

Health and Wellbeing and general demographics

Response to memo from Liz Green 26 February 2013

Page Number	Priority/Category	Issue	Response
3	N/A	Hitchwood. Facts regarding male life expectancy being 74.4 years.	<p>This ward is now known as Hitchwood Offa and Hoo. We asked the HWB team at Herts CC to provide details of where this information came from and they confirmed it was taken from the ONS experimental figures for 1999-2003. We have asked why this source was used and why no reference to the source in the document and are now waiting for a response.</p> <p>The current JSNA states</p> <ul style="list-style-type: none"> • life expectancy at age 65 for North Hertfordshire is 17.5 years for males and 20.4 years for females (2005-07) • healthy life expectancy is 13.2 years for males and 15.1 years for females (2001) • Stevenage and Watford Local Authorities have lower healthy life expectancies at age 65 - lower life expectancy is associated with higher levels of deprivation and this holds true for Hertfordshire. North Hertfordshire is not mentioned as having a lower life expectancy. <p>The Office National Statistics (Neighbourhood Statistics) states</p> <ul style="list-style-type: none"> • Life expectancy at birth for North Hertfordshire residents is 79.4 years for males and 82.3 years for females (2007-09) <p>We are not aware of this information at ward level apart from the ONS experimental figures which NHDC do not use.</p>
17	Reducing the harm caused by alcohol	Four measures – which can we report ? any gaps? 1. Annual improvements in	We don't have access to this data for North Hertfordshire from either the JSNA or the ERPHO Health Profiles. However we do have other data on this issue and although two indicators

Page Number	Priority/Category	Issue	Response
		<p>alcohol-related crime and violence in all areas with a focus on Stevenage and Watford.</p> <p>2. Reduction by 2 per cent per year of 16-24 year olds reporting unsafe sex under the influence of alcohol.</p> <p>3. At least 75 per cent Year 7 pupils identified at risk to complete a Resilience and Life Skills programme within 12 months.</p> <p>4. Reduction in numbers of alcohol-related hospital admissions.</p>	<p>compare favourably with the England average, the other two indicators, higher risk drinking and binge drinking North Hertfordshire residents, we do not.</p>
19	Reducing the harm from tobacco	<p>Five measures – which can we report ? any gaps? Worse than county average?</p> <p>1. Reduce smoking in every district to 18.5 per cent or less by 2015.</p> <p>2. Reduce smoking in young people, so that less than 9 per cent of 15 year olds smoke by 2015.</p> <p>3. Reduce smoking in pregnancy so that less than 7 per cent of pregnant women smoke</p>	<p>The percentage of adults that smoke in North Hertfordshire is currently 20.7, the same as the England average. Smoking in pregnancy is 10.2% in North Hertfordshire. The NHDC workplace is smoke free.</p> <p>NHDC work closely with the Herts CC Tobacco Control Co-ordinator both through Environmental Health and the Health and Wellbeing Partnership of the LSP. We support the action plan and receive regular progress reports through the HWbPartnership. We actively participate in the action plan to reduce the number of smokers in Hertfordshire.</p>

Page Number	Priority/Category	Issue	Response
		<p>throughout their pregnancy by the end of 2015.</p> <p>4. Roll out a county-wide smoke free cars and homes scheme.</p> <p>5. All public sector workplaces are completely smoke free including grounds by 2015.</p>	
21	Promoting healthy weight and increasing physical activity	<p>Four measures – which can we report ? any gaps? Worse than county average?</p> <p>1. To stop the increase in overweight children and obesity in our worst five areas by 2016 and then reverse this.</p> <p>2. To stop the increase in overweight adults and obesity in our worst five areas by 2016.</p> <p>3. All districts to achieve a year-on-year increase in adult participation in physical activity 2013-2016</p> <p>4. Primary Care makes increasing use of physical activity and behavioural change as a central part of</p>	<p>26.3 % of children in year 6 (aged 10-11 years) are overweight and obese in North Hertfordshire. The county figure is 27.8%. Of the 10 districts in the county North Hertfordshire has the third lowest rate after St.Albans at 23.2% and East Hertfordshire at 26.1%. Therefore North Hertfordshire would not be placed in the worst five areas.</p> <p>Our data from ERPHO shows 22.3% of adults are obese compared to an England average of 24.2%.The percentage of healthy eating adults (modelled estimate using Health Survey) for North Hertfordshire is 33.2 and the England average is 28.7% The percentage of physically active adults aged 16 and over in North Hertfordshire is 14.1% and the England average is 11.2%.</p>

Page Number	Priority/Category	Issue	Response
		the pathway for maintaining healthy weight and reducing disease risk.	
22	Healthy Living	Across age groups, any areas we particularly need to address, based on census and other data?	<p>The JSNA states,</p> <ul style="list-style-type: none"> • Combining two years of survey data (Oct 2010 to Oct 2012) North Hertfordshire has the highest percentage of physical activity participation in Hertfordshire at 26.3%. • Black and minority ethnic communities, women, people with disabilities, lower socio-economic groups and older people are less likely to be physically active at the recommended level than the general population. • The percentage of adults partaking in sport for 30 minutes three days a week in Hertfordshire has not changed significantly between 2005/06 (22.0%) and 2011/12 (22.1%). • The amount of sport or exercise that people engage in decreases with age. In Hertfordshire (2011/12) people aged 55 years and over were less likely to partake in sport or active recreation for 30 minutes three days a week (14.4%) than those aged 16-34 years (26.5%) and 35-54 years (26.5%).
23/24	Fulfilling lives for people with learning disabilities	Four measures. Which can we report on and are any areas better/worse than county average? Any gaps? 1. Reduced morbidity and mortality rates, particularly from preventable illness.	<p>We do not collect or report any of these measures.</p> <p>NHDC is a service provider, employer and community leader. We value diversity and take our responsibility to promote community cohesion very seriously. We recognise and value the different communities living in, visiting and working in our area. In recognising this 'diversity', it is important that everyone in the</p>

Page Number	Priority/Category	Issue	Response
		<p>2. Representatives of the community and services will be able to demonstrate a 25% increase in people with learning disabilities participating in their communities by 2016.</p> <p>3. People with learning disabilities reporting increased satisfaction with their health and wellbeing, the choice and control they have, employment status, where they live and how they spend their time. This will be measured through a self reporting satisfaction scale and there will be a three point improvement over three years.</p> <p>4. By 2016 there will be 100 per cent health check offer with 85 % take up.</p>	<p>district is given the same opportunities and treated fairly no matter what their race, disability, sex, age, religion or sexuality. Through our role as community leader, service provider and employer, we have made a promise to promote equality, create a harmonious community and do our best to prevent discrimination. We are committed to making sure that our services and employment practices reflect the highest possible equality standards. We want to make sure that we provide fair and equal access to services and that we consult all our customers and communities on decisions that affect them.</p>
26	Living well with dementia	<p>Three measures. Which can we report, are any better/worse than county average? Any gaps?</p> <p>1. To increase the number of people being recorded with dementia within GP Practice</p>	<p>We do not collect or report any of these measures.</p> <p>The JSNA states,</p> <p>In 2009/10, North Herts had the highest dementia rate at 0.75% of the population – higher than the county and national rate.</p>

Page Number	Priority/Category	Issue	Response
		<p>Registers Quality Outcomes Framework from 37% to 70% by 2015.</p> <p>2. Achieve a 10% year on year reduction over the next five years in the prescription of anti psychotic medication from the 2011/12 figure.</p> <p>3. Increasing the number of people with dementia who have the opportunity to discuss and plan for their end of life care.</p>	
28	Enhancing quality of life for people with long term conditions	<p>Three measures. Which can we report, are any better/worse than county average? Any gaps?</p> <p>1. Reduction in unplanned hospital admissions and readmissions for chronic obstructive pulmonary disease (COPD), heart failure, diabetes and other long term conditions by 25% by 2016.</p> <p>2. Increase range of integrated services and provision across the county.</p> <p>3. Increase in patient satisfaction and</p>	<p>We do not collect or report any of these measures.</p> <p>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.</p> <p>The JSNA states,</p> <p>In Hertfordshire, 3.6% of the GP-registered population as of 2009/10 has been diagnosed with diabetes (types 1 or 2). The rate varies by Locality (formerly PBC), with North Herts having the highest prevalence at 4.1%</p> <p>The 2011 Census tells us that 15.1% of the population are living with a limiting long-term illness.</p>

Page Number	Priority/Category	Issue	Response
		empowerment.	
29	Promoting Independence	Are there any age groups we need to address in particular?	<p>The JSNA states,</p> <p>Dementia more commonly affects the over 65 population, those who don't have a healthy lifestyle (i.e. those who smoke, drink alcohol and do little exercise) and don't keep their mind active. However, early onset dementia seen in those below this age group is well recognised. The causes of early onset dementia are somewhat distinct from those of late onset dementia with a significantly increased number of cases being attributable to traumatic brain injury, alcohol, and human immunodeficiency virus (HIV).</p>
31	Supporting carers to care	<p>Three measures. Which can we report, are any better/worse than county average? Any gaps?</p> <p>1. A baseline record of the number of carers and demonstrate an increase in the number of 'new' carers identified against baseline.</p> <p>2. A baseline record of the number of carers who report a positive outcome, for example, helped to carry on caring and demonstrate an increase against baseline.</p>	<p>In North Hertfordshire 1.8% of the population provide unpaid care up to 50 hrs or more a week and 1.1 % provide unpaid care 20 to 49 hrs per week.</p> <p>At NHDC we signpost carers to a website that gives information about the main benefits that carers and cared for people can claim. They also explain how benefits interact with each other, how to claim each benefit, how much you will get and where to go for further information.</p> <p>In 2012, through the Health and Wellbeing Partnership, Carers in Herts provided awareness training for NHDC officers together with a 'drop-in' session for those staff that are carers and looking for support.</p>

Page Number	Priority/Category	Issue	Response
		3. A baseline record of the number of carers who said public services helped them feel healthy and able to care.	
34	Improving mental health and emotional wellbeing	<p>Three measures. Which can we report, are any better/worse than county average? Any gaps?</p> <p>1. Improved access to primary mental health services and tier two CAMHS</p> <p>2. Improvement in self-reported wellbeing measured through the Health Related Behaviour Questionnaire (HRBQ) and Warwick-Edinburgh scale.</p> <p>3. Improved strengths and difficulties questionnaire scores for children looked after (CLA).</p>	<p>We do not collect or report any of these measures.</p> <p>NHDC are hosting a North Hertfordshire Mental Health Forum on 28 June 2013 to cover the following issues,</p> <ul style="list-style-type: none"> • Local Joint Strategic Needs Assessment Update and mental health profile of each district • Local Activity Report • Joint Commissioning Team Work Programme and link to Health and Wellbeing Board • Local Needs and link to JCT Work Programme • How does Locality want to work with JCT and Health and Wellbeing Board priorities
35	Flourishing Communities	Are there any age groups we need to help to 'flourish' at district level?	The JSNA will explore the correlation between mental health and deprivation for children and young people.