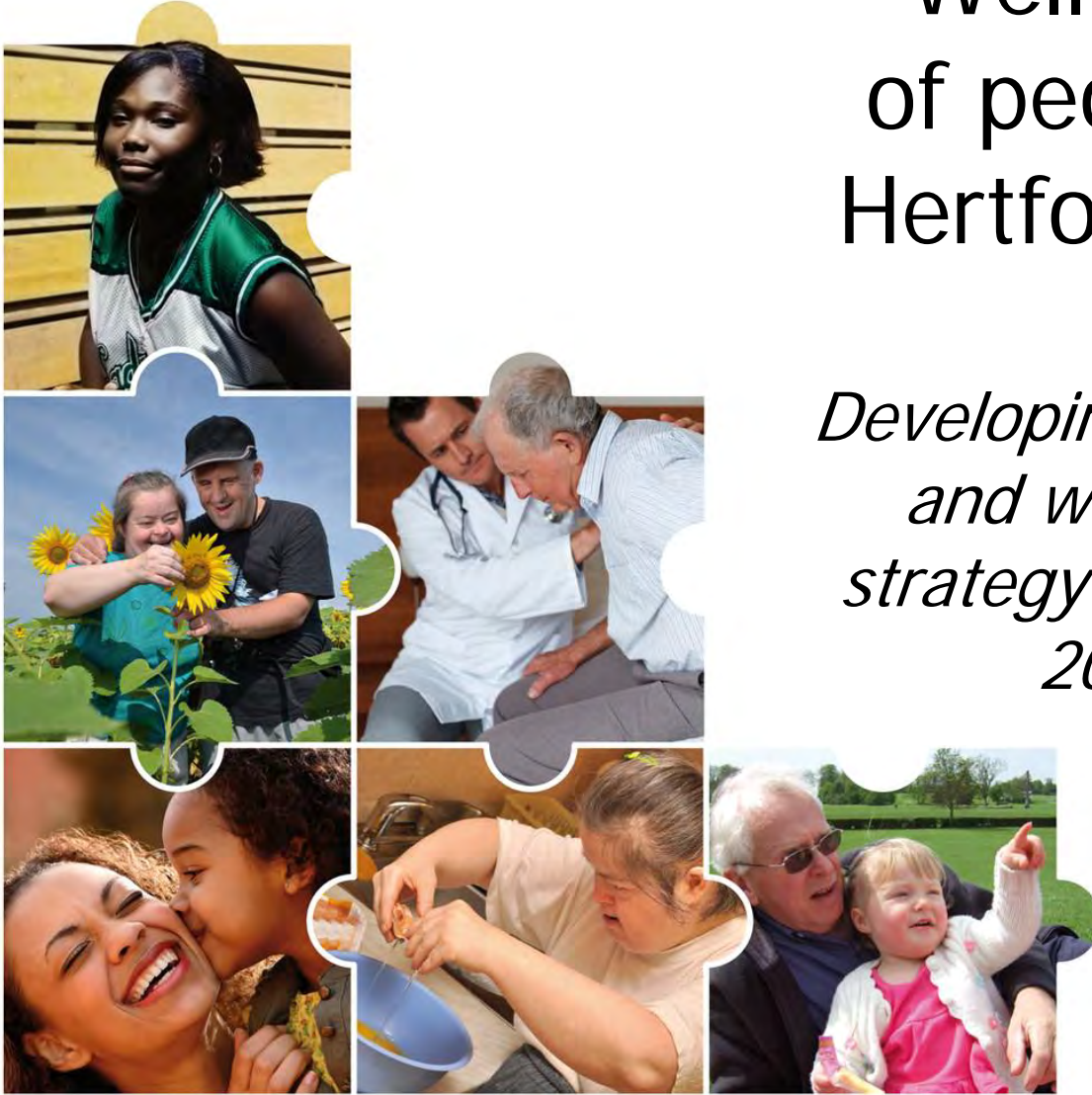


Health and Wellbeing of people in Hertfordshire

*Developing a health
and wellbeing
strategy for 2012-
2015*



In partnership with Herts
10 District & Borough Councils and



Improving the health and wellbeing of people in Hertfordshire

A health and wellbeing strategy for Hertfordshire, 2012 - 2015

Health = 'Health is a state of complete physical, mental, social well-being, not just the absence of disease or infirmity'

Wellbeing = 'Wellbeing is a contented state of being happy and healthy'

Our Aim: "With all partners working together we will reduce health inequalities and improve the health and wellbeing of our people in Hertfordshire"

Introduction

A health and wellbeing strategy for Hertfordshire

With well performing schools, a strong underlying economy, low crime levels, and good access to health and social care most people living in Hertfordshire can expect to enjoy relatively high levels of health and wellbeing.

Despite this, significant health and wellbeing challenges remain in Hertfordshire. The most economically deprived quarter of the Hertfordshire population die on average five years earlier than the least economically deprived. The underlying reasons for this are numerous, but this gap shows there are significant areas we need to focus on, to help as many people as possible in Hertfordshire live equally healthy and fulfilling lives.

Who will do this?

The Health and Wellbeing Board is a new partnership which will deliver real improvements in people's health and wellbeing. With representatives from health, councils and the Hertfordshire Local Involvement Network (LiNK), the Board will work across organisations to improve the health and wellbeing of people living in Hertfordshire. The Board wants to focus on the areas where working together in new ways will have the largest impact on people's health and wellbeing. The health and wellbeing strategy for Hertfordshire is a plan which will set out how the Board will help as many people as possible in Hertfordshire live equally healthy and fulfilling lives. We've made a start in identifying the main areas we think we should focus on in this plan, but we want to know what you think before we develop the strategy any further.

How will this happen?

Our plan needs to address both health and wellbeing. A huge range of factors can influence people's health and wellbeing – not only health issues like smoking and obesity, but also feeling safe, independent and part of their communities. Where possible we believe people can be encouraged to take more responsibility for their own, their families' and their communities' health and wellbeing, and through the delivery of this plan we hope to engage, educate and encourage our local populations to consider their health and wellbeing as well as that of those around them.

We need to take a local approach in developing the health and wellbeing strategy for Hertfordshire. We must consider the needs of Hertfordshire citizens and develop our areas of focus based on those needs.

We can't do everything we would like to do all at once. So we have picked priorities where the health service and local government can make a real difference by working together. And there are some issues which we cannot afford to ignore.

Now we want to know if you agree that this is the best place to start.

This document sets out the areas we think we need to focus on first. It explains why and how we've chosen these areas. We want to know what you think about the way we've chosen them, and what else you might want to add.

There are lots of important areas we will also focus on, not only through other areas of our or our partners' work but also over time as we develop and periodically review the strategy; there may be new areas to consider which we have not included here. It sets out *what* we think we should focus on, rather than *how* we will deliver improvements to health and wellbeing. The next stage in developing the strategy, before final publication in the summer, will be to incorporate your feedback and consider *how* we will deliver these improvements with the key organisations.

Our thinking – how we got there

Our starting point was to look at the people who live in Hertfordshire and the issues which affect them. Following government guidance we've used something called the Joint Strategic Needs Assessment, as well as a range of local and national data sources to support our initial proposals.

We drew on local expertise from the health service, councils and Hertfordshire Local Involvement Network (LINK), as well as national guidance from the government, to identify a long list of the health and wellbeing areas which affect local people.

The Board will have the most impact on improving people's health and wellbeing if it focuses its energy on a smaller, manageable number of priority areas where working in partnership can deliver real improvement.

We've identified the areas where the Board can have the most impact by asking a variety of questions about each priority area. These questions were grouped around three main themes:

- **People and Money** – How much is spent on the priority? Who is likely to be affected by the priority?
- **Organisations Involved** – Is the area already a priority for organisations?
- **Making it happen** – Could we achieve actual improvements against the priority in practice? How difficult might those improvements be to achieve? Does the priority affect certain groups differentially?

We used these questions to filter the long list of priorities into a shorter list of eight priority areas. If a lot is spent on a priority, if a lot of people are affected, and if organisations can have a significant impact on the priority, the priority has been rated 'High' and has therefore been included in the list of eight priority areas.

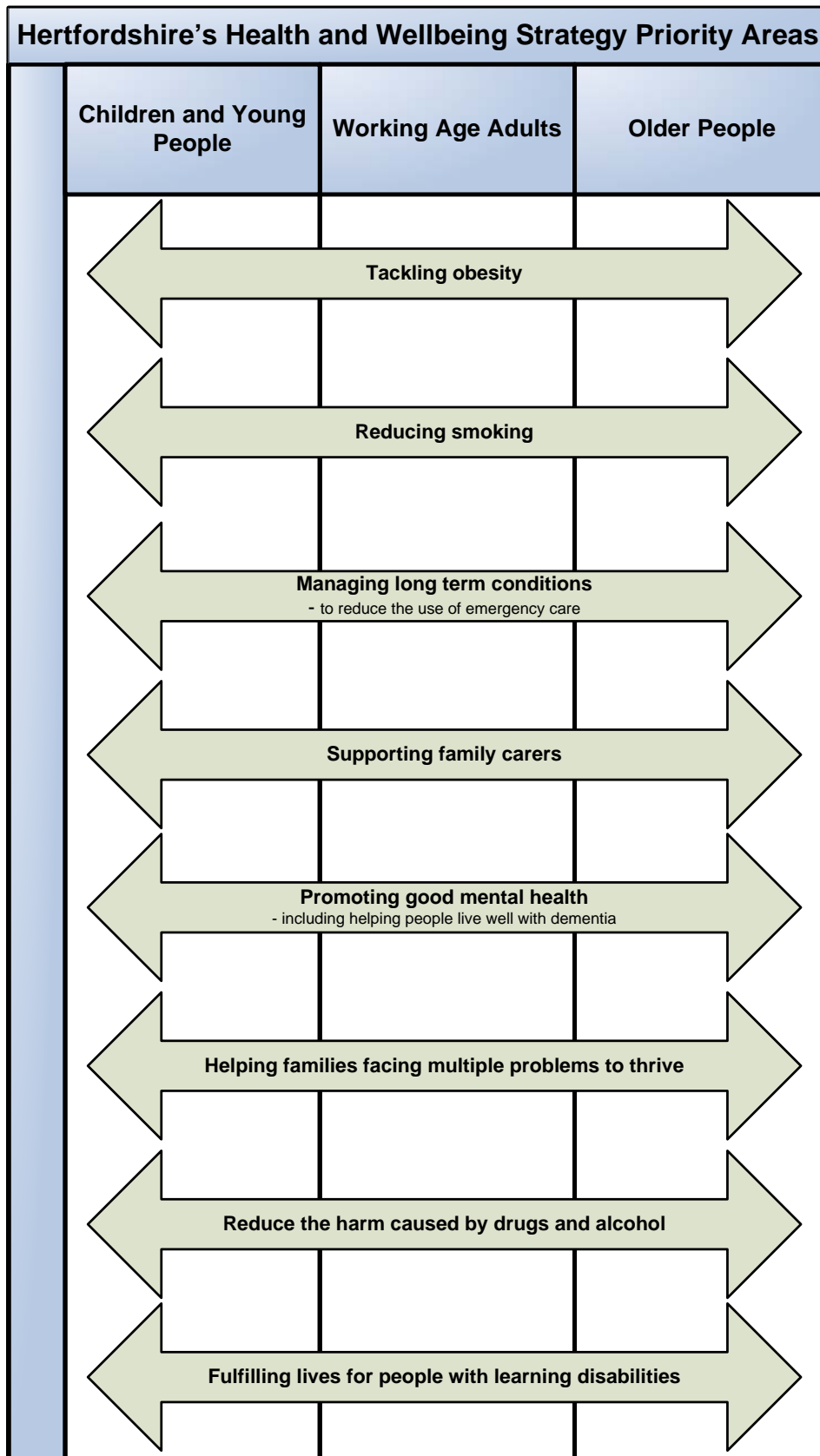
You can find out more about our filtering process by looking at the Priority Evaluation Tool on the website at www.hertsdirect.org/hwb

We'd like to know whether you agree with the areas of focus we have chosen and that they are the ones that will be the most relevant to improve health and wellbeing of residents in Hertfordshire?

Our approach –what we did

We recognise that these areas affect people differently at different stages of their lives and that delivery partners have necessarily different approaches to address these changing needs. We know that tackling many of these issues when children are young is often the most effective way of raising levels of health and wellbeing. Similarly, meeting the needs of Hertfordshire's ageing population is one of the biggest challenges public services in

Hertfordshire face. For this reason, we've looked at these priorities as cutting across generations in a 'life course' model, reflecting changing but often related needs of each individual; this holistic approach has the additional benefit to the agencies delivering these services in ensuring best use of the limited funding available to them, especially in the current times of financial constraint. ([Priorities below in no particular order])



By tackling the eight initial priority areas above at every stage of people's lives, we think we can have the most impact on improving levels of health and wellbeing in Hertfordshire.

You can find out more information about why we think these areas are important below.

What we aim to do: our areas of focus

- **Priority Area One: Tackling obesity**

The growth in obese and overweight people is one of the biggest public health challenges we face. In Hertfordshire, nearly 200,000 people (21% of all adults) are obese. These people are at increased risk of heart disease, diabetes and cancer.

The large numbers of people affected by obesity, and the number of diseases associated with it, means that obesity cost organisations in Hertfordshire over £335m in 2007. Weight management programmes are relatively low cost (a 12 week support programme delivered from primary care enabled people to lose 5 per cent of their body weight, at a cost of £60 per client). This means that the Board has the potential to have a real impact on this issue.

Obese and overweight children are more likely to suffer from certain diseases and conditions as adults, including high blood pressure, heart disease and type II diabetes. 17% of Hertfordshire school children, in year 6, are obese. Ways of tackling obesity include raising levels of physical activity, which has benefits for children in particular including improved educational attainment, discipline and reducing behavioural problems.

Physical activity also helps older people maintain their independence and reduces the risk of falls and stroke.

Certain groups are at particular risk of obesity and its negative effects on health and wellbeing. Some black, minority ethnic (BME) communities experience greater health problems as a result of their obesity, as do people with a learning disability. Part of tackling this issue of obesity in Hertfordshire will involve engaging with and focusing on the particular needs of these groups in order to reduce current higher levels of obesity

- **Priority Area Two: Reducing smoking**

Smoking has huge consequences for people's health and wellbeing. People who smoke are at greater risk of smoking-related conditions like lung cancer, heart disease and chronic obstructive pulmonary disease (COPD). In Hertfordshire, nearly 20% of adults smoke, which is about the same as the East of England average. However, local data suggests smoking may be becoming more of an issue amongst teenage girls in Hertfordshire. Those who smoke are not the only ones affected: the impacts of one or more parents smoking on children include an increased risk of cot death, meningitis and more frequent asthma attacks and lung infections. A focus is needed on more deprived areas, as people from more economically deprived backgrounds, particularly those in manual occupations, are more likely to smoke.

Smoking does not just affect individuals' health and wellbeing, and that of their families. It also has consequences for the wider environment, including the litter associated with cigarette butts, and the number of fires caused by cigarettes.

- **Priority Area Three: Managing long term conditions to reduce the use of emergency care**

Long term conditions cannot, at present, be cured but can be controlled by treatment and behaviour. Examples of such long term conditions include heart disease, diabetes and those recovering from a stroke. Some long term conditions are linked to mental health, such as schizophrenia and dementia. An ageing population and the growth of health harming behaviours such as physical inactivity, unhealthy eating and harmful alcohol consumption,

means that the prevalence of long term conditions is expected to rise by more than 20% over the next 25 years.

Nationally, long term conditions represent 70% of health and care spend, 77% of inpatient bed days, 55% of GP appointments and 68% of outpatient and A & E appointments. Emergency care and long terms conditions are therefore very strongly LINKed: if we can help people manage their conditions better, then we will be able to reduce the cost of emergency care. We need to improve the way we help people manage their conditions at home, in their community: in the 2010/11 GP Patient Survey in Hertfordshire, only 50.6% of those with a long standing health problem felt they'd had enough support from their GP in the last 6 months. This is compared to the England average for this question, which is 53.7%.

Certain groups are more at risk of certain long term conditions than others. Type II diabetes for example is up to six times more likely to affect people of South Asian descent, and is up to three times more likely to affect African and Africa-Caribbean people.

- **Priority Area Four: Supporting family carers**

Family carers provide substantial unpaid support to family, friends or neighbours who could not manage without their help. This might be because they are ill, old or disabled. There are about 138,000 carers in Hertfordshire. Some of these are young carers, under the age of 18, who may care for a parent or sibling.

Carers often find their own physical and mental health suffering as a result of their caring role. Providing higher levels of care is associated with a 23% higher risk of stroke, and 40% of carers experience psychological distress or depression. They make an enormous contribution in terms of the unpaid support they offer: it would cost the state £2.1bn if they were to pay for the amount of care carers in Hertfordshire provide for free. The combination of the value of the support carers provide and the consequences for their own health and wellbeing makes helping carers continue to care a priority area for the health and wellbeing strategy.

- **Priority Area Five: Promoting good mental health including helping people live well with Dementia**

Mental health disorders take many different forms and affect people in different ways. Schizophrenia, depression and personality disorders are all types of mental health problem, but can also be a type of long term condition as they require management and treatment, rather than cure. Diseases such as dementia generally develop in old age, whereas eating disorders are more common in young people. There is no single cause of mental health problems and the reasons they develop are complex.

There are estimated to be over 8,000 people over 65 with dementia in Hertfordshire. People with dementia often need to rely heavily on other people to help them make decisions and look after themselves. The predicted increase of cases of dementia to over 21,000 in Hertfordshire by 2030 means that dementia will pose huge challenges for health and social care services in the coming years.

- **Priority Area Six: Helping families facing multiple problems to thrive**

Some families find themselves faced with multiple problems. These problems can include living in poor housing, substance abuse, domestic violence and unemployment. These families not only experience multiple problems, but can also cause problems for individuals and the communities in which they live through crime and anti-social behaviour. It has been estimated that there are about 1,300 of these families living in Hertfordshire.

In the past, we have spent a lot of money responding to these problems, rather than preventing them. Only £1bn of the £9bn spent nationally on these families has been spent on interventions which might help these families through their problems, to thrive.

By a range of agencies working together to help these families through their multiple problems, we aim to help them to thrive and live without ongoing support and assistance. Thriving for these families' means, amongst other things:

- Reducing domestic violence
- Reducing drug or substance misuse
- Decreasing truancy, exclusion, or bad behaviour at school
- Helping people back into employment

- **Priority Area Seven: Reducing the harm caused by drugs and alcohol**

The abuse of substances such as drugs and alcohol can have a detrimental effect on an individual's health, their families and society, crime and antisocial behaviour, and the economy. Alcohol misuse such as this increases the risk of stroke, cancer, liver diseases and accidental injury.

Whilst overall fewer people in Hertfordshire end up in hospital as a result of alcohol consumption than elsewhere, alcohol consumption is more of a problem in certain areas of the county. NHS Hertfordshire currently spends over £48m per year on alcohol related harm.

- **Priority Area Eight: Fulfilling lives for people with a learning disability**

There are nearly 3,000 people with learning disabilities known to Hertfordshire County Council. This is a small proportion of the total number of people likely to have a learning disability in Hertfordshire, as the national prevalence rate suggests about 19,500 people in Hertfordshire will have a learning disability. There are more people in Hertfordshire with learning disabilities than similar counties due to historic reasons, which makes it a particular priority for the county.

People with learning disabilities are more likely to have long term conditions such as epilepsy, diabetes, circulatory disease and autism. Such conditions increase the risk of premature death. People with learning disabilities can also receive poorer care from health services due to their disability. Certain people with learning disabilities miss out more than others, including those from certain ethnic minorities.

What do you think?

In this document, we've explained why and how we've chosen these initial priority areas for the health and wellbeing strategy. We want to know what you think about the way we've chosen them, and if you think we should include anything else. We'd like to hear from individuals, groups and organisations.

- Do you agree with our approach? Have we considered the right factors?
- Do you think we should be including other priority areas? We've looked at a lot of different areas, but perhaps you think we should be looking at other ones – or thinking about them differently.

You will be able to find a list of events in your area, more information about the priority areas, and an online questionnaire to fill in at www.hertsdirect.org/hwb. We will need to receive your responses by 16 July 2012.

We will listen to what you think and what you say might change the areas we decide to focus on.

What happens next?

This document is an introduction to the eight priority areas we think we need to focus on first. We need to continue developing a final strategy which explains how, as well as what, we will focus on, and which incorporates the views of people who live in Hertfordshire. To do so, we will:

- Listen to your feedback
- Write up a final version of the health and wellbeing strategy
- Have conversations with key organisations and partner agencies about *how* we might deliver improvements in health and wellbeing in these areas – and how we will measure those improvements
- Publish the final strategy in the late summer 2012
- Continue to talk to you about the health and wellbeing issues that matter to you

Find out more.

There are a number of ways to have your say, and find out more. You can:

- Visit our website and complete our online survey at www.hertsdirect.org.uk/hwb
- Go to an information event
- Go to your local library and pick up a brief postcard version of the survey
- Ask at your local doctor's surgery for a postcard to complete

- Write to us : Health and Wellbeing Engagement, Health and Community Services , Hertfordshire County Council , County Hall Pegs Lane, Hertford, SG13 8DP
OR
- Email us: hwengagement@hertscc.gov.uk (you can also request to receive the HWB e-newsletter)

The best way to continue to make your views heard on health and social care in Hertfordshire beyond this consultation is to join the Hertfordshire Local Involvement Network (LINK) at www.hertfordshireLINK.org.uk.

If you would like this document in another format or in larger print, please contact us 0300 123 4142.

For more help and advice about the information in this booklet, please contact our Customer Service Centre on **0300 123 4043**.

You can also contact us by email at **hertsdirect@hertscc.gov.uk**

For information in any other form, or if you need an interpreter, please contact the number given above.

Bengali: বাংলা, ভাষায় তথ্যাবলীর জন্য অথবা আপনার একজন দোভাষী অর্থাৎ ইন্টারপ্রিটারের দরকার হলে, অনুগ্রহ করে উপরে যে সব টেলিফোন নম্বর দেওয়া হয়েছে সেগুলোতে ফোন করে যোগাযোগ করুন।

Chinese: 如果需要漢語版本, 或需要口譯人員, 請用上述號碼聯繫。

Italian: Per informazioni in italiano, o se desidera l'aiuto di un'interprete, contatti i numeri elencati in precedenza.

Portuguese: Para informações em português ou se precisar de uma interprete é favor telefonar para um dos números acima.

Punjabi: ਪੰਜਾਬੀ, ਏ ਵਿਚ ਜਾਣਕਾਰੀ ਏ ਲਈ ਜਾਂ ਜੇ ਤੁਹਾਨੂੰ ਇੰਟਰਪ੍ਰੇਟਰ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਉੱਪਰ ਦਿੱਤੇ ਨੰਬਰਾਂ 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

Turkish: Sağlanan hizmetlerle ilgili bilgileri Türkçe, istiyorsanız ya da bu dillerden çevirmene gereksinim duyarsanız, lütfen yukarıdaki telefon numaralarını arayınız.

Urdu: اردو میں معلومات کے لئے، یا اگر آپ کو ایک انٹرپرائیٹر کی ضرورت ہے، تو برائے مہربانی اوپر دیئے ہوئے نمبروں پر رابطہ کریں۔