

Hertfordshire Health and Wellbeing Strategy

2016-2020



Health and **Wellbeing** Board
Hertfordshire



Foreword

I am delighted to introduce Hertfordshire's second Health and Wellbeing Strategy.

We have sought the views of health and social care professionals, community partners, people who use our services, carers and the general public on how we can continue to improve health and wellbeing in Hertfordshire. Thank you to everyone who participated in our engagement roadshows, attended public and partnership meetings and took part in our survey. All your feedback has been valuable in improving the strategy and we will continue to seek your views in our continuing programme of engagement .

For the vast majority of us, Hertfordshire is a great place to live. Most of us are fit and healthy, and generally the quality of life here is good.

However, like everywhere, the picture in Hertfordshire is not perfect. The health and wellbeing of people in some of our communities is not improving at the same rate as others. Every year, far too many people suffer avoidable ill health or die earlier than they should – this is known as health inequality. These inequalities need to be tackled to make life better for everyone living in Hertfordshire.

We also have a growing number of people living into old age. Whilst it is good news that people are living longer, it is important that the quality of life in older age remains high too.

If we are to be successful in tackling these issues it is more important than ever for us all to take responsibility not only for our own health, but also for supporting others - and focus on preventing people from becoming unwell in the first place.

The things that affect our health and wellbeing vary over the course of our lifetime. Therefore, the strategy has been developed using four significant stages of the life course which are discussed in more detail later in this document:

- Starting well
- Developing well
- Living & working well
- Ageing well

Hertfordshire Health and Wellbeing Board is committed to working together to achieve its aims and would encourage you join us in meeting this challenge and working with us to deliver it.



Colette Wyatt-Lowe
Chair, Hertfordshire Health and Wellbeing Board

June 2016

Introduction

This strategy sets high level priorities, based on the four life stages of Starting Well, Developing Well, Living and Working Well and Ageing Well.

The strategy will also have a set of measurable outcomes, which will be used as a basis to shape commissioning across the health and care system and to develop more detailed action plans to improve the health and wellbeing of people who live and work in Hertfordshire. These outcome measures and action plans will be developed with stakeholders and will be regularly reviewed by the Health and Wellbeing Board.

This strategy does not list everything that all organisations will be undertaking to improve health and wellbeing in Hertfordshire. Instead it focuses on setting out our vision and priorities for integrated working over the next four years to 2020.

A wide range of partners, including those from health, local government, voluntary and community sectors will contribute towards the delivery of this overarching strategy through their own strategic aims. These include the existing and forthcoming Hertfordshire strategies and partnerships focussing on the specific needs of carers, military veterans and their families, domestic abuse and fear of crime, mental health, housing and environment.

Improving health and wellbeing across the life-course

Our goal is to optimise the health and wellbeing of people in Hertfordshire throughout the course of their lives. For this reason, our strategy is divided into main four sections, each relating to one of four major life stages:

Starting Well – the first section focuses on babies and very young children, and covers ages 0-5 years (including maternity).

Developing Well – focussing on children and young people, this section covers ages 6-25 years.

Living & Working Well – this section covers working age adults.

Ageing Well – with a focus on older people, covering people age 65 years and above.

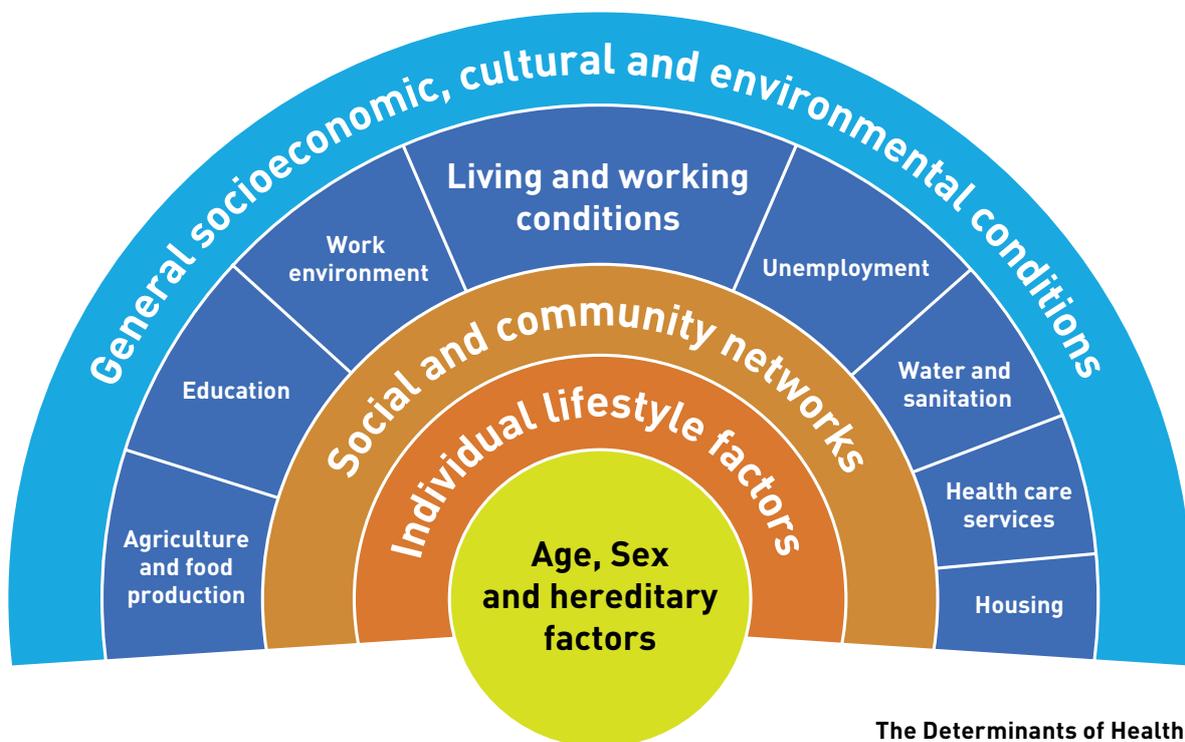
Tackling the social determinants of health

Health and wellbeing outcomes are determined by a very broad range of factors.

Things which influence our health at an individual level include those which we are unable to affect, such as our genes and our age, as well as lifestyle factors over which we have some control, such as whether we smoke, what we eat and how much exercise we take. Much of what influences our health and wellbeing, however, are the things which make up the conditions in which we are born, grow, live, work and age.

Known as the social determinants of health, these factors include:

- **housing and living environment**
- **work environment**
- **transport**
- **access to health and social care services**
- **unemployment and welfare**
- **education**



The Determinants of Health
(1992) Dahlgren and Whitehead

To achieve the goals we have set out for each of the four life stages we will need to adopt a comprehensive approach to tackling the causes of poor health. This will mean that as well as improving healthcare and

supporting people to make healthier lifestyle choices, we will need to recognise the part that issues which traditionally have been seen as outside of the sphere of health impact on wellbeing.

Narrowing the gap

The social determinants of health are mostly responsible for health inequities –

the avoidable differences in health status between different geographical areas and different sections of the population which occur around the world. Broadly speaking, the greater a person's socioeconomic status is the better his or her health status is or will be. This means that less well-off areas typically have poorer health and wellbeing than better off areas across a range of health and wellbeing measures.

These well-documented variations in health are something which we want to reduce in Hertfordshire, while pursuing our overarching goal of improving outcomes for the population of our county as a whole.

We want to improve the health outcomes of Hertfordshire's population as a whole and improve our health outcomes relative to other similar local authority areas.

We also want to narrow the gaps that we see in certain outcome measures between districts within Hertfordshire.



In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England. The final report, 'Fair Society Healthy Lives', was published in February 2010, and concluded that reducing health

inequalities would require action on six policy objectives:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention.

The delivery of this strategy will form a key part of our local contribution to tackling health inequalities and their underlying causes.



Delivering the strategy through joined up working

Delivering on the objectives set out in this strategy will require the contributions of a whole range of partners working together across the county – not just those traditionally seen as part of the health sector.

To address the full spectrum of determinants of health, we will need to ensure that we enable effective joined-up working, including the improvement of data sharing where appropriate.

We will seek to capitalise on existing structures and work programmes

by aligning local strategies across the system, avoiding duplication and inefficiencies and ensuring the maximum impact from our resources on improving health and wellbeing.



Vision and principles

Our vision

“With all partners working together we aim to reduce health inequalities and improve the health and wellbeing of the people in Hertfordshire.”

Our principles

Hertfordshire Health and Wellbeing Board agreed these six principles which helped us to decide on the priorities we will focus on in the next four years, and will inform how we work together and develop actions to achieve our aims.

We will:

- Aim to keep people safe and reduce inequalities in health, attainment and wellbeing outcomes.
 - Use public health evidence, other comparison information and Hertfordshire citizen's views to make sure that we focus on the most significant health and wellbeing needs in Hertfordshire.
 - Centre our strategies on people, their families and carers, providing services universally but giving priority to the most vulnerable.
 - Focus on preventative approaches – helping people and communities to support each other and prevent problems from occurring for individuals and families in the future.
 - Always consider what we can do better together - focussing our efforts on adding value as partners to maximise the benefits for the public.
 - Encourage opportunities to integrate our services to improve outcomes and value for taxpayers.
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Starting Well

Our vision for Hertfordshire

Healthy mothers and healthy babies

We will:

- Strive to support pregnant women and new mothers to take care of their own health and the health of their babies.
- Put a greater focus on the mental health of women in the period immediately before and after birth.
- Strive to improve outcomes for mothers and babies by reducing instances of domestic abuse
- Seek to reduce the proportion of women who smoke during pregnancy.

Parenting for a bright future: All young children given a strong foundation

We will:

- Strive to work with parents of young children to help them develop well and give them a healthy start in life.
- Seek to reduce the variation across the county in young children's level of school readiness.
- Seek to reduce the proportion of 4-5 year olds who are overweight or obese.

Starting Well: Hertfordshire fact file



1,768

women per year may require support for mental health problems during pregnancy and/or the postnatal period[†]



7.8%

of women giving birth in 2014/15 were smokers at the time of delivery[†]



22.4%

of new mothers did not give their babies breast milk in the first 48 hours after delivery in 2014/15[†]



31%

of children did not achieve a good level of development at the end of reception in 2014/15[†]



19.4%

of children aged 4-5 were classified as overweight or obese in 2014/15[†]



914

hospital admissions in 2014/15 were caused by accidental and deliberate injuries in children aged 0-4[†]

[†] Source: Public Health England, Public Health Profiles <http://fingertips.phe.org.uk/>



Developing Well

Our vision for Hertfordshire

Good mental health and wellbeing for children and young people

We will:

- Strive to address the wider causes of poor mental health in children and young people, including domestic abuse, and support those who are experiencing mental health problems.
- Seek to address commonly experienced issues, such as bullying, which have a negative impact on children and young people's mental wellbeing.
- Seek to deliver better support for young carers.

Parenting for a bright future: Children and young people equipped to become healthy and successful adults

We will:

- Strive to support parents to help children and young people develop well and give them a healthy start in life
- Strive to improve life chances for our most disadvantaged children and young people, including those in the care of the local authority.
- Seek to enable children and young people to adopt healthy lifestyles (including developing an understanding of healthy and safe relationships, and improving levels of physical activity), to reduce their risks of experiencing health problems in later life.
- Seek to reduce the proportion of 10-11 year olds who are overweight or obese.

Developing Well: Hertfordshire fact file



27.7%

of children aged 10-11 years were classified as overweight or obese in 2014/15[†]



55.6%

of 15 year olds surveyed in 2014/15 said that they had been bullied in the past couple of months[†]



189

under 18 year olds were admitted to hospital due to alcohol-specific conditions between 2012/13 and 2014/15[†]



8.2%

of children aged 5-16 were estimated to have a mental health disorder in 2014[†]



7.2%

of 15 year olds were smokers in 2014/15[†]



1,420

16-18 year olds were not in education, employment or training in 2014[†]

[†] Source: Public Health England, Public Health Profiles <http://fingertips.phe.org.uk/>



Living and Working Well

Our vision for Hertfordshire

Good mental health and wellbeing for working age adults

We will:

- Strive to address the wider causes of poor mental health and support those who are experiencing mental health problems to recover or manage their condition.
- Seek to deliver better support for unpaid family carers to have a life outside of caring.
- Seek to tackle homelessness and housing issues and their underlying causes.

Healthy lifestyles for working age adults

We will:

- Strive to reduce avoidable disability and premature deaths by enabling working age adults to adopt healthy lifestyles.
- Seek to increase the proportion of working age adults who are getting the recommended level of physical activity and reduce levels of overweight and obesity.
- Seek to reduce the harm caused to health by smoking, alcohol and drug use among working age adults.
- Assist people with learning disabilities to live a fulfilling life as citizens in their own local community.

Living and Working Well: Hertfordshire fact file



2,865

people were long-term unemployed in 2014[†]



63%

of adults were classified as overweight or obese in the period 2012-14[†]



44.7%

of people aged 16+ did not eat the recommended daily 5 portions of fruit and vegetables in 2015[†]



60,769

adults were known to have depression in 2013/14[†]



33.1%

of adults in routine and manual occupations were smokers in 2014[†]



5,520

hospital admissions for alcohol-related conditions occurred in 2014/15[†]

[†] Source: Public Health England, Public Health Profiles <http://fingertips.phe.org.uk/>



Ageing Well

Our vision for Hertfordshire

Older people remaining physically active and independent

We will:

- Strive to enable people aged 65+ to remain physically active and reduce levels of frailty.
- Seek to reduce hip fractures and injuries due to falls in people aged 65+.
- Support people aged 65+ to regain their independence following a stay in hospital.

Good support in older age and end of life

We will:

- Enable people to live in their own homes for as long as possible and reduce social isolation in people aged over 65, ensuring good support and access to services up to the end of life.
- Work together to develop different kinds of accommodation for older people who need support to be independent
- Improve the quality of our care homes and ensure equitable health services are available to their residents
- Seek to reduce preventable winter deaths in people aged 65+.
- Seek to improve the support, care and quality of life of people with dementia and their family carers.

Ageing Well: Hertfordshire fact file



48%

of Hertfordshire County Council's social care expenditure is on older people*



8,069

people aged 65+ were known to have dementia in 2015[†]



178

excess deaths occurred in people aged 85+ over the 2013/14 winter[†]



1,150

hip fractures occurred in people aged 65+ in 2014/15[†]



2.2%

of people aged 65+ were offered reablement services following discharge from hospital in 2013/14 [compared with 3.3% nationally][†]



4,493

emergency hospital admissions for falls injuries occurred in people aged 65+ in 2014/15[†]

* Source: Hertfordshire Joint Strategic Needs Assessment: Older People – Health & Social Care, 2015

[†] Source: Public Health England, Public Health Profiles <http://fingertips.phe.org.uk/>

Health and Wellbeing Board Hertfordshire

Hertfordshire Health & Wellbeing Board brings together Local Government, including public health, adult social care and children's services, including elected representatives, the NHS including commissioners and providers, the Office of the Police and Crime Commissioner, and Hertfordshire Healthwatch, to plan how best to meet the needs of Hertfordshire's population and tackle local inequalities in health. The Chairman of the Board is an elected member from Hertfordshire County Council.

Contact the Health and Wellbeing Board

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