

Herefordshire Joint Strategic Needs Assessment Summary 2024

Herefordshire Council Intelligence Unit

January 2025

Version 1.1 (amendments April 2025)

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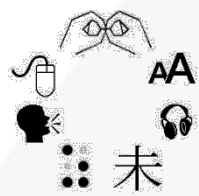
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If you need help to understand this document, or would like it in another format or language, please contact us on 01432 261944 or e-mail researchteam@herefordshire.gov.uk

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Version control log

Version number	Status	Date issued	Description of change	Page number
1.0	Issued	30 Jan 2025	First published	
1.1	Issued		Correction to statement about drug related deaths	45
1.1	Issued		Change to clarify that earnings figure is weekly median	57
1.1	Issued		Correction to statement about access to green space	59
1.1	Issued		Hyperlinks added to recently published source documents: mortality and unpaid carers	28 & 51

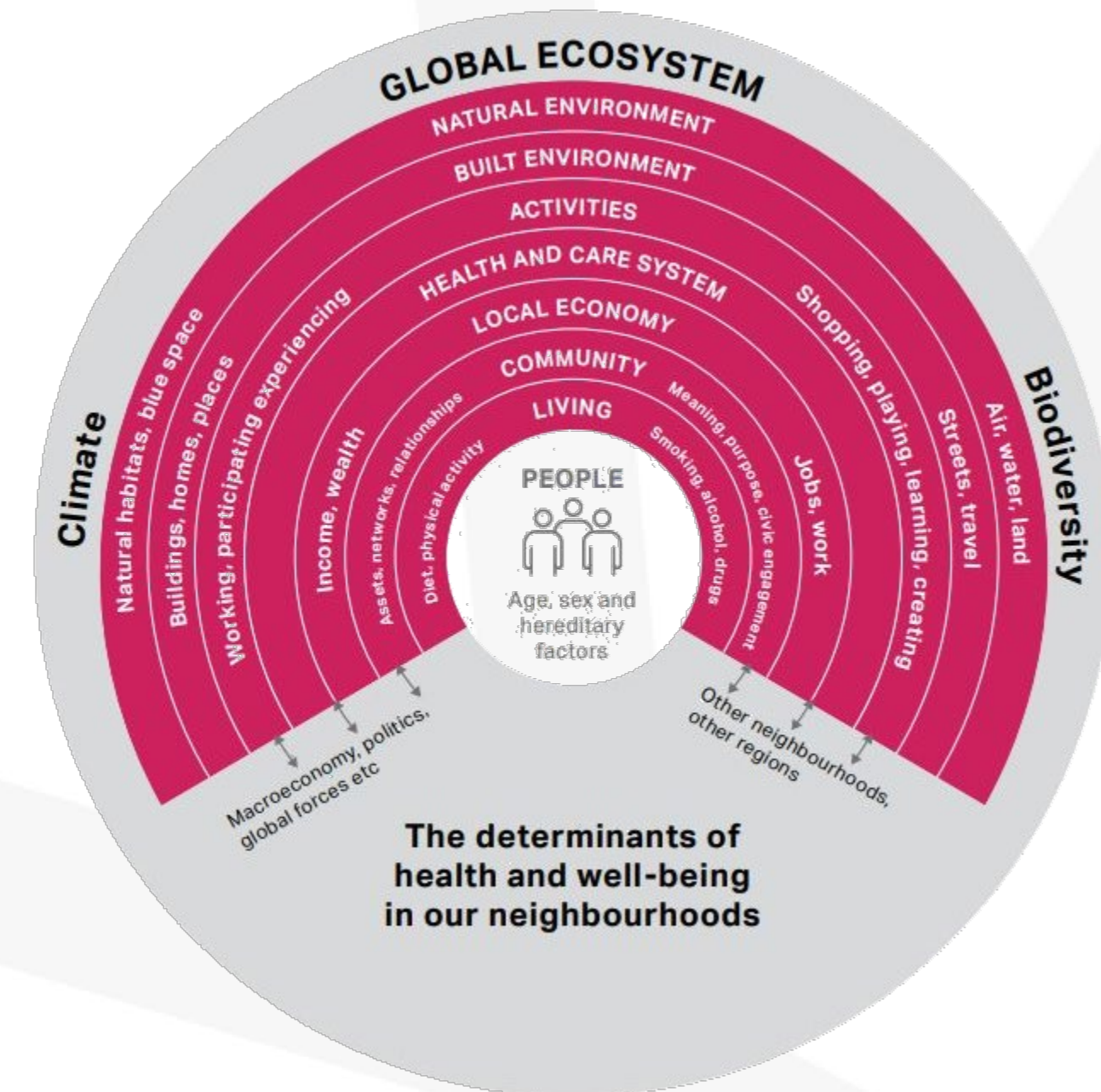
Section 1: Introduction

'Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact. The determinants of health include:

- The social and economic environment,
- The physical environment, and
- The person's individual characteristics and behaviours.'

[World Health Organization, October 2024](#)

This report summarises the latest understanding about the overall health outcomes of Herefordshire's population and the factors that affect them. Starting with the context of current and future demographics, it looks at the conditions that people live with and what they die from, and the extent of the lifestyle risks that affect both. It then covers aspects specific to different stages of life: children and young people, adults and ageing well.



Source: [Future of London](#), adapted from Dahlgren and Whitehead (1991).

What is Herefordshire's Joint Strategic Needs Assessment?

Welcome to Herefordshire's Joint Strategic Needs Assessment (JSNA) Summary 2024, produced by Herefordshire Council's Intelligence Unit on behalf the Health and Wellbeing Board (HWBB) as a resource for all those working to improve the health and wellbeing of Herefordshire residents.

The council and local NHS Integrated Care System (ICS) have a statutory duty under the Health and Social Care Act 2012 to produce a JSNA, which should reflect our local circumstances. In Herefordshire, the JSNA process is made up of routine monitoring, a rolling programme of needs assessments, and overarching documents, including this three-yearly summary.

The JSNA is a continuous process of assessment of the current and future health and social care needs of the local community that can be influenced by the council, NHS and local partners. It addresses those areas where Herefordshire is significantly different to nationally, where things have changed recently, or which were identified in the [Joint Local Health and Wellbeing Strategy 2023 - 2033](#) (JHWBS) as priorities for attention (see p.6).

The JSNA covers the wider building blocks of health that impact on our communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. It looks at the whole population, ensuring that mental health receives equal priority to physical health and is an opportunity to bring together needs assessments and other important pieces of analysis which have taken place since the last JSNA summary in 2021, where possible placing them in the context of the latest published data.

This summary report of current, strategic level understandings of health and wellbeing in Herefordshire, together with the [Understanding Herefordshire](#) website that forms the wider JSNA evidence base, feeds into assessing need as part of strategic planning (see diagram). It is not intended to be a holistic summary of all aspects of life in the county.



Source: [Commissioning cycle](#), NHS England.

Herefordshire in context

Herefordshire is characterised by its rurality and demography, both of which influence many of the other factors affecting life in the county. 189,900 residents are scattered across 2,180 square kilometres mainly reliant on a network of B and C roads, posing an almost unique challenge for providing services. The average age of 48 is eight years older than England's, and older age groups continue to grow disproportionately to the rest of the population.

The makeup of the economy influences the county's relatively low productivity and average earnings. This combined with the nature of housing stock (dominated by large, older properties) means that housing affordability is a long-standing issue, as is fuel poverty.

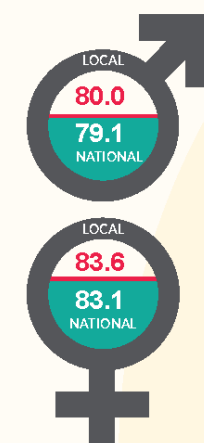
There is a strong sense of community and local identity, and the county is a nature-rich and attractive place to live, although the environment faces threats from climate change and pollution. Overall deprivation and poverty is relatively low compared to the rest of England, but there are persistent pockets in the city and market towns. Although life expectancy is better than nationally, the gap is narrowing and people born in the most deprived areas can expect to live at least four years less than other parts of the county.

Technology provides opportunities to make it easier for people to live to access services, and there has been significant investment in infrastructure to improve connectivity – but there is still a digital divide whereby some people are less likely than others to have the skills needed to use the internet.

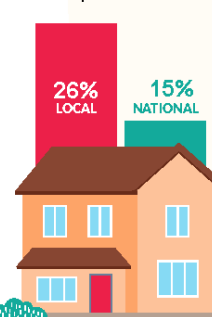
Many of these topics are explored in more detail throughout this document.

Herefordshire in context

Life expectancy for men and women better than nationally but the gap is narrowing. Also, males born in most deprived areas can expect to live **5.4 years less**, and females **4.0 years less**, than those in least deprived areas



Built pre-1900



Detached houses

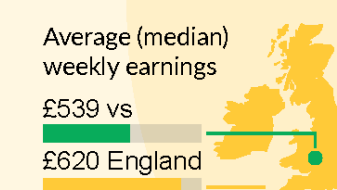
However, Climate Emergency declared in 2019, and excess loading of phosphates in rivers



The nature of housing stock means that fuel poverty, excess cold are higher than the national average

Consistently **2nd worst affordability** in West Midlands

Labour productivity is amongst the lowest in the country, with a low-wage, low-skill economy that acts as a barrier to economic growth and social mobility



Abundance of natural resources is a protective factor for mental and physical wellbeing



Small population scattered across a large rural county has implications for access to services, education and jobs. **95%** of land area classified as rural

4th lowest population density in England **189,900** residents scattered over **2,180 sq kilometres**

A good place to live with strong, cohesive communities: **87%** satisfied with their local area, and **82%** say they belong to their local area strongly

Digital divide affects access to information and services – **12% of adults** don't use the internet regularly

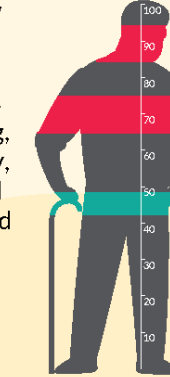
31% say they don't have the skills

Higher among Housing Association tenants (48%)

However, **11 areas of city and market towns** amongst the **most deprived in England**



Increasingly older age profile has implications for wellbeing, the economy, and demand for health and social care services



2013-23: **85+** population grew **21%**
65+ population grew **21%**
2011-21: average age increased from **44** to **48**

1 in 5 children overweight by the time they start school, rising to over **1 in 3** by the end of primary school, and **2 in 3** adults

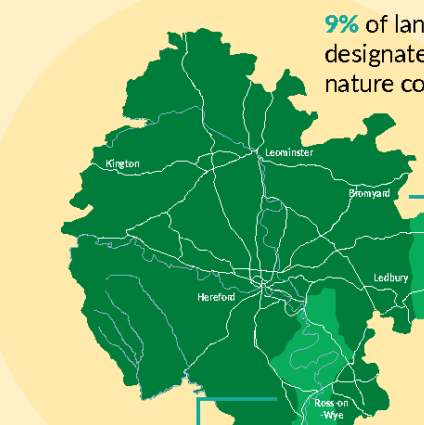


Young people much less likely to go to Higher Education: **39%** vs **50%** in England

39% of 5 year-olds show signs of dental decay

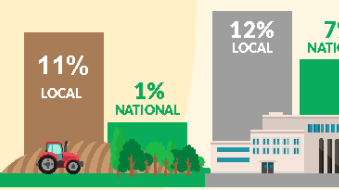
33% aged 16+ with higher level qualifications, similar to nationally. **18%** with no formal qualifications

Skills gaps: nursing and social care consistently in high demand.



9% of land is designated for nature conservation
2 National landscapes, **8** designated Local Nature Reserves (256Ha)

Higher employment in agriculture and manufacturing than nationally



Digital divide affects access to information and services – **12% of adults** don't use the internet regularly

31% say they don't have the skills

Higher among Housing Association tenants (48%)

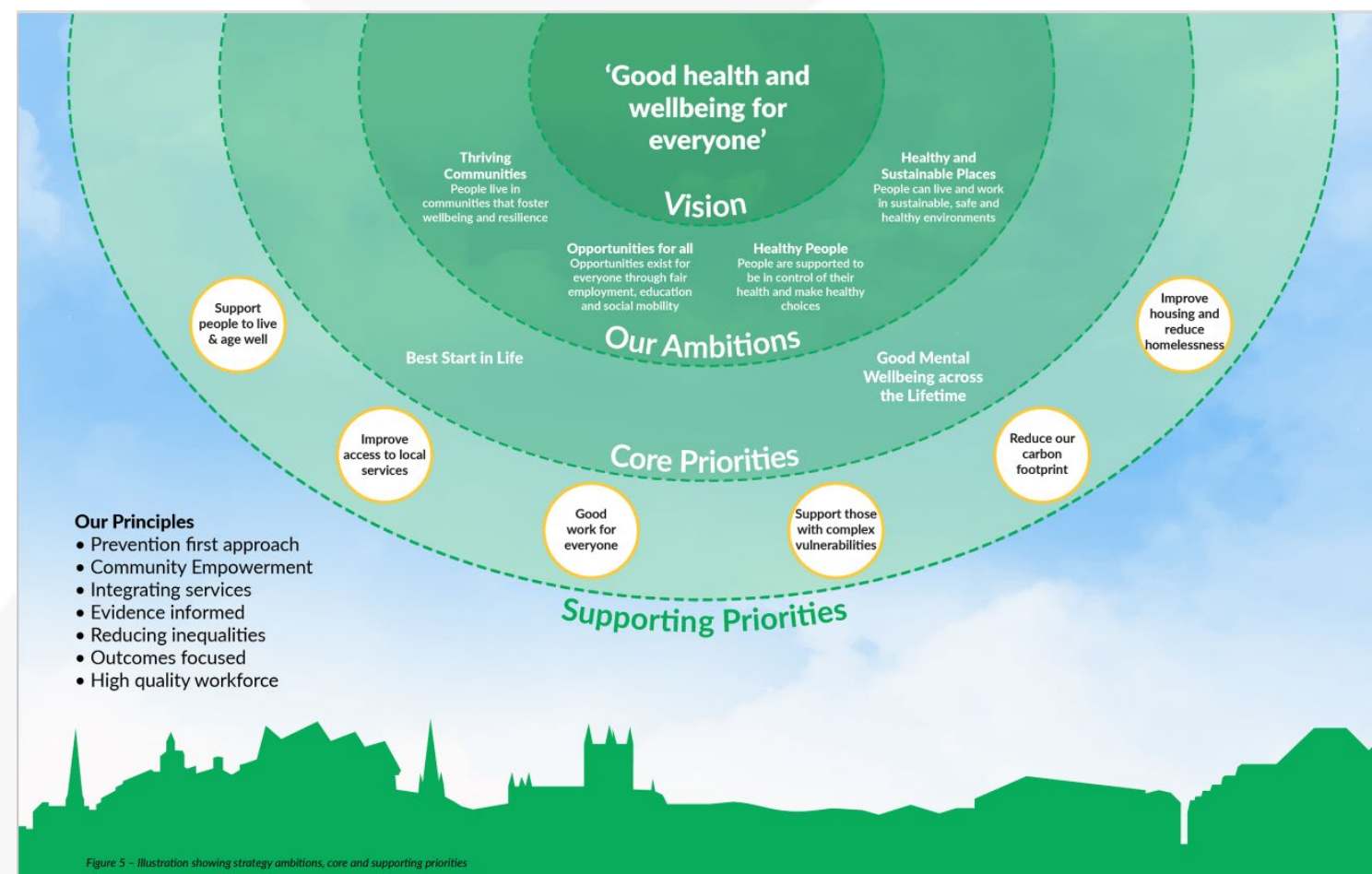
However, **11 areas of city and market towns** amongst the **most deprived in England**

Joint Local Health and Wellbeing Strategy 2023 to 2033: priorities and progress

The vision: ‘Good health and wellbeing for everyone’

The [JHWBS](#) sets out how the council and its local partners plan to address the health and wellbeing needs of the population. It is a key document that is jointly owned and promotes collective action to meet those needs.

Having taken into account the views and comments from residents and partners and what was known about the issues from the data, two core priorities of ‘best start in life’ and ‘good mental wellbeing across the life course’ were identified. These are underpinned by six supporting priorities and combine with shared principles and ambitions to work towards the vision of good health and wellbeing for everyone.



Source: [JHWBS](#)

Progress to date

A range of data are being used to measure the impact of the JHWBS and will be monitored by the HWBB. Many of these are covered in the relevant sections of this report. Progress during 2023-24 includes:

Best start in life

- 45 mainstream and 3 special educational settings (covering 1,700 children) actively participating in supervised tooth brushing every day.
- High numbers of new registrations for the Solihull parenting programme.
- Behavioural support and products offered to help reduce smoking in pregnancy.

Good mental wellbeing

- Implementation of the real time suicide surveillance system to bring organisations together, take a holistic view, monitor activity and take forward actions.
- Developing a personal, social, health and economic education (PSHE) toolkit within a partnership organisation that will form part of a healthy schools offer.
- Delivery of a children and young people's survey to gather insights about our children and young people locally.

Herefordshire and Worcestershire Integrated Care Strategy

Integrated Care Systems (ICSs) are partnerships bringing together NHS organisations, local authorities and others to collectively plan services, improve health and reduce inequalities across local areas. They also have a role to play in improving population health through the wider determinants; health behaviours and lifestyles; and the places and communities that people live in.

The Herefordshire and Worcestershire (H&W) ICS has set out a vision of ‘working together to enable better health, fulfilment, and safety in our residents’ lives’. Its 2022 strategy identified three shared priorities, aligned to the health and wellbeing strategies of the two counties: providing the best start in life; living, ageing and dying well; and reducing ill-health and premature deaths from avoidable causes.

Recent good news stories

Reflecting the ambitions of the JHWBS, the majority of this JSNA summary focuses on challenges and areas for improvement.

However, there are plenty of positives; as evidenced by the fact that Herefordshire is doing equally as well as, or better than, England on 90% of Public Health Outcomes Framework (PHOF) measures (see p.9).

This page summarises some of the areas of service delivery which the council, NHS and partners can influence, and where Herefordshire is doing well currently, either in terms of recent improvement, or being better than nationally.

Coverage of NHS Health Checks improved significantly in 2023-24. Having been below England since 2019-20, both invitations and receipt are now better than nationally. (see p.27)

The EHCP assessment process appeared to be working well locally. 77% of new EHCPs were developed within the 20 week national requirement in 2023, notably higher than the 50% nationally. (see p.37)

In 2023 Herefordshire Council was ranked as the top performing local authority in the West Midlands on sustainability action for the third year in a row. (see p.59)

Smoking in pregnancy has improved, falling from 14% in 2017-18 to 8% in 2023-24. Having been worse, it is now in line with England. (p.35)

There has been some sign of improvement in excess weight in the youngest children, with fewer overweight (including obese) when starting primary school in the last two years (2023 and 2024) than previously. (p.38)

The number of people sleeping rough in Herefordshire fell from an average of 19 on any given night in 2022-23 to 12 in 2023-24. (p.62)

Having been higher since 2018, the infant mortality rate fell back in line with England in the latest period (2020-22). (p.36)

Herefordshire is ranked highest nationally for the proportion of adult social care service users reporting that they had as much social contact as they would like (2022-23). (p.48)

Latest data (2022-23) show that, at 4.3%, the proportion of 16 to 17 year-olds who are not in education, employment or training (NEET) or whose status was unknown is lower than in England. (p.63)

Understanding inequalities and deprivation across Herefordshire

‘Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. They arise because of the conditions in which we are born, grow, live, work and age. These conditions influence opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.’ ([Place Based Approach on Health Inequalities](#), NHS England)

Inequalities can be experienced by groups of people who share common characteristics such as those protected under the Equality Duty, including age, gender, ethnic group, or disability. Geography and vulnerabilities like economic disadvantage are also overlapping factors, with strong evidence of inequalities for people living in deprived areas.

The NHS is taking an approach termed ‘CORE20 Plus Five’ to tackle health inequalities. As explained in the [Herefordshire & Worcestershire Inequalities Strategy 2023-2026](#), this means targeted action for:

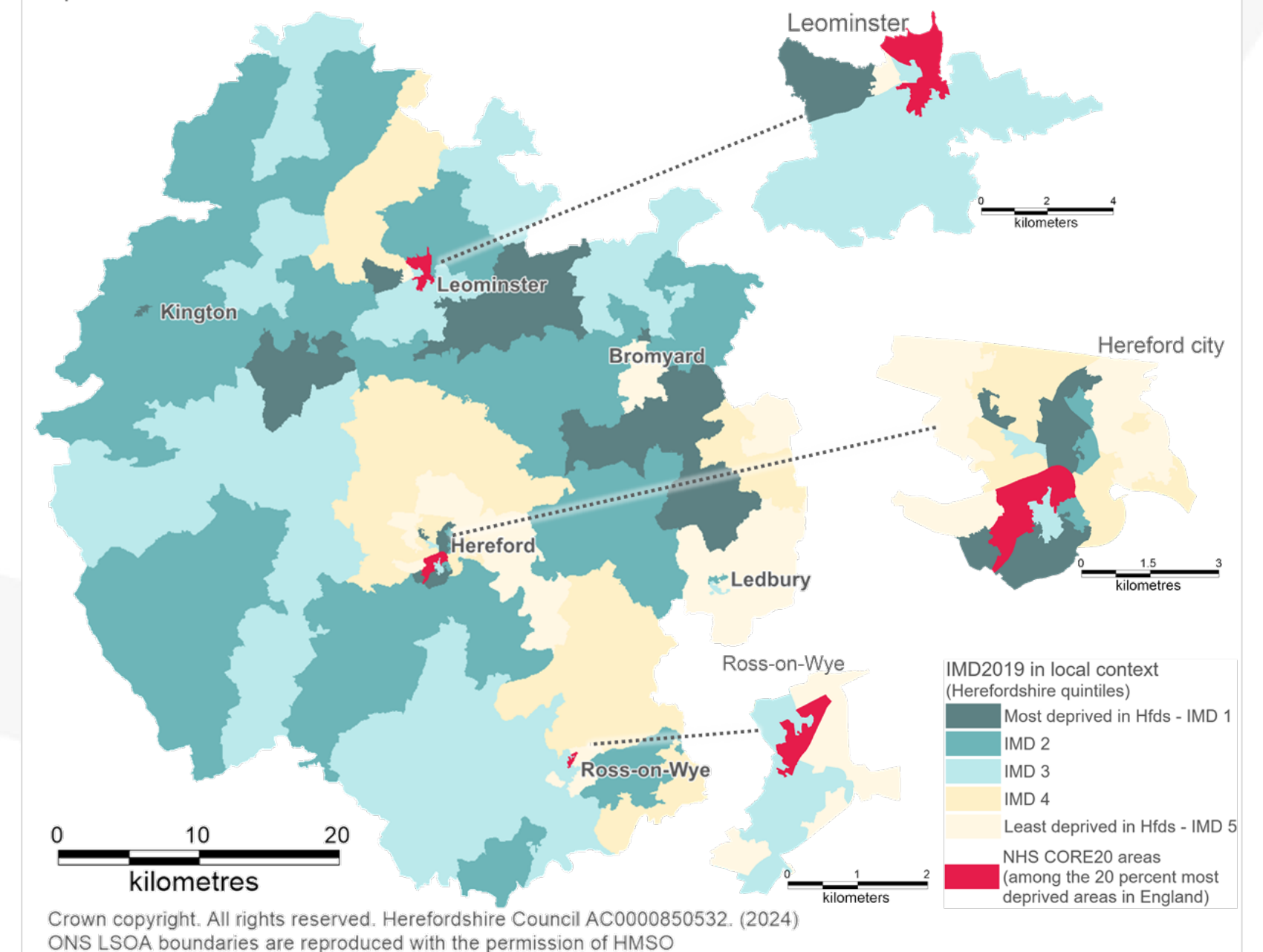
- People living in the nine areas of south Hereford, Leominster and Ross-on-Wye which are among the 20% most deprived in England (‘CORE20’).
- ‘Plus’ locally identified priority groups: rurally dispersed; travelling community; unregistered individuals.
- ‘Five’ key clinical areas: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, hypertension case finding, plus the overarching priority of smoking cessation.

Examples are highlighted by topic throughout this report, often referring to ‘the most deprived areas of Herefordshire’ and making comparisons between ‘Index of Multiple Deprivation (IMD) quintiles’, which rank 117 local areas ([lower super output areas](#) (LSOAs)) in order of overall deprivation and divide them into five equal groups (quintiles). A broader range of areas are included in the ‘most deprived’ than the CORE20 definition, covering parts of north Hereford, Bromyard and Kington, as well as Weobley and other rural areas (see map).

Find out more in [Herefordshire Inequalities and Deprivation](#) (2024), including profiles of the most deprived areas of the county and links to tools to explore variation and inequalities in more detail, such as the local health inequalities dashboard.

Relative levels of deprivation across Herefordshire

Lower Super Output Areas by Index of Multiple Deprivation (IMD) 2019 quintiles, highlighting the 20% most deprived areas in Herefordshire



Data source: [English Indices of Deprivation, 2019](#). Ministry of Housing, Communities and Local Government. Last accessed 9 December 2024.

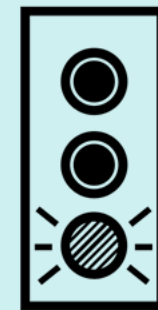
Section 2: Public Health Outcomes Framework indicators

This section outlines Herefordshire's performance on the whole range of Public Health Outcomes Framework (PHOF) measures: compared to England as a whole and in terms of recent trends.

Overall, in November 2024, Herefordshire was either the same or significantly better than England on 90% of comparable PHOF indicators.

The 10% where things were significantly worse in Herefordshire gives an indication of priority areas to focus on.

As of November 2024, there were 160 indicators in PHOF with values for Herefordshire.



143 indicators were comparable to England:

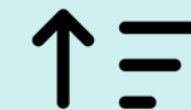
- 48% significantly better
- 42% similar
- 10% significantly worse



79 indicators had a recent trend:

- 17% getting better
- 13% getting worse

Indicators that were significantly worse than England but recent trend is improving:



- Hospital admissions caused by unintentional and deliberate injuries in children
- PPV (pneumonia and meningitis for 65 years and older)

Indicators that were significantly worse than England and their recent trend is worsening:



- % of children achieving the expected level in communication skills at 2 to 2½ year-olds
- % of children achieving the expected level in personal social skills at 2 to 2½ year-olds

Indicators that were significantly better than England but recent trend is worsening:



- Children in absolute low income families
- Cancer screening: breast cancer, cervical cancer (aged 25 to 49)

Public Health outcomes summary

The **PHOF** is a nationally defined set of measures of population health. It helps local authorities, like Herefordshire, and health and care partners compare outcomes with other areas and track changes over time.

The framework includes two overarching indicators:

- Life expectancy (length of life)
- Healthy life expectancy (length of life spent in good health)

These are supported by indicators across four additional domains:

- Wider determinants of health
- Health improvement
- Health protection
- Healthcare and premature mortality

In November 2024, the PHOF comprised 160 indicators with data relating to dates after 2019 (see note). Herefordshire could be compared to England for 143 of these, and was:

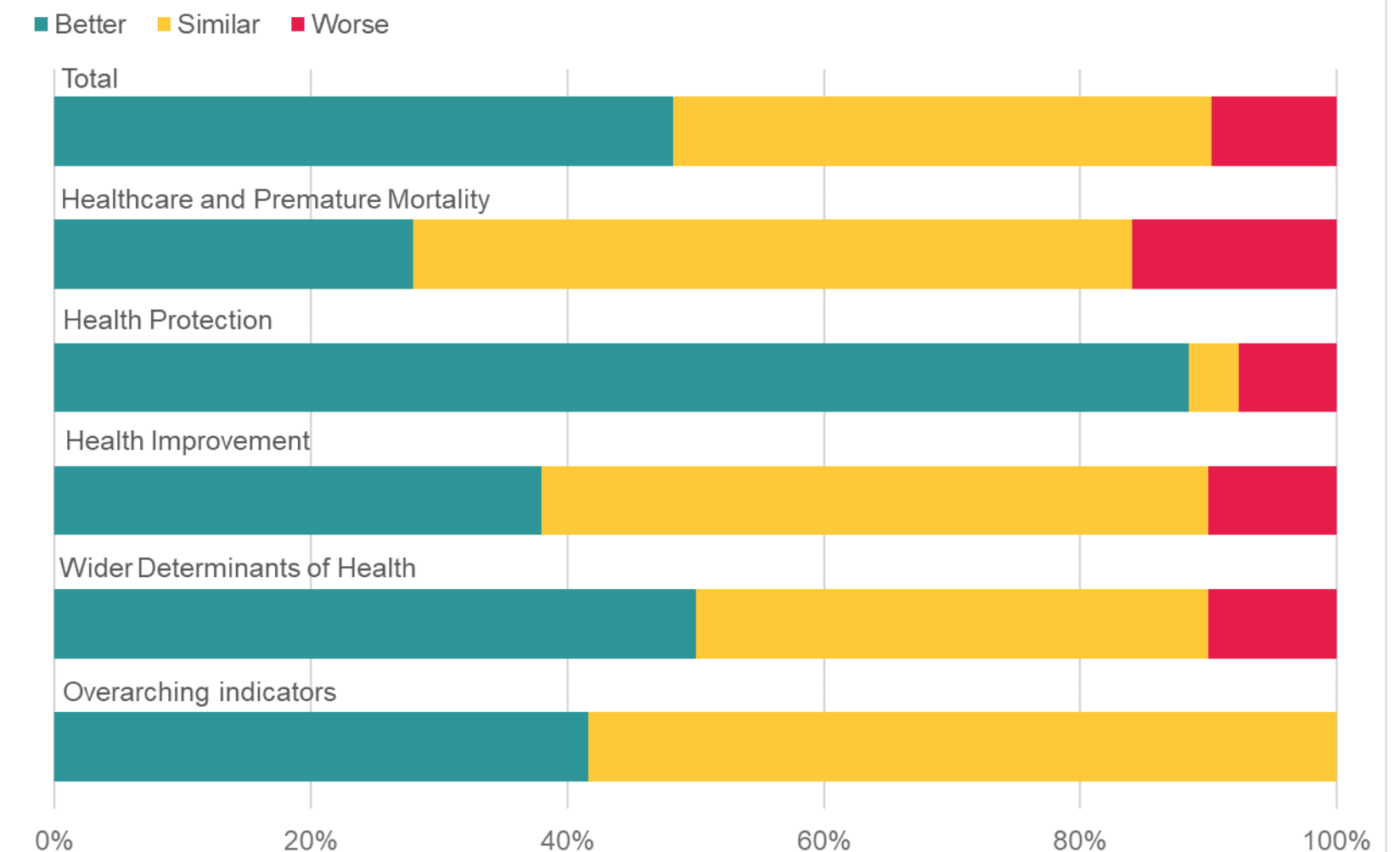
- Better on 48%
- Similar on 42%
- Worse on 10%

The figure opposite illustrates how these are spread across the five domains.

It should be noted that because the PHOF relies on published data covering at least a whole year, there is often a lag compared to real-time insights from local operational data. This loss of timeliness is a common trade-off of having robust data to benchmark against other areas for strategic analysis.

Note: it also included seven indicators which had not been updated with data more recent than 2019, which have been excluded from this analysis, and ten indicators for which data was available for England but not Herefordshire.

How Herefordshire compares to England on 143 PHOF indicators, November 2024



Source: Herefordshire Council analysis of PHOF. Fingertips, Department of Health and Social Care (DHSC). Last accessed 18 November 2024.

Herefordshire outcomes that are better than England, or have an improving trend

This page and the next list the PHOF indicators where Herefordshire was performing well, or where the recent trend was improving, according to the data as of November 2024.

Of the 143 indicators comparable to England, Herefordshire was performing significantly better on 48% (69 out of 143).

Of the 79 indicators that had a recent trend calculated, 14 were showing improvement (either increasing or decreasing and getting better).

These indicators can be explored on the Department of Health and Social Care (DHSC) [Fingertips](#) website.

Note: three indicators (children in absolute poverty and screening coverage for breast and cervical cancer) were significantly better than England, but had a worsening recent trend - so they also appear on the next page.

Overarching indicators	Recent Trend
Life expectancy at birth (male and female)	-
Life expectancy at 65 (male and female)	-
Disability-free life expectancy at 65 (female)	-
Wider determinants of health	
Children in low-income families (all dependent children under 20)	→
Children in absolute low-income families (under-16s)	↑
School readiness: children achieving the following at the end of Reception: - A good level of development at the end of Reception - At least the expected level in communication and language skills at the end of Reception - At least the expected level of development in communication, language and literacy skills at the end of Reception	-
16 to 17 year-olds not in education, employment or training (NEET) or whose activity is not known	↓
Gap in the employment rate between those with a physical or mental long-term health condition (aged 16 to 64) and the overall employment rate	-
Population with a physical or mental long-term health condition in employment (aged 16 to 64)	-
Percentage of people in employment	→
Sickness absence: employees who had at least one day off in the previous week, - working days lost due to sickness absence	-
Killed and seriously injured (KSI) casualties on England's roads	→
Violent crime: hospital admissions for violence (including sexual violence)	-
Rate of complaints about noise	→
Homelessness: households in temporary accommodation	-
Social isolation: adult social care users who have as much social contact as they would like (18+)	-

Key for PHOF indicators section:

- Trend could not be calculated → No significant change ↑/↓ Increasing/decreasing and getting better ↑/↓ Increasing/decreasing and getting worse

Health Improvement	Recent Trend
Baby's first feed breastmilk	-
Breastfeeding prevalence at 6 to 8 weeks	→
Proportion of New Birth Visits (NBVs) completed within 14 days	→
Emergency hospital admissions for intentional self-harm	↓
Adults meeting the 'five-a-day' fruit and vegetable consumption recommendations (new method)	-
Proportion of the population meeting the recommended 'five-a-day' on a 'usual day' (adults) (old method)	-
Admission episodes for alcohol-related conditions (narrow) (male and female)	↓
Cancers diagnosed at stages 1 and 2	→
Cancer screening coverage: breast cancer, cervical cancer (ages 25 to 49)	↓
Cancer screening coverage: bowel cancer	↑
Abdominal aortic aneurysm screening coverage	→
New-born hearing screening coverage	→
New-born and infant physical examination screening coverage	-
Eligible population aged 40 to 74 offered an NHS Health Check	-
Emergency hospital admissions due to falls in people aged 65 and over, 65 to 79, 80 plus	→
Health Protection	
New sexually-transmitted infection (STI) diagnoses (excluding chlamydia aged under 25) per 100,000	→
Population vaccination coverage: PCV childhood vaccine against pneumonia and meningitis, HPV vaccination against some cancers including cervical cancer, two doses (13 to 14 yr-olds, female)	↑
Population vaccination coverage: Infants (under 2 yrs) - Dtap IPV Hib HepB (1 yr), MenB (1 yr), Rotavirus (1 yr) Pre-schoolers (2 to 5 yrs) - Dtap IPV Hib HepB (2 yrs), MenB booster (2 yrs), MMR for one dose (2 yrs), PCV booster, Flu (2-3 yrs), Hib and MenC booster (2 yrs), DTaP and IPV booster (5 yrs), MMR for one dose (5 yrs), MMR for two doses (5 yrs) School-going children - Flu (primary school), HPV vaccination coverage for one dose (12 to 13 year-olds, female), Meningococcal ACWY conjugate vaccine (14 to 15 year-olds) Adults and at-risk groups - Flu (at risk individuals), Flu (aged 65 and over)	→
Population vaccination coverage: HPV vaccination against some cancers including cervical cancer: one dose (12 to 13 year-olds, male) and two doses (13 to 14 year-olds, male)	-
Adjusted antibiotic prescribing in primary care by the NHS	-
Healthcare and premature mortality	
Under-75 mortality rate from: causes considered preventable, cancer, cancer considered preventable, liver disease, liver disease considered preventable	-
Premature mortality in adults with severe mental illness (SMI)	-
Excess under-75 mortality rate in adults with severe mental illness (SMI)	-

Herefordshire outcomes that perform worse than England, or have a worsening trend

The page lists the 15% of PHOF indicators (22 of 143) where Herefordshire performs worse than England according to the data as of November 2024, along with those performing similar or better but showing a worsening trend. It identifies areas for targeted public health efforts.

Note that for some of these indicators more recent published data indicate an improvement (for example homeless households and Health Checks), which is covered in the detail of the JSNA.

These indicators can be explored on the Department of Health and Social Care (DHSC) [Fingertips](#) website.

Note: three indicators (children in absolute poverty and screening coverage for breast and cervical cancer) were significantly better than England, but had a worsening recent trend - so they also appear on the previous page.

Indicator	Recent Trend	Period	Count	Rate	Spine Chart
Adults with a learning disability who live in stable and appropriate accommodation	-	2022/23	347	72.3%	
Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate	-	2020/21		72.6	
Households owed a duty under the Homelessness Reduction Act	-	2022/23	1,328	15.4	
% of children achieving the expected level in communication skills at 2 to 2½ years	↓	2023/24	1,148	81.8%	
% of children achieving the expected level in personal social skills at 2 to 2½ years	↓	2023/24		87.8%	
Hospital admissions caused by unintentional and deliberate injuries in children (under-15s)	↓	2022/23	245	87.0	
Eligible population aged 40 to 74 offered an NHS Health Check who received one	-	2019/24	13,779	32.8%	
Eligible population aged 40 to 74 who received an NHS Health Check	-	2019/24	13,779	24.1%	
Population vaccination coverage: PPV (pneumonia and meningitis for 65 years and older)	↑	2022/23	33,233	69.3%	
Population vaccination coverage: shingles (71 years)	→	2022/23	1,066	44.4%	
Percentage of five-year-olds with experience of visually obvious dental decay	-	2021/22		38.7%	
Emergency readmissions within 30 days of discharge from hospital	-	2022/23	3,620	17.7%	
Preventable sight loss: sight loss certifications	→	2022/23	116	61.5	
Estimated dementia diagnosis rate (aged 65 and older)	→	2024	1,880	56.9	
School readiness: children achieving the expected level in the phonics screening check (Yr 1)	↓	2022/23	1,469	78.6%	
Pupil absence	↑	2022/23	534,874	7.0%	
Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	↓	2023	14,741	75.0%	
Children in relative low-income families (under-16s)	↑	2022/23	5,938	19.7%	
Percentage of children achieving a good level of development at 2 to 2½ years	↓	2023/24	1,155	82.3%	
Children in absolute low-income families (under-16s)	↑	2022/23	4,512	15.0%	
Cancer screening coverage: breast cancer	↓	2023	17,797	67.7%	
Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	↓	2023	18,352	67.4%	

Herefordshire outcomes that have recently changed, or fluctuate in category

This page shows the 25 indicators for Herefordshire that have recently changed, or have fluctuated between categories of better, similar, or worse compared to England.

These indicators are those of temporary, rather than stable change, and or values that regularly border two categories.

A detailed list of these indicators is available on the DHSC [Fingertips](#) website.

Overarching Indicators	Reasons to Monitor Indicator
Healthy life expectancy at birth (male)	Was better than England before 2015/17
Wider Determinants of Health	
School readiness: Children with free school meal status achieving the expected level in the phonics screening check in Year 1	Worse than England before 206/17
First time entrants to the youth justice system	Worse than England until two years ago
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	Fluctuating between better and worse
Gap in the employment rate between those who are in receipt of long-term support for a learning disability (aged 18 to 64) and the overall employment rate	Fluctuating between worse and similar
Adult carers who have as much social contact as they would like (18+ years)	Worse than England before 2020/21
Health Improvement	
Smoking status at the time of delivery	Worse than England before 2022/23
Proportion of New Birth Visits (NBVs) completed within 14 days	Worse than England before 2022/23
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years)	Fluctuating between better, similar, and worse in the last four years
Physically inactive adults (19+)	Fluctuating between better and similar
Successful completion of drug treatment: opiate users, non-opiate users	Fluctuating between similar and worse
Adults with substance misuse treatment need who successfully engage in community based structured treatment after release from prison	Fluctuating between similar and worse
Eligible population aged 40 to 74 offered an NHS Health Check	Fluctuating between better and worse
Percentage reporting a long-term musculoskeletal (MSK) problem	Fluctuating between similar and worse
Health Protection	
Chlamydia detection rate per 100,000 aged (15 to 24) (male and female)	Lower than England since 2021, but not possible to determine whether this is a good thing or a bad thing (see p.46 for discussion)
Population vaccination coverage: Meningitis B booster (2 yrs), Flu (above 65 yrs)	Worse than England before 2020/21
Healthcare and Premature Mortality	
Infant mortality rate	Fluctuating between similar and worse
Under-75 mortality rate from: liver disease, respiratory disease, respiratory disease considered preventable	Fluctuating between better and similar
Preventable sight loss: age related macular generation (AMD), diabetic eye disease	Fluctuating between similar and worse

Section 3: Population

Current and future demographics shape demand for all public services. With an increasingly older population, this is particularly relevant for health and social care services.

This section covers the profile of Herefordshire's population and the drivers of recent change. It also considers what is likely to happen in the near future, taking account of recent trends and planned levels of house building.

Current population (2023):

- 189,900 residents
- 194,500 registered GP patients



Recent population growth:

1,300 a year (2020 to 2023). Driven by migration.



Ethnicity:

91% white British. Of the 16,600 (9%) of a different ethnicity, 9,500 are 'white: other' (5% of total) (2021).



43% live in the **most rural** 'village and dispersed' areas (2022).



Age profile (2023):

- 16% under 16 (30,200)
- 57% 16 to 64 (109,000)
- 27% 65+ (50,700)



Future population growth:

Projections (based on long-term demographic trends, not including housing targets) suggest a 3% increase between 2023 and 2031 (average of 600 people per year).



Total population

189,900 residents in 2023 live across 2,180 square kilometres

Official population estimates from the Office for National Statistics (ONS) put Herefordshire as one of the 25% smallest local authorities in England. On the other hand, it is one of the biggest geographical areas. With 87 persons per square kilometre, it has the fourth lowest population density of all English upper-tier local authorities. Only Westmorland and Furness (60), Northumberland (65) and North Yorkshire (78) are less densely populated.

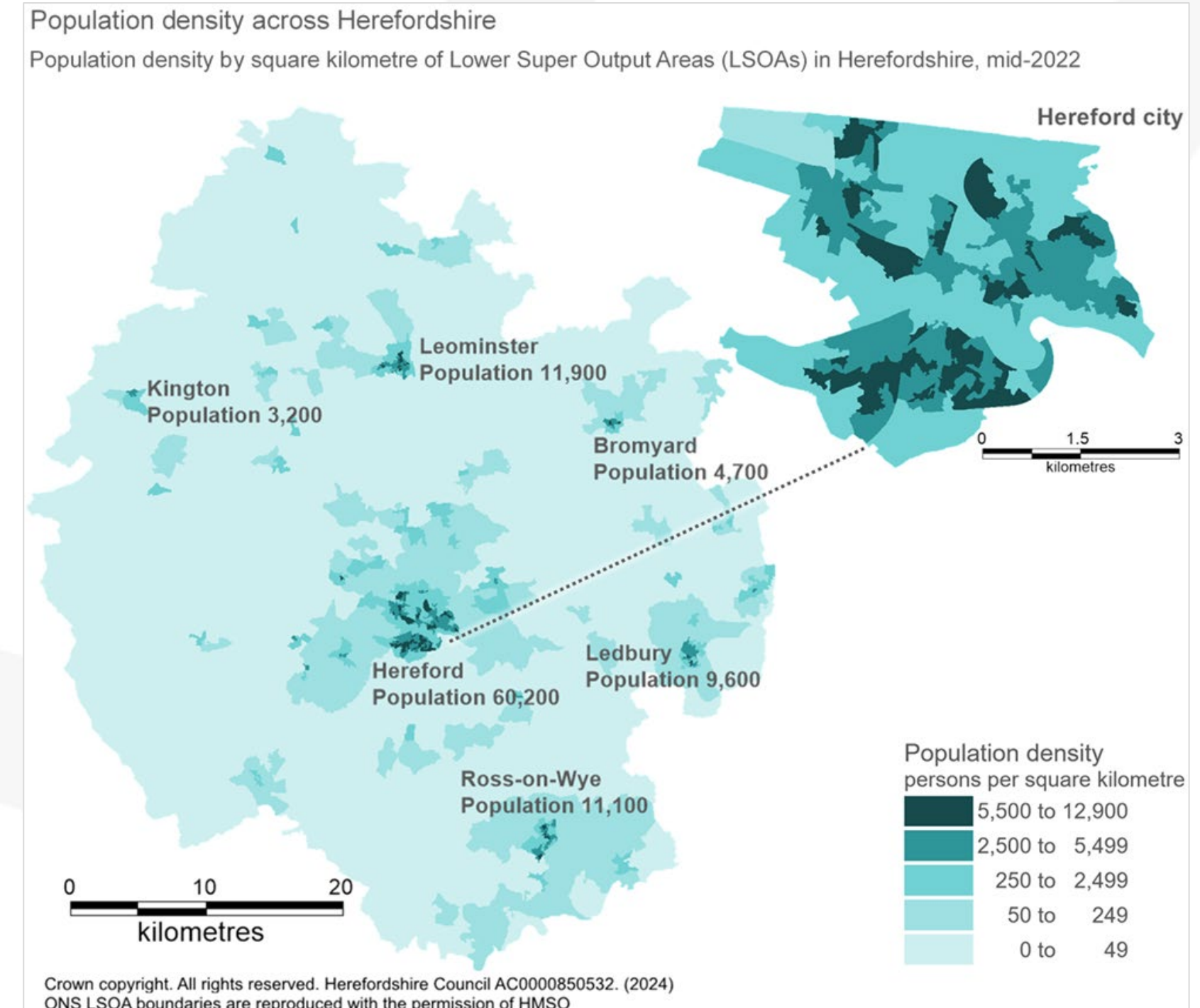
Neither population density, nor the proportion living in rural areas (53%), adequately illustrates quite how scattered the population is. No other English county has a greater proportion of its population living in areas with fewer than 50 people per square kilometre (described as 'very sparse'). This presents particular challenges for service delivery in the county.

Population growth was slower in the last ten years than both nationally and the previous decade. Between 2013 and 2023, the total population grew by 3% (from 184,700) compared to 7% across England and Wales as a whole. Between 2003 and 2013 it had grown by 5%. This was due to factors such as a declining birth rate, an ageing population, and lower levels of net migration (see p.17).

The difference between resident and registered population

Official population estimates are based on a definition of 'usual residence', with people counted at their main family home. The exception is students, who are counted at their term-time address. People are counted as a migrant to the UK if they intend to stay for a year or more, so short-term seasonal workers are not included in the resident population.

However, many health statistics, for example disease prevalence, are based on [patients who are registered with a GP surgery](#) in the county, which for various reasons can be different. In 2023 the Herefordshire registered population was 194,500, compared to the resident population of 189,900.



Data source: [Mid-2022 population estimates for small areas](#), Office for National Statistics. Last accessed 19 March 2024.

Population growth and drivers of change

Growth is entirely dependent on migration, and has been unpredictable in recent years

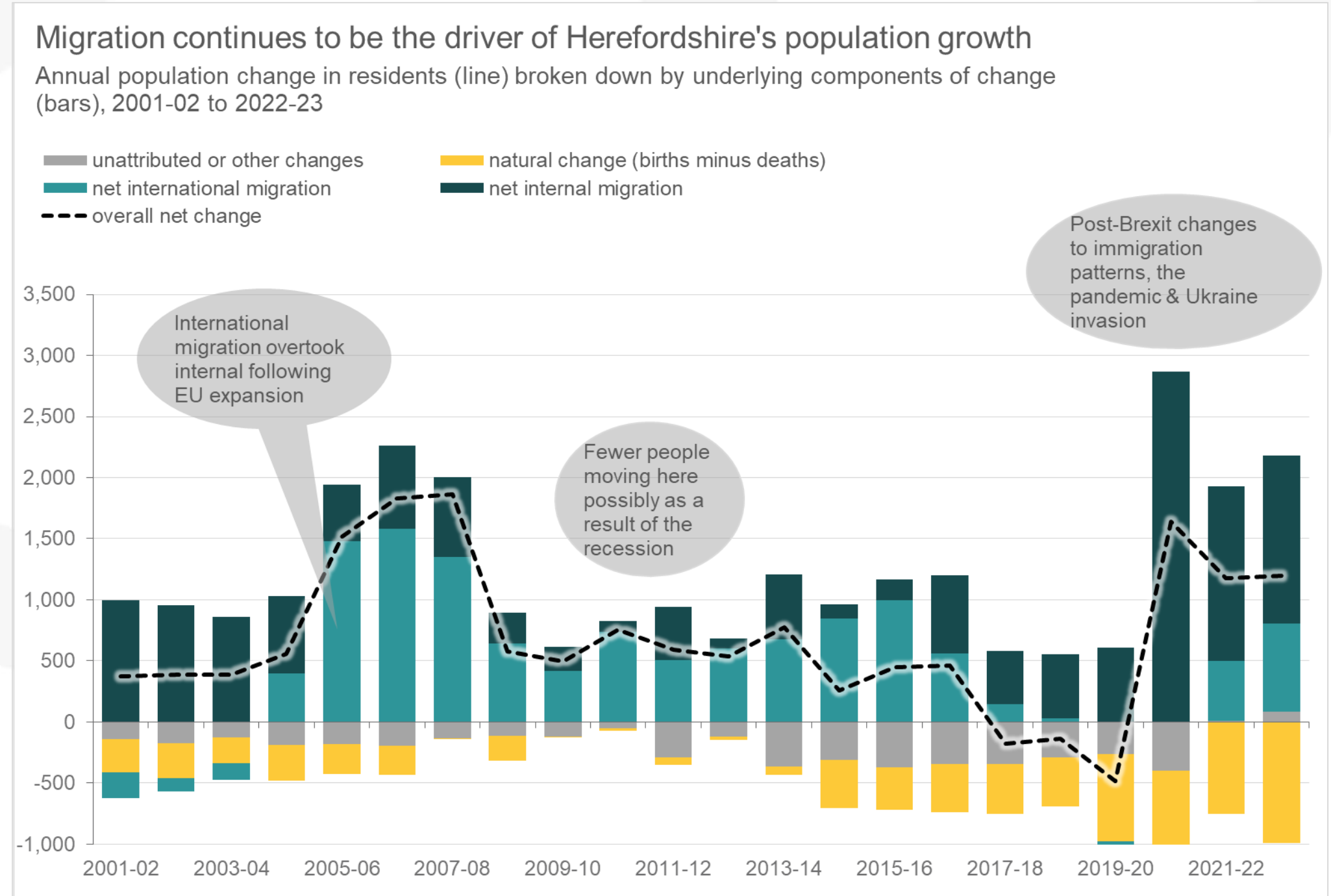
There are consistently fewer births than deaths in Herefordshire each year; in the latest year (2022-23) there were 1,500 births compared to 2,500 deaths. This means that without net migration into the county the total population would fall.

Births have been falling since 2018 (when there were 1,900), reflecting the continued decline in fertility rates seen nationally. However, the ageing population structure means that numbers of deaths have been rising since 2014-15; prior to this they averaged around 1,900 per year.

Migration is the hardest component of population change to measure. It has been particularly difficult in recent years due to several major events which have affected migration patterns across the whole of England and Wales. These include Britain leaving the European Union (EU) and subsequent changes to immigration policy, the COVID-19 pandemic and the war in Ukraine.

This has meant that Herefordshire's population change has been unpredictable, which also has implications for trying to understand what might happen in the future. For example, the 2021 Census found that growth since 2012 had been overestimated, meaning that there were around 8,000 fewer residents in 2021 than originally thought, mainly due to overestimates in international migration.

Even once this had been taken into account, population change has fluctuated since 2016. New official estimates suggest that total residents fell by 800 between mid-2017 and mid-2020, but since then has increased at its fastest rate for twenty years, with an average of 1,300 additional residents each year from mid-2020 to mid-2023.



Data source: [Mid-2023 resident population estimates](#), Office for National Statistics. Last accessed 15 July 2024.

Ageing population

Herefordshire's age structure remains older than nationally, and numbers of older people will continue to grow

- In 2023, 27% of Herefordshire's population (50,700 people) were aged 65 and over, compared to 19% across England and Wales.
- Numbers in this age group grew by 21% between 2013 and 2023, a disproportionately higher rate compared to both nationally (16%) and the overall growth (3%).
- 6,900 residents are aged 85 and over, also reflecting a 21% increase from 2013.
- The natural ageing of the population structure means that these trends will continue for at least the next twenty years (see p.21).

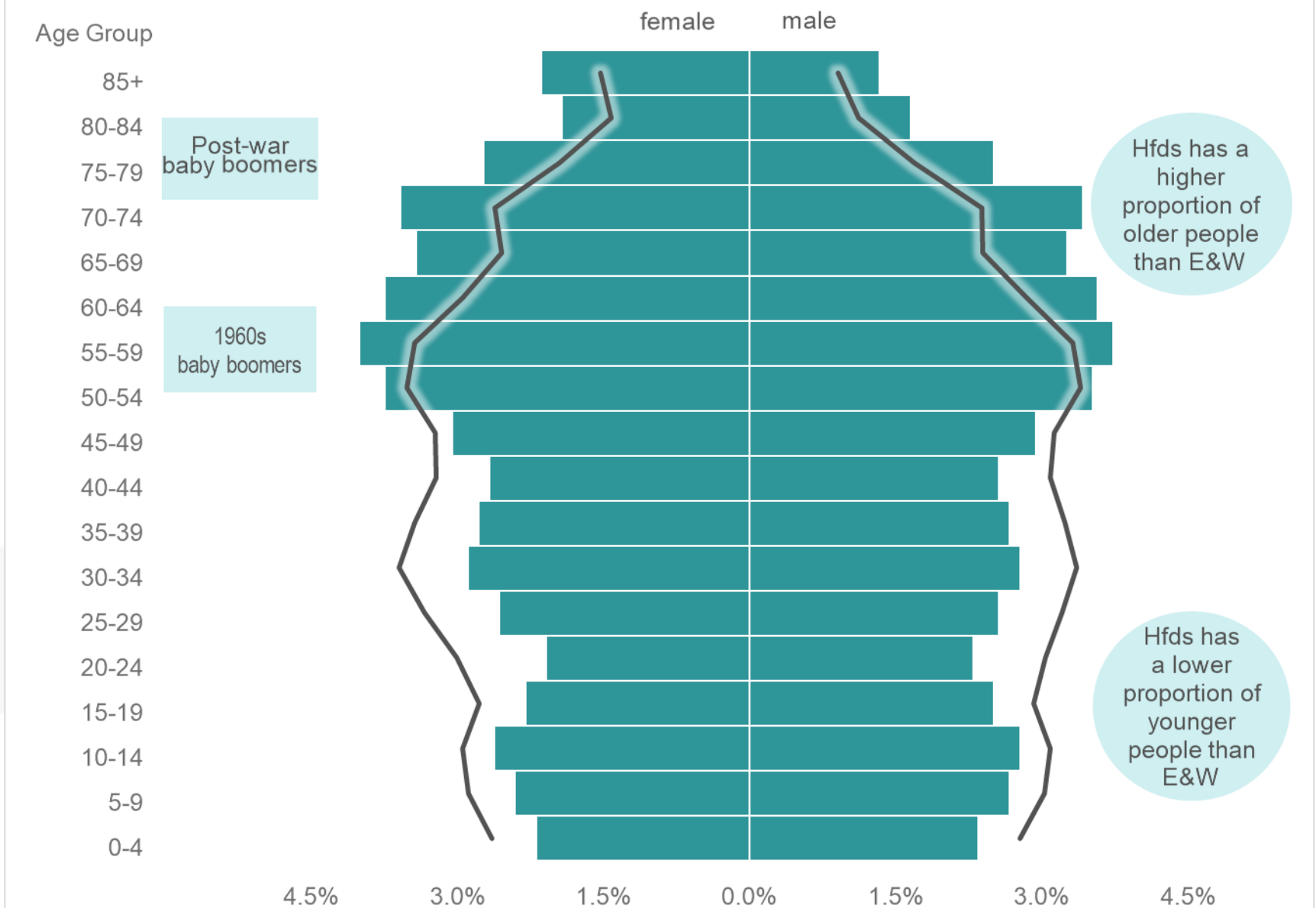
Numbers of children have fallen

- In 2023, 16% of the population (30,200 people) were aged under 16, compared to 19% in England and Wales.
- This represents a fall of 4% since 2013, contrasting with a 4% national increase.

Lower proportion of working age adults than nationally

- In 2023, 57% (109,000 people) were aged 16 to 64, compared to 63% nationally.
- While net migration added approximately 1,000 people to this age group in the past three years, the overall working age population remains 4,000 fewer than in 2008.
- Changes to this age group are hardest to predict because of uncertainty over future migration patterns, as young working age adults are the most likely to migrate.

Herefordshire has higher proportions of residents in their early fifties and above than nationally and generally lower relative proportions of young people
Percentage of the mid-2023 population estimates in age band
Herefordshire (bars) and England & Wales (lines)



Data source: [Mid-2023 population estimates for the UK](#), Office for National Statistics. Last accessed 15 July 2024.

Changing population: ethnicity

A very different ethnic profile to nationally

In the 2021 Census, the majority of Herefordshire residents identified themselves as being ‘white: British’ (91%). A total of 16,600 identified themselves as being of other ethnicities, an increase of 44% from 2011, and almost four times as many as in 2001. This change largely reflects the impact of the expansion of the EU in 2004 on a county which had historically seen very little international migration. However, at 9% of the total population, it was still very low compared to England and Wales (26%).

People of ‘white: other’ origin (not including British; Irish; Gypsy or Irish Traveller) made up the largest single minority group in the county: 9,500 people, 5% of the population, compared to 6% nationally. This is in contrast to the national picture, where ‘Asian or Asian British’ was the biggest group (9% compared to 1% locally).

Changes driven by migration from Eastern Europe

In 2021, around 7,300 residents (4%) were born in countries that joined the EU in 2004 and 2007; just under half in Poland and a quarter in Romania. Unsurprisingly, Polish was the most common main language spoken after English, used by 3,000 people; followed by Romanian (1,500). Others included South and East Asian languages (almost 1,000); Lithuanian (570), Bulgarian (470), Hungarian, Portuguese (each around 300), other European languages (800), and Russian (200).

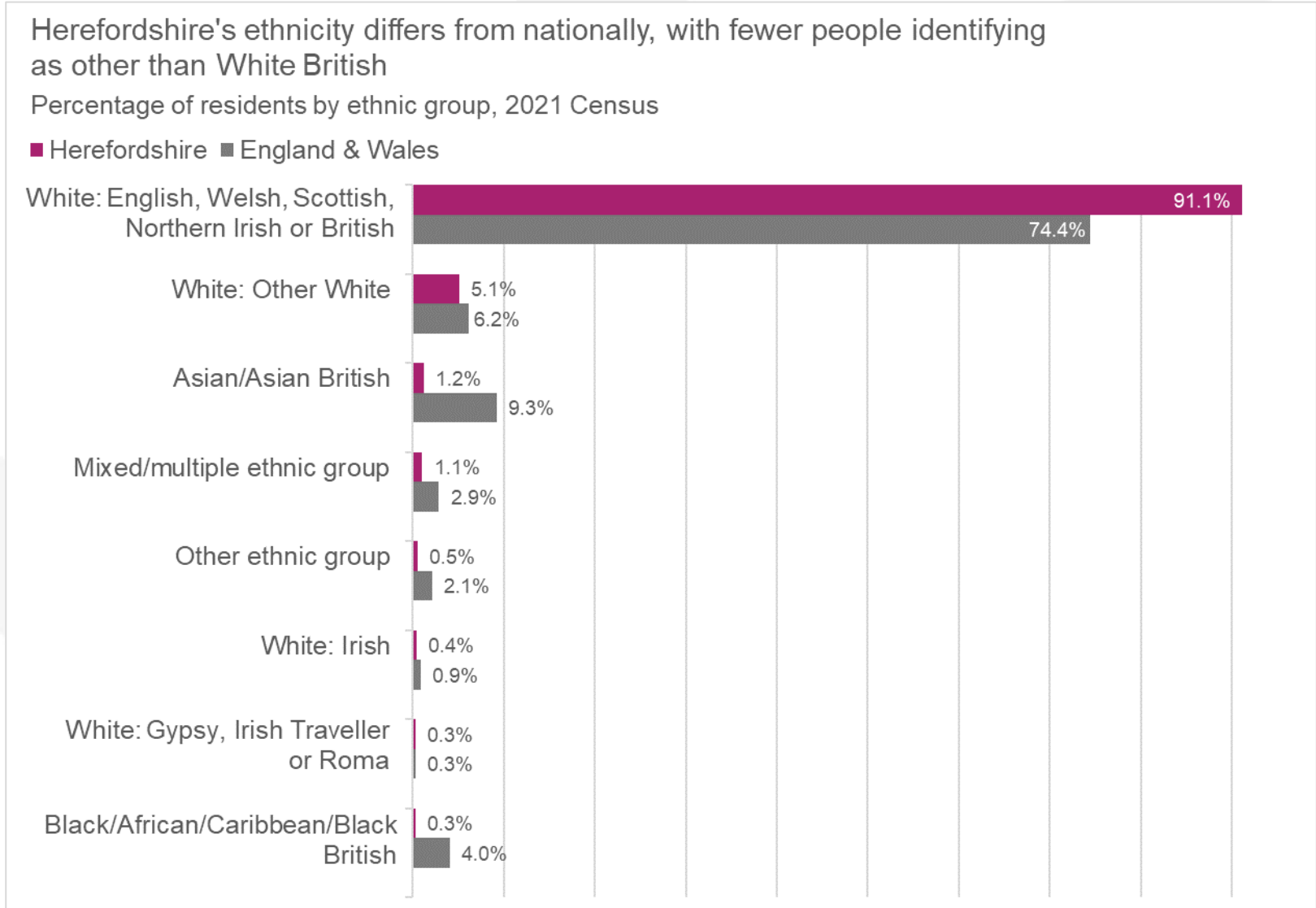
Almost 2,400 households (3%) had no occupants whose main language was English, and in another 630 only children did. This does not mean that they were unable to speak English, just that it was not their preferred language. Crucially, around 1,800 residents (1% of people) could not speak English well, 280 of them not at all.

Gypsy and Irish Travellers are an important minority

Historically, the Gypsy, Roma and Traveller community has been one of the most significant minority groups in Herefordshire. On a national level, this community experiences [poorer health outcomes](#) and shorter life expectancy. Official counts have

only been available since the 2011 Census and reliability is dependent on people feeling able to self-identify.

Although relatively small in number, with 430 people in 2021, ‘Gypsy or Irish Traveller’ was the only minority ethnic group over-represented locally (0.2%) compared to England and Wales (0.1%). A further 160 people (0.1%) identified as ‘Roma’, which was a smaller proportion than the 0.2% nationally.



Data source: [2021 Census: Ethnic group](#). Office for National Statistics. Last accessed 29 November 2022.

Population around the county

Age profile varies across the county

Over half of Herefordshire’s residents (100,800; 53%) live in rural areas, with the majority (81,400 people; 43% of the total) living in the most rural ‘village and dispersed’ areas. A third live in Hereford city (61,900 people), and a fifth in one of the five market towns: Leominster (11,900), Ross-on-Wye (11,100), Ledbury (9,600), Bromyard (4,700) and Kington (3,200).

The most rural areas of Herefordshire have higher proportions of older working and early retirement age residents. Hereford city has a much younger profile than the county as a whole, with relatively high proportions of young adults and young children. The market towns and larger villages, like Colwall and Credenhill, have an age profile more in line with the county overall, but with higher proportions of the very elderly.

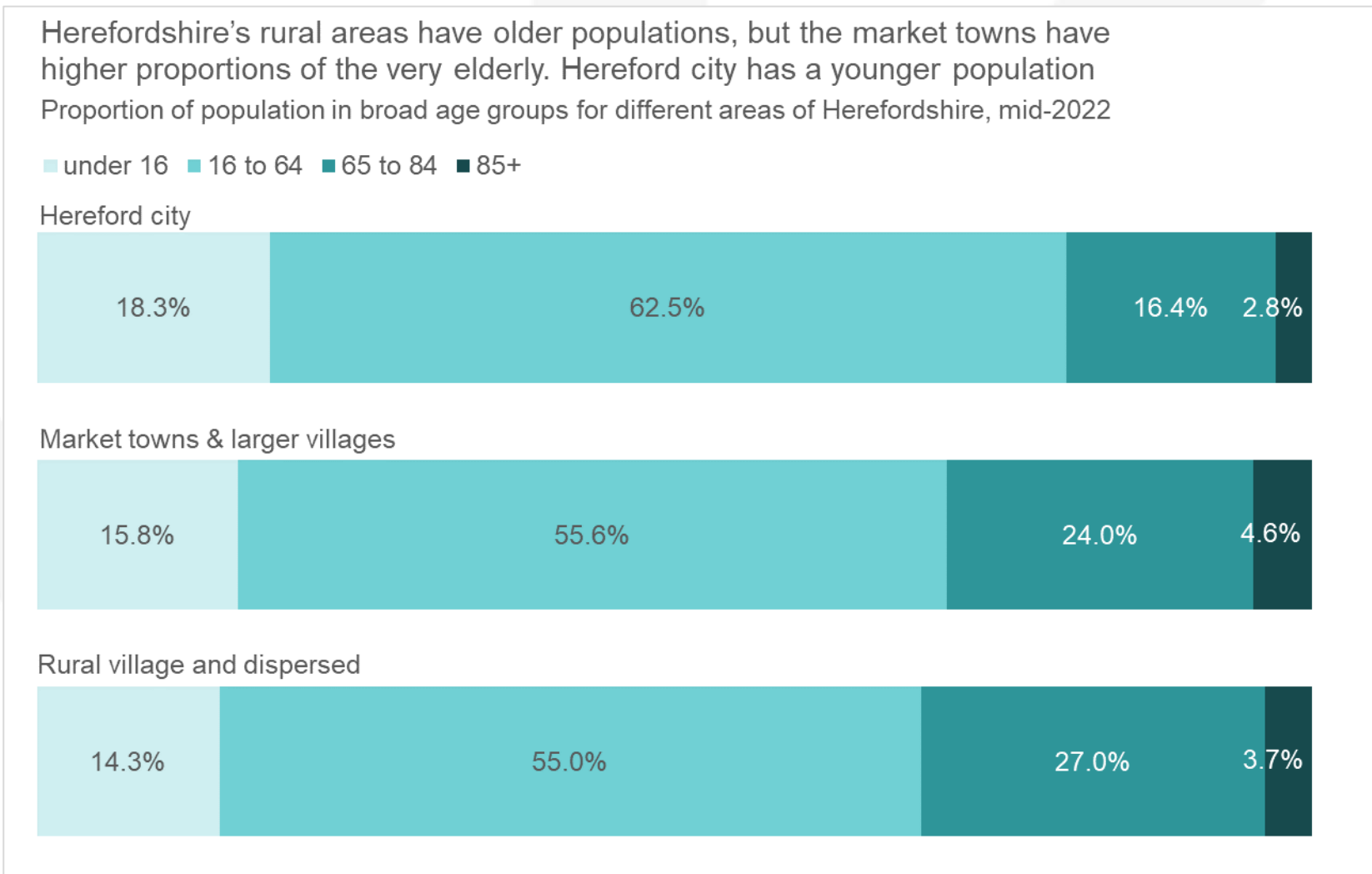
Variation in population growth is closely linked to the location of housing development

Over the period 2011 and 2021, the population of both built-up and rural areas grew by a total of 2%. Hereford City and the market towns of Ross-on-Wye and Leominster saw the largest absolute population increases: of 800, 400, and 300 people, respectively. However, Bromyard market town recorded the fastest growth rate at 5%, which is more than double the county average of 2%.

Population growth aligns closely with housing development patterns. The [Local Authority Monitoring Report](#) provides data on housing completions across Housing Market Areas (HMAs - see note). Between 2011 and 2022, around 6,300 new homes were built in the county. Nearly half (47%) were in Hereford HMA, followed by Ross-on-Wye (22%), Leominster (11%), Ledbury (8%), Bromyard (6%), Kington (4%) and Golden Valley (2%).

Note: For housing development purposes, Herefordshire is divided into seven Housing Market Areas (HMAs) - six are centred on the main settlements of Hereford City, Bromyard, Kington, Ledbury, Leominster, and Ross-on-Wye, including their surrounding rural hinterlands. The seventh area covers the broader Golden Valley region. See [Housing Market Area Needs Assessment. Icen Projects Limited on behalf of Herefordshire Council, July 2021](#).

Planned future housing growth around the county is outlined in the published [Local Plan Core Strategy 2011-31](#). Allocations were designed to ‘build upon the existing settlement pattern..., with a focus on Hereford as the county’s administrative centre and on other sustainable market towns. However, almost a third [were allocated] to the rural areas to help to sustain local services, generate new ones and support local housing provision for local communities.’ ([Vision, Objectives and the Spatial Strategy](#)). All areas will see increased allocations under new housing targets, to be developed in the new Core Strategy for 2021-41 (see p.21).



Data source: [Mid-2022 population estimates for small areas](#), Office for National Statistics. Last accessed 19 March 2024.

Future population

It is currently very difficult to predict the future population of Herefordshire. Fluctuations in recent growth (see p.17) make it hard to determine appropriate trends on which to base assumptions. New housing targets will strongly influence migration levels, but their impact is not yet known.

Projections based only on recent trends in births, deaths, and migration would see a growth of around 600 people a year

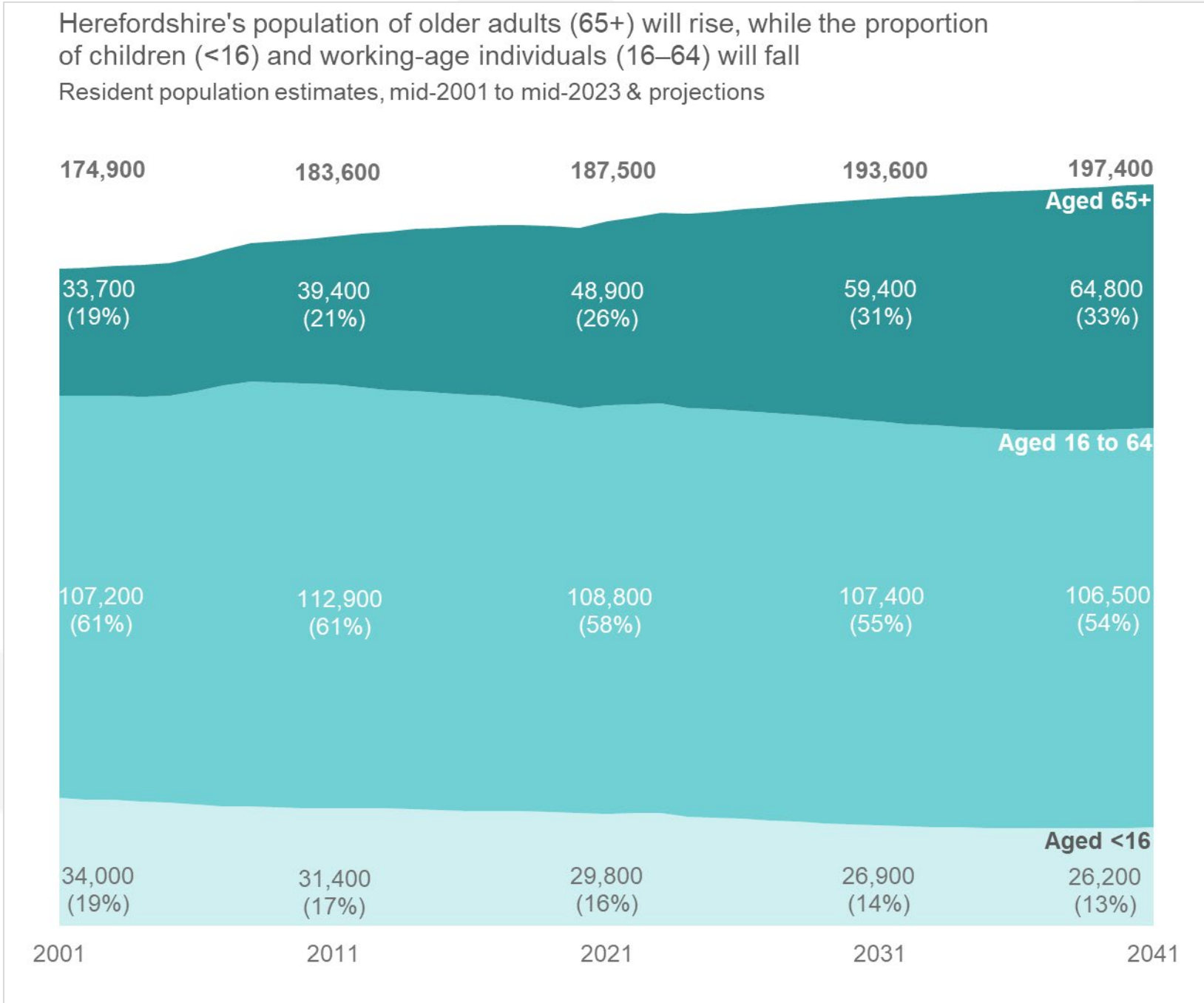
Reflecting the uncertainty, the ONS has yet to publish official population projections for local areas based on the 2021 Census. These are currently scheduled for early 2025. In the meantime, [unofficial interim projections](#) predict that Herefordshire's population will grow by 3% over the ten years from when they were based, in 2021, (to reach 193,600 in 2031), a slower rate than the 6% growth predicted for England overall.

Within this overall growth, the number of older adults (65+) is projected to increase by 22% (to 59,400), while the numbers of children and working-age individuals (16 to 64) are expected to decline by 10% and 1% respectively (to 26,900 and 107,400).

New housing development targets mean that future population growth is currently unknown

Housing growth targets are set out in the [Local Plan Core Strategy 2011-2031](#), which is currently being [updated to 2041](#). The existing strategy includes a requirement for the delivery of at least 16,500 homes (825 per annum) in Herefordshire between 2011 and 2031 to meet market and affordable housing need. Basic modelling which assumes that average household size remains constant and all new housing results in population growth (which may not always be the case), indicates that this could add as many as an extra 800 residents on average per year, on top of the 600 described above.

However, in December 2024, the UK government implemented reforms to the planning system which will see Herefordshire's housing target increase to 27,260 new dwellings between 2021 and 2041 (1,363 per annum). The likely impact of this on population growth has yet to be modelled.



Data sources: [Mid-2023 population estimates for the UK](#), Office for National Statistics. Last accessed 15 July 2024. [Trend-based population projections](#), Greater London Authority. Published July 2023.

Section 4: Population health

This section summarises the overall health of the population, including the overarching measures of life expectancy and healthy life expectancy.

It also considers the main long-term conditions (LTCs) which affect how long someone might expect to live and their quality of life, and the risk factors contributing to ill-health and mortality.

Overall **life expectancy** is better than England, but healthy life expectancy is not.

Average years lived in poor health (2021-23)

- Females: 19.7
- Males: 16.2



Biggest **health risk factors** are high blood pressure, smoking, and excess weight.

- Diagnosed hypertension: 18% (35,700) of GP patients (2023-24)
- Smokers: 10% (15,700) adults (2023)
- Overweight: 67% of adults (2022-23)



5% (9,800) in self-reported bad or very **bad health** (2021).

19% (34,800) have a self-reported **disability** (2021).



Diagnoses of ICS priority **long-term conditions** (diabetes, heart failure, asthma and COPD) could increase by at least 3,000 (7%) between 2023 and 2031 just from population ageing.



Life expectancy and healthy life expectancy

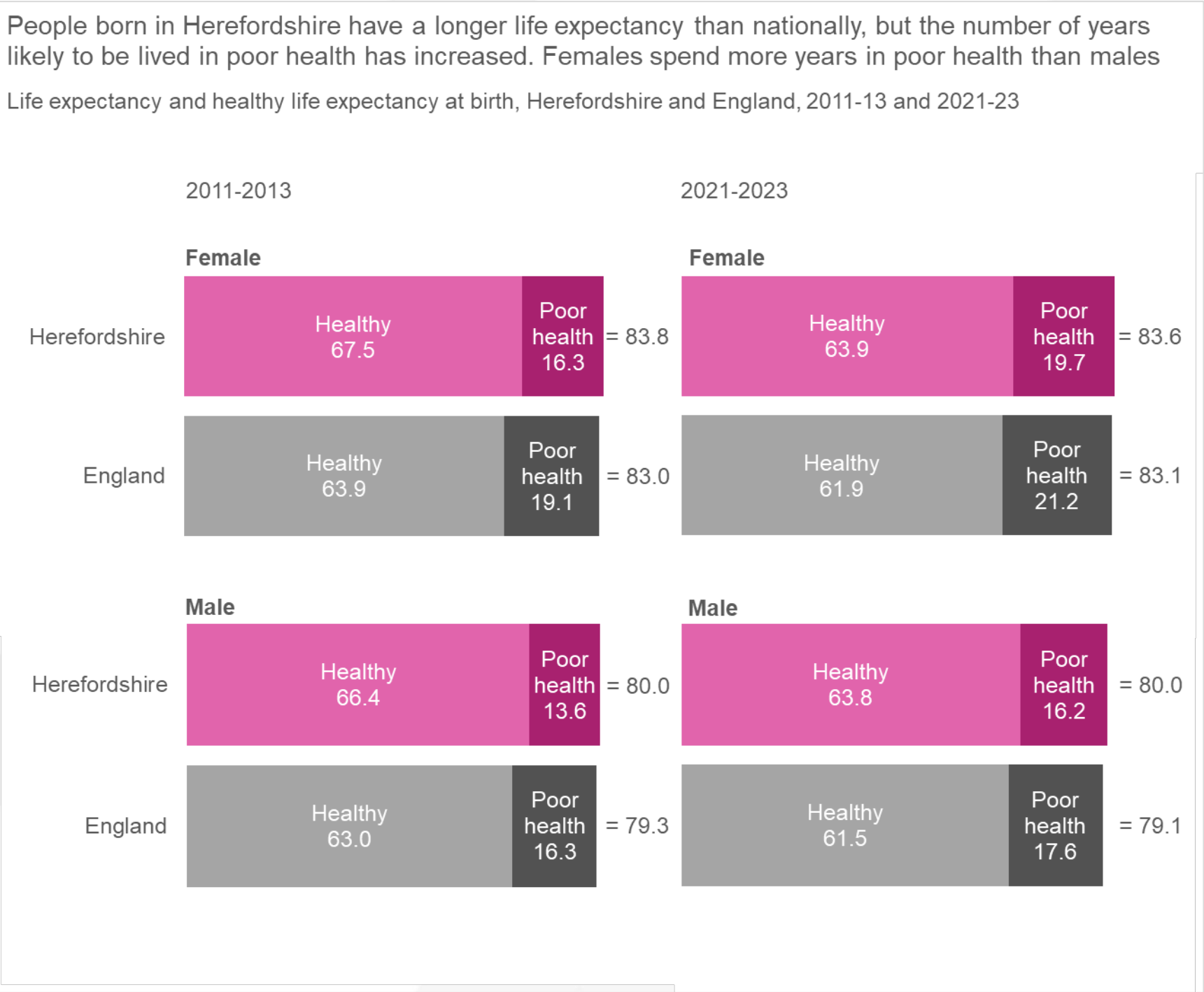
Life expectancy at birth is the average number of years a baby born in a given year would be expected to live if age-specific mortality rates stayed the same throughout their lifetime. Healthy life expectancy adds a 'quality of life' dimension; the number of years they would live in self-reported good general health if mortality levels and the level of good health at each age remained the same. (DHSC)

On average, people born in Herefordshire can expect to live longer than in England overall: in 2021-23, life expectancy at birth was 83.6 for females compared to 83.1, and 80.0 for males compared to 79.1. Female life expectancy has been consistently higher than male.

There are long-term inequalities in life expectancy for people in the most deprived areas. Locally the gap is smaller than nationally, with no change since the measure was first calculated in 2010. Nevertheless, in 2018-20 females born in the most deprived areas could expect to live 4.0 years fewer than those in the least deprived, while for males, the gap was 5.4 years. For England these gaps were 7.9 and 9.7 years respectively. The main conditions contributing to this gap in Herefordshire are circulatory diseases, cancers and respiratory diseases, accounting for 54% in females and 59% of the gap in males.

People born in Herefordshire could previously expect to live more of their lives in good health than nationally. However, latest estimates suggest that there is no longer a statistically significant difference: since 2017-19 for males and since 2020-22 for females. In 2021-23, healthy life expectancy for females was 63.9 compared to England's 61.9, whilst for males was 63.8 compared to 61.5.

Although life expectancy has increased over recent decades, both nationally and locally, healthy life expectancy has not. This means that more people are spending more years of their lives in poor health, with 2021-23 estimates suggesting 19.7 years for females and 16.2 for males in Herefordshire. Furthermore, there is no significant difference in healthy life expectancy between females and males. The longer overall life expectancy for females therefore means that on average they live a greater proportion of their life in poor health: 24% compared to 20% for males.



Data sources: [Life expectancy for local areas of Great Britain](#) and [Health state life expectancy](#), Office for National Statistics. Last accessed 8 January 2025.

Population health and disability

The most comprehensive view of the general health and disability of the population comes from the national Census. In 2021, residents were asked to assess their general health. A separate question asked if they had any physical or mental health conditions, or illnesses lasting or expected to last 12 months or more. If so, to identify disability, they were asked whether their day-to-day activities were limited by this condition.

The majority of people (81%) said that their health was good or very good, the same as in 2011 and, despite the older age profile, similar to the proportion in England and Wales (82%). Conversely, 9,800 people (5%) reported being in bad health, 2,200 (1.2%) of them in very bad health.

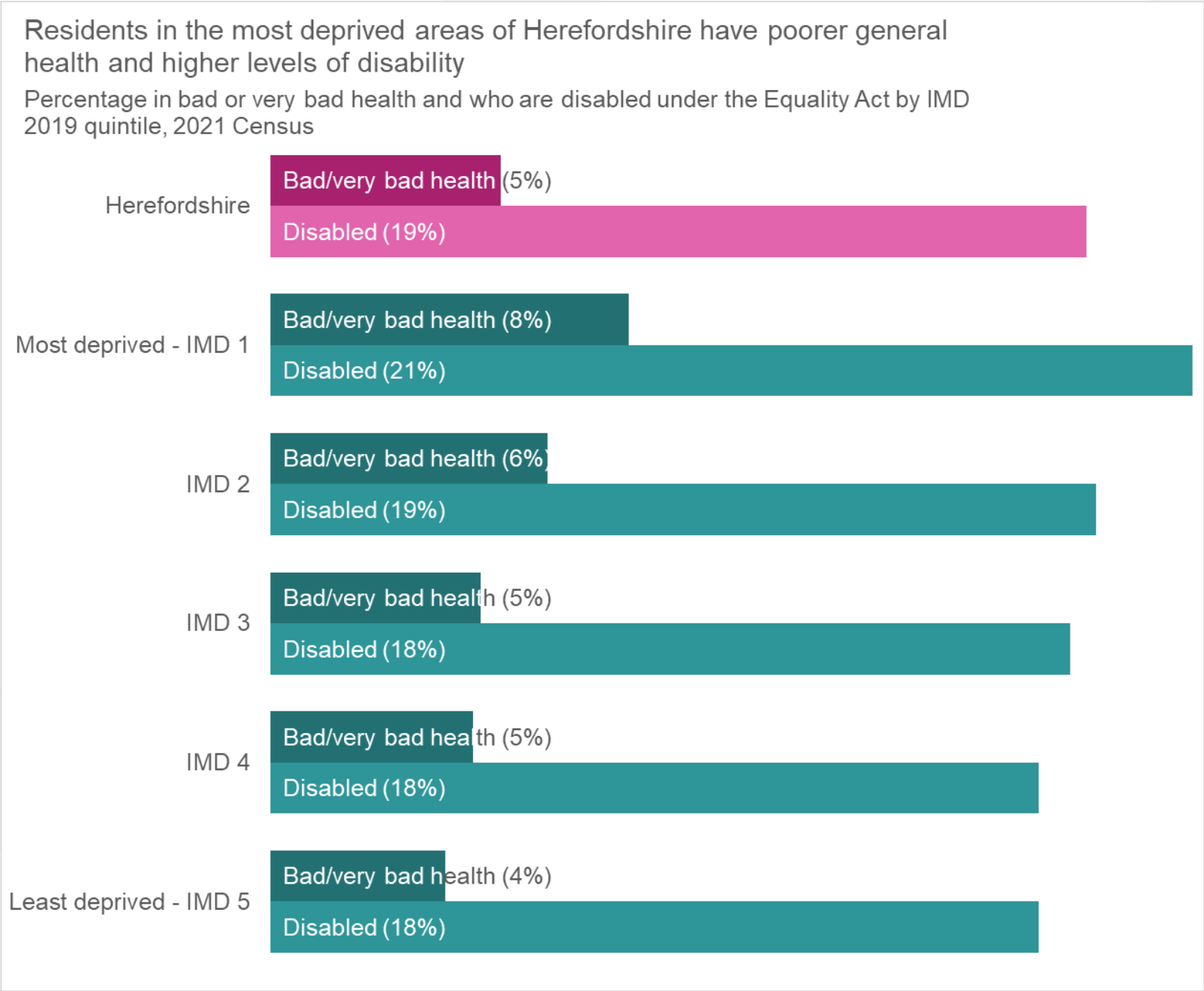
In total, 34,800 people (19%) said that they had a long-term condition (LTC) which limits their day-to-day activities, a similar proportion to nationally (18%). This would qualify as being disabled under the Equality Act 2010.

Being disabled does not necessarily mean being in poor health; around one-third (32%) of people with a disability said they were in good general health.

People who live in Herefordshire’s most deprived areas were twice as likely to say they were in bad health as those in the least deprived (8% compared to 4%). A higher proportion also had a disability which limited their day-to-day activities a lot (10% compared to 7%).

The likelihood of being in bad health and/or having a disability both increase with age, especially for those aged 75 and over. In this group, 13% reported bad health, and 42% reported having a disability, both more than double the rates seen in the total population. Typically, the most deprived areas have younger age profiles. If the different age profiles were taken into account, the disparity in health and disability levels between the most and least deprived areas would be even more pronounced.

See [2021 Census health, disability and unpaid care headline results for Herefordshire](#).



Data sources: [2021 Census: General health, Disability](#). Office for National Statistics. Last accessed 30 January 2023
English Indices of Deprivation, 2019. Ministry of Housing, Communities and Local Government. Last accessed 9 December 2024.

Long-term health conditions

Long-term conditions (LTCs) or chronic diseases are conditions for which there is currently no cure that are managed with drugs and other treatment. People living with multiple long-term conditions are at greater risk of poorer outcomes such as increased mortality, lower quality of life, and greater use of health and social care services, including unplanned [hospital] admissions. ([Director of Public Health Annual Report 2023](#))

Although the general self-reported health of Herefordshire’s population is similar to nationally (see p.24), a large number of people are living with diagnosed LTCs such as diabetes, arthritis, high blood pressure (hypertension), epilepsy, asthma and some mental health conditions.

The H&W ICS Strategy: Living well with Long-Term Conditions (2024) determined that its initial priorities would be cardiovascular diseases (including diabetes and heart failure) and respiratory diseases (including asthma and chronic obstructive pulmonary disease (COPD)). In 2023, 43% of people attending secondary care across the two counties had a diagnosis at least one of these priority conditions, with 17% of attendances having three or more.

Highlighting the link between physical and mental health, 38% of those with a priority LTC also had a mental health diagnosis.

The prevalence of diagnosed LTCs is based on GP registers. The table shows the number of Herefordshire patients with a diagnosis of the priority conditions in 2023-24. The numbers of patients with diabetes and heart failure have been increasing in recent years and the proportions with heart failure and COPD are above the national rates, although this would be expected as the rates do not take account of the older age profile locally.

The table also includes other LTCs, some of which are more common in Herefordshire, for example 20,300 adults (13%) with diagnosed depression and 8,200 (5%) with chronic kidney disease (CKD). 35,700 patients (18%) have hypertension, a major risk factor for other diseases and mortality (see p.27).

Diagnosed condition	Number of patients in 2023-24	Proportion of population (not age-standardised)	Recent trend
ICS priority conditions			
Diabetes (17+ years)	12,208	7.5%	↑
Heart failure (all ages)	2,554	1.3%	↑
Asthma (6+ years) <small>(note only includes those using prescribed medication during past year, which is only half those recorded as having asthma on GP systems: 22,700 April 2023)</small>	12,843	6.9%	-
COPD (all ages)	4,758	2.4%	→
Other long-term conditions			
Hypertension (all ages)	35,691	18.3%	↑
Depression (18+ years) <small>(Note 2022-23 data as indicator has been retired)</small>	20,335	12.8%	↑
Chronic kidney disease (CKD) (18+ years)	8,228	5.1%	↑
Coronary heart disease (CHD) (all ages)	6,926	3.6%	→
Atrial fibrillation (all ages)	6,012	3.1%	↑
Stroke	4,993	2.6%	→
Osteoporosis (50+ years)	1,228	1.3%	↑
Schizophrenia, bipolar affective disorder and other psychoses (all ages)	1,594	0.8%	→
Rheumatoid arthritis (16+ years)	1,818	1.1%	→

Source: [Quality Outcome Framework \(QOF\) data](#) DHSC Fingertips. Last accessed 20 November 2024.

Long-term health conditions: the future and inequalities

Numbers are likely to continue to rise with the ageing population

The likelihood of having one or more LTC increases with age. In February 2024, around 50% of 60-year-olds registered with a Herefordshire GP had one LTC, whilst at 80, 50% had at least two. Therefore, as the population of older people increases (see p.18), it should be expected that the number of people with LTCs will continue to rise.

Projections of the priority LTCs to inform the H&W ICS Strategy estimated that the ageing of the population structure alone, without any changes to health or lifestyles, would lead to 3,000 (7%) more diagnoses of those conditions in Herefordshire in the next decade: from 41,700 in 2023 to 44,700 in 2033. Note that these numbers include 10,000 more people with recorded asthma, but who have not been prescribed medication in the last year, than are included in the published indicator.

A significant number of younger people also have LTCs, with 25% of 35-year-olds having at least one in 2024. In particular, prevalence of Type 2 diabetes amongst 15 to 19 and 40 to 49-year-olds in Herefordshire and Worcestershire has been increasing since 2013, doubling their risk of heart disease or stroke.

LTCs are not an inevitable consequence of ageing however. The strategy emphasises the importance of an all-age approach with a focus on prevention and addressing lifestyle issues such as smoking, diet, and alcohol consumption, as well as early diagnosis and support, the engagement of education settings, and alignment to the council's 'best start in life' priority (see p.6).

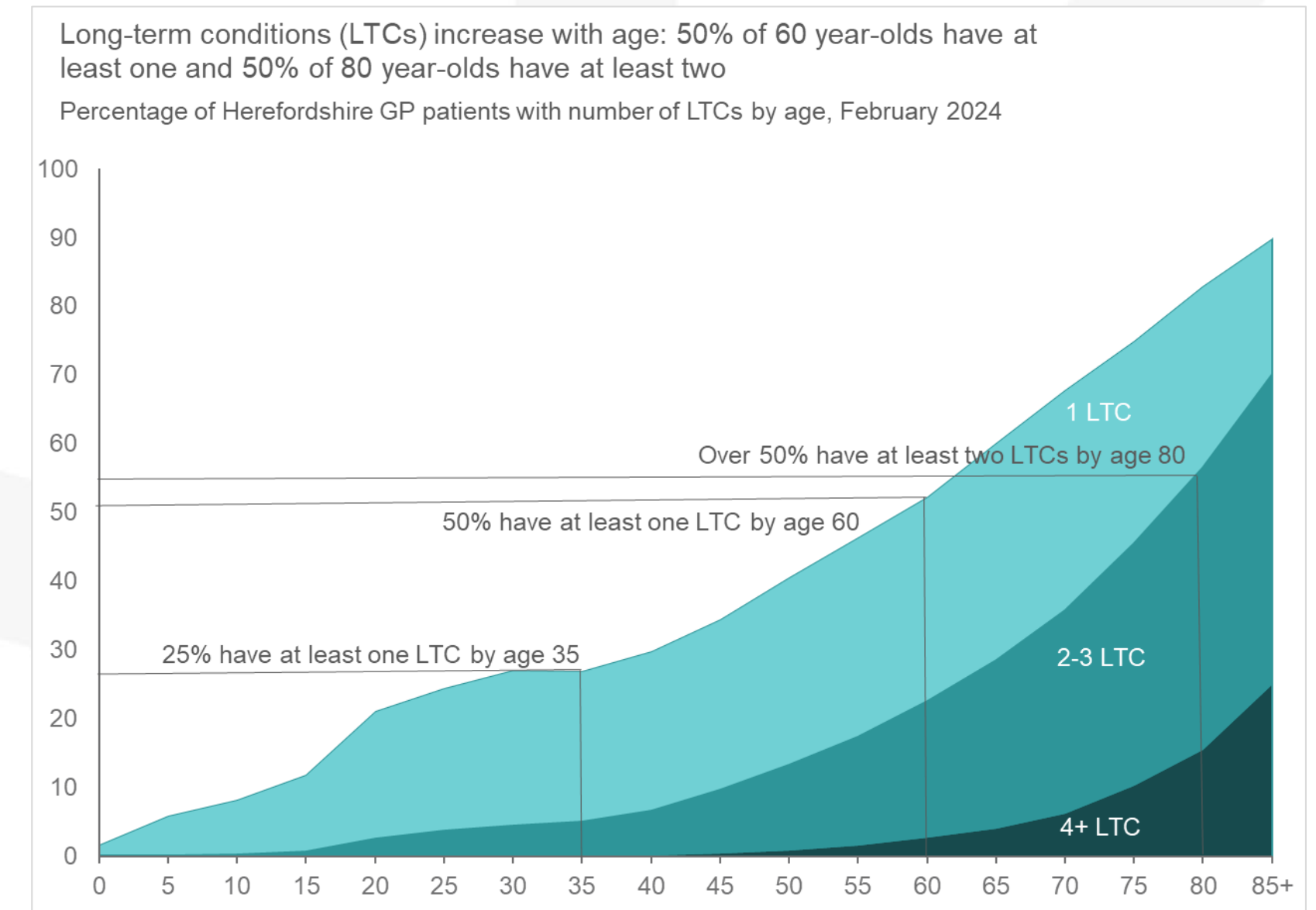
Inequalities

As well as being preventable, many LTCs are affected by the social and economic environments that people live in. In Herefordshire, we know that people born in the most deprived areas have a shorter life expectancy (see p.31) and are more likely to report poor general health (see p.24).

The strategy cites national research that people living in the most deprived communities are likely to be living with two or more LTCs around ten years earlier than people in the

least deprived, and recommends 'targeted work to address the underlying causes of these un-just and unwarranted poorer health outcomes'.

Inequalities also exist among groups with protected characteristics, for example people aged 65 to 74 with learning disabilities are twice as likely to have Type 2 diabetes as those without (24% compared to 12%).



Source: [Director of Public Health Annual Report 2023](#)

Risk factors for ill-health and mortality

‘Smoking, poor diet, physical inactivity and harmful alcohol use are leading risk factors driving the UK’s high burden of preventable ill-health and premature mortality. All are socioeconomically patterned and contribute significantly to widening health inequalities. People’s ability to adopt healthy behaviours is strongly shaped by the circumstances in which they live.’ ([Addressing the leading risk factors for ill health](#), Everest, G. *et al*, The Health Foundation, 2022)

Obesity (high body-mass index), smoking and high blood sugar levels (fasting plasma glucose) have been the biggest risk factors for disability in Herefordshire since 1990, according to the Global Burden of Disease tool (GBD, see diagram). They are also three of the four biggest risks for mortality, behind high blood pressure (hypertension).

In 2023-24, 18% (35,700) of patients registered with Herefordshire GPs had a diagnosis of hypertension, similar to statistical comparator areas but up from 16% in 2020-21 and most of the preceding decade.

Smoking rates have fallen from around 17% between 2011 and 2015 to 10% in 2023, but this still means an estimated 15,700 people are current smokers. See p.44 for more.

There are limited data on excess weight in adults, with the only published indicator suggesting that 67% people aged 18+ were overweight in 2022-23, similar to England. Excess weight in childhood is covered on p.38.

Whilst the causes of excess weight and high blood sugar can be multifaceted, there is a strong link to physical inactivity and poor diet. In 2022-23, 21% of adults were physically inactive (doing less than 30 minutes of moderate physical activity per week) and only 39% were eating the recommended five fruit and vegetables a day.

These risk factors can apply to anyone, but national evidence shows links between prevalence of them and high levels of deprivation, lower levels of education, and lower socioeconomic group. Locally, for example, there are higher rates of obesity among children in the most deprived areas, and people working in routine and manual jobs are twice as likely to smoke.

NHS Health Check is a screening programme available every five years to those aged 40 to 74. It is designed for early detection of the risks of heart disease, stroke, kidney disease and diabetes, in order to offer interventions to prevent or delay their onset and maximise health as people grow older. Over the latest five-year period (2019-20 to 2023-24), as measured in the PHOF, Herefordshire has performed poorly on both offers and receipt of Health Checks for the eligible population (see p.13). However, more recent data suggest improvement, with both significantly better than nationally in 2023-24. During 2023-24, 22,600 Herefordshire patients were invited for a NHS Health Check, more than 20% of the total eligible population, meaning that if this continues everyone will receive an invitation over a five-year period. Almost 6,500 received a Health Check. Work continues to further improve coverage, for example by offering checks at workplaces where employees are more likely to be smokers.

Identification of hypertension (case finding) and smoking cessation are also clinical priority areas in the NHS approach to reducing inequalities (see p.8).

The top seven risk factors for disability in Herefordshire has not changed in the past 30 years, with high body-mass index continuing to be the leading risk factor

Risk factors for years lived with disability, Herefordshire, 1990 and 2021



Source: [Institute for Health Metrics and Evaluation GBD Compare 2021](#) © 2024 University of Washington

Section 5: Mortality

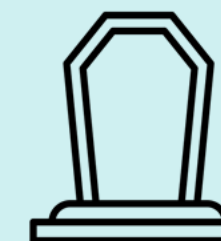
The age at which people die and what causes their death is not pre-determined and can be influenced by a variety of personal, social and environmental factors.

This section looks at overall mortality and the impact of an ageing population, and then at causes of death and inequalities due to deprivation. It also considers the factors contributing to avoidable deaths, including deaths by suicide.

A more detailed analysis can be found in the [Herefordshire Annual Mortality Report](#).

Overall deaths:

2,420 deaths registered in 2023. Gradual increase over last decade due to ageing population structure (from 1,900 to 2,000 a year prior to 2014).



Cancer and circulatory disease are the two biggest **causes of death**, accounting for 50% of all deaths.



Since 2001, around one fifth of all deaths have been either **preventable or treatable**. Around two-thirds of preventable deaths have been among males.



Mortality rate is 30% higher in the **most deprived** areas than in the least deprived. These differences are driven by deaths from respiratory and circulatory diseases.

Average of 18 deaths by **suicide** per year (2001 to 2023), ranging from 12 to 27. Suicide mortality rate in line with England's and stable over this period.

Total deaths

A total of 2,420 deaths of Herefordshire residents were registered in 2023. This number has increased gradually over the last decade. Before this, between 1996 and 2014, annual deaths averaged between 1,900 and 2,000.

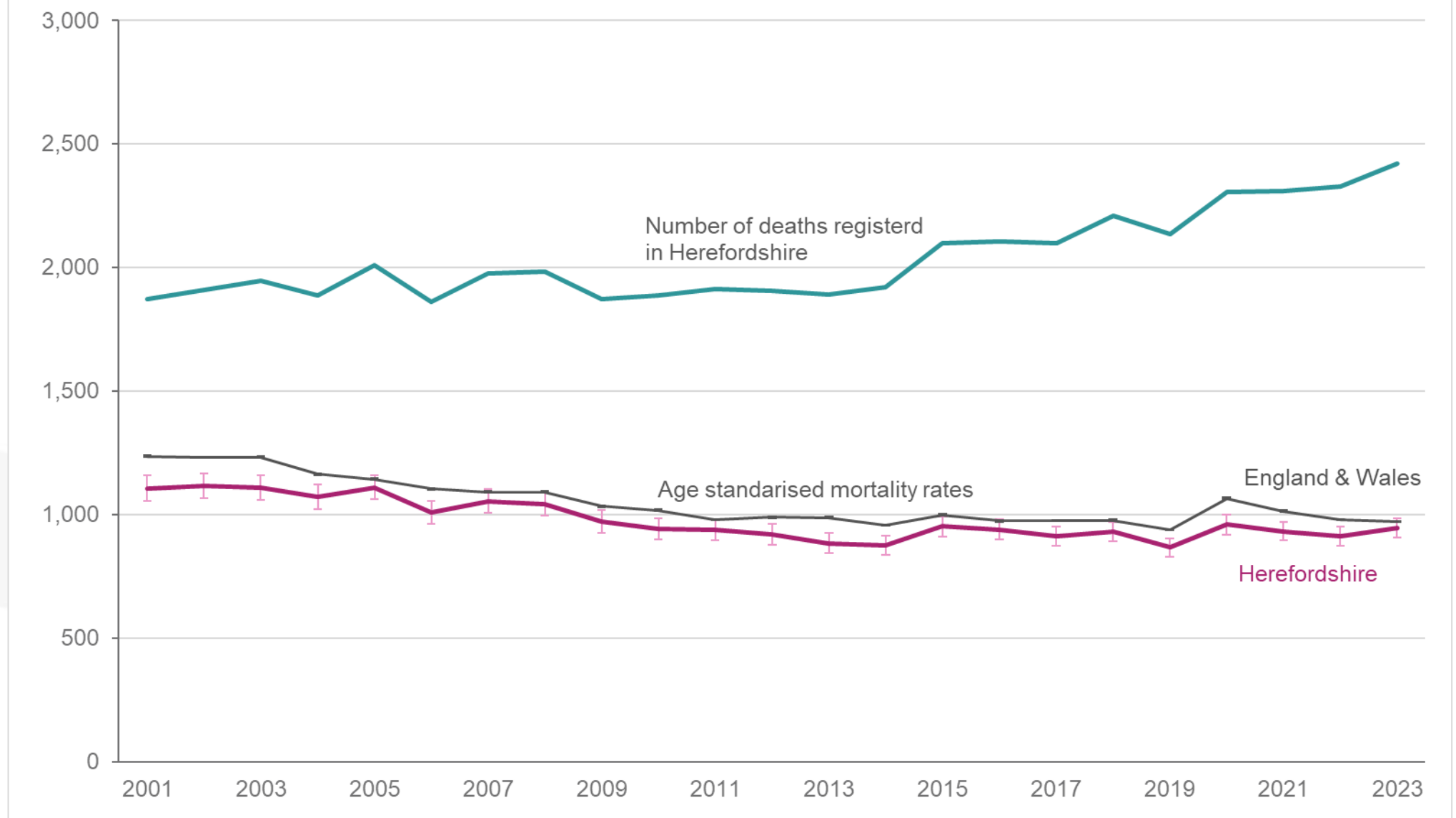
Numbers of deaths are closely linked to the age structure of a population: the more elderly people living in an area, the more naturally occurring deaths would be expected. Between 2013 and 2023, the number of people aged 85+ living in Herefordshire increased by 21%, from 5,700 to 6,900 (see p.18).

Age-standardised mortality rates (ASMRs) take account of the population size and age structure of an area. Despite the absolute numbers of deaths in Herefordshire increasing, the ASMR has fallen since 2001, and has been statistically lower than the rate for England and Wales for most of that time.

Since 2011, the number of male and female residents dying each year has been roughly equal. On average, ASMRs for males are higher than females, and males die younger than females. Since 2011, the median age of death for Herefordshire females has been around 85 compared to 80 for men.

Based only on the natural ageing of the current population structure, i.e. not taking account of any future net migration into the county, we could expect to see the number of deaths continue to increase by around twenty a year for at least the next fifteen years.

Although absolute numbers of death have increased since 2014, age-standardised rates have not
Total number of deaths registered in Herefordshire and age-standardised mortality rate per 100,000 people for Herefordshire and England and Wales, 2001-2023



Data source: [Deaths registered in England and Wales](#), Office for National Statistics. Last accessed 14 January 2025.

Causes of death

As in the rest of UK, cancer and circulatory diseases have been the two biggest causes of death for at least the last thirty years. Between them they have accounted for at least half of all deaths in Herefordshire since 1990. ([Global Burden of Disease Tool](#))

The chart shows how the main causes of death in the county have changed as a proportion of all deaths since 2001. Of the top two causes, cancer deaths remained relatively stable at 25%, whilst deaths from circulatory diseases fell from 45% of all deaths in 2001 to 25% in 2023.

Although the proportion of deaths from cancer remained stable, the absolute number rose from 480 in 2001 to 610 in 2023. The absolute number of deaths from circulatory diseases fell from 850 in 2001 to 600 in 2023.

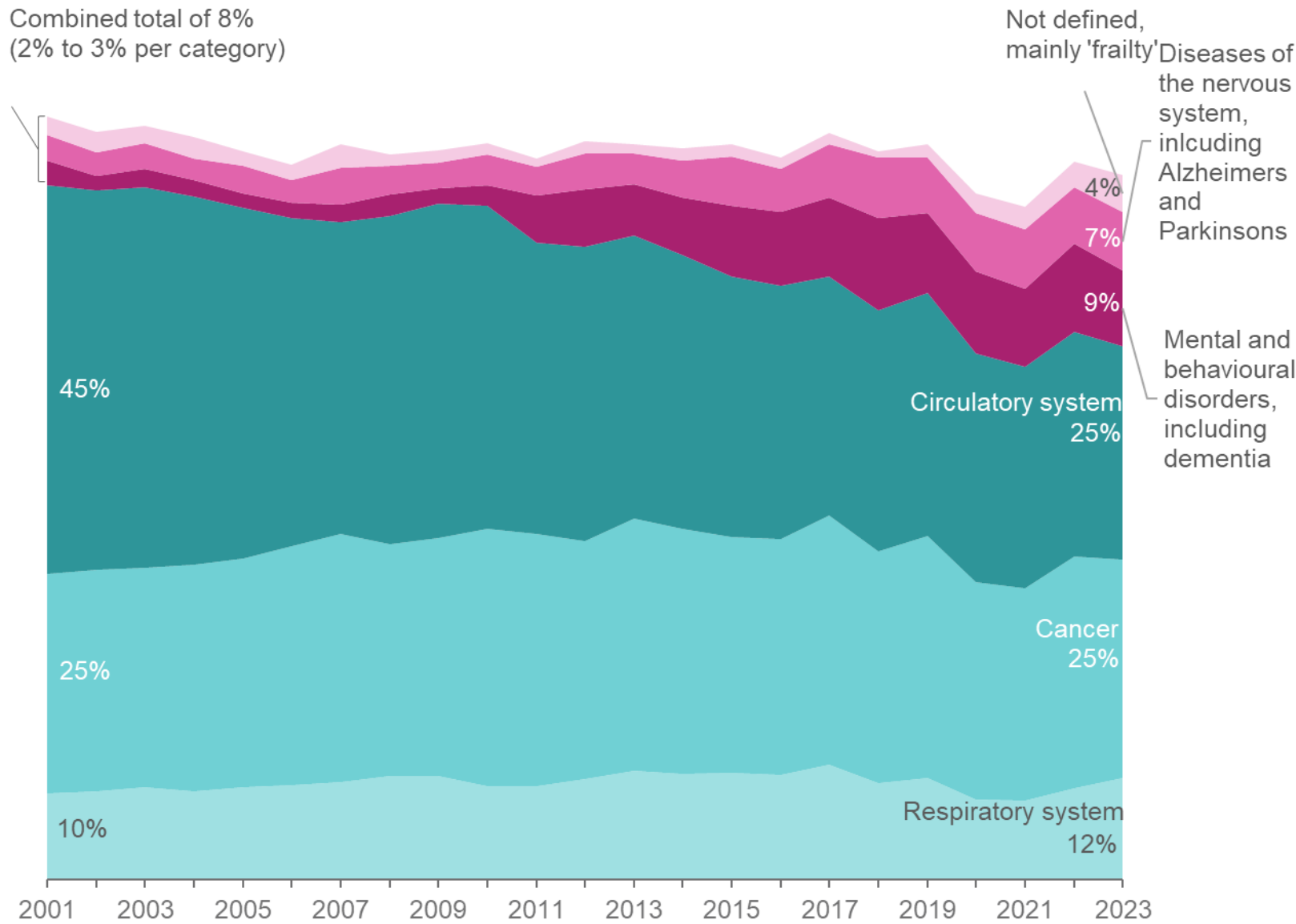
Although accounting for a notably smaller proportion (12% in 2023), respiratory diseases were the third biggest cause of death (290 deaths in 2023). These diseases also had the widest inequality in mortality rates (see p.31).

The three categories at the top of the chart (in pink) are those which have seen the biggest proportional increase over the period (see note). In 2001 they collectively made up 8% of deaths, but this had grown to 20% by 2023. Analysis of the detailed causes within these broad categories shows that this has been driven by diseases such as Alzheimer's, Parkinson's, dementia and frailty, suggesting a link with Herefordshire's ageing population. This analysis is not available nationally, but we know from joint work that this trend has not been seen in Worcestershire.

Taking the age structure into account, published [profiles](#) show that mortality rates were equal to or better than England for all but three measures in 2021-23; all of which related to stroke (overall, female, and for over 75 years old). Although mortality from stroke had more than halved since 2001, rates were still significantly higher than in England. There were 437 deaths from stroke in Herefordshire between 2021 and 2023.

Note: As shown in the chart, these are the broad ICD-10 categories of 'mental and behavioural disorders', 'neurological disorders' and 'not defined'. The ICD-10 is the World Health Organisation's International Classification of Disease, which groups specific diseases into 22 broad categories. Cause of death, as recorded on UK death certificates, is coded into ICD-10 categories by ONS.

The proportion of deaths from circulatory disease has fallen since 2001, whilst the proportion of deaths related to old age have risen during this period
Cause of death by main six ICD-10 categories in Herefordshire from 2001 to 2023



Data source: Primary Care Mortality Database, NHS Digital. Downloaded March 2024.

Mortality: deprivation

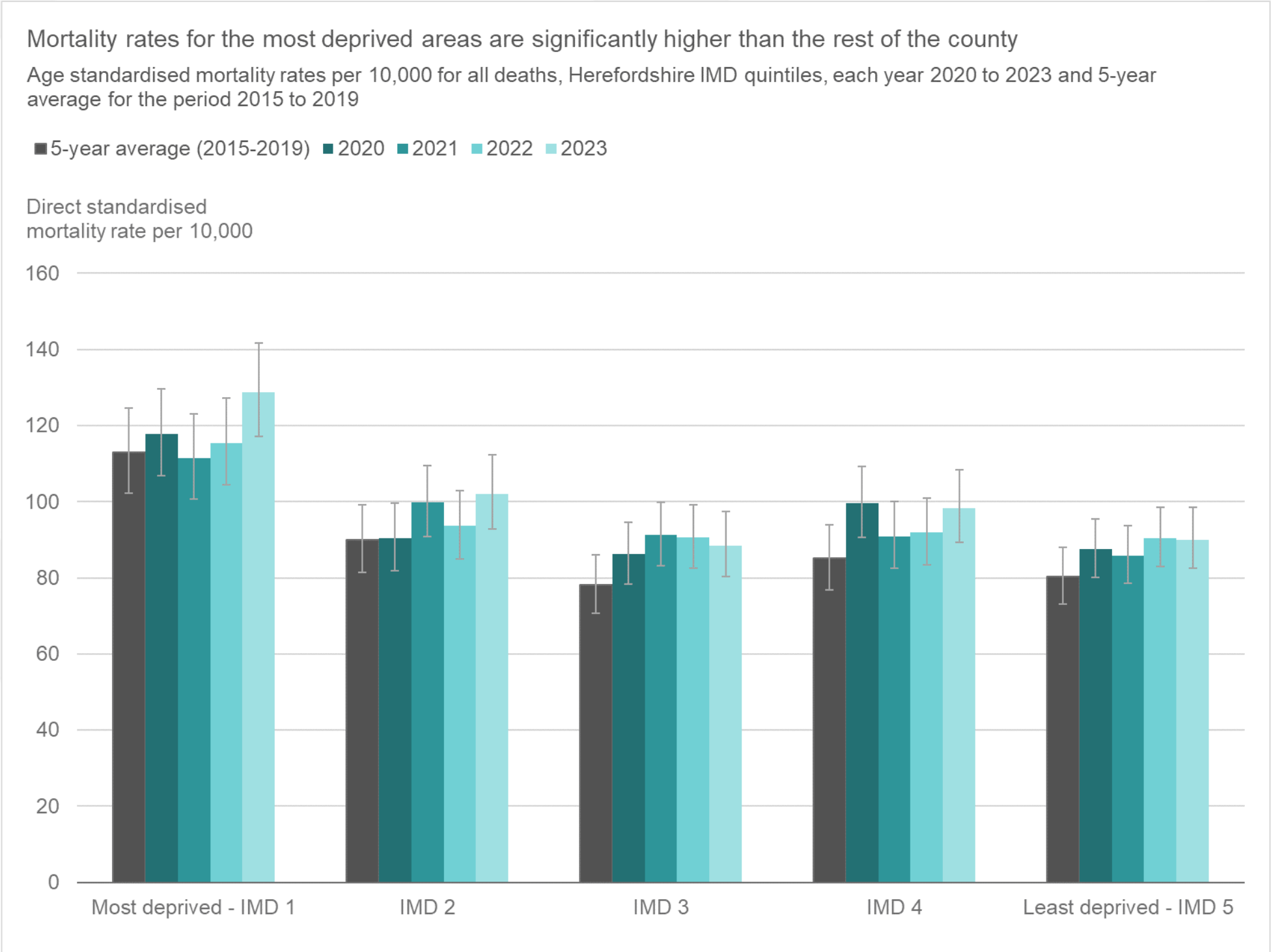
‘People who live in deprived areas and those in long-term unemployment have an increased likelihood of dying from a range of health conditions...’ ([British Medical Journal](#), 2023)

Once differences in age profile were accounted for, mortality rates had been consistently higher in the 20% most deprived areas of Herefordshire than in the rest of county, and the latest (2023) data suggest that this disparity had widened (see chart). People living in the most deprived quintile (IMD 1) experienced a 40% higher mortality rate from all causes of death than those in the least deprived quintile (IMD 5).

This pattern is different to that seen [nationally](#) and in neighbouring Worcestershire, where mortality rates gradually increase with increasing levels of deprivation. Whereas in Herefordshire, all quintiles have fairly similar rates, apart from the most deprived, which is notably worse.

Considering the broad causes of deaths, in Herefordshire these inequalities have been most apparent in deaths from respiratory and circulatory diseases during recent years. Pooling five years’ worth of data for robustness, but excluding 2020 due to the unusual number of deaths from COVID-19, the mortality rate for respiratory disease was twice as high in the most deprived areas as in the least deprived, whilst for circulatory disease it was 45% higher.

There was little difference in the total number of deaths between the most and least deprived quintiles, which means that the disparity in rates was driven by people dying at younger ages in the most deprived areas. Over the same pooled period there were 560 deaths from circulatory disease in the most deprived quintile compared to 700 in the least, whilst for respiratory disease the numbers were 300 and 270 respectively.



Data source: Primary Care Mortality Database, NHS Digital. Downloaded March 2024.

Avoidable (preventable and treatable) mortality

Avoidable mortality relates to deaths of people aged under 75 where the cause of death is considered either preventable (through effective public health and primary prevention interventions) and/or treatable (through timely and effective healthcare interventions), based on an [internationally agreed classification](#).

Avoidable mortality is lower than nationally

The [ONS](#) publish avoidable, treatable and preventable mortality data at local authority level. However, these are not broken down by cause.

These data show that once the age profile is taken into account, in general Herefordshire has had lower rates of avoidable deaths than nationally since 2001. This is driven by lower than national rates of preventable deaths, since treatable deaths are similar to national levels. Until 2012-14 there was a fairly consistent gradual fall in the overall avoidable mortality rate. However, since then the rate has remained stable.

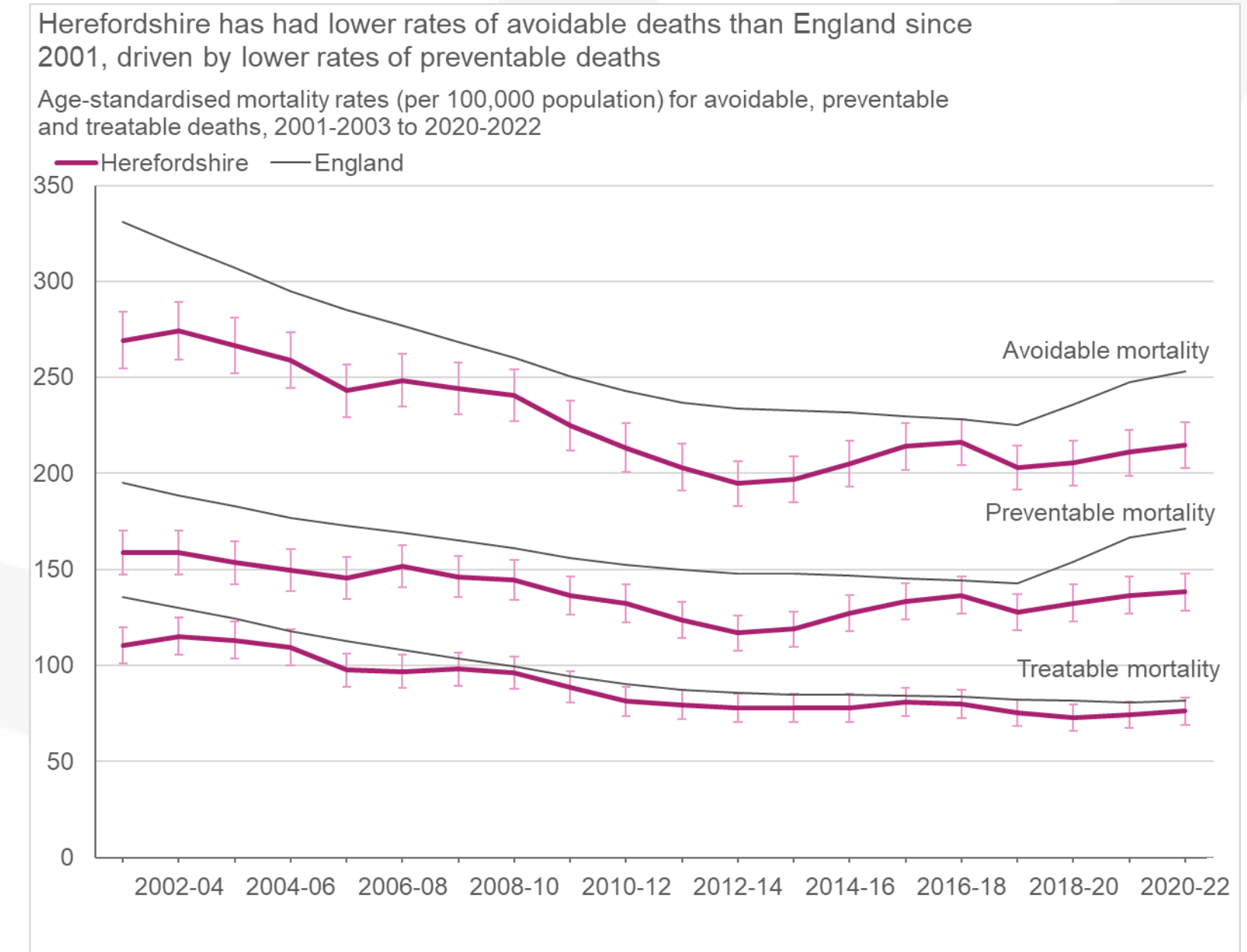
Consistently, since 2001, around one fifth of all deaths in Herefordshire have been either preventable or treatable. Of the 7,000 deaths registered between 2020 and 2022, 800 (12%) were preventable and 500 (7%) were treatable.

Causes of preventable deaths

The [DHSC](#) publish more detailed information about preventable mortality specifically. The latest data (for 2021 to 2023) showed that although overall, preventable mortality from all causes was significantly lower than England, there was some variation. Cancer rates for both males and females, and the male rate for liver disease, were significantly lower than nationally, while for cardiovascular disease (CVD) and respiratory disease they were similar.

Of the 800 preventable deaths, two-thirds were due to the three biggest overall causes of death: cancer (247), CVD (181) or respiratory disease (96), representing 10 to 14% of all deaths from each of these diseases. Although a relatively small absolute number, 59% (81) of the 137 deaths from liver disease were considered preventable.

Males are consistently more likely to die of preventable causes than females: since 2001 around two-thirds of preventable deaths in Herefordshire have been among males. The disparity is consistently widest for deaths from cancer and CVD.



Data source: [Avoidable mortality by local authority in England and Wales](#), Office for National Statistics. Last accessed 10 December 2024.

Suicide

‘There is no single reason for why people die by suicide. Social, psychological and cultural factors can contribute to a person being at greater risk of suicide.’ However, in many cases poor mental wellbeing can be an important factor. ([Mental Health UK](#))

The overall suicide rate for Herefordshire has shown no significant trend since 2001 and is not statistically different to England’s. Because numbers are small, fluctuating year-on-year, the rate over a three-year rolling period is used as a more robust indicator of trends and for comparison. 54 suicides were registered in Herefordshire during 2021-23, equal to the annual average of 18 a year since 2001. Absolute numbers registered each year fluctuated between 12 and 27 during the period 2001 to 2023.

The age and sex profile of deaths from suicide has also consistently been the same as nationally over the last two decades:

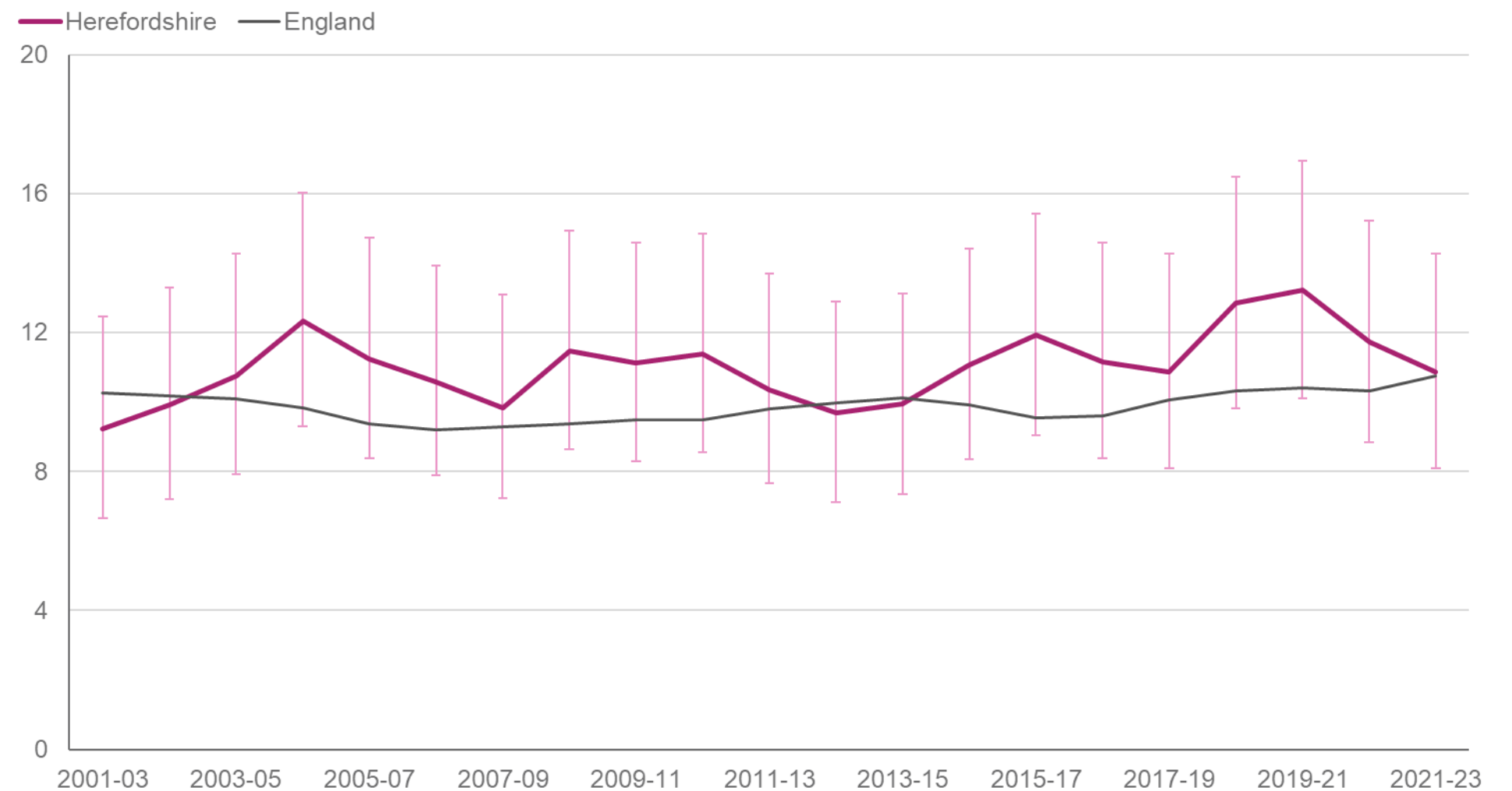
- Males are three times more likely to die by suicide than females, accounting for 75% of all suicides.
- Whilst deaths by suicide occur from teenage years to over 90, the highest suicide rates are seen in those aged 45 to 64. The average age that someone dies from suicide is 50.
- However, suicide is also one of the biggest killers of men aged under 35, accounting for 1 in 4 deaths.

There can be an association between suicide and mental ill-health; see p.43 for more information on mental health.

Herefordshire has an established multi-agency Suicide Prevention Working Group and recently set up a Suicide Audit Group to ensure a data-driven, collaborative approach to suicide prevention and bereavement support. A new Prevention Strategy and Action Plan in 2025 will align with the national [Suicide Prevention Strategy](#) while addressing specific local needs based on analysis and engagement work.

The suicide rate in Herefordshire has been unchanged and consistently in line with England over the past 20 years

Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population in Herefordshire and England, 2001-2003



Data source: [Age-standardised suicide rates](#), Office for National Statistics. Last accessed 9 December 2024.

The ONS publish [national analysis](#) of suicide data, and the DHSC [Fingertips public health profiles](#) enable comparisons with other areas and change over time.

Section 6: Children and young people

‘The early years of a child’s life have a huge impact on their future development and physical and mental wellbeing. The foundations for virtually every aspect of human development start from preconception and what happens from this point forward has lifelong effects on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational achievement and economic status.’ [Marmot Review 2010](#)

This section looks at the factors that can help determine whether a child has the best start in life, focusing on the main challenges locally. It reflects the ambitions of the JHWBS, and the findings of Herefordshire Council’s 2022 assessment of the [Health and Wellbeing Needs of Children and Young People \(CYP\)](#).

An important source of evidence was the 2021 [CYP Quality of Life \(QoL\) Survey](#) of 5,000 students at local schools and colleges. The survey was repeated in 2024, and, once published, results will inform the continuous JSNA process.

Risks in pregnancy:

Increasing risks from maternal obesity and diabetes. Smoking in pregnancy has fallen; 8% of women were smokers at the time of delivery in 2023-24.



10% of Reception and 21% of Year 6 pupils were classified as **obese** in 2023-24.



39% of five year-olds had experience of visually obvious **dental decay** in 2021-22 - the 8th worst rate in England.



Early years **child development** has fallen: 82% of 2 to 2½ year-olds had a 'good' level in 2023-24 compared to 88% in 2021-22.



Only 24% of primary and 13% of older pupils had a high level of **resilience** in 2021.



Numbers with the highest level of **special educational needs** rose by 40% in the last five years: in 2023-24 1,150 pupils had an Education, Health and Care Plan (EHCP).



Overall demand for **Children's Services** and rates of looked after children remain relatively high but show signs of improvement.



~400 Children in Care in 2023-24

Pregnancy and birth

One of the four 'best start in life' ambitions of the [JHWBS](#) is that 'parents are well supported during pregnancy and birth'. All of the indicators discussed on this page are included in the DHSC Child and Maternal Health [Fingertips profile](#).

The majority of the 1,600 births in Herefordshire each year have good outcomes. Over 90% are full-term and few of these (2 to 3%) are underweight. Early access to maternity care is similar to England overall, with 63% of women having an initial 'booking-in' appointment with a midwife by their tenth week of pregnancy in 2023-24 (although until 2021-22 the proportion was better than nationally, at 71%). Over half of babies are breastfed at 6 to 8 weeks of age (55% in 2022-23 compared to 49% for England), providing health benefits for both mother and infant.

Nevertheless, the [2022 Health and Wellbeing Needs of CYP](#) concluded that some aspects of maternal health were of concern. It drew particular attention to the risk factors of smoking and excess weight in pregnancy; premature births; and infant mortality. These were also reflected in the 2023 H&W ICS Local Maternity and Neonatal System (LMNS) Strategy.

Risk factors in pregnancy: smoking has fallen

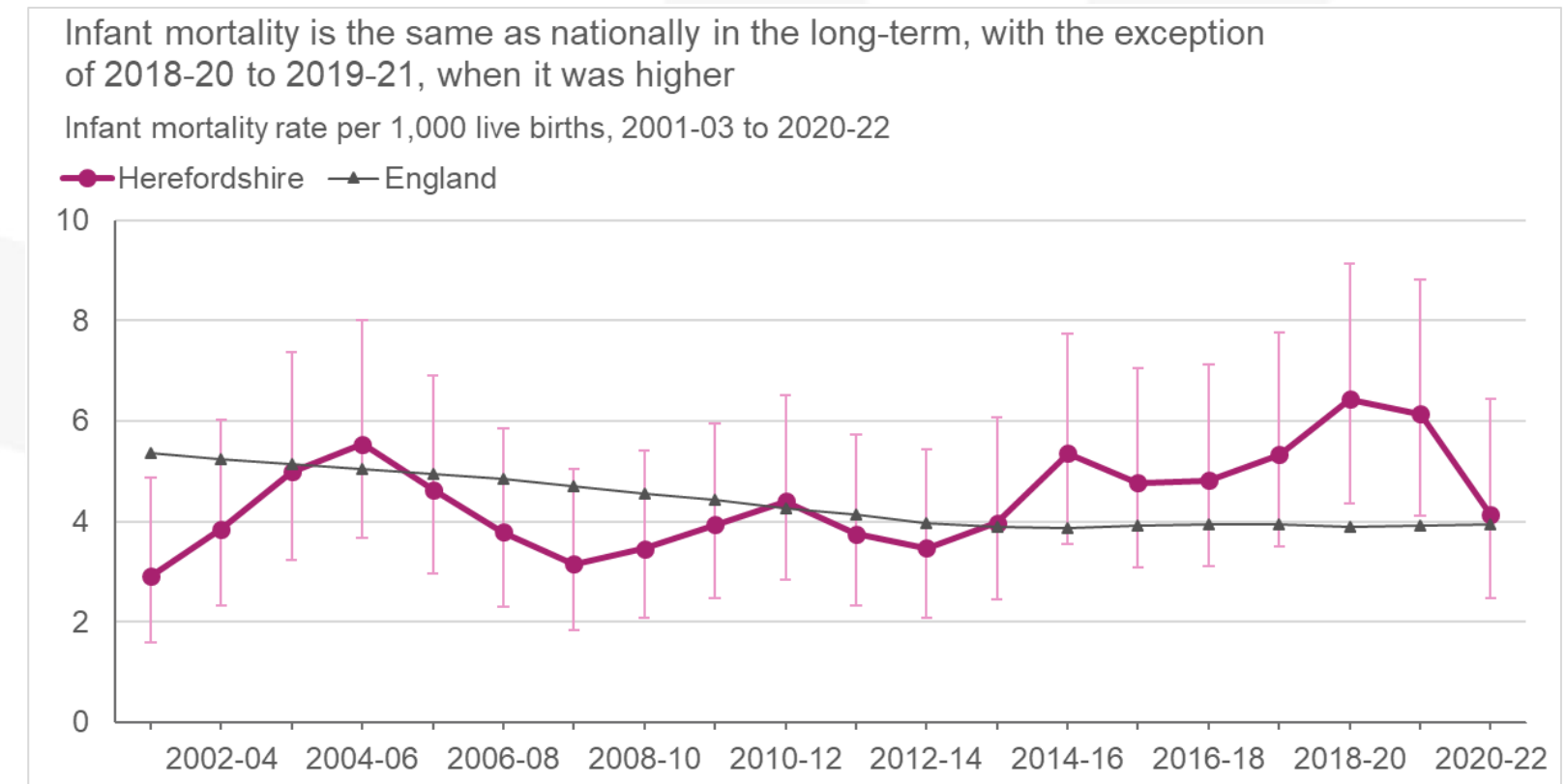
The LMNS Strategy noted that, as nationally, maternal obesity has increased 'over the past 10 years', along with gestational and pre-existing diabetes. 'These changing risks will impact new-born and maternal outcomes'. The latest published figure estimated that in 2023-24 26% of women were obese in early pregnancy, in line with England and statistical comparators but still representing one in four pregnancies.

'Smoking in pregnancy results in poorer outcomes..., and is associated with deprivation and [is] a cause of health inequality'. The proportion of Herefordshire mothers who were smokers at the birth of their baby had been around 14% for much of the last decade, and since 2016-17, had been consistently higher than England's, which had fallen steadily from 14% in 2010-11. However, it has shown signs of improvement since 2019-20 and in 2023-24 was 8%, similar to the England figure (7%).

Infant mortality: no longer significantly higher than England

Infant mortality (deaths under a year of age) is an indicator of general population health. Small numbers can mean wide annual fluctuations, so rates are published for three year rolling periods. The England rate has been 3.9 per 1,000 live births since 2013-15. It was slightly higher locally, and in 2018-20 and 2019-21 the difference was big enough to be statistically significant (6 per 1,000) - equating to an average of 10 deaths a year compared to fewer than 8 in earlier years. However, the latest published rate was almost the same as England's: 4.1 in 2020-22.

A [local review of infant mortality in 2021-22](#) reported that the most common risk factors were prematurity, smoking, neonatal care and families with complex social factors. In 2019-21, [93.2 per 1,000 births were premature](#), reflecting a rise from 2015-17 and a higher than national rate since 2017-19 (around 80 per 1,000).



Data source: [Infant mortality rate](#). Fingertips, DHSC. Last accessed 9 December 2024.

Child development and educational outcomes

‘The first 1,000 days of life, from conception to age two, is a critical phase during which the foundations of a child’s development are laid. If a child’s body and brain develop well then their life chances are improved.... Clear inequalities [are] evident by socio-economic position from an early age. By the time children get to school, there are already big differences in their levels of development which persist and amplify over time.’ ([House of Commons Health and Social Care Committee](#), 2019)

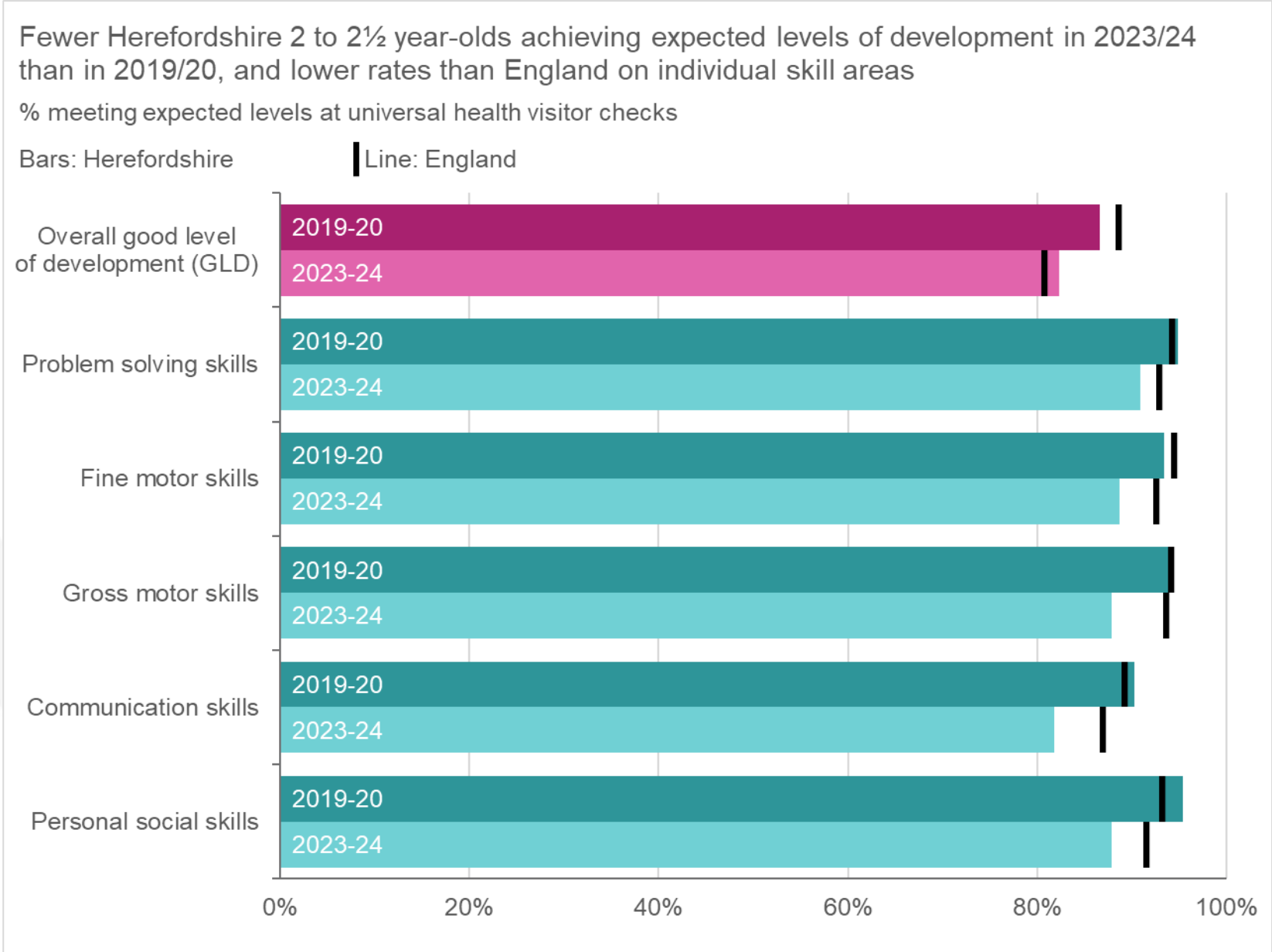
The above is recognised in the [JHWBS](#) ambition that ‘children are able to achieve their early developmental milestones’ under the ‘best start in life’ priority. The 2022 [Health and Wellbeing Needs of CYP](#) noted that although overall early years’ development in Herefordshire was good, there was a clear inequality for disadvantaged children by the time they start school. It was also too early to see any impacts of the pandemic.

Insights come from universal checks on whether children are achieving expected levels of development for their age, covering aspects of learning such as personal, social and emotional; communication; physical ability; as well as educational. If they are, across all skill areas, they are considered to have a ‘good level of development’ (GLD).

The first of these checks take place at age 2 to 2½, where most children do achieve a GLD: 82% in Herefordshire in 2023-24. However, the latest data show signs of a local deterioration, with lower proportions achieving overall GLD and expected levels on each of the skill areas in 2023-24 than in 2019-20 (when overall GLD was 87%). Rates are now worse than England on each of the five skill areas and in line with the national rate for overall GLD (80%). Many similar authorities remain better than nationally, although most have also seen a declining trend.

The second development check is at the end of the Early Years Foundation Stage (EYFS), usually around age five when finishing Reception year in school. Generally, a lower proportion of children meet the expected levels across all aspects of these age-appropriate skills than at 2 to 2½. In 2022-23, 70% of Herefordshire children achieved a GLD at the end of Reception, higher than the 67% for England.

This is the first point at which inequalities are measured, and as nationally, there is a clear gap between children eligible for free school meals (a common proxy for disadvantage) and their peers. In 2023 only 55% of these pupils had achieved a GLD, statistically similar to England (51%).



Data source: [Early Years indicators, Child and Maternal Health Profile](#). Fingertips, DHSC. Last accessed 9 December 2024

Special educational needs and disabilities (SEND)

A child or young person (up to the age of 25) has SEND if they have a learning difficulty or disability which calls for special provision to be made for them where they learn. The needs of most children with SEND can be met with some support to access education (SEN support), but a small number of children need more specialist help and, following statutory assessment, may require an education, health and care plan (EHCP).

The 2024 SEND needs assessment (not yet published) provides a single up-to-date evidence base to inform the Herefordshire SEND and Alternative Provision Partnership's work improving services and outcomes for children and young people, as set out in its [2023-26 strategy](#).

Numbers with the highest need continue to rise

Herefordshire has consistently had a relatively high rate of school pupils identified as having SEND. The 5,200 in 2023-24 represented 21%, compared to England's 18%. Most (4,050) had SEN support, 600 more than in 2018-19 – a 17% increase. At the same time, 1,150 pupils had an EHCP, which in line with the rest of England had increased by 40% since 2018-19: from 2.6% of pupils to 4.6%. The majority (56%) were educated in mainstream state-funded schools, and a disproportionate number (30%) lived in the most deprived quintile of the county.

The profile of SEND needs remained broadly similar to England. In 2023-24, the most common was 'social, emotional and mental health' (21%) and 'speech, language and communication' (19%) needs. The proportion identified as 'Autistic Spectrum Disorder' needs increased from 5% in 2018 to 9%, but remained much lower than in England (15%). The H&W ICS [All-Age Autism Strategy](#) stated that this likely reflects the length of waiting for a diagnosis of autism.

Strengths

The EHCP assessment process appeared to be working well locally. Although still lower than before the pandemic, 77% of new EHCPs were developed within the twenty-week national requirement in 2023, notably higher than the 50% nationally.

Herefordshire's [coproduction charter](#) enables parent carers to have their say and influence change in the delivery of services. Recent actions included improved engagement and the joint development of better information materials.

The evidence of need gathered from QoL surveys in both mainstream and special schools informed priorities for health and wellbeing improvements. Parent carers of a third of special school pupils said in 2022 that tooth brushing was inconsistent, so those schools now support supervised tooth brushing.

Opportunities for improvement

There were clear inequalities. In the 2021 QoL survey there were significant unfavourable differences between pupils in mainstream secondary schools who said they had a disability and their peers. Themes included mental wellbeing, resilience and coping strategies, bullying and physical attacks, and sense of belonging. For example, 48% were afraid of going to school because of bullying at least 'sometimes' compared to 29% of pupils without SEND.

Historically, Herefordshire children with SEN support had generally done better than their peers nationally in the early key stages of education, but there had been persistent gaps in attainment for those with EHCPs. Changes to the education system limit long-term trend analysis, and small numbers mean that results can fluctuate as different groups pass each stage (the cohort effect). However the needs assessment noted signs that this picture was changing. In 2024, only 26% of children with SEN support achieved a GLD at the end of Reception, similar to the national rate and lower than the 37% in 2022. Conversely, recent EHCP cohorts did better than both their peers nationally and previous cohorts locally at the end of primary school.

The needs assessment concluded that although referrals to services had risen, recording systems did not enable a holistic view of the needs of children with SEND across the whole partnership. It recommended that a comprehensive tracking system across all services would support an understanding of need and tracking of outcomes for children and young people.

Children and young people's physical health: excess weight

One of the four 'Best Start in Life' ambitions of the JHWBS is that 'children enjoy good health and wellbeing'. The desired outcomes related to physical health focus on two of the biggest long-term physical health challenges: excess weight and oral health, as well as improving vaccination coverage.

Excess weight patterns are broadly in line with England

The DHSC [states](#) that 'tackling obesity is one of the greatest long-term health challenges currently faced in England', and the latest data indicate that Herefordshire is no different. The National Child Measurement Programme weighs children at school in Reception (age 4 to 5) and Year 6 (age 10 to 11).

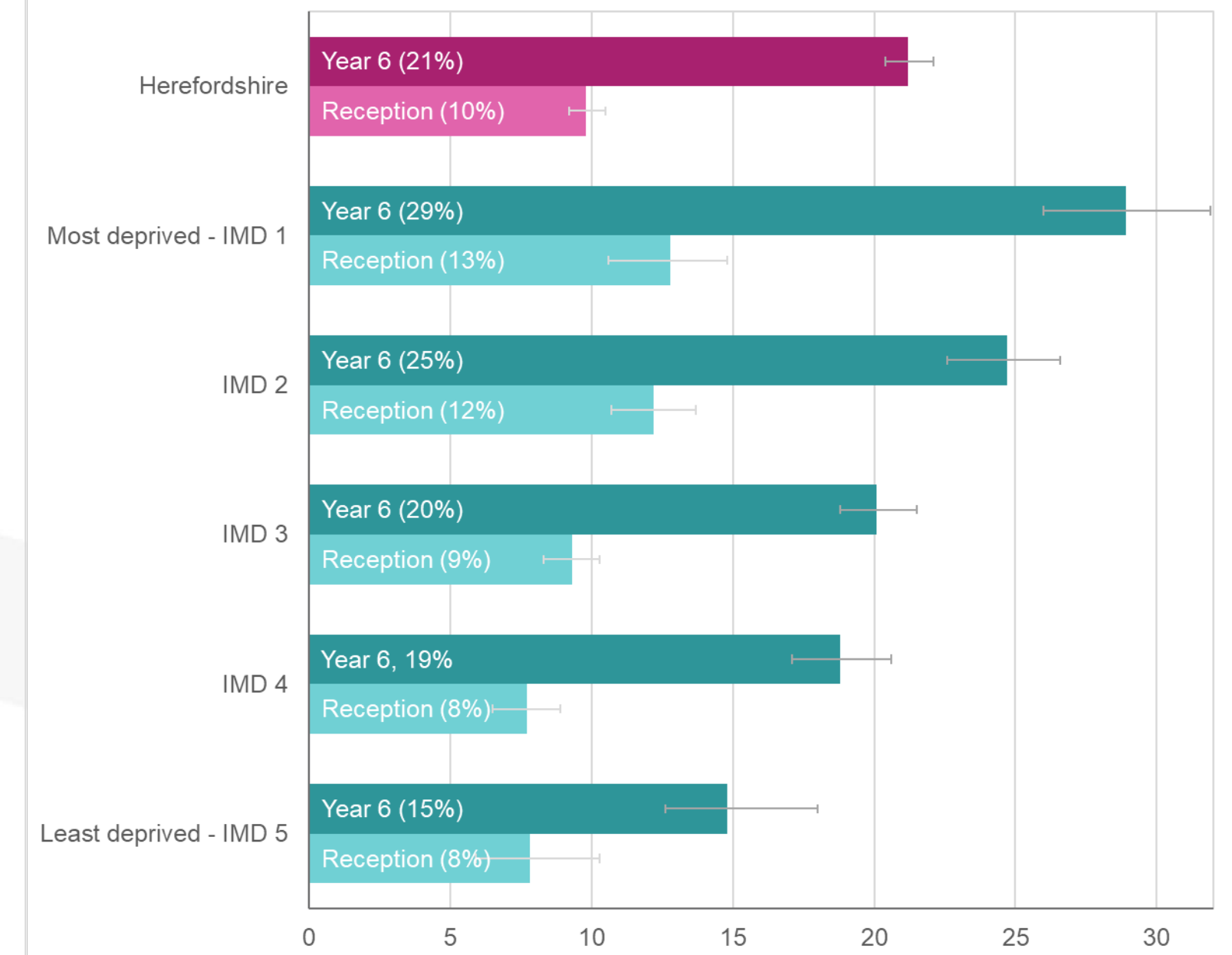
In 2023-24, 22% of Reception children were overweight (including obese), rising to 35% of Year 6. There were signs of improvement for the youngest age group, with fewer children overweight when starting school in the last two years than previously: in the three years 2019 to 2021 the rate was 26%, which was significantly higher than England overall.

Considering obesity specifically, there has been a long-standing pattern of rates doubling during primary school. In 2023-24, 10% of Reception and 21% of Year 6 were classified as obese. Reflecting the national pattern, children living in more deprived areas have had consistently higher rates of obesity, with a significant difference locally between the two most deprived quintiles and the two least deprived (see chart). For example, 29% of Year 6 children in the most deprived quintile (IMD 1) compared to 15% in the least deprived quintile (IMD 5). The chart also shows that the difference in obesity rates between Reception and Year 6 has been widest in the most deprived areas: a difference of 16 percentage points in IMD 1 compared to 7 in IMD 5.

Obesity in childhood is a strong indicator of obesity in adulthood, which is one of the major risk factors for disease (see p.27). Explore long-term trends and geographical variation in DHSC's [Obesity Profile](#).

Children in more deprived areas are more likely to be obese than those in less deprived areas

% of children in Herefordshire in Reception class and Year 6 who are obese by Index of Multiple Deprivation (IMD) 2019 quintile, 5 years pooled 2019/20 to 2023/24



Data source: [Obesity Profile](#). Fingertips, DHSC. Last accessed 9 December 2024.

Children and young people's physical health: other aspects

Significantly higher rates of dental decay than most of England

In 2021-22, 39% of Herefordshire five-year-olds had experience of visually obvious dental decay, based on a sample selected under the National Dental Epidemiology Programme. This was the eighth worst rate in the country on this key [indicator of dental health](#), and significantly above that of England (24%) and all statistical comparators (all either the same or lower than England). The local rate has not changed significantly since the measure was first recorded in 2007-08, whilst England's has fallen from 31%.

Local access to NHS dentists is a commonly cited problem – see for example the 2022 Healthwatch [Herefordshire Dental Engagement](#) report. Half of CYP who took part in the 2021 QoL survey said they had seen a dentist in the 2020-21 academic year, although routine access may have been impacted by the COVID-19 pandemic. Two [new NHS practices](#) will have opened in Hereford by the end of 2024. Preventative efforts are focused on working in partnership with nursery and education settings to encourage healthy oral care habits such as supervised tooth brushing.

Vaccination coverage below target

Historically, Herefordshire has had better coverage of childhood vaccinations than nationally, and this remains the case in the latest data (2023-24). However, levels remain significantly below the national target of 95% population coverage at age five for the pre-school vaccinations of:

- 4-in-1 booster against pertussis (whooping cough), diphtheria, tetanus and polio offered at three years four months (also called Dtap/IPV): 89%.
- Full two doses of the MMR vaccine against measles, mumps and rubella: 90%.

This is despite uptake initial uptake of first doses of both of these vaccines being closer to or above target: 96% for Dtap/IPV/Hib/Hep B and 93% for MMR. Both are priorities for improvement under the JHWBS.

Having been below the national rate for a year in 2022, [vaccination coverage of children in care](#) was better in 2023 (87% compared to England's 82%), but remains lower than the 97% achieved locally in 2018.

Hospital admissions

[Hospital admission indicators are published](#) to benchmark the use of acute healthcare services, with rates per 100,000 population enabling comparison between different sized areas. However, such indicators may be influenced by local variation in referral and admission practices, as well as variation in incidence or prevalence.

A child is recorded as being admitted to hospital in Herefordshire if they are seen on the children's ward. Admissions can be planned via an appointment or unplanned (emergency), for example via attendance at A&E.

The rate of child A&E attendances has been lower than nationally, although the absolute number of visits rose from 13,000 under-18s in 2021-22 to 14,150 in 2022-23. Conversely, the overall rate of emergency admissions for children has been significantly higher than England's since 2010-11 (except during the pandemic). There were 3,300 admissions of under-18s in 2022-23, 58% of which were under-fives.

Four specific admission reasons had rates significantly higher than England in 2022-23:

- Unintentional and deliberate injuries to children aged under 15 (particularly 5 to 15), although the recent trend was improving: 245 in 2022-23 compared to 345 in 2019-20.
- Epilepsy amongst under-19s: consistently higher than England, and the highest in the country in 2022-23. Having averaged around 40 per year since 2013-14, there were 70 admissions in 2022-23.
- Lower respiratory tract infections: 2022-23 saw 235 admissions of under-fives, 75% of which were under one year old.
- Gastrointestinal infections amongst under-twos, although small absolute numbers (55 admissions in 2022-23) mean that the confidence intervals around these rates are very wide.

Although these indicators give a sense of the demand for emergency healthcare, they should be interpreted with caution. Several local analyses have suggested that over half of recorded child admissions are discharged the same day.

Children and young people's mental health

'Mental health is as important to a child's safety and wellbeing as their physical health. It can impact on all aspects of their life, including their physical wellbeing, relationships and educational attainment. Mental health can also change over time, to varying degrees of seriousness, and for different reasons.' ([NSPCC](#), 2024)

Mental wellbeing and resilience

Nationally, an estimated one in five children and young people had a probable mental disorder in 2023 ([NHS England](#)). Locally, the 2021 QoL survey provided new insight into the emotional health and wellbeing of almost 5,000 children and young people at school and college in Herefordshire. It revealed that the majority were happy with their life: 75% of primary pupils and between 50 and 60% of older CYP. However, large minorities had low mental wellbeing scores: 25% of primary pupils and 48% of older students.

The most common worries across all ages were about their future, the way they look, and, especially for teenagers, their own mental health. Even at primary age, 28% of boys worried about their future, and 34% of girls worried about the way they look. 33% across all ages were afraid to go to school at least sometimes because of bullying.

Building resilience (the ability to cope with adversity and adapt to change) in children and young people can have life-long protective benefits. Only 24% of primary and 13% of older pupils had a high resilience score (based on answers to what they do if something goes wrong or if they don't succeed).

Across multiple indicators emotional wellbeing and resilience was generally lower amongst teenagers and girls in particular; for example 28% of girls from Year 7 onwards weren't happy with life, compared to 10 to 13% of boys of all ages.

Inequalities were also noted amongst disabled and economically disadvantaged pupils, and these children were also most likely to say that they or their family had sought help for their mental health: 40% of secondary pupils with a disability compared to 25% without, and 20% of those eligible for free school meals compared to 12% who were not.

Mental ill-health

Mental health risk factors are often inter-related and compounding, and mental ill-health of parents is a significant risk for children's wellbeing. Mental health support for a family member is one of the most common reasons for needing Early Help in Herefordshire (identified in 73% of new cases in 2020-21), and parental mental ill-health is observed in many social care assessments (29% in 2020-21).

Depression was the second most common LTC for children and young people registered with a Herefordshire GP in 2024 (behind asthma). Currently (October 2024), 13% (275) of children and young people aged 10 to 19 years have a diagnosis of depression. Depression is particularly prevalent among teenagers with 96% of these cases amongst those aged 15 to 19 years.

The CLD Trust provides specialist mental health services for children and young people in Herefordshire. According to its [Annual Report for 2023-2024](#), the number of referrals it had received increased by 30% during the year. From April 2023 to March 2024, overall 1,660 children and young people were referred to the CLD Trust for emotional health and wellbeing support, 7% directly from Child and Adolescent Mental Health Services (CAMHS), which provide services for CYP with persistent and complex issues.

Published data suggest that Herefordshire had the highest rate in England for under-18s being [admitted to hospital for mental health conditions](#) in 2022-23. However, such indicators may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence. Nevertheless, the local rate was significantly higher in the last two years than before 2019-20, with 120 admissions in 2022-23 compared to fewer than 70 a year.

More detail on children and young people's mental health will be available once the Mental Health Needs Assessment undertaken in 2024 is published (see p.43).

Safeguarding children

The UK government's [Working Together](#) statutory guidance (2023) requires that local arrangements are in place to safeguard and promote the welfare of children, and to work together to identify and respond to the needs of children in the area. Locally, this is the Herefordshire Safeguarding Children Partnership (HSCP), made up of the statutory partners of the council, police and NHS Integrated Care Board. Its strategic priorities are aligned to the Children's Services [Improvement Plan](#), put in place following the 2022 'inadequate' Ofsted rating.

The rate of children with experience of the social care system in Herefordshire is consistently amongst the highest in England. Latest published [comparisons](#) showed that there were 412 Children in Care in 2022-23, which represented a rate of 121 per 10,000 children; the 17th highest of all upper-tier local authorities in England, and significantly higher than in all statistical comparators except Shropshire. This was the highest it had been for five years, and had increased by 100 children since 2019-20.

The HSCP's [Yearly Review of Effectiveness Report 2023-24](#) set out evidence of the impact of the partnership's activities for the year. It recognised sustained high demand for Children's Services, indicating required continuation of work to ensure appropriate application of thresholds of need (see diagram).

However, the 2023-24 data showed signs of emerging improvements in dealing more appropriately with need, for example through prevention or early intervention:

- Although numbers of safeguarding contacts received by the Multi-Agency Safeguarding Hub (MASH) remained high, fewer progressed to referral: 20% compared to 28% in 2022-23.
- The rate of Children in Need fell to 88 per 100,000 from 105 in 2022-23, more in line with other local authorities in the West Midlands.
- There was an increase in Early Help activity (almost 5,000 Children's' Help and Advice Team contacts, 34% more than the year before).
- 204 children were on a Child Protection Plan (CPP) in March 2024. This was lower than in March 2023, but had been increasing since June 2023. The rate remained relatively high.

- Although the rate remained high, the absolute number of looked after children fell: 98 children were taken into care in 2023-24 whilst 119 left.

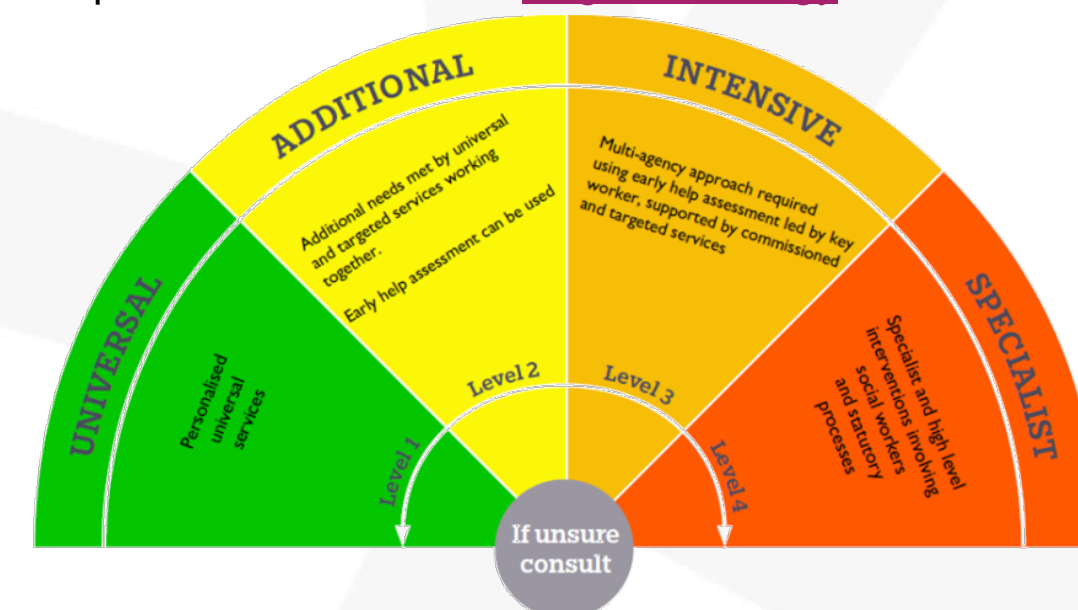
Emotional abuse was the most common reason for children being subject to a CPP, followed by child neglect. A small proportion were due to sexual or physical abuse.

Almost all (94%) of Herefordshire's care experienced young people aged 19 to 21 lived in suitable accommodation. The Corporate Parenting Service has regular oversight of those who do not.

As in other similar authorities, the proportion of care experienced children in education, employment or training (EET) was low (54% for those aged 19 to 21). The HSCP note that it should be improved by maximising apprenticeships, work experience and employment opportunities with the local authority and partners.

The report also describes findings and recommendations of three themed audits facilitated by the HSCP in respect of safeguarding and child protection: strategy meetings, child on child abuse and child sexual abuse.

The HSCP also implemented a reviewed [Neglect Strategy](#) for 2024 to 2027.



Source: [Right Help Right Time Levels of Need](#), HSCP (2020)

Section 7: Adults - factors affecting health

‘Smoking, poor diet, physical inactivity and harmful alcohol use are leading risk factors driving the UK’s high burden of preventable ill health and premature mortality. All are socioeconomically patterned and contribute significantly to widening health inequalities.’

[The Health Foundation](#)

This section includes summaries of needs assessments relating to adult health which have been completed in the last three years.

The adults’ mental health page reflects the ‘good mental wellbeing throughout life’ priority of the JHWBS.

The others reflect the Public Health commissioning cycle:

- Smoking (2023)
- Substance misuse (2023)
- Sexual health (2023)

Mixed picture for **mental wellbeing** (2023):

- 'good' for 37% of adults
- 24% reported high levels of anxiety.



Substance misuse:

Lower prevalence of drug and alcohol misuse than nationally.



Smoking:

10% of adults smoke (2023). Overall rate similar to England but worse for certain groups.



Sexually transmitted infection (STI) testing rates have remained significantly below England since 2012. Diagnosis rates remain low since.



Adults' mental health

Having good mental health makes life easier. It helps us to calm and comfort ourselves when we're upset, to cope with the losses, changes, fears and uncertainties in life, to make and keep good relationships with other people and to learn.' ([Mental Health Foundation](#))

'Good mental wellbeing throughout life' is one of the two priorities of the [JHWBS](#); four ambitions relate to people feeling:

- Satisfied with life and having a positive sense of personal wellbeing.
- Able to access appropriate mental health information and services.
- Safe from harm in their community.
- Connected to their community.

The last two are covered in the wider determinants section - see p.67 (community safety) and p.66 (friends, family and community). See p.40 for children and young people's mental health.

Mental wellbeing

Levels of personal wellbeing are generally similar to nationally; in 2022-23 the ONS [Annual Population Survey](#) (APS) suggested that relatively few people had scores indicative of low life satisfaction (6%), happiness (8%), or feeling worthwhile (6%).

More detailed insights come from the 2021 and 2023 Herefordshire Community Wellbeing Surveys (CWS). The [Warwick and Edinburgh Mental Wellbeing Scale](#) is a composite measure of overall mental wellbeing. In 2023, 37% of adults (aged 18+) had good mental wellbeing, while 8% had poor. Overall levels of mental wellbeing were similar to 2021, but there were significant inequalities, with lower levels for example amongst people living with a disability, those in deprived areas and social renters.

The APS and CWS suggest that somewhere between a fifth and a quarter of Herefordshire adults had high levels of self-reported anxiety in 2022-23, similar to England overall. In the 2023 CWS, 24% had high levels, down from 28% in 2021.

Similarly to overall mental wellbeing, those living in the most deprived areas were much more likely to have high anxiety levels (38%). In addition, inequalities were also noted in some other groups, such as minority ethnic communities (37%) and those receiving care (34%). Significantly, 45% of those who 'often' or 'sometimes' felt lonely also had high anxiety.

Mental ill-health

Levels of mental ill-health (prevalence) are based on GP registers. In 2022-23, 20,350 adults aged 18+ (13%) had a diagnosis of depression, and over the past five years there have been an average of around 2,000 new diagnoses a year. In 2023-24, 1,500 people of any age (0.8%) had a diagnosis of schizophrenia, bipolar affective disorder, or other psychoses. These rates are amongst the lowest 40% in England.

The number of emergency admissions to hospital due to intentional self-harm across people of all ages has fallen in the last four years from around 300 a year to 170 in 2022-23, and the age-standardised rate is now significantly below England's.

There can be an association between suicide and mental ill-health. The suicide rate has been similar to England since at least 2001, and has not changed significantly over this period (see p.34).

A Mental Health Needs Assessment (not yet published) was undertaken in 2024 to support the mental health ambitions set out in the JHWBS. It noted two areas of service provision for adults which are currently significantly worse than in England, related to attending contacts with community and outpatient mental health services and support for those entering drug treatment who also need help with their mental health.

It also notes that based on the age profile of the county and estimated age-specific prevalence of mental ill-health, we would expect to see more older people accessing mental health services than currently are. There are also a lack of local mental health and wellbeing data for several high-risk groups and in some cases it is not currently possible to even determine numbers at risk, for example sex workers.

Lifestyle factors: smoking needs assessment

Smoking is the leading cause of preventable illness and premature deaths in the UK. It also plays a major role in health inequalities, accounting for half of the life expectancy gap between the most and least deprived communities in England. While smoking prevalence continues to decline, the gap in prevalence between the most and least deprived has increased. ([DHSC](#)).

In 2017, the UK government set a target for England to become 'smoke free' by 2030, aiming for a smoking prevalence of 5% or less. ([Towards a Smoke free Generation: A Tobacco Control Plan for England](#), DHSC, 2017). A cross-sector Herefordshire Tobacco Control Alliance, established in 2024, is developing a Tobacco Control Plan which will set out local actions to achieve this ambition.

Smoking and vaping research, 2022

In 2022, the Public Health teams at Herefordshire and Worcestershire councils commissioned [research](#) to gain insight into attitudes and behaviours related to smoking and vaping to inform needs assessments for community tobacco control services.

At the time, smoking rates in Herefordshire were similar to England overall (11.7% of adults in 2020) and had been falling in line with national trends over the previous five years. Smoking rates for certain groups, such as those in routine/manual jobs, adults with mental health conditions, and pregnant women, were worse than the national average and/or worse than 50% or more of its statistical comparators.

575 adults across both counties took part in the research; primarily smokers (57%), ex-smokers (24%) and vapers (21%). The main findings were:

- Reasons for smoking included social aspects, stress relief, and enjoyment, with most smokers starting in their teens. About half of smokers wanted to quit, and 90% of them had tried and failed.
- Health concerns, cost, and existing health issues were top motivators to quit. Support from a GP and a pharmacy, willpower, online and local support were the most frequently stated resources that would help respondents quit smoking.

- The main motivations for vaping were as an alternative to smoking, stress relief, boredom, and socialising with friends who vape. The main reasons for not quitting vaping were a lack of motivation, its role in helping reduce or quit smoking, and nicotine addiction.

The latest data suggest

- The overall smoking rate was still in line with the England average, with 10% of adults saying they were current smokers in 2023. Consistent with the national trend, this rate has fallen from around 17% between 2011 and 2015. 60% of adults said they had never smoked.
- Smoking during pregnancy (at time of delivery) improved to 8% in 2023-24, down from 14% in 2017-18 and similar to the national rate of 7%. Additional cessation support had been implemented in maternity services.
- Smoking among routine and manual workers was in line with the national rate, but remained twice as high as for adults overall. The estimated rate in 2023 was 21%, down from 31% in 2022, although this change is not statistically significant due to the small sample used to calculate the rate.
- In 2022-23, 28% of adults with long-term mental health conditions smoked, more than double the overall rate. While this rate was similar to the national, Herefordshire ranked second worst among its statistical neighbours.
- Local analysis of GP records shows that smoking rates also vary significantly between the most and least deprived areas of the county. In 2024, the most deprived areas had a smoking rate of 18%, while the least deprived had a rate of just 9%.
- To further reduce smoking rates in the county, local stop-smoking services received a UK government grant in 2024 to expand and enhance their programs.

Find the latest data, trends and comparisons in the DHSC Fingertips [Tobacco Control profiles](#). The Herefordshire health inequalities dashboard managed by Taurus Healthcare provides more detail about smoking amongst GP patients.

Lifestyle factors: substance misuse needs assessment

Drug misuse contributes to physical and mental health issues, such as lung damage, cardiovascular disease, depression, and anxiety. It can also result in unemployment, homelessness, family breakdown, and increased criminal activity.

([Department for Levelling Up, Housing and Communities](#), 2022)

Although substance misuse is estimated to be lower in Herefordshire than elsewhere in England, there is room for improvement. Herefordshire Council conducted a needs assessment in 2023 to consider how to reduce the harm caused by substance misuse in the county, aligned with the 2022 government ['From Harm to Hope' 10-year drugs strategy](#).

The main facts summarised in the needs assessment were:

- Lower prevalence of opiate use than nationally: 5.1 per 100,000 compared to 7.3
- 921 adults and 17 young people (aged under 18) engaged with substance misuse services in 2021-22.
- Opiates were the most commonly cited substance of drug misuse for adults, whilst for CYP it was cannabis.
- People in Herefordshire were in treatment longer than elsewhere, with 23% remaining for over four years compared to 19% nationally.
- Less successful treatment for misuse of non-opiates (such as cannabis, crack or ecstasy) than elsewhere: in 2021-22 the success rate for completing treatment was 49%, lower than England (55%).
- Treatment success for opiate users was less (3.6%) than England (5%) in 2021.
- Lower rates of testing for some blood-borne viruses (BBV) than elsewhere (examples of BBVs include Hepatitis and HIV).

Areas of good practice highlighted were:

- Below national rate of hospital admissions for drug poisoning: 24 per 100,000, compared to 43 per 100,000 in 2021-22.
- Increasing numbers of people in treatment: between 2020 and 2022, new drug treatment presentations rose by 6%, and new alcohol treatment clients by over 50%.

- Positive feedback from service users about treatment.
- Increasing engagement of former treatment service users as peer mentors.

The following areas were identified for improvement:

- Number of drug-related deaths: there had been 24 drug-related deaths in the three years 2018 to 2020, a similar mortality rate to nationally (5 per 100,000), but showing an increasing trend.
- Numbers of people engaged with services.
- Length of time in treatment and treatment outcomes.
- Transition from prison to community-based services: engagement with community treatment services among adults released from prison was lower locally (26%) than nationally (37%) in 2021-22.
- Early identification and help at every stage of life.

The needs assessment concluded that both treatment and prevention interventions should be strengthened and that a whole-system approach across the life course would be needed in order to secure a drug free Herefordshire. It also noted that many of the risk factors that draw people into substance misuse, such as poverty, domestic abuse, or adverse childhood experiences, were increasing and that it is important to effectively mitigate these risks to avoid a worsening future pattern of substance misuse.

A new treatment provider has been in place since 2021, and more recent local data suggest some notable improvements since the needs assessment was completed:

- Provider data show that successful completion of treatment for opiate users had steadily increased from as low as 3% in early 2021 to 9% by mid-2024.
- An important milestone towards the NHS target of eliminating Hepatitis C by 2025 was achieved with the micro-elimination of Hepatitis C confirmed in June 2024.

Find the latest published data, trends and comparisons in the [Fingertips public health profiles](#).

Note: a previous version of this report stated that the number of drug-related deaths had reduced since 2018-20. This related to the number of deaths of people in treatment. The total number of deaths from drug misuse in the latest published period (2021-23) was 37, which equated to a rate of 7.6 per 100,000 – not significantly different to England's 5.5. Although higher than the 24 in 2018-20, the difference is not statistically significant.

Lifestyle factors: sexual health needs assessment

The World Health Organization defines sexual health as the physical, emotional, mental, and social wellbeing related to sexuality. While needs vary by age, gender, and orientation, core needs include access to high-quality information, education, services, and treatment. Poor sexual health can have serious consequences, including unplanned pregnancies, HIV transmission, and psychological harm. ([DHSC, 2022](#))

Sexual health needs assessment, 2023

A [sexual health needs assessment](#) was completed in 2023 to provide an overview of sexual health services and outcomes for the population. Its main findings were:

- Outcomes were mixed, with some indicators above and others below national averages.
- Sexually transmitted infection (STI) testing rates were rising but remained below the national average.
- Low proportions of STI tests were positive (called 'test positivity rates'), which may have indicated lower prevalence but only if there was fair and equitable access and uptake of testing, particularly for high-risk groups.
- Treatments have improved prognosis for individuals living with HIV nationally. However, Herefordshire had low HIV testing rates and a higher percentage of late diagnoses (see note).
- Rurality poses challenges in accessing sexual health services, especially for young and high-risk groups. Equitable healthcare access remains a priority.
- Evidence-based primary preventative interventions should be prioritised to help improve sexual behaviours and sexual health outcomes across all ages.
- Multi-agency collaboration through the sexual health forum is essential for addressing local needs effectively.

Note: The HIV data presented in this section may have been affected by coding limitations, which could have impacted the accuracy of the data. Caution should be exercised when interpreting these figures, as they may not fully reflect the true prevalence or trends of HIV in the population.

What the latest data say

In the context of sexual health indicators, 'good' performance generally implies high testing rates coupled with low test positivity. However, diagnosis rates are closely tied to testing frequency and coverage.

Since the needs assessment, the routine indicators of sexual health have been reviewed in the [Health Protection Assurance Forum Annual Report 2024](#). The latest data indicate there have not been any notable changes since the needs assessment. The main messages from the annual report were:

- In 2023, the STI diagnoses (excluding chlamydia) remained significantly below England and the second lowest amongst statistical comparators. STI testing rates have also remained significantly below England since 2012. This means it is unclear if the low STI diagnosis rates are accurate, or due to low testing.
- Gonorrhoea diagnosis rate remained significantly better than England's, ranking fourth lowest nationally and second lowest among comparators.
- Cervical screening coverage for 25 to 49-year-olds remained significantly better than England, while coverage for the 50 to 64 age group was similar to England. However, screening coverages for both age groups had been declining. For the younger age group, coverage had dropped from 77% in 2010 to 67% in 2023, while for the older age group, it had fallen from 82% to 75% over the same period.
- The percentage of late HIV diagnoses in the county remained similar to the national average. However, when compared to the recommended targets, the county performed poorly and exceeded the threshold for late HIV diagnoses.
- Of those tested, chlamydia detection rates in Herefordshire have remained below national levels since 2014 for both females and males. Chlamydia was the most prevalent STI locally.
- The screening coverage for chlamydia testing in females aged 15 to 24 declined from 2021 to 2023, with rates being significantly worse than England in 2023.

Section 8: Adults - vulnerable groups

Some people are more vulnerable to poor health and wellbeing outcomes, either because of a characteristic they have, or due to circumstances they are in at a particular time.

This section summarises needs assessments or other pieces of work with a focus on a specific characteristic or circumstance which have been completed in the last three years.

It is not intended to cover all vulnerable groups.

- Social care users (2022-23)
- Adult safeguarding (2023-24)
- Domestic abuse (2024)
- Carers (2024)
- Armed forces and veterans (2023)

Social care: 2,200 adults accessing long-term support, 60% aged 65+ (2022-23).



Safeguarding: most incidents occur in the victim's home (47%), with financial and material, and psychological /emotional abuse the most common (2023-24).



Carers: 4,800 people aged 5+ provide 50 hours or more of unpaid care a week (2021).



Estimated 8,000 people affected by **domestic abuse** each year; 68% female.



Armed Forces: 1,750 serving personnel (2023), plus 9,600 veterans (2021).



Social care

‘Local authority budgets have failed to keep pace with rising costs and the increase in the number of people needing care.’ ([Care Quality Commission](#), October 2023)

Reflecting the county’s ageing population, at the end of 2022-23, 60% of the 2,200 adults receiving long-term support in Herefordshire were aged 65 and over.

Herefordshire performs well across most [Adult Social Care Outcomes Framework \(ASCOF\)](#) measures, particularly in service user quality of life (see chart). For instance, the county is ranked highest nationally for the proportion of service users reporting that they had as much social contact as they would like. However, in June 2023 a West Midlands ADASS (Association of Directors of Adult Social Services) Benchmarking Report identified several areas of concern:

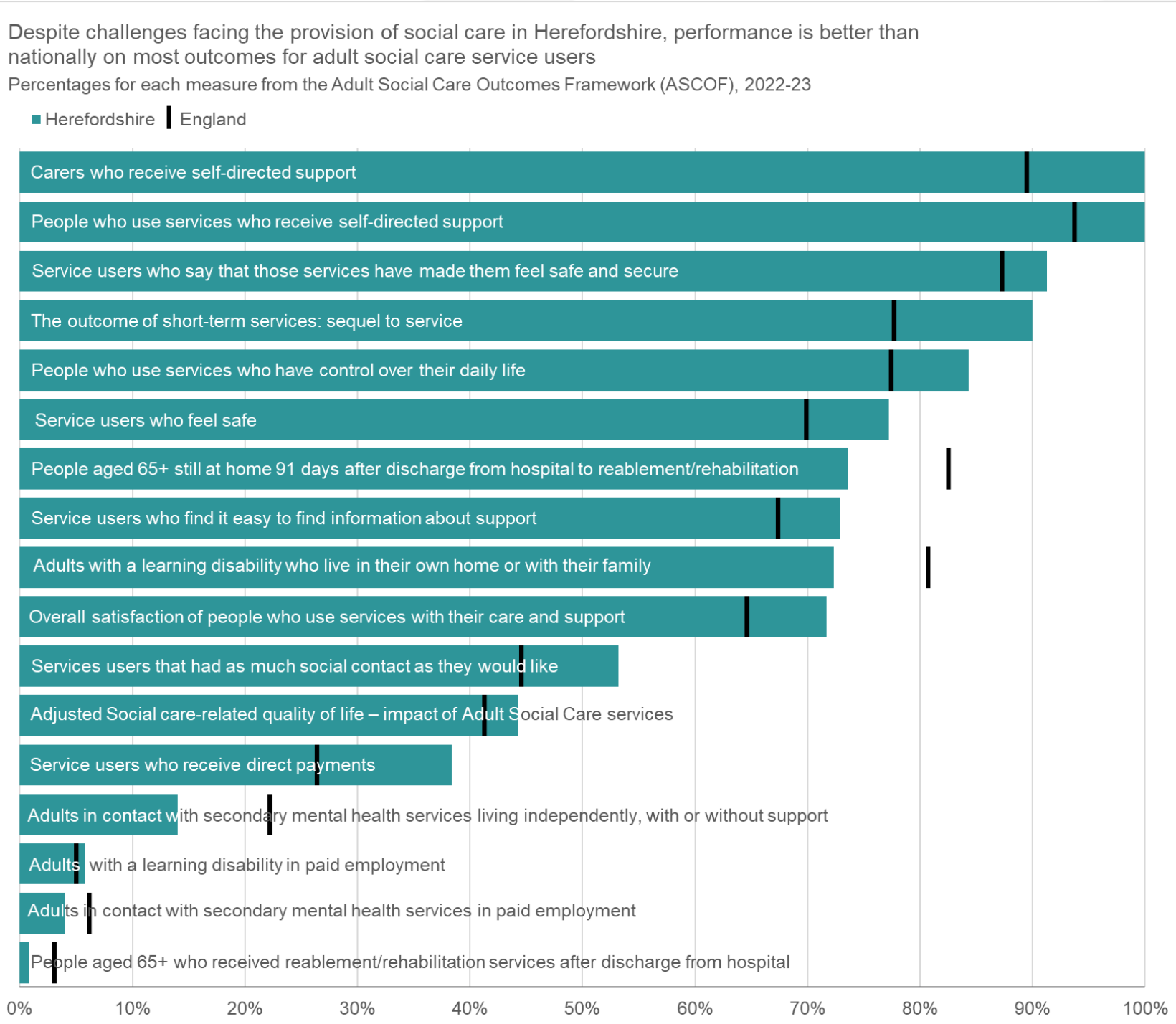
Workforce issues: Challenges in recruiting and retaining staff, with a high reliance on agency workers.

Rising demand: An increase in service requests that lead onto a service.

Accommodation gaps: Limited specialist in-county facilities for working-age adults with complex needs.

Service imbalances: Over-reliance on residential and nursing care due to issues with domiciliary care and ‘discharge to assess’ services, resulting in less spending on community-based solutions.

The [Market Position Statement \(MPS\) 2020-2025](#) (refresh due 2025) recognises pressures such as rising costs, market fragility, uncertainty around demand, and choices available to those who are self-funding their care. It outlines commissioning intentions to address these areas, emphasising a strengths-based social work model that focusses on clients' personal capabilities and ways of empowering them to manage their own needs and making full use of community resources. The MPS also promotes collaboration between health and social care services and community health services, to deliver joined-up, accessible care, emphasising prevention and proactive, upstream interventions, to minimise reliance on intensive, long-term care.



Data source: [Measures from the Adult Social Care Outcomes Framework](#), England, 2022-23. Information from NHS England, licenced under the current version of the Open Government Licence. Last accessed 9 December 2024.

Safeguarding adults

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. The Herefordshire Safeguarding Adults Board (HSAB) exists to ensure that adequate local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance. It acts in accordance with the six safeguarding principles of empowerment, prevention, proportionality, protection, partnership, and accountability and transparency.

The following is summarised from the [HSAB Annual Report 2023-2024](#).

The current priorities for the HSAB are:

- **Self-neglect:** improving the response to understanding and managing self-neglect needs, making sure all agencies understand and respond to self-neglect.
- **Exploitation:** addressing the safeguarding issues and challenges arising from criminal exploitation including ‘cuckooing’, sexual exploitation, modern slavery, county lines, human trafficking and financial exploitation.
- **Prevention:** supporting initiatives and activities which prevent or reduce abuse and neglect and keep people safe.
- **Neglect and omission:** understanding the profile of neglect and omission occurrences within the county and identifying approaches and resources to mitigate the impact.
- **Board effectiveness:** ensuring the board fulfils its statutory duties and is effective in its role of assurance of the safeguarding system.

The HSAB has also decided to focus on:

- Transitions for those moving from a child to an adult service, service to service, or service to discharge, in a safe and positive way.
- Following the Safeguarding Adults Review on adults with multiple and complex needs the Board, monitoring provision for those ‘rough sleeping’ in Herefordshire.

Characteristics of those affected by safeguarding concerns

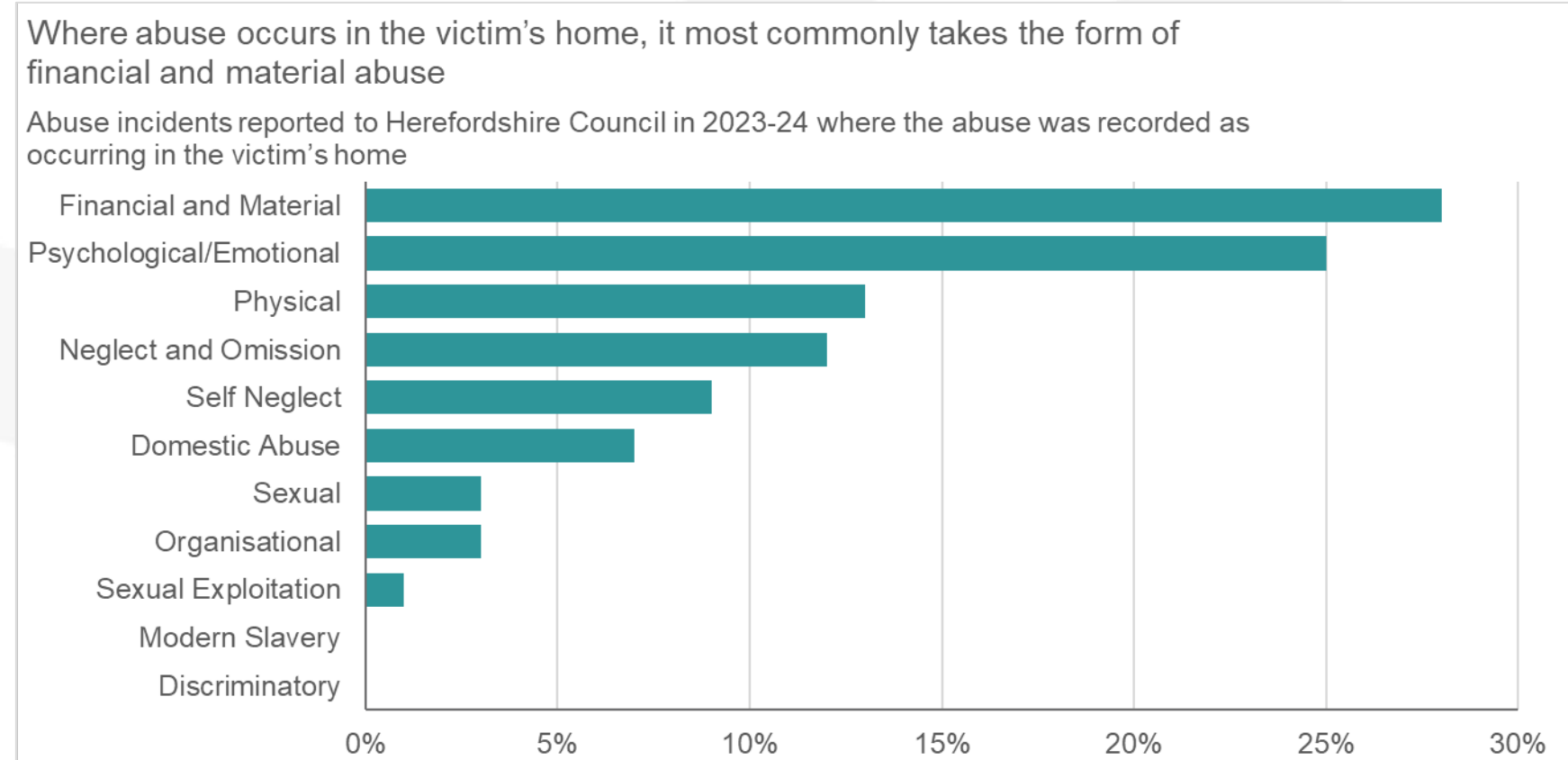
1,300 safeguarding concerns were received by Herefordshire Council in 2023-24, and 120 safeguarding enquiries were opened. Due to a change in practice, the number of concerns being referred to the safeguarding team reduced substantially from the previous year (2,250).

In 2023-24, 34% of all concerns involved people aged 18 to 64, while 24% were 85 or over.

Almost half of incidents involve those in their own home (47%), with ‘financial and material’ and ‘psychological/emotional’ the most commonly reported types of abuse, each mentioned in 25% or more of incidents.

The ‘source of risk’ was personally known to the individual in 48% of concluded enquiries and providing a service to the person in 23% of concluded enquiries.

In 30 completed enquiries the person at risk lacked mental capacity. Where the person was assessed as not having capacity in 2022-23, 33% were provided with either formal or informal advocacy but in 2023-24, this proportion fell to 25%. The HSAB is reviewing these data to understand why more advocacy is not taken up or provided.



Data source: [Herefordshire Safeguarding Adults Board Annual Report 2023-2024](#)

Domestic abuse needs assessment

‘Domestic abuse [DA] has a huge impact on society and is one of the most pervasive of all social problems. It causes pain and suffering for those affected and their family, and has a significant cost to public services and the local community. It is often a hidden crime, with people experiencing domestic abuse reluctant to report their situation and friends, neighbours or family hesitant to get involved.’ ([Herefordshire’s strategy for addressing domestic abuse, 2021-24](#))

Under the [Domestic Abuse Act 2021](#), local authorities are required to regularly assess the need for accommodation-based domestic abuse support in their area. The 2024 needs assessment will inform the new DA strategy, to be published in 2025.

The Act defines DA as ‘any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality’.

An estimated 8,000 people experience domestic abuse each year

There are currently no official estimates of trends in the extent (prevalence) of domestic abuse. SafeLives, a leading charity, estimate that around 8,000 people a year in Herefordshire experience it: 5,500 (68%) females and 2,500 (32%) males.

Reflecting the hidden nature of domestic abuse, it was estimated that of these victims, only 34% of females and 24% of males accessed services. It is therefore unlikely that numbers recorded by services will ever give a complete picture.

Domestic abuse crime is highest in the most deprived areas

West Mercia Police recorded 2,100 DA offences (recorded crimes) in Herefordshire in 2022-23; slightly lower than the 2020-21 peak of 2,200 but still much higher than the 1,400 in 2017-18. Whilst this may suggest an increase in offences being committed, it may also be linked to better recording, recognition and reporting of DA.

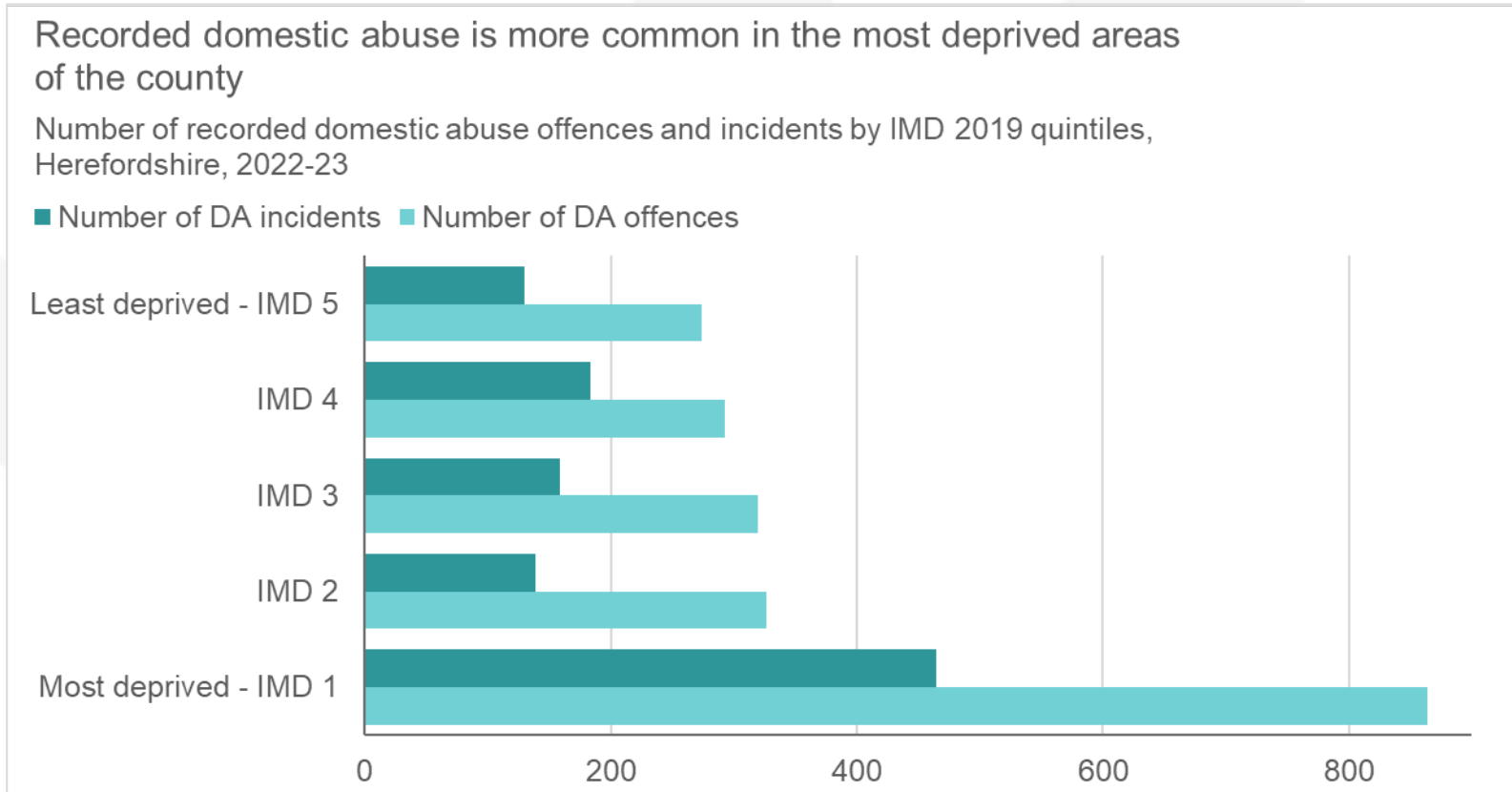
The gender profile of victims is similar to the estimated prevalence. There is a clear link with deprivation, with over 40% of both offences and incidents (when police attend but no crime is recorded) occurring in the most deprived quintile (IMD 1) of the county.

Fewer than 10% of offences in 2022-23 proceeded to a criminal charge or summons; with the most common reasons being the victim not supporting police action (57%) or difficulties with evidence (25%).

Accommodation needs

Based on population size, the Council of Europe recommends 19 units of safe accommodation in Herefordshire. In 2022-23 this level was provided, with a further four commissioned for future use.

However, despite this adequate provision of immediate refuge, feedback from people with lived experience of DA suggests a need for sustained housing options upon leaving safe spaces and improving in-home security arrangements to allow survivors to remain in their homes.



Data source: Domestic abuse crime and incident data supplied by West Mercia Police

Carers

‘Unpaid carers play a pivotal role in our communities, contributing dedication and compassion to support their loved ones. It is crucial to recognise that the experience of caregiving is not a one size-fits-all journey, but rather a nuanced and dynamic process shaped by the unique needs and circumstances of those involved.’ ([Herefordshire All-Age Carers Strategy 2024-2029](#))

An [assessment of the numbers of unpaid carers](#) and their health and wellbeing outcomes was completed in 2024, to inform the [Herefordshire All-Age Carers Strategy](#).

Numbers of carers

Estimates vary as to the number of unpaid carers. 2021 Census data suggested that around 16,000 people (9%) aged five and over provided at least an hour of care a week, similar to England and Wales. However, this may be an underestimate and the 2023 CWS (of Herefordshire adults only) indicated that 21% (32,500) were providing some level of unpaid care.

Similarly, for young carers, the CYP QoL survey suggests that in 2021 around 1,500 pupils in school years 6 and above were caring for someone at home but the 2021 Census only identified 360 young carers aged between 5 and 17.

A relatively small proportion of adult carers are entitled to claim Carers Allowance and even fewer are known to social care services (in 2023 around 2,100 and 170 respectively). Fewer than 200 young carers were known to local services in January 2024.

Characteristics of carers

2021 Census data indicated that around 8,800 people in Herefordshire provided 19 hours or less of unpaid care each week. However, nearly a third (29% or 4,800 people) provided 50 or more hours.

The majority of carers were female (60% overall), although the likelihood of being a carer varied by age and gender. Females were more likely to provide any unpaid care

(at least one hour a week) than males in all age groups. In particular, the likelihood of providing unpaid care was highest amongst females aged 50 to 64: 19%, compared to 12% of males of the same age and 12% of females aged 35 to 49, and less than 11% for other age-sex groups. Males and females aged 65+ were the most likely to be providing the highest levels of care (4.5% provided 50+ hours a week).

7% of carers aged five and over (1,200) were in poor or very poor health, and 28% (4,600) were disabled under the Equality Act.

Of those carers who were in poor or very poor health or who disabled, nearly a half provide care for 50 or more hours per week, despite their own significant health challenges.

Impacts of caring: children and young people

National research has found that young carers miss more school days and perform worse in GCSEs than peers without a caring role. Locally there is evidence that with regard to some aspects of quality of life, for example risky behaviours, feeling of safety and anxiety, young carers also fare worse.

Impacts of caring: adults

Carers' UK research in 2019 found that carers were seven times more likely to experience loneliness than the general population.

The Caring for Others survey of adult carers known to Herefordshire Council in 2021-22 found that at least 40% suffered from poor mental wellbeing (e.g. tiredness, disturbed sleep, depression) and only 28% had as much social contact as they desired. Almost all said they had little or no control over their daily life (91%), or did not have the time to do things they value or enjoy (94%).

The 2023 CWS found that adults who said they provide some level of unpaid care were more likely to say their anxiety level increased since last year (28% compared to 22% of all adults).

Armed forces and veterans

Our armed forces make a unique and important contribution to national life. Herefordshire has a proud military heritage and is home to a significant population of serving personnel and their families, as well as armed forces veterans.

Those who serve in the armed forces and their families face different challenges to the civilian population and although most service leavers and families adapt well to civilian life, almost all will experience some kind of hardship when adapting to their new lives. Recognising this, the [Armed Forces Covenant Partnership](#) works to ensure that no member of our local armed forces community faces disadvantage. Herefordshire has a good range of support from military charities and other organisations, including the [Herefordshire Veteran Support Centre](#), which provides a safe, confidential one-stop shop for the whole armed forces community.

Serving military personnel and their families

There were 1,750 members of the regular armed forces (the majority being army personnel) and 320 civilian Ministry of Defence personnel stationed in Herefordshire in April 2023. The total number of their dependents living in the county is unknown but in autumn 2023 944 children in Herefordshire schools attracted the Service Pupil Premium.

Veterans

A larger proportion of the adult population of Herefordshire are veterans than nationally and regionally. In the 2021 Census, 9,600 residents aged 16 and over had served in either the UK armed forces, UK reserve armed forces or both; 6% of the 16+ population, compared to 4% in England and Wales. 11% of households (9,000) contained at least one veteran, a greater proportion than the England and Wales figure of 7%. Partly, this may be due to Herefordshire having an older population than the UK as a whole (see p.18), as a majority of veterans are aged 65 and over. However, other local authorities that contain military establishments also had above average numbers of veterans, which suggests veterans tend to stay in the same areas after they have left service. There were higher concentrations around the active military base at Credenhill, as well as nearby Hereford city, Weobley and Wellington areas.

Veterans' characteristics

Some of the particular characteristics of veterans in Herefordshire in 2021 were:

- Veterans were much more likely to be older and male than the general population. Herefordshire's veteran community had a similar age profile to the rest of the country with 52% (5,000) aged 65 and over, compared to 53% nationally. 86% (8,300) of Herefordshire veterans were male, again similar to nationally.
- When the non-veteran population was adjusted to account for age and sex, Herefordshire veterans reported better general health than their non-veteran peers (69% compared to 63%).
- 29% of veterans in Herefordshire had a disability as defined under the Equality Act, compared to 30% of the non-veteran population and a lower proportion than that for England and Wales (32%).
- Herefordshire veterans of working age (aged 16 to 64) were less likely to be economically active than the non-veteran population (45% compared to 60%). However, a greater proportion were economically active than in England as a whole (42%). Retirement was the main reason for economic inactivity (91%), which is unsurprising given that normal retirement age for military pensions is earlier than state pension age.
- 78% of Herefordshire veterans were homeowners compared to 66% of non-veterans. Again, this is to be expected, as home ownership increases with age and a higher proportion of veterans were in older age groups than non-veterans.
- Over 50% (5,000) of veteran households in Herefordshire were deprived in at least one domain. However, when looking across three or more dimensions of deprivation, veteran households were actually marginally less likely to be deprived than non-veterans.

More information on numbers of veterans is available in the [UK armed forces veterans 2021 Census report](#). A new Armed Forces Needs Assessment is planned for 2025.

Section 9: Adults - ageing well

People are more likely to experience ill-health as they get older, but many long-term health conditions are preventable and are affected by the social and economic environments we live in.

Ageing well was the focus of the [Director of Public Health Annual Report 2023](#), and this section summarises the main messages in terms of the health challenges facing older people specifically, as well as the risk and preventative factors which influence the likelihood of healthy ageing. It also summarises a falls prevention needs assessment completed in 2024.

Of 53,000 GP-registered patients aged 65+, 72% have at least one **long-term condition** (2024).



Falls: Average of 770 emergency hospital admissions a year for people aged 65+.



65% of GP patients aged 65+ (over 33,000) are **overweight or obese** (2023).



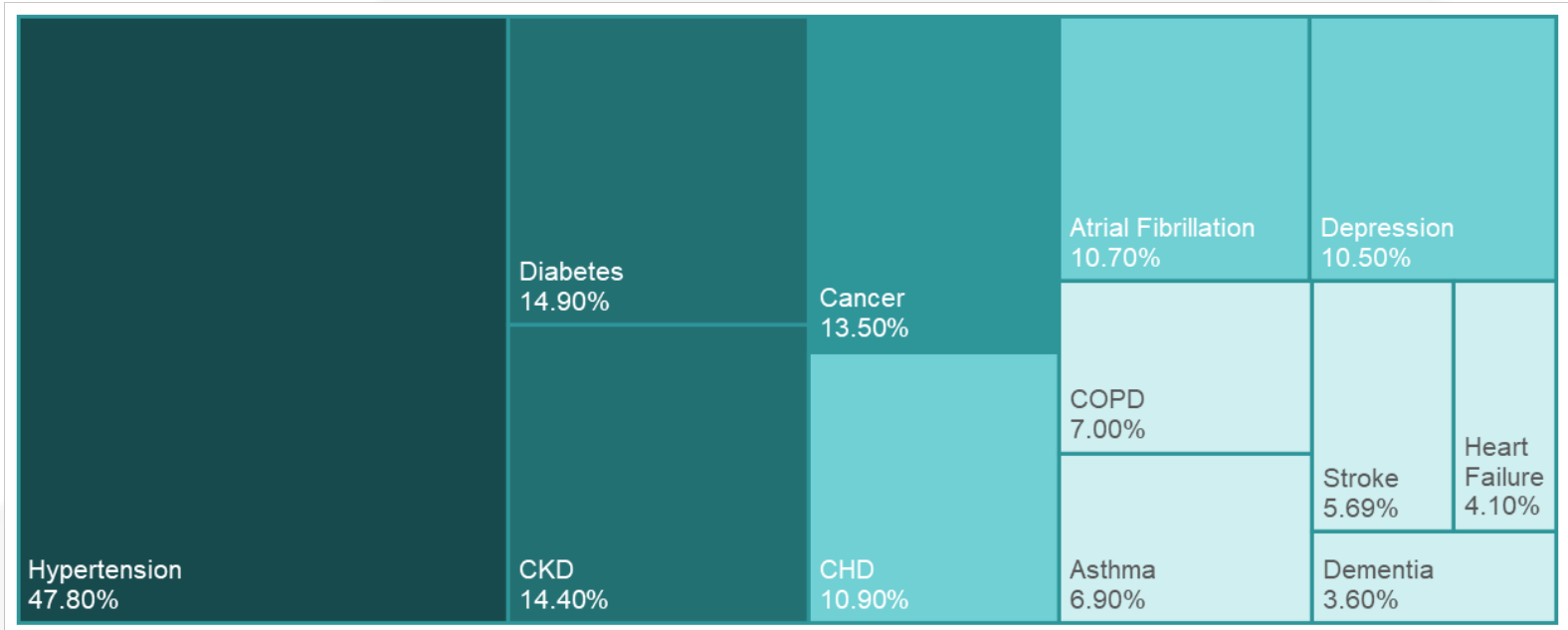
Health challenges for older people

‘People experience more ill-health as they get older, [including]...an increasing likelihood of an accumulation of chronic diseases, sometimes called multi-morbidity... These conditions increase mortality, lower the quality of life, and increase demand for health and social care services.’ ([Director of Public Health \(DPH\) Annual Report 2023](#))

The 2023 DPH report considered in detail the specific health challenges facing the older population, these are summarised below.

Long-term health conditions (LTCs)

As discussed on p.35, the likelihood of having one or more LTC increases with age. In February 2024, of 53,000 people aged over 65 registered with a Herefordshire GP, 38,000 (72%) had one or more LTC. The most common conditions are shown in the chart, with nearly half (48%) being for hypertension (high blood pressure). By 2040, 29% more people over 65 in the county are expected to have hypertension.



Current prevalence of long-term conditions in over 65s registered with a Herefordshire GP. Source: [Director of Public Health Annual Report 2023](#).

Dementia

Dementia is a group of symptoms affecting brain function. It affects a relatively small proportion of the population (3% in the UK) and, although more common in older people, should not be considered an inevitable part of ageing. Nevertheless, as the number of older people increases, the number of people in Herefordshire affected is likely to rise: from an estimated 3,200 people aged over 65 in 2017 to over 5,500 by 2040.

Improving dementia diagnosis is important to ensure people get the care and support they need. The [estimated diagnosis rate](#) in Herefordshire is consistently significantly below both the national target of 68% and England’s overall rate. In 2024, it was 57% compared to England’s 65% and was the 17th lowest of all upper-tier local authority areas in the country. It is therefore very likely that the true prevalence of this disease is underestimated.

Frailty and falls

Having an ageing population means that more people are at risk of frailty, falls and fractures. A detailed falls prevention needs assessment was completed in 2024 (see next page).

Health and social care

People aged 65 or over are more likely to use GP services, with an average of 11 contacts per year compared to 5 for those under 65. 44,000 people aged over 65 (83%) had 12 or more GP contacts last year. This demand is expected to increase as the older population grows.

Older people are the heaviest users of adult social care services. The rise in the older population is expected to lead to increased demand for care home places (from 1,150 in 2018 to 2,650 by 2038) and input from unpaid carers is likely to become greater. See also p.48 and p.51.

Falls prevention needs assessment

One of the supporting priorities of the JHWBS is to enable people to live and age well. National research indicates that falls are the main reason older people are admitted to hospital in an emergency. They have a significant impact on long-term health, often resulting in people having to leave their homes and move into nursing or residential care. (DHSC)

A Herefordshire Falls Prevention Task and Finish Group was set up in 2022, and a Frailty Strategy was produced by the H&W ICS in 2023. This page summarises a 2024 epidemiological falls prevention needs assessment.

Summary of main falls statistics for Herefordshire

- Institute of Public Care projections suggest that the number of people aged 65+ who have a fall could increase from an estimated 36,700 in 2020 to 45,300 in 2030 and 52,500 in 2040 (23% and 43% increases respectively).
- Not all falls result in injury, but on average each year they lead to 770 emergency hospital admissions of people aged 65+ (average for 2017-18 to 2022-23). About one in three people who are admitted with a fall are diagnosed with a hip fracture.
- Unlike in some statistical comparator areas, residents aged 65+ are less likely to be admitted to hospital because of a fall than in England overall.
- Frailty is a complex concept, beginning with loss of muscle strength and increased fatigue, and reducing ability to recover from illness. Those living with frailty are at increased risk of falls, admission to hospital, and the need for long-term care. In 2022 around 8% of over-50s were estimated to have frailty.

The importance of exercise

Achieving the best level of fitness, even in the presence of a chronic illness, will reduce the risk of loss of function and independence, and even less than ideal levels of activity can reduce the risk and impact of falls.

Nationally, in 2022 only 62% of over-55s and 41% of over-75s were meeting the recommended 150 minutes minimum of moderate activity a week; and only 44% of all adults the recommended 2+ sessions of muscle strengthening (resistance) exercise.

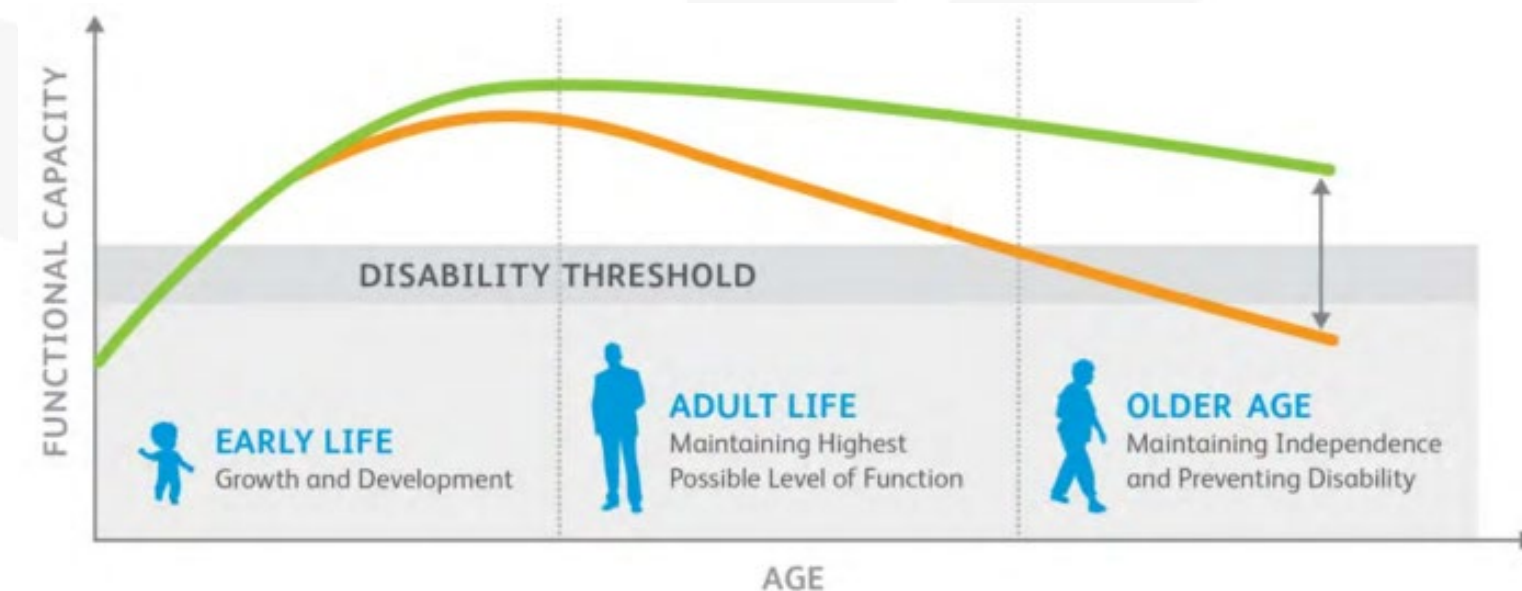
Implications and recommendations

The main priority should be prevention through exercise: for those in their 40s to 60s to stay fit and maintain functional capacity for as long as possible to avoid future health and care system failures, and for those at more immediate risk in recognition that at least one-third of frailty can be reversed.

This should be achieved through education of both individuals and health and social care professionals, and improving exercise opportunities. Reconditioning should be emphasised at all appropriate opportunities, for example as part of standard clinical management for long-term conditions, as well as recovery from acute illness or injury.

Home assessments/adaptations and expedited cataract surgery are cost-effective ways of preventing falls happening, although they do not improve an individual's functional resilience should they fall. The cost-effectiveness of other interventions are less clear, with reviews recommended of assistive technology and the local physiotherapy offer; and also of how medicines individuals are regularly taking are reviewed.

Functional capacity change with age in physically active (top) and sedentary (bottom) individuals



Source: Adopted from [A Global Strategy for Healthy Ageing](#), A. Kalache & I Kiekkusch. World Health, 1997

Factors affecting ageing well

The development of health conditions associated with older age is not inevitable. There are many straightforward actions that can be taken by individuals and society to delay or prevent the onset of disease and maximise healthy life expectancy. This page highlights the factors associated with ageing well, as discussed in the [Director of Public Health Annual Report 2023: Ageing Well in Herefordshire](#).

Healthy behaviours

Health behaviours play a key role in how well people age. Being physically active, eating a healthy, balanced diet, not smoking and moderating alcohol consumption can make a big difference to health in later life, increasing the proportion of life spent in good health. There is a great deal of evidence about how making healthy choices can enhance health and wellbeing in older age and that it is never too late to adopt healthy behaviours and add years to life and life to years.

For example, maintaining a healthy diet as people age is important. However, in 2023 nearly 65% (33,035) of over-65s registered with Herefordshire GPs were overweight or obese. The promotion of healthy diets early on in life, as well as supporting older people to achieve a healthy weight, is therefore essential for maintaining good population health.

Social connections

Being socially connected is vital for health and happiness in later life. Positive relationships with family, friends, and communities foster a sense of belonging and improve physical and mental health. Being socially active may also reduce the risk of developing dementia. Loneliness and isolation can have negative impacts in the same way as chronic long-term conditions like diabetes and hypertension. The 2021 Census showed that 31% of Herefordshire households were people living alone and half of these were over 65, equating to 28% of all those of this age group.

Older adults are particularly vulnerable to loneliness due to changing social networks after retirement, caregiving, or bereavement. In 2021-22, only 32% of carers over 65

known to Herefordshire Council reported having sufficient social contact, although this was higher than England (29%). See p.51 for more on unpaid care.

Social connectedness also varies depending on financial resources, which can create health inequalities. Poverty increases loneliness, with older adults often struggling to afford transport for social activities or visits with loved ones. Social connections are enhanced by a wide range of community assets that include good transport links, green spaces, community groups, and learning, employment and volunteering opportunities.

The internet has transformed work, communication and access to information, playing an essential role in fostering social connections and community engagement. However, many older adults face barriers to accessing and using online resources, which can lead to feelings of loneliness and difficulties in accessing health services. While 88% of adults in Herefordshire used the internet regularly in 2023, 25% of those over 65 did not. Other work has highlighted that 49% of Telecare service users (a group largely comprising elderly people) did not use the internet in 2022. See p.66 for more on digital exclusion.

Environment

In order for older people to maintain their independence and quality of life they need a suitable environment in which to live. The built environment can promote physical and mental health in older adults by providing opportunities for exercise and safe active travel, and by making social activities more accessible to people with some degree of disability.

Older adults spend more time at home and are more likely to live in cold homes during winter. Hence, suitable housing is also vital, as homes that are cold, damp, prone to overheating, unsafe, or unsuitable for the needs of older people, contribute to the development and exacerbation of many LTCs (p.54). See p.62 for more on cold homes. Home aids and adaptations can improve quality of life for older people who are losing mobility (see p.55).

Section 10: Wider determinants of health and wellbeing

‘Our health is a precious asset. Good health and wellbeing enable us to live happy, fulfilling lives and free us up to achieve our potential. Building a healthy society is like constructing a sturdy building. To succeed, we need all the right building blocks in place.’

‘When we don’t have what we need to heat our homes or buy healthy food, for example, and are constantly worrying about making ends meet, it can lead to chronic stress, poor health and lives being cut short.’

‘But change is possible. By improving things like access to good-quality jobs, developing affordable homes, reducing poverty and making healthy food more accessible, we can... fix the gaps and build better health for all our communities.’

([The Health Foundation](#) 2024)



Wider determinants: strengths and challenges

‘Good or bad health is not simply the result of individual behaviours, genetics and medical care. A substantial part of the difference in health outcomes is down to the social, economic and environmental factors that shape people’s lives. These factors are collectively described as the wider determinants of health.’

(Public Health England 2018.)

This section summarises the latest insights about the wider determinants, focusing particularly on those that have most direct impact on health, and which can be influenced by local organisations.

The information is drawn from a variety of sources, including the [Herefordshire Economy and Cost-of-Living Compendium](#), the 2021 Census, the Community Wellbeing Survey (CWS) and the Community Safety Assessment.

A good place to live and visit, with nature-rich countryside but inequalities of access. However, the benefits of the natural environment are under threat.

11 ‘highly significant’ floods 2008 to 2022.

Average house price **9.7** times average earnings (2023).

Cold homes are the biggest housing-related risk to health.

14,300 homes with excess cold hazard (2019).

Employment is high, but productivity is low - leading to lower average earnings.

£539 weekly workplace-based median earnings (2023).

Most people have a positive view of their local community, but with some significant inequalities.

87% satisfied with local area as a place to live (2023).

Fuel poverty remains more common than nationally.

20% of households in fuel poverty (2022).

Access to services, lack of transport infrastructure and road-safety pose challenges.

62% of areas in most deprived quartile nationally for ‘geographical barriers to services’ (2019).

Number of NEETs has fallen and is significantly lower than nationally.

4.3% of 16-17 year-olds not in education, employment or training (NEET) or whose activity is not known (2022-23).

Unemployment low compared to England. More people not working due to ill-health or disability than unemployed and seeking work:

4,900 vs **3,500** 16-64s (2021).

Relatively low risk of being a victim of crime and most people feel safe in their local area.

73% of adults say they feel safe when outside after dark (2023).

Farming and food production is a big part of the economy and heritage but not enough people are benefiting from a healthy diet.

39% of adults eat the recommended five-a-day fruit and vegetables (2021-23).

Our surroundings: the environment

‘Evidence shows that a thriving, wildlife-rich environment benefits both physical and mental health. People with nature on their doorstep are more active, mentally resilient and have better all-round health’. ([The Wildlife Trusts](#))

The natural environment is an asset for the economy and residents, although not everyone has equal access

Herefordshire has two National Landscapes (Wye Valley and Malvern Hills), 9% of land area is designated for nature conservation and it borders the Bannau Brycheiniog (Brecon Beacons) National Park. This offers a wealth of opportunities for residents and tourists to benefit from engaging with nature.

In 2023, tourism contributed almost £736 million to the local economy. Over 5.8 million visitors spent significant time in the area, supporting over 8,000 jobs.

Shaped by the natural environment, agriculture is a cornerstone of Herefordshire’s economy, heritage and communities. In 2023, 10,000 jobs were in farming: 11% compared to just 1% across England.

However, access to green spaces is unequal. Although higher than the national average, Herefordshire does not meet the [Fields in Trust Green Space Index 2023](#) minimum standard, and 31% of residents do not live within a ten-minute walk of accessible green space [note 1]. The 2021 CYP QoL survey found that more than a quarter of primary and secondary school pupils and nearly 40% of further education (FE) students had not visited parks or open spaces in the past four weeks.

Note 1: correction from previous version which stated that only 31% of residents lived within a ten-minute walk of accessible green space.

The many benefits of the natural environment are under threat

The climate crisis is also a health crisis as rising temperatures and extreme weather will disrupt care and impact the health of our communities ([H&W ICS Green Plan](#)).

Climate change is impacting land use and food production in Herefordshire, which has a large number of low-lying areas liable to flooding. Analysis to inform the [Climate Change Adaptation Plan for Herefordshire 2023-2028](#) found that there had been 41 severe weather events in Herefordshire between 2008 and 2022, including 11 ‘highly significant’ floods.

In 2021, 30% of Herefordshire primary school pupils, 19% of secondary school pupils, and 23% of FE students, said they were worried about the environment and climate change.

As well as risks from climate change, widespread declines in biodiversity were recognised in the council’s declaration of a Climate and Ecological Emergency in 2019. Pollution means that the ecological health of the entire catchment of our two biggest rivers (the Wye and its tributary the Lugg) has been downgraded to ‘poor’ (‘unfavourable-declining’) by Natural England. This is mainly attributable to nutrient run-off from intensive poultry farms and discharges of raw sewage.

The [Herefordshire Council Plan 2024-2028](#) explains how the council plans to address the environmental challenges facing the county. A Local Nature Recovery Strategy is currently being developed and a pioneering integrated constructed wetland project at Luston is attempting to mitigate local river pollution.

In addition, in 2023 Herefordshire Council was ranked as the top performing local authority in the West Midlands on sustainability action for the third year in a row, after completing Sustainability West Midlands benchmarking.

Transport: geography and infrastructure

‘Available, reliable and affordable transport supports the other building blocks of good health, such as connecting people to work and public services. Good transport options and infrastructure can enable exercise, employment and road safety.’

([The Health Foundation](#), May 2024)

Herefordshire’s geography shapes transport options and choices

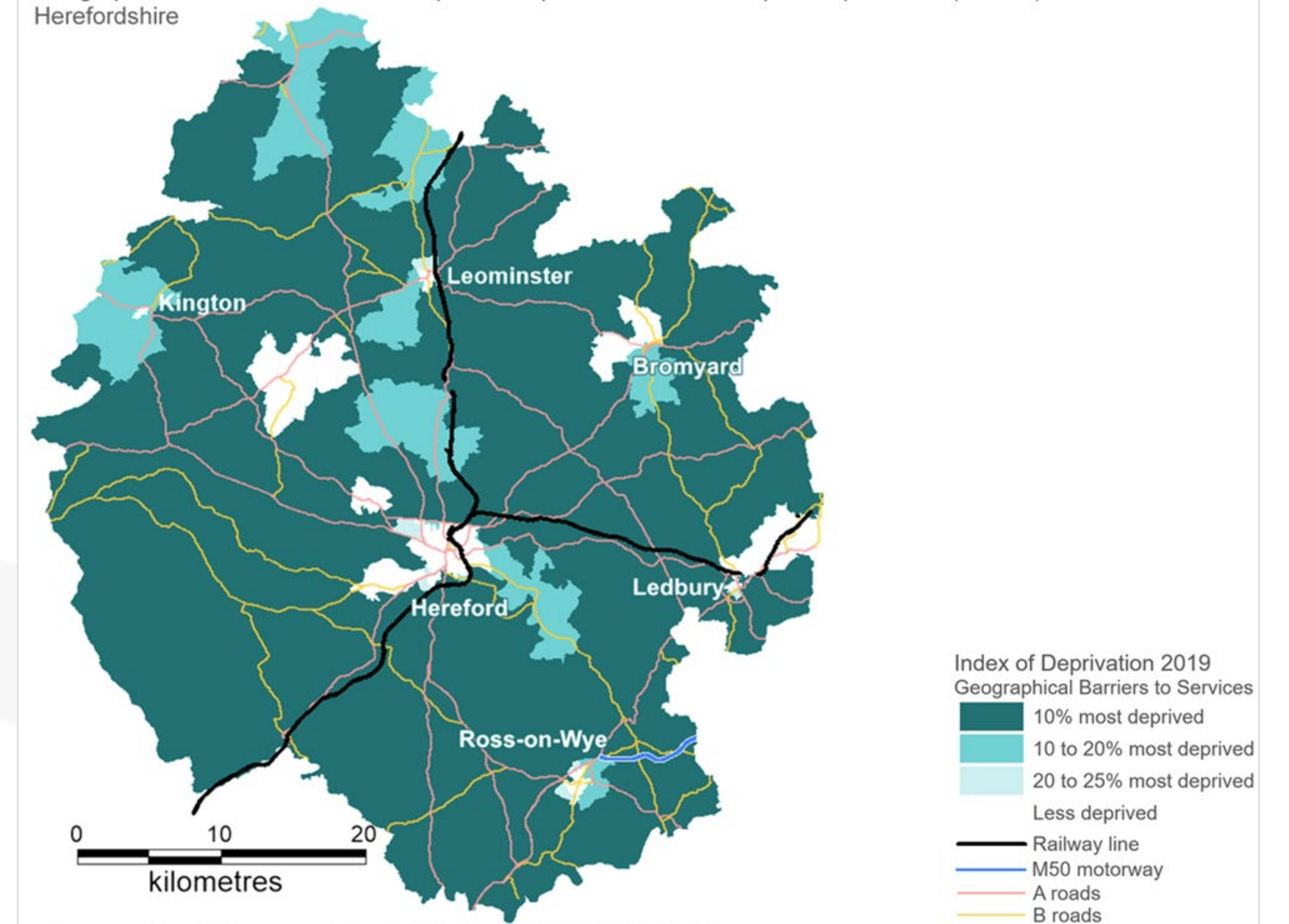
Services are concentrated in Hereford City and the five market towns ([Herefordshire Local Plan – Core Strategy 2011-2031](#)) and yet 43% of the county’s 189,900 residents live in areas classified as ‘rural village and dispersed’. ‘Geographical barriers to services’ is the most widespread type of deprivation affecting the county: 72 of the county’s 116 LSOAs (62%) were among the most deprived 25% in England in the 2019 Indices of Deprivation, with 53 of these in the most deprived 10%.

The rail network is limited, with only four stations on the two lines passing through the central and eastern parts of the county. The population is scattered across the entire 842 square miles, making commercially sustainable bus provision problematic ([Herefordshire Local Transport Plan 2016-2031 Strategy](#)). Combined with the distances involved, it is unsurprising that there is a heavy reliance on car travel. The 2021 Census recorded that 24% of the county’s working adults travelled over ten kilometres to get to work, compared to 19% across England. 58% of workers commuted by car, compared to 35% nationally.

High proportions of children travel to school by car (in 2021, 59% of primary school and 37% of secondary school pupils), and school transport services cost the council more than £8million in 2023-24. Over 400 of the 4,000 students receiving Home-to-School transport are eligible because some or all of their route to school is deemed hazardous (unsafe to walk alone or with an adult). These routes cost the council over £600,000 per year based on the average cost per student.

Most of Herefordshire outside of the city and market towns is amongst the most deprived in England in terms of geographical barriers to services

Geographical Barriers to Services: Deprivation quintiles for Lower Super Output Areas (LSOAs) in Herefordshire



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ONS LSOA boundaries are reproduced with the permission of HMSO

Data source: [English Indices of Deprivation, 2019](#). Ministry of Housing, Communities and Local Government. Last accessed 9 December 2024.

Transport: active travel and road safety

Active travel: a priority for improvement

Walking, wheeling, cycling and other alternatives to driving are better for individuals' health, as well as the environment, and they help reduce congestion in towns and cities. The county's only two [Air Quality Management Areas](#) (AQMAs - where air pollution levels are higher than the national objectives) are on busy road junctions in Hereford and Leominster.

Active travel will be one of the main ambitions of the council's new Local Transport Plan (LTP), due to be published in 2025. 90% of 630 respondents to a consultation in 2024 supported the plan enabling health behaviours and improving wellbeing. 29% said improving walking and wheeling options, such as making pedestrian environments more attractive and improving lighting/security, was a top priority.

Extensive evidence bases are in development to inform the LTP and related policies, such as the Local Cycling, Walking and Wheeling Infrastructure Plan (LCWWIP). Visit the [Herefordshire Council website](#) to find out more.

Road safety: risk to young adults in cars

In 2023, the rate of people killed or seriously injured on Herefordshire's roads was 67.9 per billion road miles, significantly better than England (91.9) for the first time since 2018.

However, the county stands out as consistently having a rate for young adults (aged 15 to 24) injured or killed as a result of being in a car that is almost double that of England. In the period from 2016 to 2020 it was the 9th highest in the country (58.9 per 100,000), although the rate was similar to other rural counties. Despite this high rate, absolute numbers are relatively small, equating to about 11 per year.

Equivalent measures for cyclists, motorcyclists and younger children in cars are routinely in line with the national figure. For pedestrians, they are significantly lower. The same patterns are seen in similar rural counties and population-based rates can be affected by the sparsity of population in large rural areas.

Explore the range of road safety indicators on DHSC [Fingertips](#).

Housing

‘We all need somewhere to call home – not just walls and a roof but a secure, stable, safe place to grow up and live in. Our homes influence our health in many ways, both physically and mentally. Good housing should be affordable to all, decent quality, and secure and stable.’ ([The Health Foundation](#), May 2024)

Like many rural areas, Herefordshire has high proportions of older and larger homes. As of 2024, an estimated 26% of all dwellings were built before 1900, compared to 15% in England as a whole and 40% were detached, compared to 25% nationally.

67% of households are homeowners compared to 62% nationally. ‘Outright’ home ownership (without a mortgage) is more common in areas with older populations, as the ‘baby boom’ generation reaching retirement age are able to pay off their mortgages.

Housing affordability and homelessness

The high levels of home ownership mask a long-standing issue of affordability making it harder for local people to get on the property ladder. House prices are in line with the national average, but combined with relatively low wages, this means that the ‘housing affordability ratio’ (average price divided by average wages) is consistently one of the worst amongst statistically similar areas. In the year to September 2023, the average (median) house price of £290,000 was 9.7 times higher than the median earnings of people working in the county, a significantly bigger gap than the 8.2 for England overall.

Census data revealed that while outright homeownership rose from 39% in 2011 to 42% in 2021, the proportion of homeowners with a mortgage or loan decreased from 28% to 24%. Conversely, the proportion of households renting privately increased from 16% in 2011 to 19% in 2021, a similar increase to England as a whole, where the proportion increased from 16% to 20% during this period.

Reflecting the national trend, private rents have been increasing faster than overall inflation, but are lower than nationally: in October 2024 the average monthly rent was £766 compared to £1,348 in England, an increase of 8% from 2023.

Recently, Herefordshire saw a significant drop in households who are either homeless, or at risk of homelessness, from 1,328 in 2022-23 to 758 in 2023-24, reducing the rate from 16 to 9 per thousand, which is now below England’s rate of 13. The recent implementation of several strategies that include early intervention, targeted support and enhanced collaboration between charities, outreach teams, and housing services, have effectively reversed previous trends driven by the cost-of-living crisis.

The number of people sleeping rough in Herefordshire fell from an average of 19 on any given night in 2022-23 to 12 in 2023-24. The Rough Sleeper Outreach Team has helped to reduce homelessness by providing support and securing stable housing.

Excess cold is the biggest housing-related risk to health

The nature of the housing stock means that Herefordshire homes are less likely to be well-insulated or connected to the gas network, making them harder and more expensive to heat. Only 54% of households had mains gas central heating in 2021, compared to 74% nationally.

The 2019 stock condition survey found that excess cold (threats to health from cold indoor temperatures) was the most common hazard, affecting 14,300 county homes: 17% compared to just 3% nationally. The proportion was higher amongst owner occupied dwellings (20%). National [BRE research](#) found people living in such properties are most at risk given their age and health. Energy inefficiency is also one element of fuel poverty - see ‘money and resources’ (p.68).

Local Housing Strategy

The provision of affordable and other types of housing to meet identified housing need, and improvements to the quality and energy efficiency of existing homes, are priorities under the [Local Housing Strategy 2021-2026](#) published in 2022. Projections of future need formed part of the evidence base for the strategy, including an indication of a need for 422 rented and 175 owned affordable homes per year.

Education and skills

‘Good education and skills provide a strong foundation for good health and a decent quality of life, throughout life...People with the highest levels of education can expect to live around 4 years longer than those with the lowest, and are less likely to live in poverty during their working age. As with the other building blocks, the relationship between education and skills and health is multidirectional and complex [which] can mean that both health and economic inequalities can persist – or escalate – throughout people’s lives, as well as between generations.’ ([The Health Foundation](#), May 2024)

Educational attainment

Overall, primary school children at Herefordshire schools do as well as nationally. In 2024, 61% achieved expected standards in reading, writing and mathematics at the end of Key Stage 2 (primary school), compared to 60% in England. This had also been the case through secondary school, but the position has deteriorated over the last two years. ‘Attainment 8’ measures how well pupils do in eight key GCSE subjects, and in 2023, the average score for Herefordshire was 44.8, slightly below the 46.4 for England.

Furthermore, Herefordshire pupils are not progressing as well as their peers either nationally, or in statistically similar areas, throughout their time at secondary school. This is measured by the ‘[Progress 8’ score](#), where in each of the last three years for which data are available (2019, 2022 and 2023), scores have fallen year-on-year and are notably lower than elsewhere. In 2023 average ‘Progress 8’ was -0.26, compared to -0.03 in England and down from -0.03 in 2018.

As noted on p.36, inequalities are already apparent when children start school and, as nationally, this gap is at its widest at GCSE stage. In 2023, only 19% of Herefordshire pupils eligible for free school meals (a common measure of disadvantage) achieved at least grade 5 in English and Maths GCSEs, compared to 46% of non-disadvantaged. This is also below attainment levels for disadvantaged pupils nationally (24%).

Leaving school

[Research](#) has found that young people who are not in education, employment or training (NEET) at age 16 to 17 remain educationally disadvantaged throughout life and are

nearly three times as likely to be unemployed or economically inactive ten years later compared to non-NEET peers. In 2022-23, 160 Herefordshire young people were either NEET or their status was unknown, representing 4.3% of 16 to 17-year-olds, significantly below England (5.2%). Around a third of these lived in the most deprived areas of the county compared to around one in ten in the least deprived.

Young people in Herefordshire are also consistently much less likely to go on to higher education (HE) than their peers nationally: 39% in 2022 compared to 50% for England. Continuing the inequalities seen throughout their lives, the gap is even wider for disadvantaged young people: only 12% went on to HE compared to 29% nationally.

Qualification levels

Qualification levels amongst the whole population aged 16 and over were almost identical to nationally, according to the 2021 Census. 33% had higher qualifications of broadly degree level or above (level 4), but 28% did not have the equivalent of five grade A* to C GCSEs (level 2), including 18% with no formal qualifications.

The qualification levels of the local labour force influences an area’s ability to attract, retain and train highly qualified workers. The ONS [composite education score](#) combines individual qualification levels amongst working people into a local authority average. Herefordshire ranks 201 out of 331 English and Welsh authorities, placing it just in the bottom 40%, in a similar position to neighbouring Powys. On this measure, 42% of the national workforce had level four qualifications, compared to only 37% of Herefordshire’s. This is reflected to a certain extent in the type of work people do, with relatively fewer working residents in professional occupations than in England and Wales (16% compared to 20%). Conversely, more people work in skilled trades (15% compared to 10%).

[Herefordshire’s Big Economic Plan](#) sets out the Herefordshire Sustainable Growth Strategy Board’s ambition to create a highly skilled population and attract young people and families to the county by transforming Hereford into a thriving university-city and developing a strong offer across local colleges and training organisations.

People in work

‘Rewarding and fulfilling work supports good physical and mental wellbeing. It fairly rewards peoples’ efforts, enables them to earn a decent living wage and provides opportunity for personal development and financial security.’ ([JHWBS](#))

The economic activity profile is different to nationally

In statistics about working, people are classified by their economic activity status. Those who are economically active are either working, or unemployed but looking for work. Being economically inactive means not being available for work, either due to retirement, commitments such as family or study, or ill-health and disability. 2021 Census data show that 57% of residents aged over 16 were economically active, compared to 61% nationally, driven by the greater proportion of people in retirement (28% compared to 22%), reflecting the older age structure of our population (see p.18).

Although most people work, productivity and earnings are low

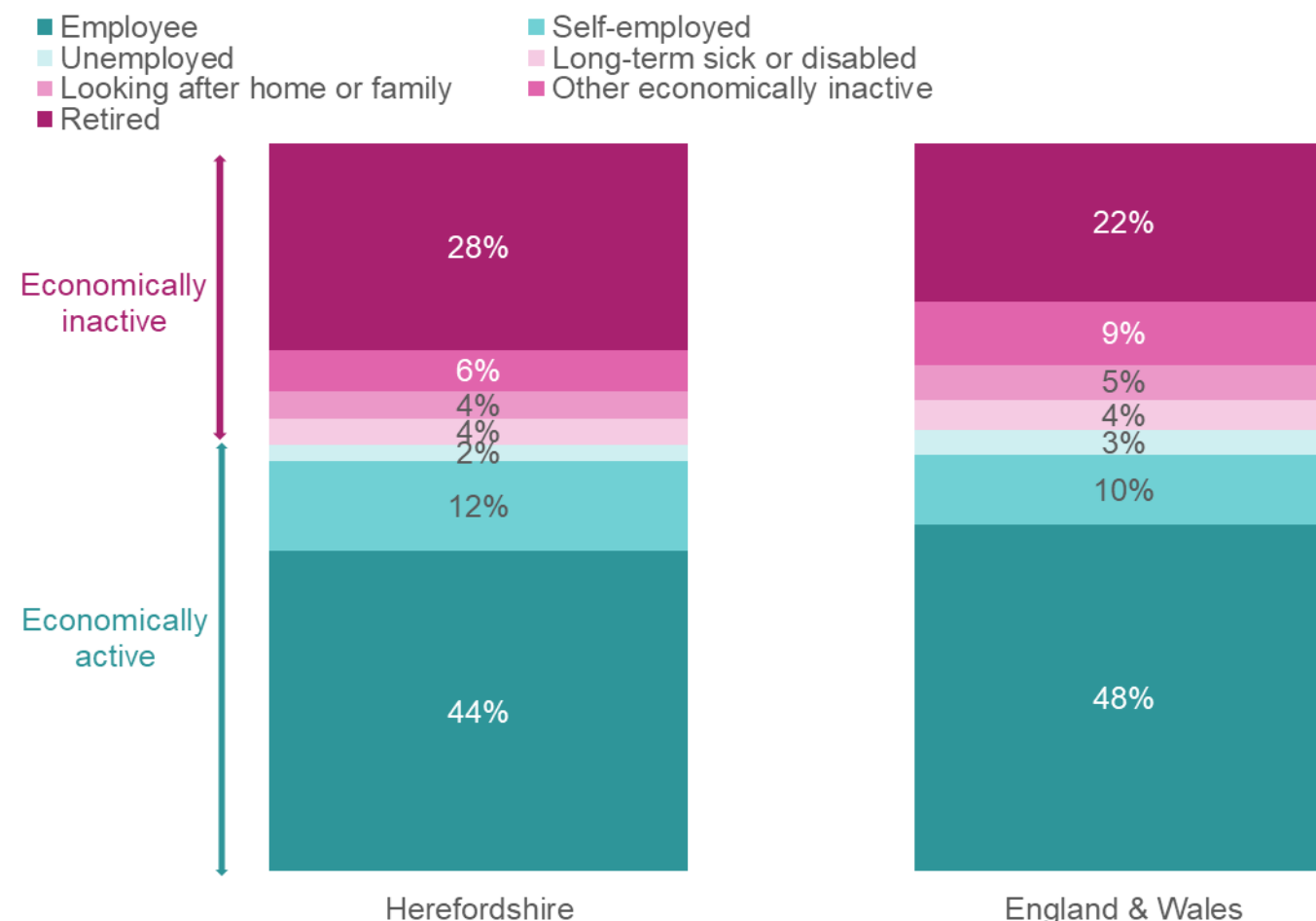
Data from the ONS [APS](#) show that in the period July 2023 to June 2024 the majority (81%) of Herefordshire’s working-age population (aged 16 to 64) were in employment, either as an employee of an organisation (69%), or through self-employment (13%).

ONS [Business Register and Employments Survey](#) (BRES) data for 2023 showed that the health sector accounted for the largest proportion of employment in Herefordshire (13%, the same proportion as nationally). However, a much higher proportion of jobs were in agriculture and manufacturing: 11% and 12%, compared to 1% and 7% respectively.

Labour productivity is an important determinant of living standards and is most commonly measured as gross value added (GVA) per hour worked (see note 1). Herefordshire consistently has one of the lowest levels of labour productivity of comparable economic areas (see note 2). In 2022, GVA per hour worked was £30, significantly below England (£40). This has an impact on earnings, which are also relatively low. In 2024, average (median) workplace-based earnings were £539 per week compared to England’s £620.

Relatively lower economic activity in Herefordshire due to a higher retiree population, compared to England and Wales

Proportion of a persons aged 16 and over by economic activity status, Census 2021



Data source: [2021 Census: Labour market and travel to work](#). Office for National Statistics. Last accessed 29 November 2022.

Note 1: Gross value added (GVA) is one way of measuring economic output [it] measures the contribution made to the economy by individual producers, industries, sectors or regions. The figure is a quantitative assessment of the value of goods and services produced minus the cost of inputs and materials used in the production process. [What is Gross Value Added \(GVA\)?](#) O'Farrell, L. University of Birmingham, May 2019. Last accessed 18 December 2024.

Note 2: International Territorial Level 3 (ITL3) areas: A geocode standard for referencing the subdivisions of the UK for statistical purposes, used by the ONS.

People not in work

‘Unemployment has consistently been found to have a negative impact on a range of health outcomes, including mental health issues such as depression, anxiety and levels of self-esteem.’ ([The Health Foundation](#), July 2024)

‘Once out of the workforce, people with a work-limiting health condition are nearly three times less likely to return to employment than those in good health’ ([The Health Foundation](#), October 2024)

Unemployment is low, but with significant inequalities

Historically, the unemployment rate in Herefordshire has been lower than nationally, and this remains the case. In the year to June 2024, the model-based estimate was 2.4% of economically active adults (16+), compared to 3.8% in England.

Those who want to work but cannot get a job can claim out-of-work benefits. Numbers of claimants increased dramatically at the start of the pandemic and haven’t returned to pre-COVID-19 levels: in October 2024 there were around 3,250, 54% more than in March 2020.

There are significant inequalities within the county. Generally, areas that have the highest levels now already had more claimants before the pandemic. Rates in some of the most deprived areas of South Hereford and Leominster are around 5% compared to 3% for the county as a whole.

The age profile of claimants has also changed over time, with older people aged 50+ now accounting for a much bigger proportion of claimants than a decade ago (29% in 2024 compared to 23% in 2014).

Households where nobody is working (defined as ‘workless’) face a range of social and financial issues, for example increased risk of problem debt, homelessness and relationship distress. In 2023, 12% of Herefordshire households were workless, a similar proportion to England (14%).

More people not working due to ill-health and disability than are unemployed and seeking work, and numbers have risen

Nationally, 38% of people who were economically inactive in 2023 because of long-term sickness reported having five or more health conditions (up from 34% in 2019), suggesting that many have interlinked and complex health issues.

2021 Census data showed that more Herefordshire adults of working-age were not working due to ill-health or disability than were unemployed and seeking work: 4,900 (4.5%) compared to 3,500 (3.3%). This represented an increase from 3.9% and fall from 4.3% respectively since 2011.

As with unemployment, there was significant inequality within the county: 33% of these people lived the 20% most deprived areas of the county, compared to 13% in the least deprived.

[National research](#) indicates that the proportion of people who are long-term sick has been continuously rising since the pandemic. The fastest rises have been amongst under-25s, and a larger proportion have mental health conditions.

People with a LTC or disability who have difficulty doing certain tasks can claim Personal Independence Payment (PIP) to help with living costs. Although not directly comparable because people can still work whilst in receipt of PIP, it is a useful indication of more recent trends locally. Between January 2020 and July 2024, the number of claimants in Herefordshire increased by 52% to around 9,500 people, 37% of whom had some form of psychiatric disorder.

More information and data on these topics is in the latest [Herefordshire Economy and Cost-of-Living Compendium](#) and [the 2021 Census labour market and travel to work headline results for Herefordshire](#), both available on the Understanding Herefordshire website.

Family, friends and communities

‘Family, friends and communities are the cornerstone of our everyday lives and play an important role in shaping our health and wellbeing. The nature of our social networks – the quality of our relationships, the support we have, whether we feel we belong where we live, whether we feel lonely – can influence our health and wellbeing in a range of ways.’ ([The Health Foundation](#), May 2024)

The 2021 and 2023 CWS provided insights into Herefordshire residents’ perceptions of community wellbeing and their quality of life, and how these have changed over time. Unless otherwise stated these have informed the following findings.

Social contact and community resilience

Most adults in Herefordshire have a positive view of their local community. Although significantly down from around 90% in 2021, it was still the case in 2023 that over 80% were satisfied with, and felt they belonged to, their local area, and agreed that people from different backgrounds got on well together.

However, there were notable inequalities, with significant variation between different social groups and communities. For example, overall 87% were satisfied with their local area as a place to live but this was significantly lower amongst people living in the most deprived areas (80%), younger adults (aged 18 to 34) (82%), Housing Association/Trust renters (78%), lower socio-economic groups (82%), those who received care (81%), had a disability (83%) or were from a minority ethnic background (74%). Similarly, younger adults and those with a disability were much less likely to feel they belong (76% and 77% respectively compared to 82% overall).

Consistently, the majority (~60%) of Herefordshire adults said they had contact with family, friends or neighbours most days. This was the case even during the pandemic. However, an important minority of adults said they often or always feel lonely (6% in 2023), and this was a particular issue amongst vulnerable groups such as those with a disability (10%), or low levels of mental wellbeing (20%).

[Studies](#) have shown that volunteering can help combat stress, depression and anxiety. In 2023, the proportion of people volunteering had largely recovered from the disruption of the COVID-19 restrictions and was similar to 2018, with around a third of adults giving unpaid help to a group, club or organisation at least once a month.

Digital exclusion

[National research](#) has found that people who are digitally excluded (do not use the internet regularly) are less able to access services and have poorer health outcomes. Digital exclusion is also a barrier to social, educational and employment opportunities.

Overall, a relatively small proportion of people in Herefordshire are not regular internet users (12% in 2023), but non-use is much more common amongst certain groups. For example, 19% of people living in the most deprived areas, 25% of those aged 65+, and 41% of those with no formal educational qualifications. In a separate 2022 survey of Telecare service users (a group exclusively comprising vulnerable adults), 49% did not use the internet.

The 2023 CWS found that the most common reason for not using the internet was not needing it (44%), but 31% said they do not have the skills, rising to 48% amongst Housing Association tenants.

The proportion of people who expressed concern about more things being provided online increased by 13 percentage points between 2021 and 2023 to 35%. The proportion was even higher amongst non-internet users (54%) and a number of other vulnerable or otherwise disadvantaged groups, such as people with a disability, who receive care, or have no formal qualifications (43% in each case).

Community safety

‘The level of crime in an area can influence how safe people feel, which can in turn affect mental health – along with impacting participation in activities which are good for our health’ ([The Health Foundation](#), May 2024)

The following has been mainly summarised from the Herefordshire Community Safety Partnership (HCSP) [Community Safety Strategy 2024-2027](#) and [Annual Report April 2023 to end of March 2024](#).

The risk of being a victim of crime in Herefordshire is relatively low, with no areas of the county falling within the 10% most deprived in England for crime according to the 2019 [Indices of Multiple Deprivation](#), and people generally feel safe. Following a dip during the pandemic, recorded offences in Herefordshire are now similar to pre-COVID-19 levels. A total of 11,060 crimes were recorded from July 2020 to June 2023.

In 2023, most Herefordshire adults (73%) said they felt safe when outside after dark, which was in line with the national figure. Following an increase in feelings of safety during the pandemic (85% in 2021), figures had returned to 2012 levels.

In 2023 the HCSP undertook a strategic assessment of the available evidence to inform the priorities for the new Community Safety Strategy (2024 to 2027). The strategy identified four strategic priorities: domestic abuse, violence against women and girls (including sexual violence), misuse of drugs and neighbourhood crime. However, it was recognised that these individual crime types and priorities cannot be addressed in isolation. For example, substance misuse can be a factor in domestic violence, sexual violence and acquisitive crime. The strategy therefore also focused on four underpinning cross-cutting themes: serious violence, serious organised crime, prevention and community engagement.

Domestic Abuse: The HCSP reports that offences where domestic abuse was identified fell in the year to June 2023 (1,854 in total). However, it notes that the

financial impact of the cost-of-living crisis is likely to have increased risks for victims and they are likely to put off leaving a dangerous partner due to the financial impact. For more detail on domestic abuse, see p.50.

Violence against women and girls (VAWG): Nationally, domestic abuse, sexual offences, stalking and harassment, and modern slavery and human trafficking have all seen recent increases. Domestic abuse is a key contributor to VAWG crime numbers.

Herefordshire data indicate that ‘violence without injury’ accounts for almost half of VAWG offences. Sexual assault and rape accounted for 13%, with 311 sexual offences and 107 rape offences recorded in the year to June 2023.

Misuse of drugs: Although recorded drug offences are decreasing, more people are accessing services and receiving treatment. Most drug offences in Herefordshire relate to possession of cannabis, with it being suggested that younger people are using it in preference to Class A opioids, which are on the decline and are now mostly used by older people. See also the substance misuse needs assessment (p.46)

Neighbourhood crime (including anti-social behaviour, acquisitive crime, and hate crime); the report states:

- Currently (2023-24) the number of incidents of anti-social behaviour in Herefordshire is high.
- Acquisitive crime includes shoplifting, burglary, theft, and robbery: overall, these offences increased in Herefordshire after 2021, a trend that continued into 2024. The majority involve theft, although shoplifting is an increasing category.
- Hate crime involves any criminal offence which is perceived to be motivated by hostility or prejudice based on a personal characteristic, disability, gender identity, race, religion or faith and sexual orientation. The relative incidence of hate crime in Herefordshire is low.

Money and resources

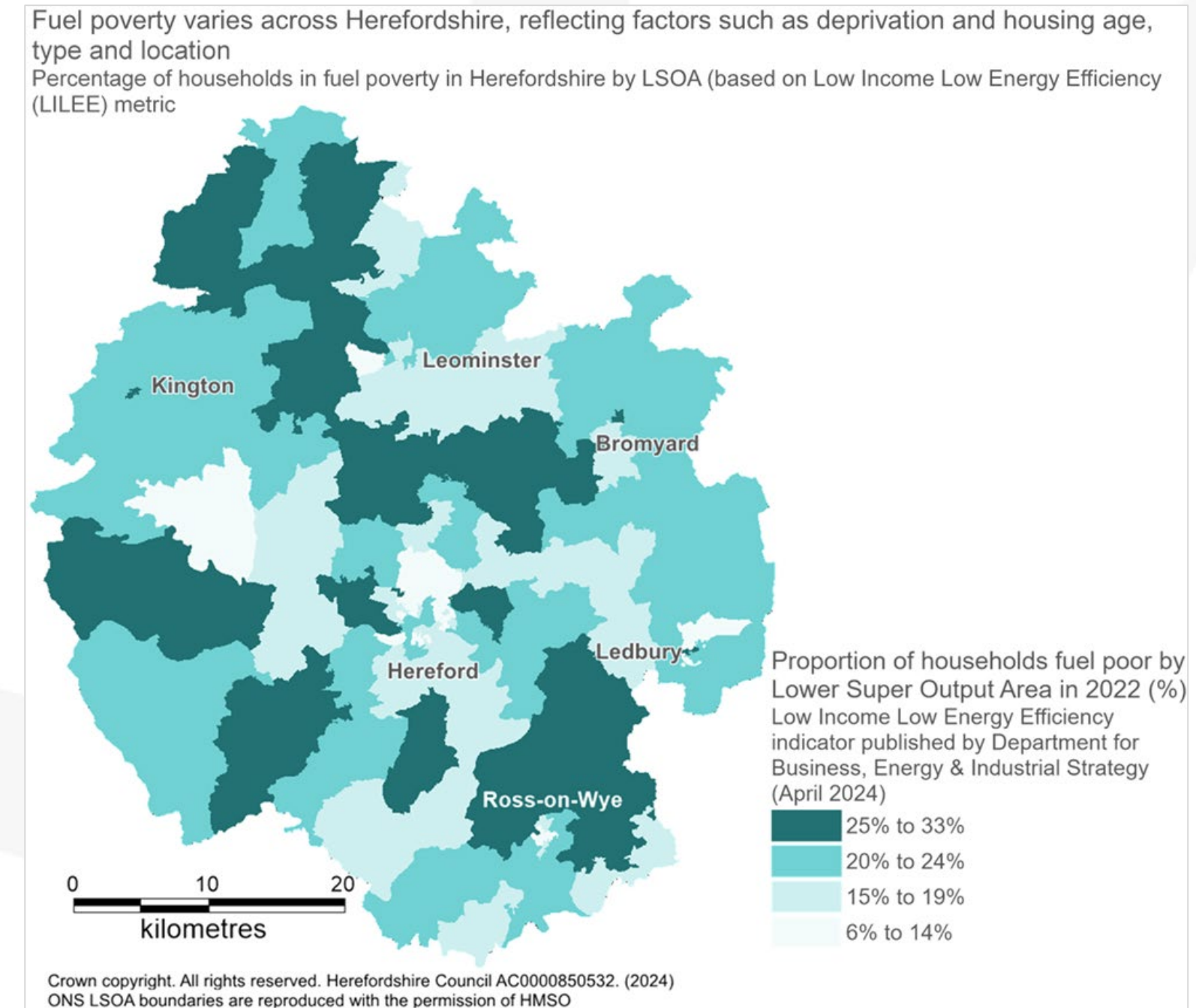
‘Secure financial circumstances lead to better material conditions, including adequate food and heating and reduce the likelihood of stress. Income also provides the resources to have a healthy diet and can provide the impetus to give up health-harming behaviours.’ [\(JHWBS\)](#)

Overall levels of income deprivation are relatively low, with twice as many areas amongst the 25% least deprived in England as in the most deprived (22 out of 116 areas compared to 10 according to the 2019 Indices of Deprivation). However, gross disposable household income is lower than in England: £22,726 per head in 2022 compared to £23,338.

The number of households reliant on state benefits increased substantially during the pandemic and continued to rise during the cost-of-living crisis. Universal Credit is the main means-tested benefit in the UK: a monthly payment to help with living costs for those on a low income, out of work, or unable to work. There were 15,100 claimants in Herefordshire in October 2024, up from the pandemic peak of 12,400 in April 2021. This equated to 13% of working age adults, lower than in England (18%) but still more than double the pre-pandemic rate (5% in March 2020). Being on a fixed income, these households are amongst the most financially vulnerable.

Child poverty has increased in the last decade and after historically being lower than in England, the Herefordshire rate is now at a similar level. 20% of county children were living in relative poverty in 2022-23 compared to 14% in 2014-15. This amounted to around 5,900 children. However an alternative, [unofficial, estimate](#) accounting for housing costs, suggested the number may have been almost double this at 11,700.

Reflecting the rurality of the county, the rate of fuel poverty is higher than nationally: 20% in 2022 (16,900 households) compared to 13% in England. The measure takes account of both household income and energy efficiency of homes, so deprivation and housing age, type and location are all relevant factors. This is illustrated by the amount of variation in small area rates: from 6% in parts of Ledbury to 33% in parts of the rural north (see map).



Data source: [Sub-regional fuel poverty data, 2022](#), Department for Energy Security and Net Zero. Last accessed 9 December 2024.

Find out more about these topics on the [Understanding Herefordshire](#) website.

The food we eat

‘Every year unhealthy diets cause a high number of deaths. A significant proportion of British people are struggling to afford a healthy diet and unhealthy diets are related to 6 of the top 10 risk factors for the global burden of disease.’ ([Director of Public Health’s Annual Report 2022](#).)

Food production and security

Globally, the current food system is unsustainable, being the single biggest contributor to biodiversity loss, deforestation, drought, freshwater pollution and the collapse of aquatic wildlife. After the energy industry it is the biggest cause of climate change, responsible for 25 to 30% of global greenhouse gas emissions. A shift to plant-based diets, sustainable, seasonal and locally sourced foods, and a reduction of food waste, can greatly reduce carbon emissions from this sector.

Currently, the UK is roughly 60% food secure and although mostly self-sufficient in meat, dairy, eggs and grain, is heavily reliant on imported vegetables (50%) and fruit (84%).

To make matters worse, across the country around a third of all food is wasted. Annually, over seven million tonnes of food is thrown away by Herefordshire households, 70% of which is considered avoidable. Between 2019 and 2022, food waste per kilogram, per household, per week, increased among affluent rural communities and reduced across urban family groups, suggesting that more food tends to be wasted by those who can afford to do so.

However, farming is an essential part of rural life and of Herefordshire communities’ and prosperity, and Herefordshire makes a vital contribution to the UK’s food security. 77% of Herefordshire land is farmed and agriculture accounts for a much higher proportion of businesses and economic output than nationally: in 2022, 21% of businesses, compared to 4% in England and 9% of gross value added (GVA), compared to 1% in England (see note).

Note: Gross value added (GVA) measures the value generated in the production of goods and services. It is one measure of overall economic performance.

Eating well

Unhealthy diets often become established in early childhood and, combined with insufficient physical activity, mean that many children are overweight or obese even before they start school. There is a long-standing pattern of levels of obesity almost doubling during primary school (see p.38). Once people reach adulthood changing entrenched eating preferences and behaviours becomes very difficult.

Following a healthy diet has many benefits, including building strong bones, protecting the heart, preventing disease and boosting mood. Conversely, poor diet is one of the leading risk factors driving the UK’s high burden of preventable ill-health and premature death, contributing significantly to the population’s widening health inequalities. Poor diet is associated with developing chronic diseases, including cancer, Type 2 diabetes, coronary heart disease and stroke, with red and processed meats and sugar sweetened beverages associated with increased risks.

In 2022-23, 39% of Herefordshire adults were meeting the recommended five-a-day for fruit and vegetable consumption, more than in England (31%). In response to the 2023 CWS, 93% of adults said they were eating the same amount of, or more, nutritious food than a year ago, up from 84% in 2021.

However, price and affordability are major determinants of the food people choose to purchase, particularly for those on low incomes. [Research](#) has shown that the poorest fifth of UK households would need to spend 43% of their disposable income on food to meet the cost of the government-recommended healthy diet. Food insecurity has been greatly exacerbated by the cost-of-living crisis, with at the end of 2023, [Citizen’s Advice data](#) suggesting around 11,000 adults in Herefordshire being in a negative budget each month.

For more information see the [Director of Public Health Annual Report 2022: A recipe for healthy and sustainable food](#).

Appendix: useful links and tools

The JSNA is a continuous process of analysis and review to ensure that commissioning and service planning decisions are informed by the latest available evidence relevant to a particular decision.

Fingertips Public Health Profiles (fingertips.phe.org.uk/profiles)

These profiles provide collections of indicators covering a range of public health topics, organised into themes like mental health, obesity, healthy ageing etc. They have been developed to show local area data alongside relevant comparators as well as:

- Trends over time.
- Within county variation showing significant differences for **residents** of [middle super output areas](#) (MSOAs) and [wards](#) compared to the rest of the county and nationally, plus variation by index of multiple deprivation quintile for some indicators.
- Profiles of **registered patients** by [GP practice](#) and [Primary Care Network](#) (benchmarks and trends).

County-level benchmarking

[ONS Local](#): Office for National Statistics experimental tool enabling comparison of 70 local indicators, including disposable household income, further education and life satisfaction. Note this is mainly to compare Herefordshire to other parts of the UK.

[LG Inform](#): Local Government Association benchmarking tool allowing users to compare local authority areas and assess performance locally, regionally and nationally across a range of topics and indicators.

A growing number of self-serve tools are available to allow users to explore certain information: such as long-term trends, comparisons with other similar areas, or trying to better understand outcome variation within Herefordshire.

Local tools to analyse GP registered patients

Dashboards developed with Taurus Healthcare, designed primarily to help Primary Care Networks understand their local populations. Accessible on request from herefordshire.analytics@nhs.net. Including:

- Herefordshire inequalities dashboard: focusing on key indicators within the CORE20Plus5 measures (see p.8), such as Health Checks and other screening programme uptake, as well as prevalence of conditions including hypertension. Compare differences between IMD quintile and other characteristics.
- Herefordshire Population Health Management tool: segmentation of patients based on long-term conditions in each GP practice in Herefordshire. Data can be sliced by ethnicity and IMD.

Data profiles of residents of areas within Herefordshire

[Herefordshire area profiles](#): explore a wide range of census and deprivation statistics about the **resident population** of the county's 53 wards and the LSOAs within them (lower super output areas: statistical geographies of about 1,500 people)

Office for National Statistics 2021 Census tools:

- [2021 Census Maps](#): explore maps of key variables.
- [Profiler tool](#): build your own areas to extract data.