaving room for improvement.

Figure 6: Influenza immunisation coverage <65 years

Vaccination coverage Influenza at risk <65 yrs	England	West Midlands	Herefordshire
2013/14	52.3	52.8	53.9

Tuberculosis. Tuberculosis (TB) is a notifiable disease in the UK. The incidence of tuberculosis (TB) in England is higher than most other Western European countries.[35] During the period 2011-13 Herefordshire had an average of 6 new cases per year, equating to a pooled rate of 3.2 cases per 100,000 population, a rate significantly lower than the national rate of 14.8 per 100,000 population.

SEXUALLY TRANSMITTED DISEASES

Sexually transmitted infections (STI) contribute to contracting other diseases and poor health outcomes. Locally, among those aged 15-24 years, the local rate of diagnosis is 2,360 infections per 100,000 population, and significantly higher than the national rate of 2,016 per 100,000. Re-infection within twelve months is

[35] Public Health England publishes the official statistics on the number of tuberculosis cases reported to the National Enhanced Tuberculosis Surveillance System.

common amongst young women and men aged 15-19 years presenting at genito-urinary management (GUM) clinics with re-infection rates among females across all ages are higher in Herefordshire at 10.0 per cent compared to 6.9 per cent nationally. The rate of acute STI infection is highest in the most deprived communities of Herefordshire with substantially lower rates evident across less deprived population quintile.

In 2013, the uptake rate for an offered a test for Human immunodeficiency virus (HIV) was around 82 per cent, slightly down on 2012. Uptake rate among males was higher at 86 per cent, with 97 per cent among men who have sex with men (MSM), compared to 79 per cent among females. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. For pooled three-year period 2011-13, 12 such late diagnoses were recorded in Herefordshire; a percentage rate of 70.6 per cent greater than the equivalent England figure of 45.0 per cent and the highest rate in the West Midlands across this period.

Further information on incidence rates and screen uptake of STI can be found **here.**

Key Considerations

39. Re-infection with an STI is a marker of persistent risky behaviour, perhaps suggesting a lack of understanding or lack of information on STIs and preventative measures, or the effect of cultural factors that override practicing safe sex. Young women aged 15-19 years of age in particular require targeted support to achieve positive health outcomes into adulthood.

40. The clear link between socio-economic deprivation and high rates of acute STI infection presents opportunities for targeted interventions in more deprived communities of the county.

ADULTS - AGING WELL

FALLS

Falls are the largest cause of emergency hospital admissions for older people (over 65 years) and significantly impact on long term outcomes; for example, falls can be a major precipitant of people moving from their own home to long-term nursing or residential care. In Herefordshire, there were approximately 600 hospital admissions per annum for falls, from 2009/10 to 2013/14. The rate is approximately 1,300 admissions per 100,000 people across the county per year, with a significantly higher rate in the most deprived quartile at 1,530 per 100,000. Local data indicates that significantly more women than men are admitted to hospitals as a result of a fall, and the number of hospital admissions increases with age, and that most falls result in bone. Between 2010-2012, 2 per cent of all deaths were the result of a fall or accident equating to 205 people. Accidents and falls account for 12 per cent of all 'Years of Potential Life Lost' (YPLL).

Key considerations

41. High risk groups (older women and those living in deprived communities) would benefit from early prevention strategies for falls.

42. Better lifestyle choices such as increased physical activity and reduced tobacco and alcohol can help prevent falls by reducing the risk of osteoporosis (thinner and so weaker bones) which is a risk factor for falls.

DEMENTIA

Dementia is an umbrella term for a number of progressive diseases affecting the structure and chemistry of the brain which become increasingly damaged with time. The most common is Alzheimer's disease which accounts for 62 per cent of all dementias in England. Age is the biggest risk factor for dementia in females as women are living longer than males as life expectancy continues to improve in Herefordshire.

In 2014/15, 1428 people had a diagnosis of dementia (GP QOF data, March 2015). By 2030, it is projected that Herefordshire will have 5,048 persons aged 65+ years with dementia based on POPPI[36] forecasts, an increase of 63 per cent from 3,100 in 2015. Around 30 per cent of the population aged 90+ years are anticipated to develop the condition.

Dementia prevalence as recorded by QOF in 2013/14 is 1,113 persons suggesting major under-recording. An enhanced community dementia service, (as part of a multi-agency dementia partnership programme), has helped increase the diagnosis of dementia locally (to over 45 per cent in 2014/15), although the challenge of diagnosis across the population persists.

Key considerations

43. Greater public awareness on symptoms of dementia would help families, carers and practitioners to detect changes in a person's health that may indicate the onset of dementia. Given the aging demographic in Herefordshire, early detection with appropriate support can lead to better outcomes in older age.

44. The MHNA (2014) found that younger people with early onset of dementia have different requirements and they would benefit from specialist multidisciplinary services to meet their needs for assessment, diagnosis and care. There is no dedicated provision for people with early on-set dementia particularly that addresses employment and other issues in Herefordshire.

45. Evidence demonstrates a relationship between Alzheimer's dementia and the spectrum of cardiovascular diseases, (including stroke, an accepted risk factor for Alzheimer's disease). Given that risk factors for CVD are modifiable, adopting healthier lifestyles can reduce the risk of dementia. For example, walking can slow down cognitive decline and improve cognitive functioning in older people with dementia.[37]

46. People with learning disabilities (LD) are more likely to develop dementia earlier in life, therefore, capture of local data and intelligence would help assess needs of this group.

[36] POPPI – Projecting Older People Population Information System

[37] E. B. Larson, L. Wang, J. D. Bowen et al., "Exercise is associated with reduced risk for incident dementia among persons 65 years of age and older," Annals of Internal Medicine, vol. 144, no. 2, pp. 73-81 (2006).

GROWING THE ECONOMY

COMPONENTS OF EMPLOYMENT

This chapter sets out some key statistics and areas that measure economic development and growth.

EMPLOYMENT RATES

In 2013, Herefordshire was estimated to have 112,400 residents aged between 16 and 64. Just over 75 per cent of the working population are in employment.

Between October 2013 to September 2014, 87,700 people (76.6 per cent of working age residents) were in employment (67,300 employees and 19,600 self-employed), an increase of 5,000 from the same period of the previous year (that is, a 3.8 per cent increase in the proportion of the working population employed). In this period, the proportion of employed working age residents was higher than both the West Midlands (69.7 per cent) and England and Wales (72.4 per cent) as it has been historically. Of the total number of residents in employment, 54 per cent were male (of which 82.1 per cent were aged 16-64) and 46 per cent were female (of which 71.2 per cent were aged 16-64).

Wages /Earnings

In 2014, the median[38] weekly earnings[39] for people who work in Herefordshire were **£405.80** (± £51.70) significantly lower than those in the West Midlands region £479.10 (± £9.39) and England £523.30 (± £2.05). Median annualised[40] earnings were £21,160 (± £2,696), also significantly lower than the West Midlands, £24,982 (± £490) and England £27,286 (± £107). The gap between Herefordshire's earnings and those of the West Midlands region and England widened between 2006 and 2013, largely a result of Herefordshire's wages increasing at a slower rate. The gap narrowed in 2014, making Herefordshire's earnings 15 per cent lower than the West Midlands and 22 per cent lower than England's. Also in 2014, women's earnings were 17 per cent lower than men's consistent with previous years' gender pay gap.

The median of total hours worked (including overtime) by those working in Herefordshire was 39.0 hours per week, higher than the number of basic hours, and higher than both the West Midlands and England's median total hours worked of 37.5 hours per week.

[38] The median provides a 'mid-point' figure for earnings rather than the mean (average) which can be skewed by high earners.

[39] The Annual Survey of Hours and Earnings (ASHE) is used to provide median gross weekly pay (£/week) of full time employees on a workplace basis.

[40] Annual salaries are provided by Annual Survey of Hours and Earnings (ASHE) ASHE but they only include earnings of those who are employed in the same job for a year whereas weekly earnings include all workers. Therefore annualised salaries were calculated using median weekly earnings, which includes more employees

UNEMPLOYMENT

At the time of the 2011 Census the unemployment rate (as a proportion of those aged 16-64) in Herefordshire was 4%; lower than across England (6%), the West Midlands region (7%) and The Marches Local Enterprise Partnership area (5%).[41] Current estimates will be available later this year.

SELF EMPLOYMENT & ECONOMIC ACTIVITY

According to the 2011 Census the self employment rate (as a proportion of those aged 16-64) in Herefordshire was 76 per cent, higher than that for England (71 per cent), The Marches Local Enterprise Partnership (74 per cent) and West Midlands region (69 per cent). The higher rate of self-employment, and lower unemployment than other areas, accounts for Herefordshire's higher economic activity rate rather than more people being employees. The census also revealed that a larger proportion of those self employed worked in three main industries categorised as: agriculture and energy; construction; and professional, scientific and technical.

Earnings from self-employment are relatively high £10,600 compared to £10,400 across the West Midlands, although the difference was not statistically significant (from the Annual Population Survey).

The employment rate has increased over the last decade (2001 to 2011) because of an increase in both employee numbers and the self-employed. The numbers in part-time employment saw the biggest percentage increase (+20 per cent) followed by self-employment (+12 per cent) and then full time employment (+7 per cent). However, this conceals more recent trends illustrated with data from the Annual Population Survey which shows a reduction in the percentage of working age people (16-64) who are employees since 2008, with some evidence of recovery from the most recent figures for between 2013 and 2014, while self-employment saw no statistically significant change.

KEY FACTS

In 2013, the four industries employing the largest number of people were:

In 2014, Herefordshire has 9,590 businesses /enterprises.

90% of enterprises employ 9 or fewer people. 1% of enterprises employ 250 employees or more.

In 2013, Herefordshire's total GVA was £3,337 million, a decrease of 4 per cent from 2012

GDHI per head in Herefordshire in 2012 was £16,722, lower than the UK by £344.

Herefordshire has more employment in low and medium-low technology manufacturing.

i.e. every member is unemployed or inactive.

[41] **Note:** this measure of unemployment is not the same as that based on the number of people claiming Jobseekers Allowance. The universal credit programme began roll out in England this year.

ECONOMIC MAKEUP BY HOUSEHOLD

Recent data from the Annual Population Survey (APS), produced in 2014 by the Office of National Statistics (ONS), shows that in general, there are no tangible differences between the county and nationally for all categories of economic make-up.

In Herefordshire, households who are working account for 56 per cent (of the 55,500 households) in the calendar year 2013, compared to 54 per cent in England. Mixed households (employed and unemployed or inactive) make up the next greatest proportion of 28 per cent, similar to England's 29 per cent. The proportion of dependent children that live in mixed households (40 per cent) is greater than the proportion of households that are mixed (28 per cent). So, children are disproportionately represented in mixed households which may be due to work 'inactivity' of adult members due to periods of child care. England presents a similar picture.

Workless households, where every member of the household is either unemployed or inactive, make up 16 per cent of all households, compared to 17 per cent across England.

EMPLOYMENT BY SECTOR & INDUSTRY

According to the Business Register and Employment Survey (BRES) measure in 2013, 11,800 of all employees in Herefordshire (20 per cent) were working in the public sector, in line with regional (20 per cent) and national (19 per cent) trends. A further 83 per cent [42] or 58,100 people were employees in the private sector (compared to regional and national values, estimated at 80 per cent and 81 per cent respectively). These figures have been stable over the past four years.

Within Herefordshire in 2013, the four industries employing the largest numbers of people were Manufacturing (11,500), Health (11,500), Retail (8,300) and Education (6,800). More than half of jobs in the county (one in two) fall into these categories. The proportion of employment in all of these industries (excluding education) is higher in Herefordshire than both West Midlands and England and Wales.[43]

Herefordshire employs a higher proportion of people in its manufacturing industry than England and Wales, at 8 percentage points (pp) higher in the county than across England and Wales. In contrast, a small proportion of local employers fall in the 'administrative and support services' category; 6 percentage points compared to England at 8 percentage points. Even smaller proportions are employed in the 'professional, scientific and technical' and the 'information and communication' industries (3 percentage points each)[44].

A further breakdown reveals that there is more employment in low and medium-low technology manufacturing, [45] whereas medium-high technology manufacturing and high technology manufacturing account for a lower proportion of employment in Herefordshire (23 per cent) than in the Marches (35 per

[42] Public and private proportions do not sum to exactly 100% due to rounding.

[43] Business Register and Employment Survey

[44] According to the 2013 estimate, agriculture, forestry and fishing accounts for less than 100 jobs in the county, making up a lower proportion of employment than across the West Midlands and, England and Wales. This is because farm agriculture is not included for Herefordshire in the BRES.

[45] Eurostat's definition which aggregates industries based on technological intensity (skill levels)

cent), England (40 per cent) and West Midlands (45 per cent).[46] However, low technology, of which a large proportion of Herefordshire's manufacturing is categorised as (48 per cent), includes food and beverages which is a historically strong sector within the county.

Link to wages

The Office of National Statistics (ONS) classify jobs within 'retail', 'manufacturing' and 'construction' industries as elementary occupations that do not attract high wages. Thus, low wages can in part, be attributed to proportional employment in these industries. However, the picture is not so clear as to fully explain why wages are low in Herefordshire and why they are not increasing in line with regional and national trends.

Relationship of size of business to employee numbers

In Herefordshire, there are a total of 9,590 enterprises (overall businesses in 2014). Similar to the national picture, there are fewer enterprises in the county employing large numbers of people than those employing smaller numbers. The majority of enterprises in the county are categorised as 'micro' with 90 per cent employing 9 or fewer employees, whilst less than 1 per cent were categorised as 'large' employing 250 employees or more. A detailed breakdown was not available. (See Figure 8).

Figure 8: Number of enterprises by size (employee number) in Herefordshire, 2014

Size	Enterprise
0 to 4 employees	7,420
5 to 9 employees	1,195
10 to 19 employees	555
20 to 49 employees	265
50 to 99 employees	95
100 to 249 employees	40
250+ employees	20
Total	**9,590**

Source: Office for National Statistics - Inter Departmental Business Register

ECONOMIC PRODUCTIVITY

Gross Value Added or GVA[47] per worker and income from employment represent useful proxies for productivity. In 2013, Herefordshire's total GVA was £3,337 million[48] a decrease of 4 per cent from 2012. This

[46] BRES

[47] Gross Value Added (GVA) is a measure of productivity; it measures the contribution to the economy of each individual producer, industry or sector in the United Kingdom.

[48] Provisional figure

means that overall employee productivity had dropped significantly in the county, whilst regional (36.3 per cent) and national (43.8 per cent) GVA increased by 3 per cent for the same period.

When measured per head of population, Herefordshire's GVA in 2013 was £17,900, highlighting lower levels of economic productivity when compared to both regional (£19,400) and national (£24,000) GVA.

When measuring the contribution to GVA of different industries within the local economy, 'production' (90 per cent of which is manufacturing) is the highest, at 21 per cent. This represents an increase of 2 percentage points from the previous year (2012), and is higher than the United Kingdom (UK) in total (12 per cent). In 2012, industries categorised as 'finance and insurance', 'business services' and 'information and

Communication' made a significantly lower contribution (11 per cent) compared to the UK (17 per cent in total). The proportions of the total GVA that these latter three industries form have dropped a further 3 per cent since 2011. Another measure of the county's economic performance is its Gross disposable household income[49] (GDHI)[50]. GDHI per head in Herefordshire in 2012[51] was £16,722, lower than the UK by £344.

SKILLS AND TRAINING

The Marches LEP survey[52] provides some intelligence that might help understand low wages in the county. The survey found that skills gaps were most prevalent in three broad sectors, categorised as: 'Manufacturing; Trade', 'Accommodation & Transport' and 'Education, Health & Public Sector'. The incidence of skills gaps was also positively correlated with organisational size; the larger the organisation, the larger the skills gap. Both the 'Agriculture & Utilities' and 'Construction' sectors had considerably higher incidences of hard to fill vacancies in the Marches area than was seen nationally, suggesting employers in these sectors had difficulty in finding suitably skilled staff within the Marches area.

Skills shortage vacancies were most acute amongst caring and leisure occupations, skilled trades occupations and elementary occupations, which together account for around two-thirds (69 per cent) of all occupations. Employers report an estimated 10,800 current employees across The Marches have gaps in their skills, this equates to approximately 3.9 per cent of the workforce, lower than the 5.1 per cent for England. The incidence of training staff is strongly correlated with the type of sector; 87 per cent of employers in the 'Education, Health & Public Sector' provided training compared to under half of 'Agriculture & Utilities' employers in The

[49] Gross disposable household income is the amount of money that individuals – the household sector have available for spending or saving. This is money left after expenditure associated with income, for example, taxes and social contributions, property ownership and provision for future pension income.

[50] GDHI is preferred to GVA as a measure of economic welfare, as GDHI is a residence based measure includes other sources of income which are unrelated to current work, such as pensions and investment incomes.

[51] Provisional figure

[52] The Marches LEP survey (2013-14) – a whole UK wide survey that interviewed more than 91,000 employers, of which 1,253 were from The Marches Local Enterprise Partnership (LEP) area. The survey included employers from all industrial sectors as well as public sector organisations and those operating in the third/charitable sector.

Marches over the preceding year. Low and medium-low technology manufacturing industries do not require the more specialist skills found in medium high and high technology manufacturing.

COMPETIVE ADVANTAGE

In 2013, the UK Competitiveness Index (UKCI) ranked Herefordshire 251 of 370 localities in the UK, with a score of 91.5 representing a decrease from its 2010 score of 97.7 and rank of 167, suggesting that Herefordshire does not have the competitive advantage of other counties.

BUSINESS BIRTHS AND DEATHS

The economic downturn (equating to the recession years 2008-10) had a major impact on Herefordshire's economic growth in terms of new business growth. In 2013, there were a total of 810 business births in Herefordshire and 690 business deaths , similar 2008, the first year since the start of the recession, where business births exceeded business deaths. Having recovered more slowly than England as a whole, Herefordshire is reflecting the trend in business births and deaths observed nationally. However, recent figures show that the number of active businesses in Herefordshire did not increase as much between 2012-2013; 1 per cent in Herefordshire compared to 3 per cent each in the West Midlands, and England and Wales.

LOCAL INDUSTRIES AND EMPLOYERS

AGRICULTURE

Herefordshire's agriculture as part of the land based sector (agriculture and forestry)] accounts for 80 per cent of land use, 9 per cent of economic activity (GDP) and 9 per cent of employment opportunities (few 'employees' but high numbers of 'self employed').

The Marches Local Enterprise Partnership (LEP) identifies food and drink, agri-technology, visitor economy and environmental technologies and services as four (out of seven) business sectors that are important to the area. All of these require the land-based sector to be effective. The county's agricultural sector is perceived as offering greater opportunities, such as renewable energy and eco-system services, for the county to generate improved economic growth and wealth in that sector. Recently, however, the agricultural economy has diversified in a number of ways. For example, recent years has seen a decline of apple and pear orchards and an increase of soft fruits that rely on seasonal migrant workers from Eastern Europe, a temporary workforce without which the soft fruit industry would collapse.[53] The steady decline in dairy farming due to high costs of equipment, cattle diseases, and falling milk prices has led to the rise of other more profitable businesses such fishing and hunting; conversion of redundant buildings and disused barns into holiday lets and farm shops, and unused or unusable land for recreational purposes such as caravan parks or camping. The impact on Herefordshire's total economy of this diversification is not yet clear. The agricultural economy is said to have major challenges from supermarkets whose purchasing policies are perceived by farmers to be a major threat to the farming industry.

[53] Hereford Council: Farmers Survey 2014

Key consideration

47. The economic challenge of the land based sector (agriculture and forestry) requires a better grasp of how it has changed and continues to change. If attitudes to wind and solar farms continue to be generally positive, this could boost the economy in terms of the range of businesses it could generate as well as providing renewable low cost energy to other industries. However, impact on the natural environment and the tourist industry would need careful management.

THE MILITARY

The British Army has a military base in Credenhill, Hereford, established as a depot for the Special Air Service (SAS). Herefordshire council has a corporate covenant which demonstrates support for the armed forces community by ensuring that council business does not disadvantage members of the armed forces community compared to any other citizen. This includes employment support for veterans, reservists, service spouses and partners as well as support for cadet units, Armed Forces Day and discounts for the armed forces community.

Key consideration

48. Further data and intelligence is required to understand the impact of the military as a local employer and its contribution to the local economy.

TOURISM

Herefordshire's rich natural environment is an income generator that attracts visiting scientists for its biodiversity and millions of visitors annually. Tourism is important to Herefordshire's economic development with 'Visit Herefordshire' contributing an estimated £415.3 million to the economy by attracting over 5 million visitors. Sustaining and developing the tourist industry may increase its contribution to the economy bringing in revenue across the border and creating jobs within the county.

THIRD SECTOR AND COMMUNITY ORGANISATIONS

More than a decade ago, the economic contribution of voluntary (third sector) and community organisations as small or medium sized enterprises (SMEs) was highlighted in the report 'Mapping the contribution of the Voluntary & Community Sector to the Economy of the West Midlands' by Regional Action West Midlands (2001). The report pointed out that these businesses may require the same support and access to business advice as private sector SMEs as those mid-sized enterprises in the £100k-£1m income range are dependent on government income and discretionary grants. Many SMEs were funded to provide services for vulnerable citizens, but the increasing costs of delivering services amidst reduced funding had an impact on their financial solvency, with smaller enterprises being too fragile to withstand the shock of external factors.

Key consideration

49. The contribution of the voluntary sector and community organisations needs more current intelligence.

SUMMARY

The manufacturing and retail industries dominate the industrial landscape of Herefordshire. They comprise a few large organisations that a large proportion of the working population on a full time basis. Ostensibly, jobs in these industries do not offer much value to the economy in terms of GVA. Low economic productivity in turn influences how much employees can be paid, and how much they can demand, accounting for the county's low weekly earnings of £405 compared to neighbouring counties and England. This contributes to the county's low competitive advantage compared to other English counties. This is further reflected in the low disposable income (GDHI) of a large proportion of the county's population, impacting more on women than men as women earn 17 per cent less than their male counterparts.

Key considerations

50. The shortage of high level skills in Herefordshire and a predominance of low level skills may have had a greater impact on the county's economic growth than first thought. The Organisation for Economic Co-operation and Development (OECD) estimate that half of the economic growth in developed countries over the last decade came from improved skills. So, skills is likely to be an area that needs development in terms of building a desirable workforce with enough highly skilled people to meet the future needs of the economy. However, this calls for a better understanding of the current market. However, Herefordshire needs to determine want sectors it wants to develop and promote, what type of employment it wants to create, and what kind of businesses it wants to grow.

51. A more forensic analysis is required to assess the contribution of the self-employed to the county's overall economic growth and development.

52. A key element is to support and develop educational institutions to deliver lifelong learning. Plans for a university in Herefordshire, if realised, might help retain young people within the county and help inculcate and maintain the higher skill levels needed.

53. By the end of 2014, there were an estimated 5,570 16 and 18 year olds known to the local authority. Of these, 320 are estimated to be NEET, that is, not in employment, education and training; 5.7 per cent, significantly greater than Herefordshire's neighbour Shropshire and Worcestershire (4.1 per cent each) and higher than West Midlands as a whole (5.4 per cent). Apprenticeships provide an alternative route and opportunities for this sub-population to gain qualifications that lead to employment; 25 per cent employers in England rating 'Higher Apprentices' as 25 per cent more employable.[54] However, apprenticeships need to be in the right sectors for Herefordshire to realise larger economic benefits.

[54] National Apprenticeship Service, employee survey (October 2013)

THE WIDER DETERMINANTS OF HEALTH AND WELLBEING

The wider determinants of health have been described as 'the causes of the causes'. They are the social, economic and environmental conditions that influence the health of individuals and populations. They determine the extent to which an adult or child or young person in Herefordshire has the appropriate physical, social and personal resources to meet their needs and aspirations.

HOUSING

HOUSING COMPOSITION

See Key Facts 1 box which summarises data on household composition from the Census 2011[55]

TAX BANDS

There is a great variation in the distribution of council tax banding[56] between urban and rural areas. As of May 2015, there were 83,411 residential properties registered for council tax in Herefordshire; of which 39 per cent were in the *lowest value bands A and B* and 26 per cent were in the *highest value bands E to H* (this compares with 44 per cent and 19 per cent, respectively, for England).

There is a notably larger proportion of dwellings in the highest property value bands in rural Herefordshire (44 per cent) compared with the urban areas of the county (eight per cent and 16 per cent in the city and the market towns respectively) and a markedly lower proportion in the lowest property value bands (21 per cent compared in rural Herefordshire compared with 57 per cent and 48 per cent in the city and the market towns respectively).

Key Facts 1 Census 2011

Just under 4 out of 5 residents lived in single family households

1 in 10 lived in one person households

Market towns had the highest proportion of people aged 80+.

Lone pensioner households accounted for 14% of all households (West Midlands = 13%; England & Wales = 12%)

21% of couples were aged 50 years and over (West Midlands 18% and England & Wales 17%)

9% were lone parents with dependent children, lower than West Midlands and England & Wales (both 11%). More live in the city and market towns.

More married or same sex civil couple households, without children lived in rural locations. With children, a larger proportion of these households lived in rural areas.

There were 850 concealed* families, an increase of 87% since

[55] *Concealed families can be used as an indicator of housing demand for planning purposes, as this group potentially includes those interested in future household formation. A concealed family is one living in a multi-family household in addition to the primary family, such as a young couple living with parents

[56] Council tax bands (local taxation) are graded as Band A being the cheapest, and Band H being the dearest. The higher the band, the more council tax a resident pays.

AFFORDABILITY

Houses at the lower end of the market in Herefordshire cost more compared to areas within the West Midlands region, costing around 8.1 times the annual earnings of the lowest earners in the county in 2014.

Over the previous decade, Herefordshire's housing affordability has been consistently lower than both the West Midlands and England as a whole. Subsequently, there is a high demand against limited supply.

Of the 83,411 residential properties in Herefordshire in May 2015, Council Tax records show that 485 were recorded as being empty.

Across all dwelling sizes, the average rent in Herefordshire (£550 per month) falls just under the mid way point of all local authorities in England, in order, from lowest to highest. Average rents range across England from £347 (Liverpool) to £1,200 (South Bucks). To add context, the West Midlands region is ranked somewhere in the middle being more expensive than the East Midlands and regions further north, but cheaper than the regions to the south. Within the West Midlands region, Herefordshire is ranked as the third most expensive unitary or shire authority in private rental affordability.

Key Facts [Census 2011]

Houses at lower end cost 8x the annual earning of lowest earners in 2014 (compared to West Midlands.

485 residential properties remained empty at May 2015.

Average private rent is £550 per month; 3rd most expensive authority within West Midlands region.

16,500 new homes will be built by 2031.

159 new affordable homes were provided in rural and market town locations in 2014/15.

There is a shortage of mix tenure of housing, and affordable housing for people who do not own their own homes, or have life limiting conditions.

RANGE OF PROVISION

The local intention to build 16,500 new homes between 2011 and 2031 based on economic growth projections remains validated. A separate accommodation needs assessment for Gypsies and Travellers is nearing completion (an update on the 2008 assessment).

159 new affordable homes have been provided for Herefordshire residents through the Housing Partnerships team in the financial year 2014-15; exceeding the target of 140 new affordable homes. The homes were delivered throughout the county in both rural and market town locations.

It is also not known if the range of tenures to cater for a range of housing needs and a range of circumstances has improved since the Local Housing Market Assessment 2013 recommended balancing the housing market over the longer term (2011-2031) in line with population growth.

Housing is a real challenge for people migrating to the county for work; for example, a staff shortage in the health sector has meant that the NHS has recruited from abroad. However, the lack of an affordable rental market for this workforce creates further challenges on a pressured system. A similar situation arises with migrants moving into the county from 'new Europe'.

HOUSING FOR AN OLDER AGE STRUCTURE

A priority for Herefordshire is to enable people to live independently, and become less reliant on adult social care services. However, there is a shortage of mix tenure of housing, and affordable housing for people who do not own their own homes, or have life limiting conditions.

Herefordshire Older People's Housing Strategy and Pathway 2015-2031 (published March 2015) build on and update the research in the '*Study of the Housing and Support needs of Older People in Herefordshire'* (Peter Fletcher Associates and Arc4 2012). The study's survey found that older people prefer to live independently in their own homes but need practical support and adaptations to their changing needs, such as better access to their property. Developing the service offer to support independent living depends on creating the right housing mix to meet future need and demand of an ageing population. Research is underway to identify if an 'extra care' housing model is suitable for Herefordshire particularly for people with dementia. Currently there are two mixed tenure extra care housing schemes operating in the county (Hereford and Ledbury).

Nearly 80 per cent of the survey's respondents were able to purchase a property with or without a mortgage, with the proportion of those wishing to purchase reducing to 50 per cent for people aged 80+. Building more bungalows or houses with a bedroom and bathroom on the ground floor would support increasing frailty as people age. The highest demand is for two bedroom properties across all age cohorts aged 50+ with lessening demand for three bedroom properties. There is very low demand for one bedroom homes until households are aged 80+ and then only 24 per cent of households are in that age group. There is a major shortage and lack of choice in the county of general needs housing suitable for older people that will encourage them to move from larger three and four bedroom family homes.

Key Considerations

54. Provision of subsidised housing is a priority for Herefordshire and it can be best addressed through partnership working between Herefordshire Council and Registered Providers.

55. Further research would support a better understanding of the private rental market in Herefordshire.

56. Consideration is to be given to encouraging older people to move from large family homes to houses more suited to their needs.

57. The large number of vacant residential properties, if developed, could address some of the shortage in affordable housing.

TRANSPORT, TRAVEL AND ACCESS

I in 4 people own a car in Herefordshire.

Herefordshire is sparsely populated, and given an aging population structure that live more in rural areas, and the desire for residents to live independently at home for as long as possible, no access to a car or other means of transport (such as buses) can rapidly reverse the benefits of independence. Additionally, distance is a factor - long trips to GPs or hospitals more often than not result in alternative options being taken such as A&E attendances brought in by ambulance. This places an avoidable burden on the health economy. Thus, the availability of appropriate transport options and their accessibility is an important determinant of health and wellbeing as transport is fundamentally an enabler of access to social and economic opportunities.

A recent report emphasised the critical role played by transport in reducing loneliness and social isolation later on in life.[57] There is little evidence linking transport initiatives to the feeling of loneliness but qualitative surveys have noted that residents feel more 'lonely' if they are cut off from major venues of social interaction. People may not be able to access services as a result of social exclusion, particularly if they are disabled, elderly or are unable to navigate and have stopped driving; however, it is also important to note that the inaccessibility of transport does not always result in social exclusion.[58]

Community transport in the county provides an essential contribution to supporting people to reach health services and keep health appointments.

Access to pharmacies

The 2015 Pharmacy Needs Assessment reported good access to pharmacies in Herefordshire (**Pharmacy Needs Assessment, PNA 2014**). A range of services delivering specific patient groups is encouraged so that those who do not have access or able to use private or public transport are not disadvantaged.

Key considerations

58. Herefordshire needs to ensure a system-level perspective on health and transport planning, for example, public bus transport is a discretionary service, so community transport services may require further investment if demand rises alongside a growing population.

59. A qualitative survey of residents to explore the difficulty in reaching and using a range of health and community services could generate solutions to factors that make people vulnerable to transport barriers.

60. Whilst considering the barriers of resident to accessing a wide of health services or those that contribute to health (e.g. dentistry, chiropody/podiatry), consideration needs to be given to the provision of services to residents living dispersed in rural areas; for example, ambulance services, availability of GPs, home visits, out of hours care, and so on.

61. The success of local initiatives for greater rural access such as the 35 Park and Choose sites around the county provide 330 car parking spaces for car share users needs to be fully evaluated.

FUEL POVERTY

Herefordshire has seen an increase in the percentage of households experiencing fuel poverty in the county (from 14.1 per cent in 2011). These figures are based on the new definition for measuring fuel poverty, based

[57] Promising approaches to reducing loneliness and isolation in later life. Report published January 2015, by Age UK and Campaign to End Loneliness. Available at: *http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf*

[58] Markovich J. and Lucas K.,*The Social and Distributional Impacts of Transport: A Literature Review.* Working Paper No. 1055, August 2011. Transport Studies Unit, University of Oxford

on just those on a low income and experience high fuel costs. Herefordshire's rate of fuel poverty is higher than the West Midlands and England (in the top 10 per cent of local authorities).

The causes of fuel poverty (low income, poor energy efficiency and energy prices) have been linked to living at low temperatures, which in turn has been found to lead to a range of negative health outcomes both in terms of mortality (excess winter deaths) and morbidity (particularly in terms of cardiovascular and respiratory conditions).

There were approximately 700 deaths per annum during the four designated winter months in Herefordshire between 2006/07 and 2013/14, or around 36 per cent of total mortality. Almost 15 per cent of winter mortality is accounted for by bronchopneumonia or pneumonia. According to a governmental report (2012), some of these deaths will be caused by people living in cold houses. National data suggests that this could be as many as 95 per cent or around 12,000 fuel poor homes in Herefordshire.

Further to having an impact on fuel poverty, inefficient domestic heating contributes to higher than typical domestic carbon emissions, directly contradicting efforts throughout the county to decrease carbon emissions for climate change prevention such as the Carbon Management Plan. In 2012, domestic emissions accounted for 35 per cent (438,237 tonnes) of Herefordshire's carbon footprint. If Herefordshire is to reach its 34 per cent target reduction of CO^2 emissions by 2020, the importance of improving household energy efficiency cannot be underestimated.

Key Considerations

62. Further understanding of the mixed uptake of energy efficiency schemes across the county is important because fuel poverty is a distinct issue from income poverty; fuel poor households are those on a lower income and with higher than typical energy costs.

63. Developing a fuel poverty strategy in partnership with other agencies would help integrate ways to deliver affordable adaptions to homes, (particularly for the elderly population, disabled and those with learning difficulties), in order to help increase thermal insulation and reduce energy bills.

64. Older people who are owner-occupiers may be asset rich but income poor, so schemes such as equity release may help owner-occupiers fund energy efficient changes to their home.

65. Given that thermal inefficiency in older housing stock is a major factor, installation of solar powered heating in domestic properties, particularly in social housing, may help drive down fuel poverty. A review found that Herefordshire had the third highest potential for renewable solar powered systems. [Read the full report **here**]

INEQUALITIES: FREE SCHOOL MEALS

1 in 10 of Herefordshire's children and young people has free school meals (FSM) compared to 1 in 4 children in the UK. Parents are able to claim free school meals if they receive a qualifying welfare benefit and rely on this support during term time. It is not known what impact there is on local families on low incomes during holiday periods when FSM are not available.

Throughout 2012 and much of 2013 the percentage of pupils in maintained schools, eligible for FSM remained fairly stable, at 10.3 per cent - 10.5 per cent (of total pupils), standing at 9.5 per cent at autumn 2014 (or 2,178 pupils). Falling numbers over the last 12 month may be due to the introduction of Universal Infant Free School Meals from autumn 2013, which meant that *all* pupils in national curriculum year groups Reception, 1 and 2 (infants) are entitled to a Universal Infant Meal without charge but have to apply for a FSM from year 3. Anecdotal evidence suggests some parents forget to apply for FSMs from year 3.

Key consideration

66. Schools could promote information on applying for FSM to ensure continued take up of FSM for eligible pupils.

GREEN SPACES AND THE NATURAL ENVIRONMENT

Herefordshire natural environment and green spaces lie at the heart of wellbeing since they contribute in a number of ways to improve the health and wellbeing of individuals and the population.

The overall definition of open (green) space within government planning guidance[59] is:

"All open space of public value, including not just land, but also areas of water such as rivers, canals, lakes and reservoirs which offer important opportunities for sport and recreation and can also act as a visual amenity."

The term 'land' includes woodlands, grasslands, meadows, and forestry and bridal pathways. Other semi-natural urban spaces include amenity greenspace, allotments, community gardens, cemeteries, churchyards, parks, gardens and playing fields and other provision for children and young people.

The results of the latest Monitor of Engagement with the Natural Environment (MENE[60]) survey which included data from Herefordshire indicated that the likelihood of frequently visiting the outdoors largely depended on a person's health, age, ethnicity and social grade. Visiting the natural environment for health or exercise accounted for an estimated 1.3 billion visits to the natural environment between March 2013 and February 2014.

Herefordshire has a rich natural environment with nationally and locally protected sites.

Within Herefordshire, there is a total of 1496.43 hectares of land designated as sites of special scientific interest (SSSI) by Natural England. However, in terms of the land mass, only 91.03 hectares are in a favourable condition, and the survival of over 94 per cent habitats and species contained within are under threat as a result of their unfavourable condition.

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[59] Town and Country Planning Act 1990. See also *Planning Policy Guidance Note 17: planning for open space, sport and recreation*, Department of Communities and Local Government [2006].

[60] Monitor of Engagement with the Natural Environment (MENE): The national survey on people and the natural environment (2013-2014). MENE data for Herefordshire was very small (n=13). Sample size needs to increase so that MENE findings are robust and meaningful for the county.

There are four 'Special Areas of Conservation' within Herefordshire: Wye Valley Woodlands, River Wye, River Clun and Downton Gorge, and two designated 'Areas of Outstanding Beauty' (AONB) which includes part of the Malvern Hills (58.5 per cent) and part of the Wye Valley (46 per cent). Both sites also have rich historic environments with Iron Age hill forts, castles, listed parks and formal gardens which contribute (through tourism) to the overall economy of the county.

Key Considerations

67. Both Queensland, the only country park and Bodenham Lake, the largest area of open water in the county, are managed by Herefordshire council. The council is likely to divest itself of the responsibility of managing these areas as it relinquishes the assets from local authority control to others. If that policy is followed through, a key consideration to protect the habitats and maintain accessibility to the areas can be a legal obligation imposed on the new managers.

68. A county wide green space use and needs assessment (measuring level of use, quality and accessibility) may support local resource allocation. The value of green spaces as areas where physical activity can produce beneficial health benefits for reducing the county's high levels of obesity.

69. Invasion of greenbelts and increase in noise pollution are issues to be considered when planning new housing developments or developing transport networks (roads, rails, cycle paths) that transverse historical woodlands or otherwise unprotected areas in the county.

70. In view of economic and wellbeing imperatives, consideration needs to be given to joined up working between relevant partners to respond quickly and appropriately to local environmental crises; for example, addressing the challenges of 79 heritage assets considered to be high risk on the English Heritage '*At Risk Register*', with 20 per cent of these in a bad or very bad condition since 2010.

AIR QUALITY

Poor air quality is a significant public health issue. Herefordshire's air quality is generally very good; however, the county has two Air Quality Management Areas (AQMAs) which are areas where levels of pollutants exceed the EU standard of 40ug/m^3. In these areas, air quality is steadily improving. The AQMA in Hereford shows that NO_2 concentrations have decreased from 49.2ug/m^3 in 2013/14 to 43.71ug/m^3 in 2014-15 indicating that air quality is improving in Hereford. The other AQMA in Leominster shows that NO_2 concentrates have decreased from 58.8ug/m^3 in 2013/14 to 47.6ug/m^3 in 2014/15 also indicating that air quality is improving at this location. In 2012, the estimated proportion of deaths in those aged 30 and over attributable to air pollution in Herefordshire was 4.1 per cent compared to an equivalent value of 5.1 per cent in both the West Midlands and England. The biggest contributions to anthropogenic (human made) particulate air pollution are from industry and road transport, but residential areas, other forms of transport and agriculture also contribute.

The full report is **here.**

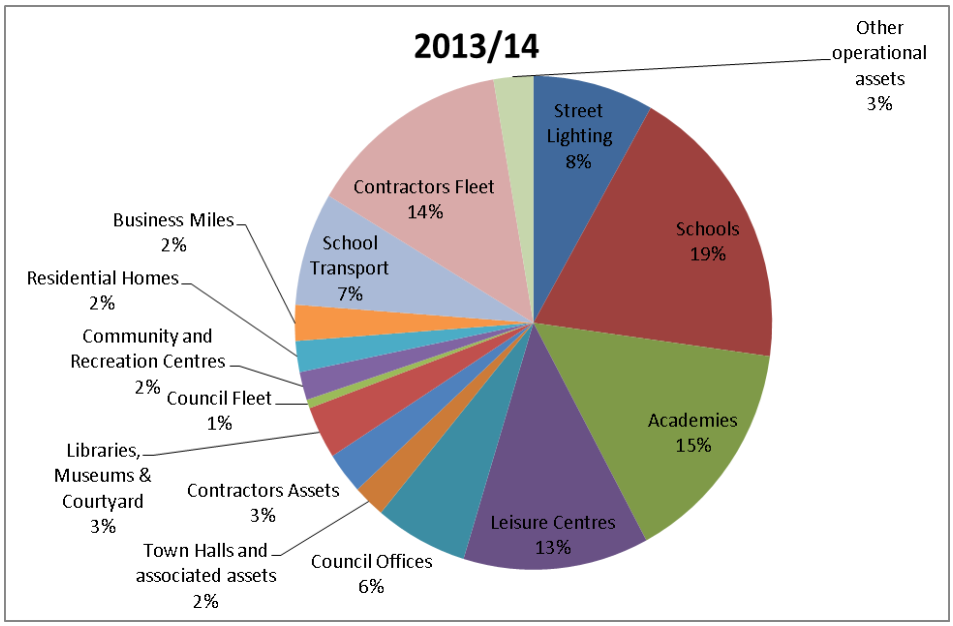
REDUCING THE CARBON FOOTPRINT

Reducing green house gas (or carbon) emissions increases air quality in Herefordshire, and also supports tackling the adverse effects of climate change.

In 2013/14, Herefordshire Council's greenhouse gas (CO_2) emissions were 21,380 tonnes. These were emitted from the energy and fuel consumed by direct and indirect operations. This is representative of a 22 per cent reduction since the 2008/09 baseline, and an 11 per cent reduction since 2012/13.

Carbon emissions data broken down by source can help identify where interventions could be introduced, see Figure 9.

Figure 9: Herefordshire Councils CO_2 emissions percentage breakdown 2013/14.



Source: Herefordshire Council

In 2012, emissions from transport accounted for 28 per cent of all emissions, domestic emissions 31 per cent, and industrial and commercial 41 per cent. The latest data from 2012 shows that emission reductions of 19 per cent have already been achieved, this is marginally below the level required to achieve the 2020 target.

Weather plays an important role in considering energy consumption. A cold winter results in more energy usage, higher CO_2 emissions and a greater financial cost of energy. For instance, the cold and long winter of 2012 correlated with a spike in CO_2 emissions in 2013/14. Local measures to control air pollution include reducing traffic, particularly, over short distances. For example, almost 50 per cent of peak period journeys in Hereford begin and end within Hereford's urban boundary and total some 40,000 car journeys each day in the peak periods. Daily figures are likely to be at least double this. This data suggests there is a substantial opportunity to reduce short distance car journeys in favour of active travel in the city with significant health, economic and environmental benefits.

Encouraging use of the bus, walking and cycling in place of car journeys and car sharing have been key local initiatives to reduce road traffic congestion and associated carbon pollution.

Key consideration

71. The impact of local transport and travel and schemes need evaluation in order to assess their benefits, and to determine investment or disinvestment in more beneficial projects.

See the full report **here.**

WATER QUALITY

Clean safe and reliable drinking water is essential for public health. Poor water quality is a serious environmental and human health issue, and also impacts the economy.

The majority of householders and businesses in Herefordshire are on mains supplied by Welsh Water, with the north eastern part of the county supplied by Severn Trent, and between 5 and 10 per cent of the population have a private water supply (boreholes, wells, and springs). In 2014, 23 per cent of all microbiological sample results of private water supply taken by the local authority were unsatisfactory (for example, containing E coli, enterococci, faecal matter) indicating a potential harm to human health. In line with national regulations, Herefordshire is undertaking regular risk assessments.

The local Nutrient Management Plan (NMP) supports the ecology with respect to addressing the high phosphate levels which is a significant problem for Herefordshire's river Wye and Lugg, both designated as Special Areas of Conservation. The target levels are to be achieved by 2027, the legislative timeframe set by the European Water Framework Directive.

Key Consideration

72. Since phosphates are products of agricultural fertilizers, waste water and sewage, water companies and agricultural industry and farming communities and industries all have a key role to play in protecting water quality and in turn, the natural environment.

BEING SAFE

REDUCING ROAD CAUSALITIES

Traffic injuries among people are a serious public health issue. Although national 'killed or seriously injured' (KSI) figures for road traffic accidents have not yet been released for 2014, early indicators from previous years and provisional estimates suggest an overall increase of around 4 per cent from 2013.

Locally, casualties increased from 61 (from 54 collisions) in 2013 to 83 (from 65 collisions) in 2014. Despite the minor rise in KSIs from 2013 this represents a 30 per cent decrease from the strategic baseline figure of 119 (average of 2005-2009).

Most noticeable, was an 18 per cent increase in the casualty per collision ratio (1.13 per collision in 2013 to 1.27 in 2014. Public Health England's statistics show that between 2008/09 and 2012/13, Herefordshire had a significantly higher rate (40.4 per 100,000) of emergency admissions for car occupants than England (22.3 per 100,000). As identified nationally, gender was more highly correlated with casualties, with significantly more males suffering higher serious casualties than females in Herefordshire between 2008 and 2012 (3 times as high).

In 2014, 31 per cent of causalities were from the 16-25 group and within this category, there was an increase in the high causality collisions where a 'full car' of this age group was involved, causing 12 KSIs from 3 incidents. In 2014, the number of child (0-15) causalities decreased from 7 in 2013 to 4 in 2014.

The number of fatal casualties (part of KSI) increased from 5 in 2013 to 13 (11 collisions) in 2014 with two age groups identified as particularly high risk, those aged 16-25 and those aged 60+. The number of fatalities that occurred in both of these groups increased in 2014 when compared to the previous two years.

The A49 (trunk) route accounted for the highest number of casualties with 13 of the total 83. Pedestrians living in deprived areas of the county had a significantly higher rate of being killed or seriously injured (KSI) (15.5 per 100,000) than other deprivation areas across the county (ranging between 0.0 and 5.1 per 100,000). However, there was no other correlation between road casualties and residents living in deprived communities.

Furthermore, pedal cycle and motorcycle KSI casualties both increased between 2013 and 2014.

The full report is **here**.

Key Consideration

73. There are opportunities for public health and transport teams to work more closely together to better understand the many complex relationships between all the various contributory factors that could be at work in road casualties and to identify the best approaches to mitigate risks to the two age groups that experience high levels of KSI. Public Health England has published a report recommending key actions for local authorities.[61] **www.chimat.org.uk/youngpeople/injuries**

CRIME

The Community Safety Annual Assessment (2015) found that Herefordshire is generally a safe place to live with low levels of crime although there are still some challenges to reducing crime in urban areas and in domestic abuse settings.

Crime is has a high health and social cost to individuals and communities, as well as associated costs to the NHS and wider health economy. The overall rate of recorded crimes has steadily decreased since 2010. In 2013-14 there were 45 crimes recorded in Herefordshire for every 1,000 people in the county compared to 66 for every 1,000 people across England and Wales.

Between 2010 and 2014 the top four crime types that increased were 'miscellaneous crimes against society' (+31 per cent), 'violence without injury (+35 per cent) and 'drug offences' (+59 per cent) and homicide (100 per cent). However, it is likely that the increases reflect increased activity in dealing with the type of crime rather than increase in prevalence. The 100 per cent increase in homicide represents one additional incident in 2013/14 compared to 2010 representing a high proportional change but a low incidence of crime of this nature albeit a costly one. For Herefordshire, the estimated cost of homicide was £3.5 million in 2013/14.

[61] **www.chimat.org.uk/youngpeople/injuries**

Within Herefordshire, the urban centre of Hereford is the least safe, experiencing more crime than the rest of the county. In the year to October 2014, two thirds of crime committed in the city were categorised as 'violence against the person' and 'theft and handling'. In the year to September 2014, incoming and outgoing calls Women's Aid helpline saw an increase of 42 per cent from the same period of the previous year. In the year to October 2014, 29 per cent of domestic abuse offences were classified as 'violence against the person'. If Herefordshire followed national trends of under reporting of domestic violence and abuse, then estimated numbers of actual incidents and offences equate to 5,500 victims aged 16-59; 3,500 females and 2,000 males.

The rate of police recorded sexual offences is 1 in 1000, similar to England and Wales. There has been an overall increase in the number of sexual offences over the past three years, partly due to increased reporting and public awareness. If Herefordshire followed national trends of under reporting, basic estimations of actual numbers of offences are projected to be over 6,000 for the year ending October 2015. Herefordshire experiences an estimated cost of £7.2 million for sexual offences.

Fear of crime. A recent review found that the most promising interventions to reduce fear of crime are home security improvements and improvement to public areas such as effective street lighting, whilst CCTV interventions appear to be least promising.[62] The review suggests that there needs to be a broader recognition that reducing crime and reducing fear of crime may not be linked and may even conflict.

The Community Safety Annual Assessment is found here.

Key considerations

74. Crime in urban settings requires a co-ordinated approach of communities, local businesses and the police so that there is a zero tolerance to crime, especially for drug or alcohol flagged crimes.

75. Given that a sedentary lifestyle is a risk factor for serious long term illnesses, it is essential to reduce the fear of crime in people who become socially isolated and reduce their physical functioning as a result of that fear.

BUILDING SUSTAINABLE AND SUPPORTIVE COMMUNITIES

SOCIAL CAPITAL

The Government's Think Local Act Personal (TLAP)[63] has been a catalyst for the transformation of public services' approach to care and support. A key element to this shift has been to tap the energy and expertise of local communities to release social capital[64]. Making it real means encouraging more community based support, focussing and building on the natural networks and connections. This is not a new concept and people have always needed positive relationships with each other, a sense of belonging and to be part of a larger community. Low social capital significantly increases mortality, risks of long term health conditions, and

[62] Lorenc T, Petticrew M, Whitehead M, Neary D, Clayton S, Wright K, et al. Crime, fear of crime and mental health: synthesis of theory and systematic reviews of interventions and qualitative evidence. Public Health Res 2014; 2(2).

[63] Think Local Act Personal, 2010. See also www.thinklocalactpersonal.org.uk/BCC

[64] Social capital is the shared values and sense of belonging that people have as part of their network group or community.

loneliness and social isolation. Building social capital can work in a complementary way with public services to bring about positive outcomes for people, in a range of areas for people, such as educational attainment[65] and reduce crime and the fear of crime. Evidence shows that library engagement has a positive association with general health, and it is estimated that medical cost savings associated with library engagement at £1.32 per person per year. Aggregated NHS cost savings across the library-using English population predicts an average cost saving of £27.5 million per year.[66] The economic impacts of in savings and pay-offs is also well evidenced in a number of studies.[67] TLAP, for example, estimated future savings of £300 per person per year by reducing need for treatment and support for mental health issues by reducing loneliness, depression and isolation, particularly amongst older people.

VOLUNTARY AND COMMUNITY ORGANISATIONS

Building social capital in Herefordshire relies heavily on the contribution volunteers and the third sector organisations make. It is recognised that strong alliances between the independent, statutory and third sectors lies at the heart of sustainability, both in citizens caring for each other and caring collectively for Herefordshire's built and natural environment. The 'Value of Volunteering in Herefordshire' report (2006, 2010)[68] perceived the third sector and volunteers as the bedrock of an active and participatory society, and the report calculated the economic value on volunteering in the county as £60 million per annum based on an estimate of the total wage bill of 53,000 adult volunteers paid the local median hourly rate of pay. In other words, Herefordshire benefits from volunteering as a cost effective means of providing support to adults and children in local communities. The Herefordshire Compact, a good practice framework that provides guidelines for engagement between the public and third sectors to work collaboratively together in the best interest of the community.

Key considerations

76. A comprehensive database of all voluntary and community organisations in Herefordshire would help quantify the potential contribution of the sector, as well as map the range of universal care provision available.

77. A clearer appreciation of the challenges faced by the third sector and community organisations would assist in building sustainable community capacity.

CARERS

Carers look after family; partners or friends in need of help because they are ill, frail or have a disability. Carers are recognised as a crucial plank of the preventative agenda and they make a significant contribution to

[65] Putnam R (2000) Bowling Alone: the collapse and revival of American community, New York: Simon and Schuster.

[66] The Health and Well Being Benefits of Public Libraries, March 2015, Simetrica, Arts Council England

[67] Knapp M, Bauer A, Perkins M and Snell T (2011) Building community capacity: making an economic case; Morgan E and Swann C(2004), Social capital for health: Issues of definition, measurement and links to health. London: Health Development Agency.

[68] The Value of Volunteering to Herefordshire', Herefords Voluntary Action, (2006) April 2010 update.

the health economy of the county as an unpaid workforce. The 2011 Census recorded that 11 per cent of Herefordshire's population provided at least one hour a week of unpaid care to relatives, friends, neighbours and others because of long term ill-health or disability or problems related to infirmity due to old age.

In 2015 June, Herefordshire Carers Support (HCS) had 4757 carers registered and they care for 4484 people. There is likely to be more in the community who are not registered and do not identify themselves as 'carers' as they view caring as a natural aspect of the relationship they share with the people they care for. HCS statistics show that largest proportion of carers is in the 45-64 years band with the next highest proportion in the 65 – 80 year band. This suggests that there will more elderly carers in the future in line with the aging demographic. Four per cent of carers who are registered with HCS are 15 years and under.

Herefordshire council undertook a Carers' Survey in the latter part of 2014. All responses were received from people with the ethnic status of 'White British, Irish or Other White background'. The survey found that 70 per cent carers were caring for someone who was over 75+ years old with 97 per cent of carers were over 45 years old, of which 35 per cent of carers were over 75+ years old, similar to the HCS statistics. 67 per cent of carers were female, and 81 per sent of the cared for lived with the carer. Over 50 per cent had been carers for over five years. 38 per cent spend over 100 hours per week in caring duties.

The survey found that generally the health of carers was poor with 27 per cent of the carers suffering a long standing illness and 23 per cent had a physical impairment or disability. 18 per cent had a sight or hearing loss, and 5 per cent of carers had a mental health problem. A large proportion felt they could not look after themselves, possibly because a large proportion of their time was spent were providing acute care for a person with dementia, physical disability or a long standing illness.

69 per cent of respondents reported that they were satisfied with the services they received from the council, and 46 per cent received support from carers group or had someone to talk to, leaving room for improvement.

Key considerations

78. Young carers need specialised support so that their normal development is not hindered by their caring duties.

79. For carers in Herefordshire to be 'recognised, valued, supported'[69] commissioners will need to address the requirements under the Care Act 2014 which strengthen carer's rights from April 2015. Planning future support for the increased numbers of older carers as the population ages is essential.

END

[69] The National Carers Strategy (25 November 2010) www.dh.gov.uk/publications