

Hertfordshire's Director of Public Health Annual Report 2013 - 2014



Reducing early deaths in Hertfordshire

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Executive Summary

This is the first Annual Report (a statutory requirement of the Health and Social Care Act 2012) of the Director of Public Health since the transition of Public Health into Local Government. As such, it focuses on the assessment of the key public health challenges facing Hertfordshire, and this year focuses on that of early avoidable deaths. Many people are not able to achieve their full life expectancy and die prematurely (under the age of 75 years). Reducing early avoidable death is a major task for Hertfordshire.

A summary of each chapter is given at the start of every chapter.

This report identifies that:

- Premature mortality is caused by 4 main conditions (cancer, heart disease and stroke, lung disease and liver disease).
- We do reasonably well in Hertfordshire when compared nationally, but could do better and some of our areas do better than others.
- Important causes of premature mortality are and remain individual lifestyle factors (smoking, healthy diet and healthy weight, alcohol, physical activity) though these are not the whole answer.



- Rates of premature death are linked to deprivation and we show this to be the case for Hertfordshire.
- Trends in premature death from the 4 main causes are generally falling (though not for liver disease), but they still cause more than 2,000 deaths from the 4 main conditions every year.

This requires prioritisation of clinical, public health and local government effort and we detail this in the following sections. The report makes some suggestions. Our next step will be to discuss these with commissioners.

Jim McManus,
Director of Public Health

Introduction

The Annual Report of the Director of Public Health has been a tradition in many areas since public health first became a local authority function around 1836. It eventually became a requirement in NHS guidance when part of public health moved to the NHS in 1974 and is now a statutory requirement since the Health and Social Care Act 2012.

The Annual Public Health Report is intended to be an overview of one or more of the key public health challenges in an area and for the Director of Public Health to give their assessment of the state of health of the population. It is also intended by government to inform both the Public Health strategy ^(Ref 1) and the Health and Wellbeing Board strategy ^(Ref 2).

The Joint Strategic Needs Assessment (JSNA) ^(Ref 3) – now led by Public Health provides a wealth of information on the health needs of the public. In order not to duplicate, and to be of value, it was felt that this report should major on an important public health topic which needs analysis and action, rather than repeat or duplicate sections of the JSNA. This year, we have focused on the challenge of avoidable early death.

Jim McManus, Director of Public Health, was delighted to see that in March 2013 the Department of Health published “Living well for longer – a call to action to reduce avoidable premature mortality” ^(Ref 4) which was produced to highlight the problem of premature mortality (dying before the age of 75 years old), how the problem varied across England and what could be done to improve matters. More recently in June 2013, Public Health England launched a project called “Longer Lives” ^(Ref 5) which gave us more detailed information to support local public health teams in addressing the problem of premature mortality.

Taking forward these themes, this Annual Public Health Report looks at the issue of premature mortality in Hertfordshire and its districts. It describes both the main individual lifestyle factors that are important in addressing these issues and variation of premature mortality across the county as well as reporting on what we are doing and plan to do in the future to improve the lifestyle of our local residents.



Premature mortality in Hertfordshire

About this Chapter:

- At birth a Hertfordshire woman can expect to live 83.8 years (compared to 83 years for England) and a Hertfordshire man can expect to live to 80.4 years (compared to 79.2 years for England).
- Unfortunately, many people are not able to achieve their full life expectancy and die prematurely (under the age of 75 years) and the individual lifestyle factors that contribute to premature death.
- Reducing early avoidable death remains a major task for Hertfordshire.
- When looking at premature deaths, Hertfordshire performs well compared to England but less well when compared to similar local authorities, with Hertfordshire ranked as 21st overall. Comparing Hertfordshire with 14 other local authorities similar in terms of social and economic make-up, Hertfordshire brings us 12th out of 15.
- The causes of premature mortality can be grouped into 4 main conditions which account for around 80% of premature deaths. These are cancer, heart disease and stroke, lung disease and liver disease.
- By far the most important risk factors **and the focus of this report** are individual lifestyle factors which include smoking, excess alcohol consumption, poor diet, obesity and lack of physical activity.
- We also know that mortality rates are linked to levels of deprivation within that community.

In England and Hertfordshire, life expectancy (how long a person might expect to live) has been increasing year on year and the latest figures show that at birth a Hertfordshire woman can expect to live 83.8 years (compared to 83 years for England) and a Hertfordshire man can expect to live to 80.4 years (compared to 79.2 years for England).

Unfortunately, many people are not able to achieve their full life expectancy and this report is about people in Hertfordshire who die prematurely (under the age of 75 years) and the individual lifestyle factors that contribute to premature death. Reducing early, avoidable deaths remains a major task for Hertfordshire.

When looking at premature deaths, Hertfordshire performs well compared to England but less well when compared to similar local authorities. The “Longer Lives” project published by Public Health England in June 2013 showed that when looking at the number of premature deaths (deaths in people aged less than 75) compared to 150 other local authorities in England, Hertfordshire was ranked as 21st overall. There was also a comparison with other local authorities who were similar in terms of social and economic make-up and Hertfordshire came 12th out of 15 local authorities.

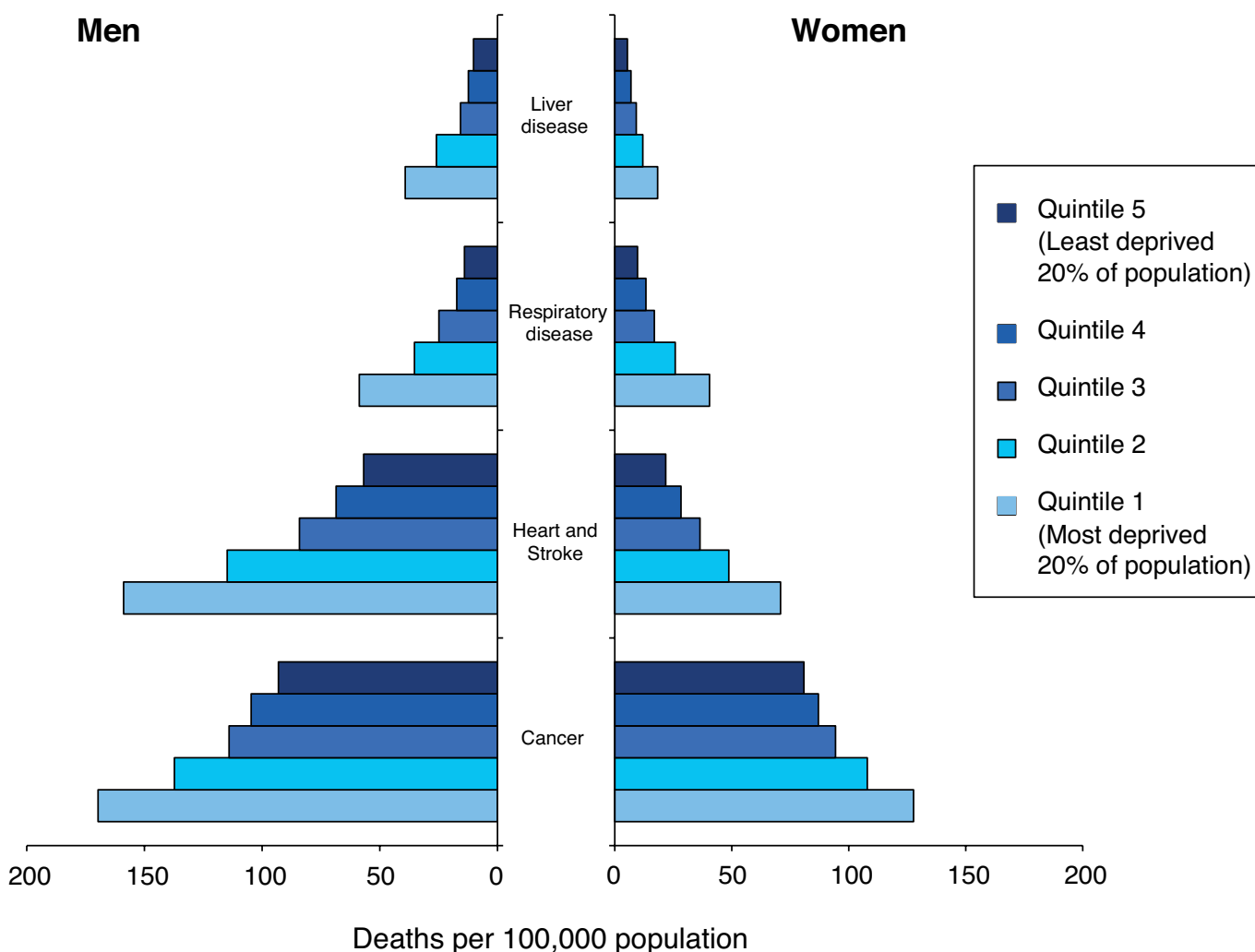
The causes of premature mortality can be grouped into 4 main conditions which account for around 80% of premature deaths.

These are:

- **Cancer.**
- **Heart disease and stroke.**
- **Lung disease.**
- **Liver disease.**

Although these conditions can have different causes and means of prevention, by far the most important risk factors **and the focus of this report** are individual lifestyle factors which include smoking, excess alcohol consumption, poor diet, obesity and lack of physical activity.

As well as the importance of individual lifestyle factors, we also know that mortality rates from these diseases are not equally distributed across our different communities and are linked to levels of deprivation within that community. The figure below shows that in England as a whole, for each of the major diseases, the numbers of people dying (both men and women) is greatest in areas of highest deprivation and there is a clear gradient across the deprivation scores – showing that there is a strong social and structural component to our premature death rates.

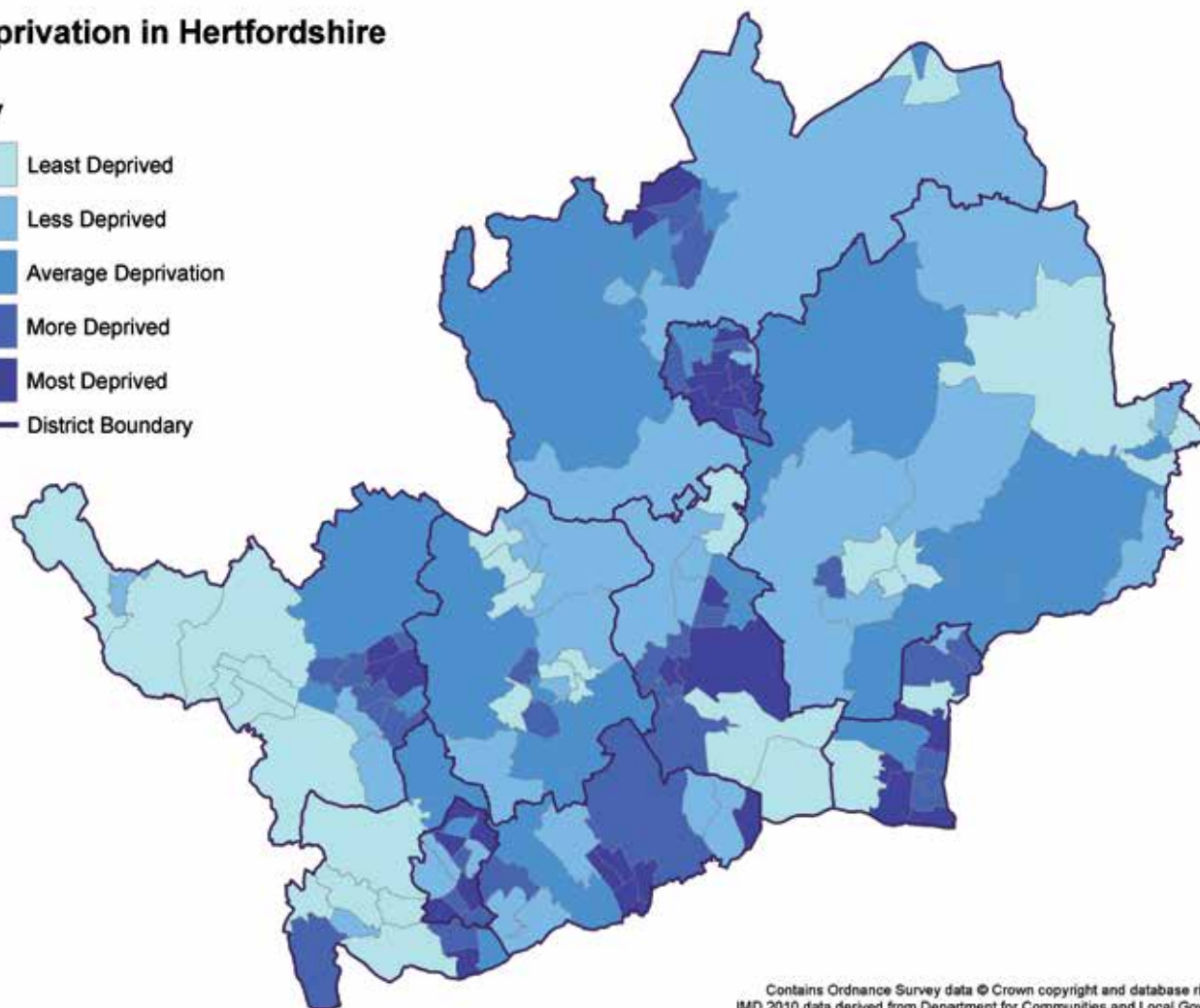


Source: Living well for longer, Department of Health 2013.

The range of deprivation across communities in Hertfordshire is shown in the map below. Deprivation is measured by the “Index of Multiple Deprivation” (IMD score). The higher the score, the more deprived the area which is in turn associated with higher rates of premature deaths.

Deprivation in Hertfordshire

Key



The map shows that every district in Hertfordshire has areas of deprivation and that the range and amount of deprivation (the IMD score) is not equally distributed across the county which means that some Hertfordshire districts will have greater numbers of residents affected by deprivation than others.

The charts below show that in Hertfordshire (as we have seen earlier for England) for both men and women there is an association between higher levels of deprivation (IMD score) and higher premature mortality rates from:

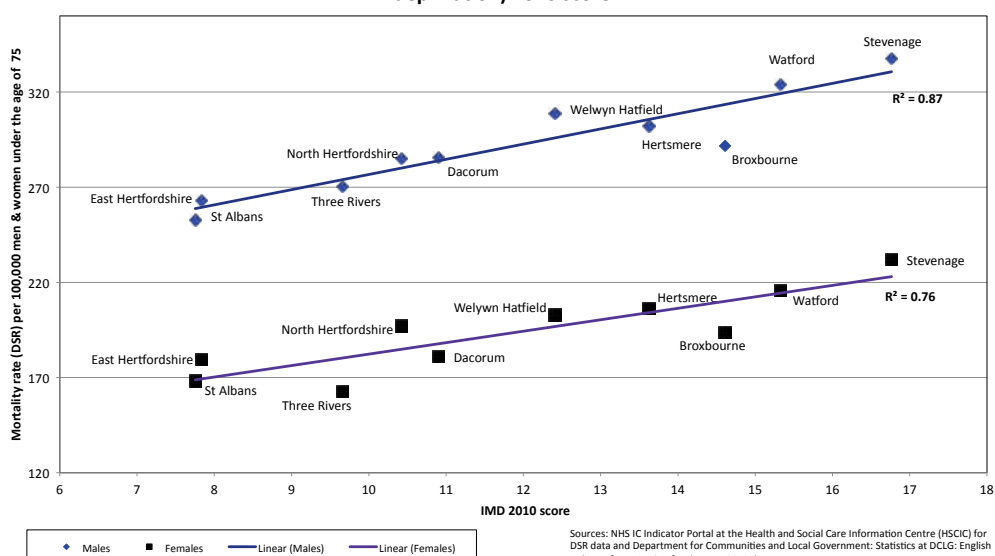
- All causes of premature mortality combined.
- Cancer.
- Heart disease and stroke.
- Lung disease.
- Liver disease.

In each chart we can see that as expected, women live longer than men. The strength of the link between deprivation and premature

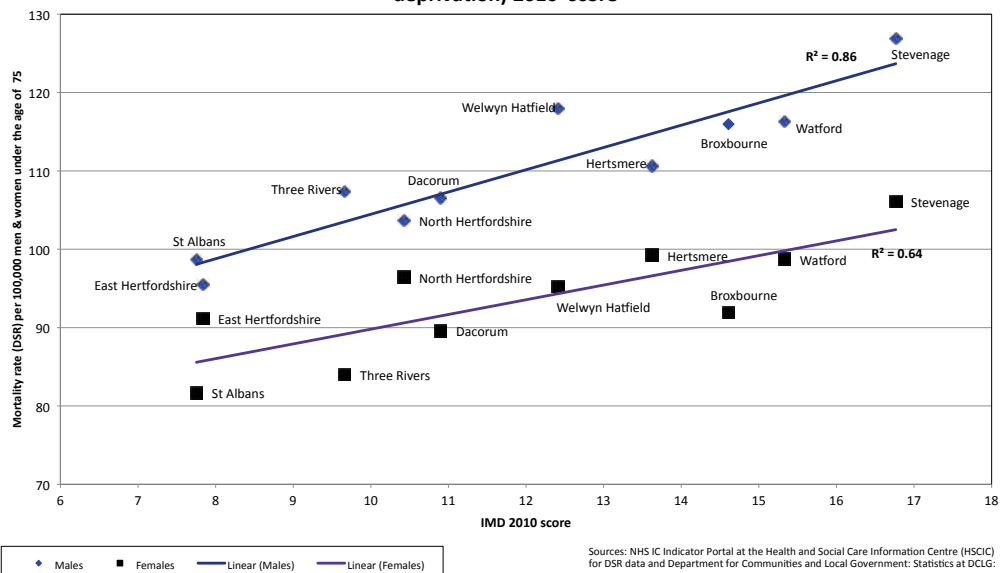
mortality in each chart is represented by the number which is labelled “ R^2 ”. The closer that “ R^2 ” is to 1, the stronger the associated link between deprivation and premature mortality.

The relevance of deprivation to individual lifestyle factors and premature mortality is that whilst the number of people overall who have unhealthy lifestyles such as smoking, excessive drinking, or having a poor diet has reduced; people from poorer backgrounds, and the most vulnerable are still more likely to undertake three or more of these behaviours which in turn is likely to lead to an earlier onset of some of the major causes of early death (Ref 6).

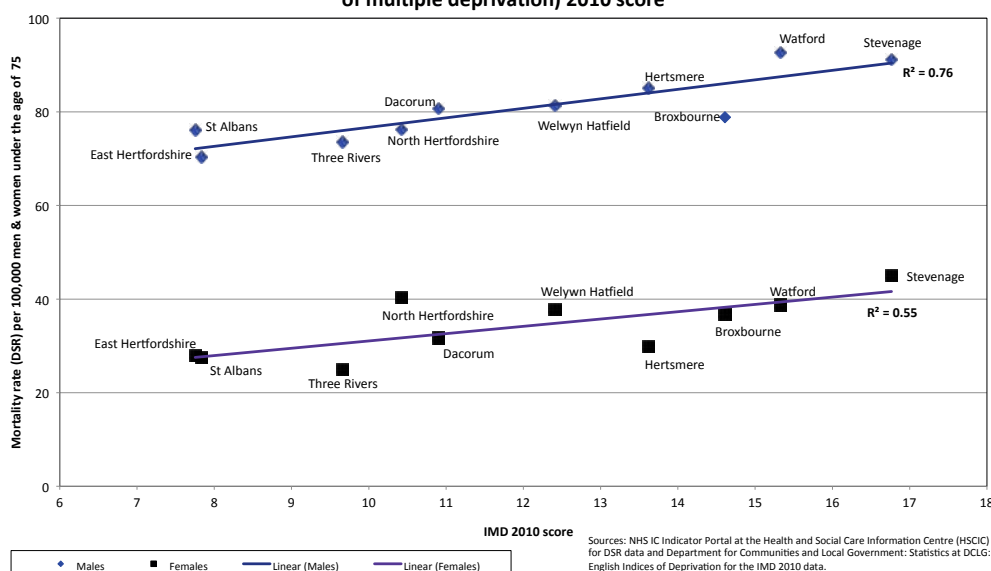
Mortality rate (DSR - directly standardised rate), 2007-2012 from all causes for men and women under the age of 75 in Hertfordshire against IMD (index of multiple deprivation) 2010 score



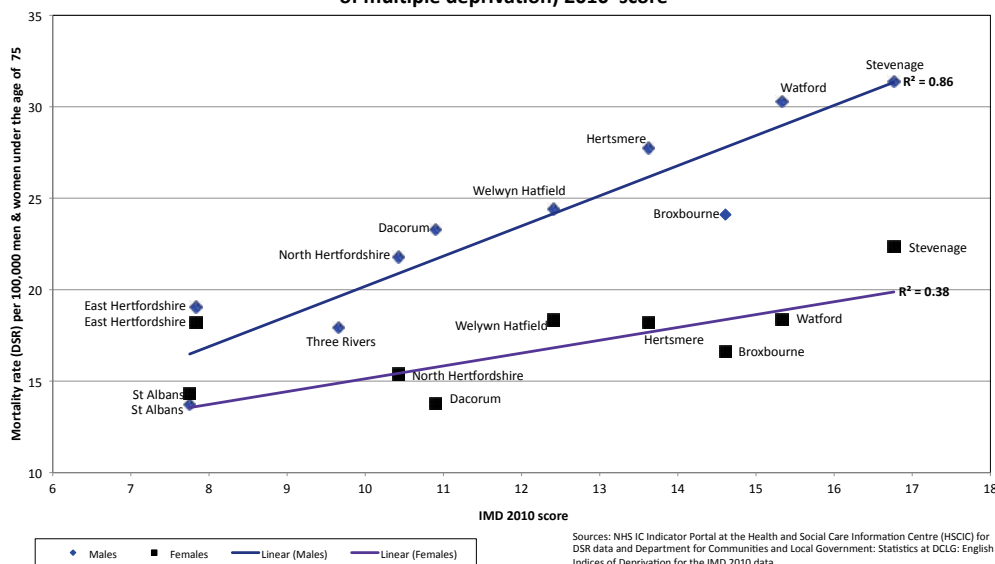
Mortality rate (DSR - directly standardised rate), 2007-2012 from all cancers for men and women under the age of 75 in Hertfordshire against IMD (index of multiple deprivation) 2010 score



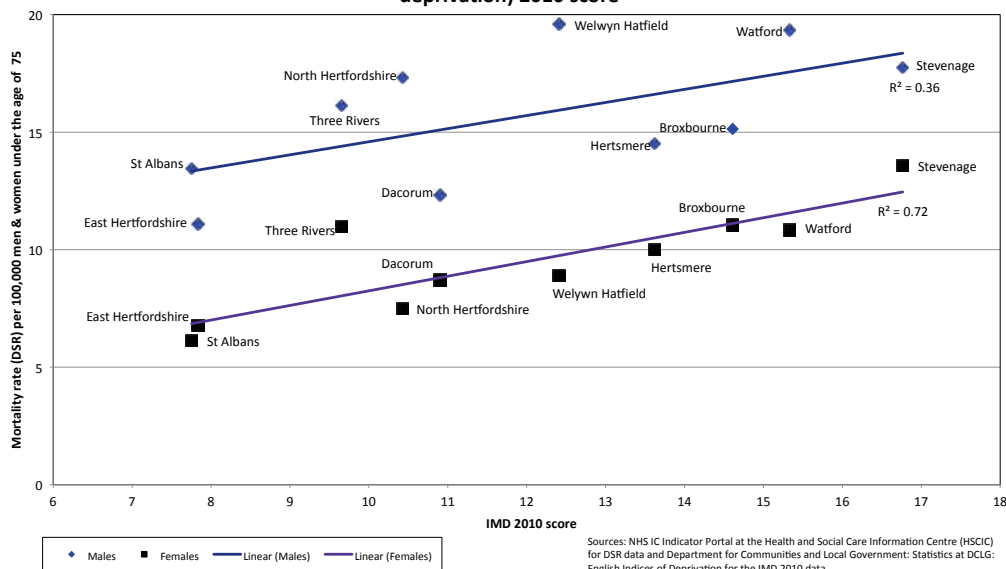
Mortality rate (DSR - directly standardised rate), 2007-2012 from all circulatory diseases for men and women under the age of 75 in Hertfordshire against IMD (index of multiple deprivation) 2010 score



Mortality rate (DSR - directly standardised rate), 2007-2012 from all respiratory diseases for men and women under the age of 75 in Hertfordshire against IMD (index of multiple deprivation) 2010 score



Mortality rate (DSR - directly standardised rate), 2007-2012 from liver disease for men and women under the age of 75 in Hertfordshire against IMD (index of multiple deprivation) 2010 score



There are a variety of agencies that need to be involved in work on the issue of premature deaths:

- NHS Clinical Commissioning Groups.
- NHS Providers.
- The County Council, District and Borough Councils.
- Employers.
- Voluntary and Community Sectors.

Most of the important areas of work are outlined in the Public Health strategy and we also make specific recommendations at the end of this document.

We are now going to look in more detail at the Hertfordshire picture for each of the 4 major causes of premature mortality.

The relevance of deprivation to individual lifestyle factors and premature mortality is that whilst the number of people overall who have unhealthy lifestyles such as smoking, excessive drinking, or having a poor diet has reduced; people from poorer backgrounds, and the most vulnerable are still more likely to undertake three or more of these behaviours which in turn is likely to lead to an earlier onset of some of the major causes of early death ^(Ref 6).



Cancer and premature mortality

About this Chapter:

- More than 1 in 3 people in the UK will get cancer in their lifetime.
- Cancer is responsible for approximately 4 in every 10 cases of premature death under the age of 75 years.
- More than 4 in 10 cancer cases could be prevented by individual lifestyle changes, such as not smoking ^(Ref 7) and keeping a healthy body weight ^(Ref 8).
- Smoking greatly increases your risk of getting lung cancer as approximately 9 out of 10 people who develop lung cancer are smokers.
- Although Hertfordshire deaths from cancer are declining overall, in 2012, there were 591 premature deaths in men and 546 premature deaths in women due to cancer in Hertfordshire.

Background

More than 1 in 3 people in the UK will get cancer in their lifetime ^(Ref 9) and overall, cancer is responsible for about 4 in every 10 cases of premature death under the age of 75 years.

Cancer is caused when normal cells in the body start to grow in an uncontrolled way. Dependent upon which part of the body or organ is affected, this may give rise to symptoms (e.g. a lump appearing) or other problems, for instance caused by the cancer



invading into or pressing on neighbouring parts of the body or in some cases by spreading to other parts of the body via the blood stream. Although there are more than 200 different types of cancer; lung, breast, prostate and bowel cancers account for more than half of cancer diagnoses each year.

More than 4 in 10 cancer cases could be prevented by individual lifestyle changes, such as:

- Not smoking ^(Ref 7).
- Keeping a healthy body weight ^(Ref 8).
- Cutting back on alcohol ^(Ref 10) consumption.
- Eating a healthy, balanced diet ^(Ref 11).
- Keeping physically active ^(Ref 12).

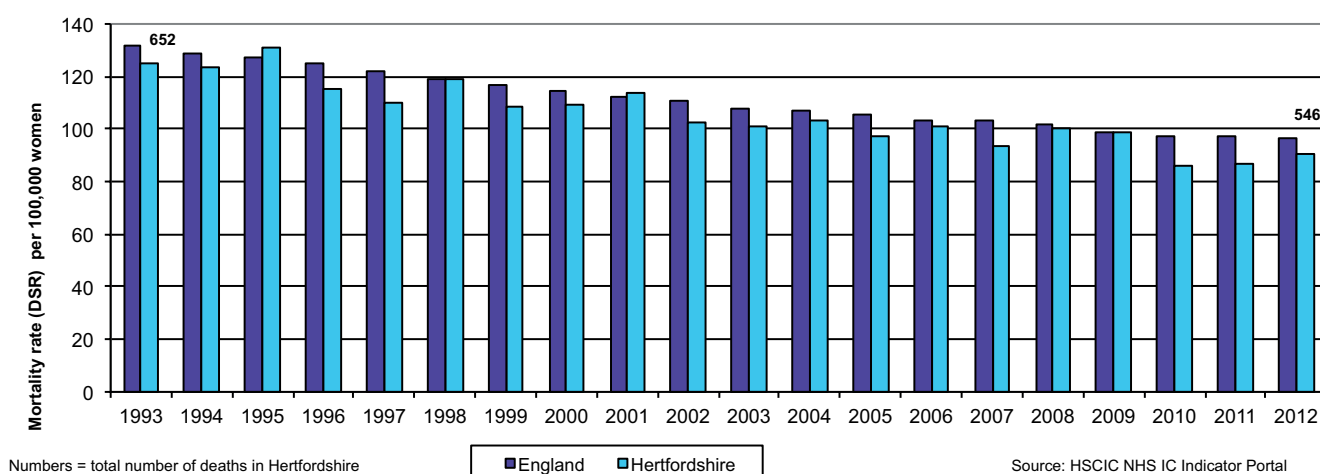
People having a particular lifestyle risk factor does not mean that they will definitely get cancer, just as not having any lifestyle risk factors does not mean they will not. For instance, if a person smokes they may not get lung cancer. Smoking, however, greatly increases a person's risk as approximately 9 out of 10 people who develop lung cancer are smokers.

What is the situation in Hertfordshire?

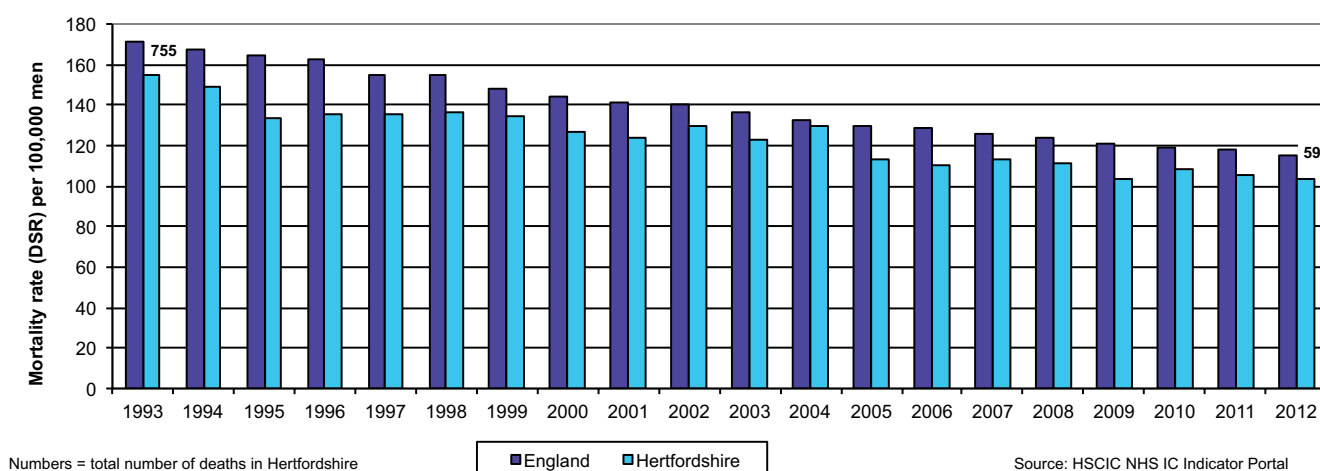
The charts below compare the premature mortality rate from cancer from 1993 onwards for both men and women in England and Hertfordshire. Whilst there is some year-to-year variation, we can see that Hertfordshire follows the same

overall declining trend in premature deaths from cancer as the England average for both men and women. However, in 2012 in Hertfordshire, there were 591 premature deaths in men and 546 premature deaths in women due to cancer.

All cancer mortality in women under the age of 75 - Hertfordshire compared to England



All cancer mortality in men under the age of 75 - Hertfordshire compared to England



Heart disease, stroke and premature mortality

About this Chapter:

- It is estimated that heart disease and stroke is responsible for around 1 in 3 premature deaths in men and 1 in 5 premature deaths in women.
- Many of these deaths are preventable by making individual lifestyle changes.
- For instance, regular exercise can reduce the risk of a heart attack by around 30%.
- Hertfordshire follows the same overall declining trend in premature deaths from circulatory disease as the England average for both men and women.
- In 2012, in Hertfordshire there were 412 premature deaths in men and 200 premature deaths in women due to heart disease and stroke.



It is estimated that cardiovascular disease is responsible for around 1 in 3 premature deaths in men and 1 in 5 premature deaths in women. Many of these deaths are preventable by making individual lifestyle changes, such as stopping smoking, eating a healthy diet and taking regular physical activity. For instance, between 20-35% of cases of cardiovascular disease could be prevented if more people became more active throughout their life course ^(Ref 13).

Background

Heart disease and stroke are sometimes referred to as cardiovascular disease or “CVD”, this includes:

- All the diseases of the heart.
- Circulation and blood vessels.
- The diseases affecting the circulation of the heart (e.g. coronary heart disease - angina and heart attack).
- Heart failure and diseases affecting the circulation and blood vessels of the brain which are involved in the development of a stroke.

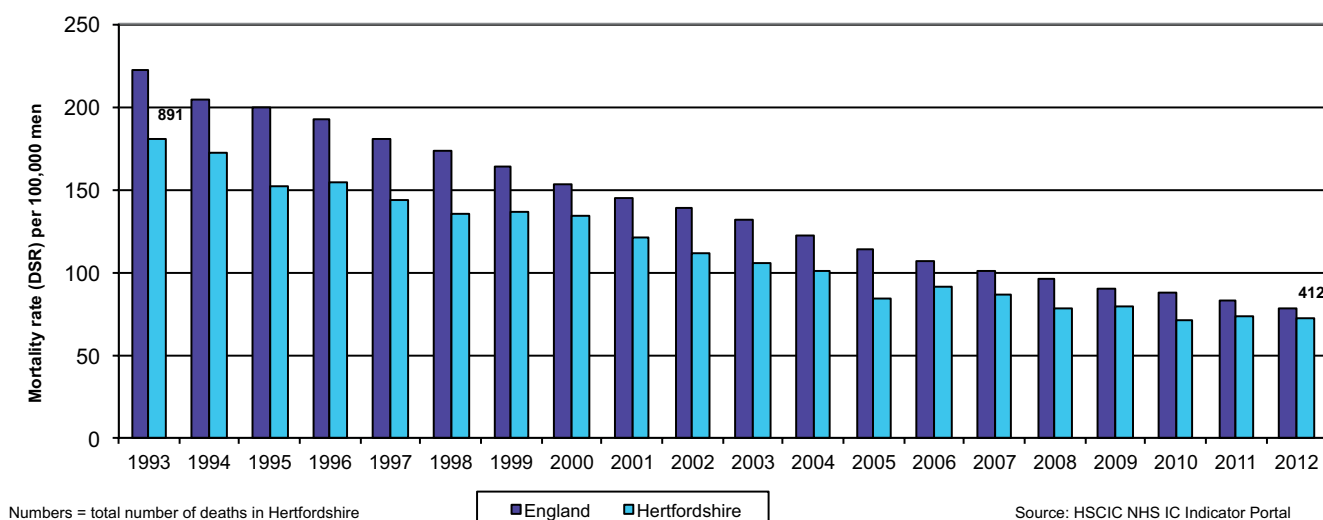


What is the situation in Hertfordshire?

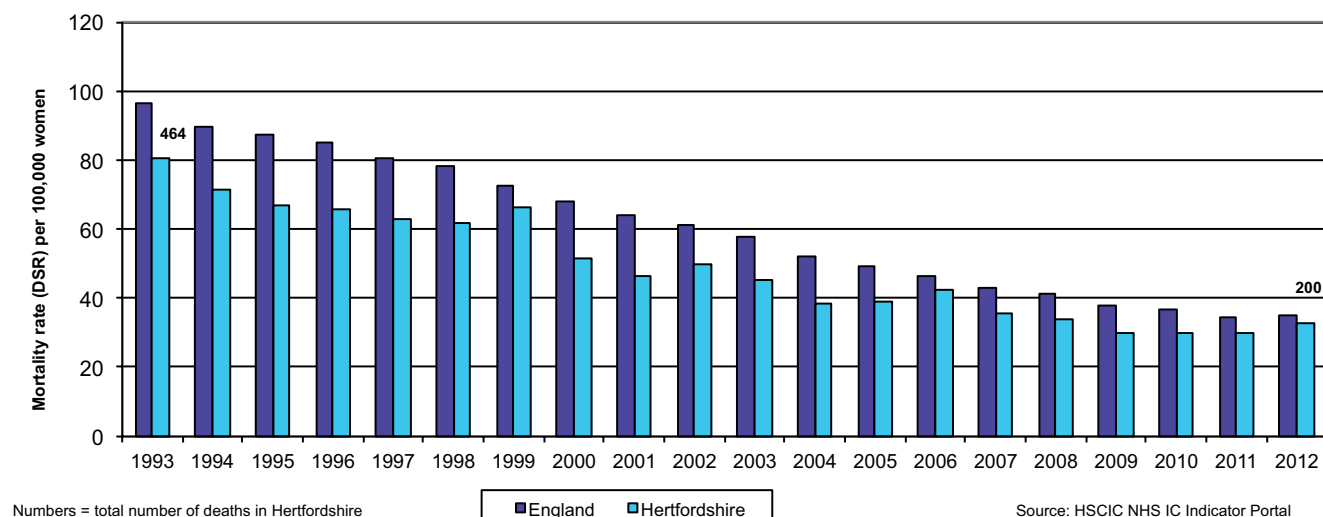
The charts below compare the premature mortality rate from heart disease and stroke from 1993 onwards for both men and women in England and Hertfordshire. Whilst there is some year-to-year variation, we can see that Hertfordshire follows the same overall declining trend in premature deaths from

circulatory disease as the England average for both men and women. However, we can see that in 2012, in Hertfordshire there were 412 premature deaths in men and 200 premature deaths in women due to heart disease and stroke.

All circulatory mortality in men under the age of 75 - Hertfordshire compared to England



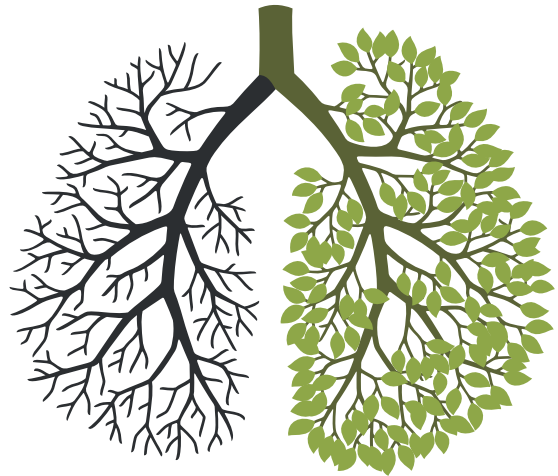
All circulatory mortality in women under the age of 75 - Hertfordshire compared to England



Lung disease and premature mortality

About this Chapter:

- Lung disease is also known as respiratory disease which includes a number of different conditions.
- Smoking is a major factor contributing to lung disease as it damages the lungs.
- In England there has been a downward trend for both men and women. In Hertfordshire there is less evidence of a downward trend in either men or women in recent years.
- In 2012 in Hertfordshire there were 128 premature deaths in men and 97 premature deaths in women due to lung disease.



Smoking is a major factor contributing to lung disease as it damages the lungs and destroys the cells that should protect them. Around half of all smokers develop some form of airflow obstruction, and up to 1 in 5 smokers will develop COPD (Ref 14).

Background

Lung disease is also known as respiratory disease which includes a number of different conditions e.g. chronic obstructive pulmonary disease (COPD) and asthma.

COPD is the name used to describe a number of conditions, including chronic bronchitis and emphysema, where people have difficulty breathing because of long term damage to their lungs. In COPD the airways in the lungs have become damaged, causing them to become narrower and making it harder for air to get in and out of the lungs. The word “chronic” means that the problem is long term.

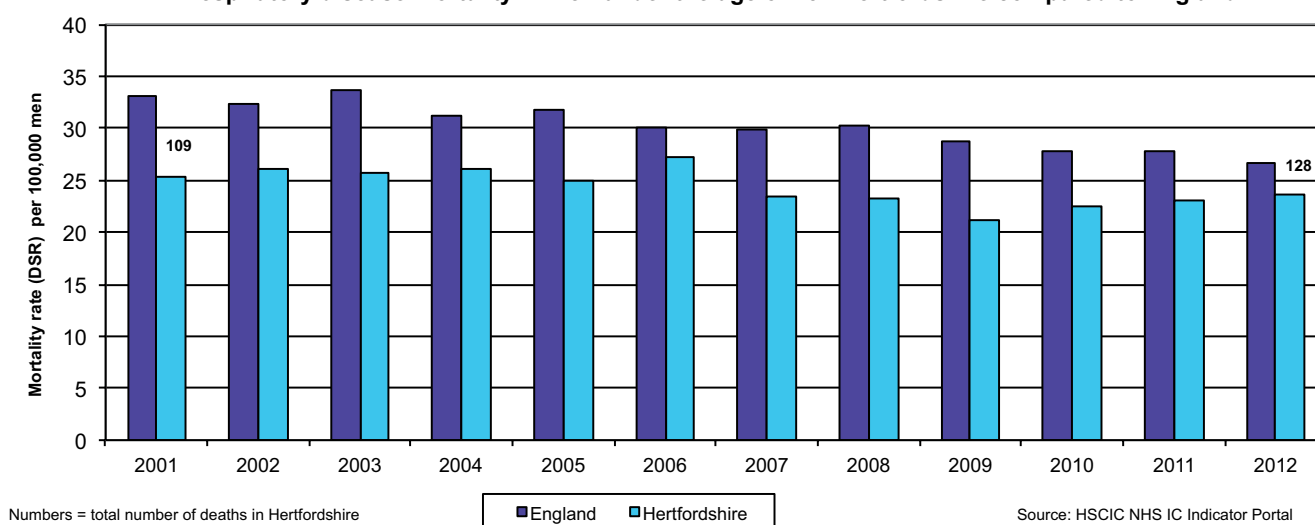


What is the situation in Hertfordshire?

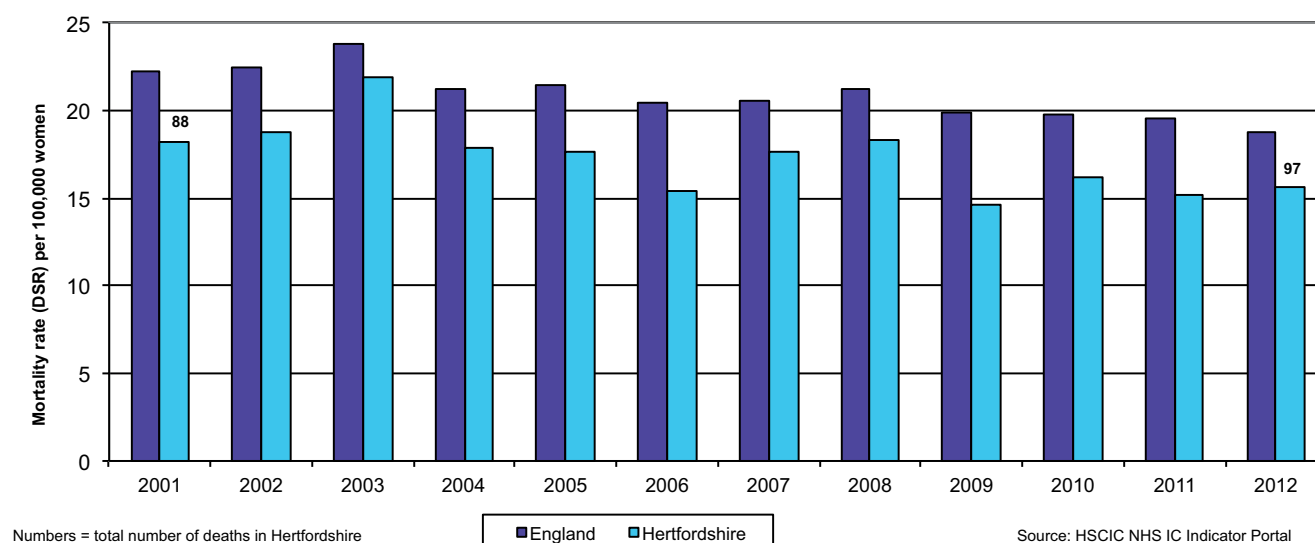
The charts on below compare the premature mortality rate from lung disease from 2001 onwards for both men and women in England and Hertfordshire. We can see that in England there has been a downward trend for both men and women. In Hertfordshire

there is less evidence of a downward trend in either men or women in recent years. In 2012 in Hertfordshire there were 128 premature deaths in men and 97 premature deaths in women due to lung disease.

All respiratory disease mortality in men under the age of 75 - Hertfordshire compared to England



All respiratory disease mortality in women under the age of 75 - Hertfordshire compared to England



Liver disease and premature mortality

About this Chapter:

- Liver disease is defined as any disorder of the liver.
- The most important individual lifestyle factor associated with liver disease is consuming excess amounts of alcohol - regularly drinking more than the recommended amount over a long period of time.
- Obesity also increases the risk of developing liver disease.
- Hertfordshire follows the same overall **increasing** trend in premature mortality from liver disease as the England average for both men and women.
- In 2012, in Hertfordshire there were 86 premature deaths in men and 51 deaths in women due to liver disease.

Background

Liver disease is defined as any disorder of the liver. There are many types of liver disease which together affect at least 2 million people in the UK. The most common forms include:

- **Alcoholic liver disease** where the liver is damaged after years of alcohol misuse, which can lead to **cirrhosis** (permanent scarring of the liver and liver failure). Cirrhosis is affecting people at a younger age with a 5-fold increase in 35-55 year olds in the last decade ^(Ref 15).



- **Hepatitis** which is inflammation of the liver caused by a viral infection or exposure to harmful substances such as alcohol.
- **Fatty liver disease** where fat can build up in the cells of the liver.

The most important individual lifestyle factor associated with liver disease is consuming excess amounts of alcohol - regularly drinking more than the recommended amount over a long period of time.

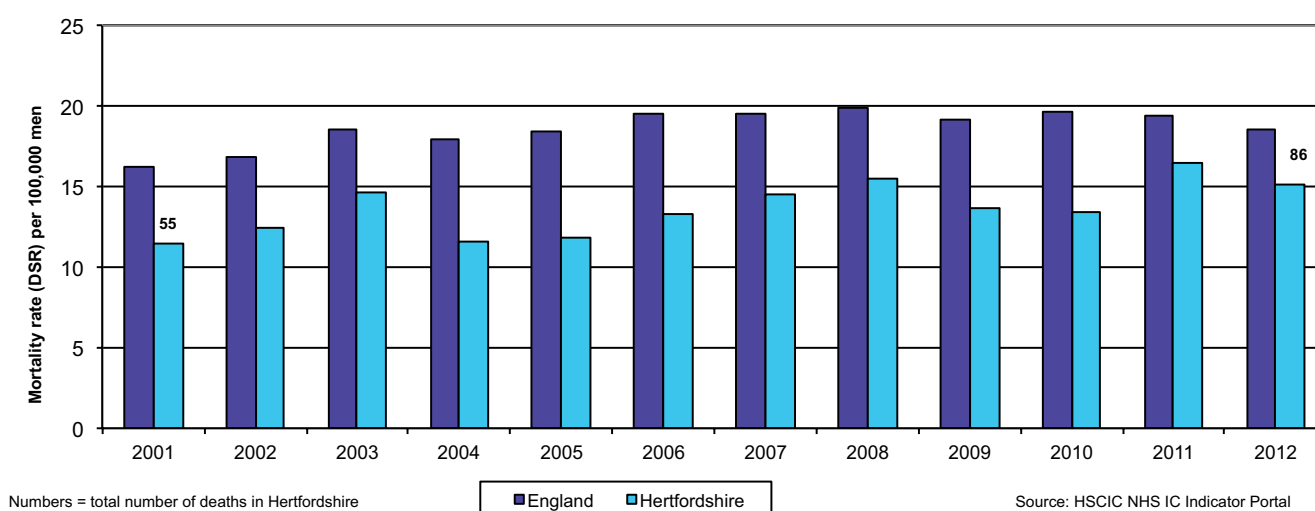
Obesity also increases the risk of developing liver disease.

What is the situation in Hertfordshire?

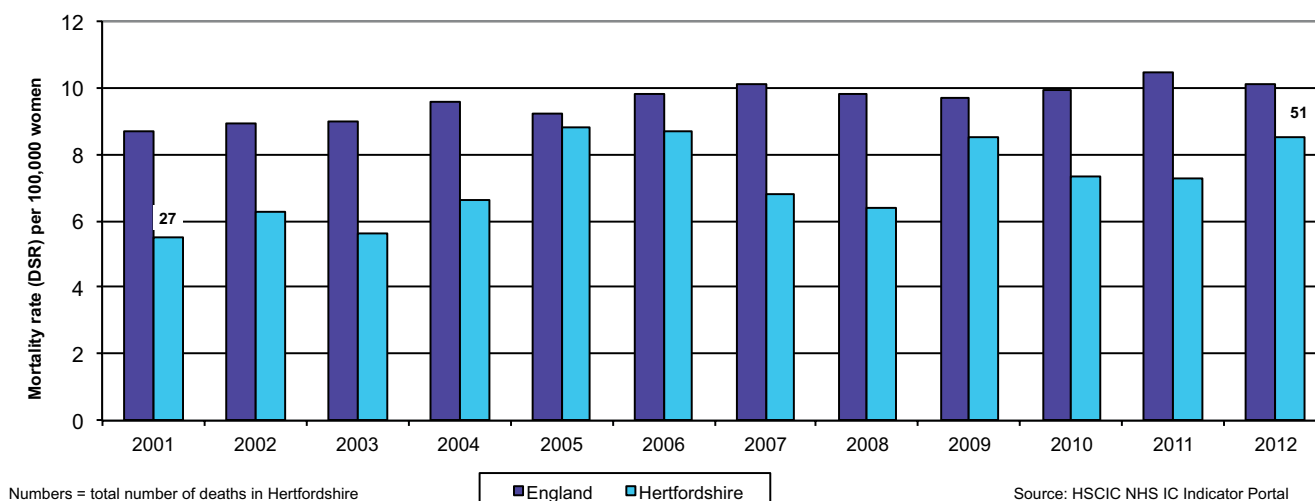
The charts on below compare the premature mortality rate from liver disease from 2001 onwards for both men and women in England and Hertfordshire. Whilst there is some year-to-year variation, we can see that Hertfordshire follows the same overall

increasing trend in premature mortality from liver disease as the England average for both men and women. We can see that in 2012, in Hertfordshire there were 86 premature deaths in men and 51 deaths in women due to liver disease.

All liver disease mortality in men under the age of 75 - Hertfordshire compared to England



All liver disease mortality in women under the age of 75 - Hertfordshire compared to England



Lifestyles - Smoking

About this Chapter:

- Individual lifestyles are an important cause of the health problems identified above leading to premature death.
- 4 key lifestyles are discussed in this and the following chapters – Smoking, Healthy Diet and Healthy Weight, Alcohol, and Physical Activity.
- Smoking is one of the main causes of premature mortality.
- More than 1 in 4 of all cancers, 1 in 4 circulatory disease deaths (including heart attacks and strokes) and more than 1 in 3 respiratory deaths are directly attributable to smoking.
- In addition, for every smoking-related death 20 people are suffering a smoking-related disease

Background

Smoking is one of the main causes of premature mortality. More than 1 in 4 of all cancers (9 out of 10 lung cancers), 1 in 4 circulatory disease deaths (including heart attacks and strokes) and more than 1 in 3 respiratory deaths are directly attributable to smoking. In addition, for every smoking-related death, 20 people are suffering a smoking-related disease.

Smoking is highly addictive through the nicotine it contains, however, 70% of smokers indicate they want to quit smoking and 50% of smokers say that they intend to quit in the next year. Stopping smoking at any age will improve health and gain added years of life, and the younger someone stops the more years of life will be gained. The most successful way to stop smoking is with the support of a stop smoking service.



Smoking not only affects the person who is smoking but also affects those in the near vicinity who breathe in the smoke released. This smoke contains many chemicals which are detrimental to health. Young children with their smaller lungs are particularly susceptible to environmental smoke. If the smoker is pregnant that person's baby's health will also be affected by the act of smoking.

Although in the past more men than women smoked, this has changed over time so that now about the same number of women smoke as men.

Smoking rates tend to be much higher in some social groups, including those with the lowest incomes. Consequently, these groups have the highest levels of smoking related illness and death and smoking is the single biggest cause of inequalities in death rates between the least and most deprived in Hertfordshire.

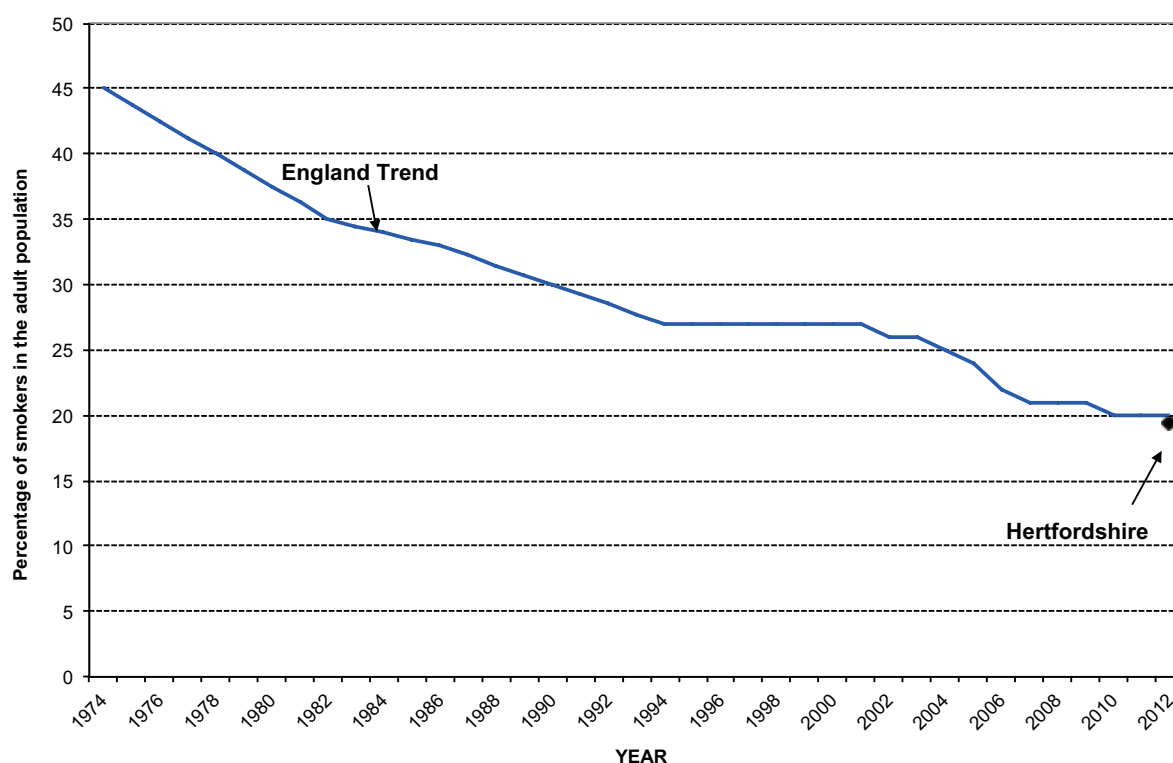
There is no "safe" level of smoking and, therefore, smoking cessation, the prevention of young people starting to smoke, the promotion of smokefree environments, particularly for young children, and no smoking while pregnant are all being promoted in Hertfordshire.

The Hertfordshire Picture

Information about the number of people smoking derives from national annual surveys, and this information shows that the number of smokers has declined over the last 10 years, both nationally and in Hertfordshire.

The graph below shows the trend in the percentage of the adult population people smoking in England from 1974 to 2012. Hertfordshire at 17.7% is currently below the average for England at 19.5%. Although the long term picture is of a declining rate of smoking, in looking at the data for the past 3 years it is noticeable that there appears to have been a loss in the momentum in this decline in England and this is mirrored in Hertfordshire.

Trend in Smoking Prevalence for England and Hertfordshire 1974-2012



The percentage of adults smoking in Hertfordshire ranges from an average of 15.2% in the East Herts District Council area to 22.3% in the Stevenage Borough Council area. There are, however, pockets of deprivation and high levels of smoking even within Hertfordshire's most affluent localities.

As well as geographical differences in smoking patterns, heavier and more addicted smokers are also more likely to be found

within some population subgroups and they experience even greater differences in ill health and life expectancy through tobacco use and the effects of second-hand smoke. In Hertfordshire, 28.3% of people in routine and manual occupations are smokers compared to the average for Hertfordshire of 17.7%.

Smoking rates are also higher in some black and minority ethnic groups. Pakistani and Bangladeshi men and Eastern Europeans tend to have higher smoking rates.

Mental health is also a factor; with people with serious and enduring mental health conditions more likely to be extremely heavy smokers. 70% of people with schizophrenia are likely to be smokers and smoking is both a cause and consequence of anxiety and depression.

Smoking rates are also high in the prison population with 77% of male and 83% of female sentenced prisoners smoking.

Therefore, in summary, Hertfordshire, with a rate of 17.7% of adults smoking has a smoking rate similar to the national average. Although it has fallen substantially since 1974 it has not shown any fall in the past few years. There are variations in rates of smoking across the districts in Hertfordshire and higher rates associated with areas of deprivation and with some specific population groups. The section below looks at Hertfordshire response to this picture in terms of its local aims.

Aims

There are 5 strategic aims in Hertfordshire, which are supported by both Hertfordshire's Public Health strategy and Hertfordshire's Health and Wellbeing Board strategy.

These are:

a) Reduce the percentage of adults smoking in each and every district in Hertfordshire to 18.5% or less

The average prevalence in Hertfordshire is 17.7% and the aim is to reduce the Hertfordshire average still further and also reduce the average rate in each of our district and borough councils to 18.5% or less.

Currently 4 out of the 10 districts in Hertfordshire have average rates of smoking above 18.5%.

b) Reduce smoking in young people, so that less than 9% of 15 year olds smoke

A focus on preventing young people from starting to smoke is required to support the delivery of a reduction in smoking prevalence. With a current rate of smoking of 9.5% among this age group, further work is required to deliver this aim.

c) Reduce smoking in pregnancy so that less than 7% of pregnant women smoke throughout their pregnancy

With harm to both mother and baby resulting from smoking during pregnancy, it is an aim to reduce the percentage of pregnant women smoking to 7% or less.

With a current rate of 7.2%, Hertfordshire is close to achieving the initial target of 7%.

d) Roll out a county-wide smoke free homes and cars scheme

The effect on health of second-hand smoke, particularly on young children, means we have an aim to build on successful local pilots promoting smoke free homes and cars and establish initiatives in all districts.

e) All public sector workplaces (including grounds) to be completely smoke free

To promote smoke free as being the normal environment, all public sector organisations in Hertfordshire should be completely smoke free by including their grounds as well as their buildings as areas where smoking is not permitted.

In response to these aims, a range of initiatives are being delivered. Buildings, including grounds, should be areas where smoking is not permitted. Some case studies are discussed in the following sections.

Current activities

A range of initiatives are being delivered across Hertfordshire to support people to stop smoking, prevent young people from starting to smoke, reduce exposure

to second-hand smoke and combat the availability of cheap, illegal tobacco. We have provided two case studies below to illustrate the types of initiatives that have been established to help deliver the above aims.

CASE STUDY 1: BRIEF INTERVENTION

It is recognised that anyone who has contact with smokers has a role to play in using that contact to help promote a healthy lifestyle, including stopping smoking.

The Hertfordshire Stop Smoking team have, therefore, been delivering brief intervention training to a wide range of front line staff using the well-established “Ask, Advise, Act” model.

Those trained have included staff from fire and rescue, health visiting, midwifery, housing associations, social care, and district/borough councils.

This has increased the numbers of people engaging with smokers to promote awareness of the help available to stop smoking.

CASE STUDY 2: SMOKEFREE HOMES AND CARS

“Smokebusters” is a project in Stevenage encouraging people to sign a pledge to keep their homes and cars smokefree. The pledge signing also provides a referral route to seek advice on how to quit smoking from the Stop Smoking services and request a home fire safety check from the Hertfordshire Fire and Rescue Services.

Three wards in Stevenage with the greatest health inequalities and highest incidence of smoking were identified. Activities were focused in these wards but the project also included town wide activities. The project concentrated on parents of young children, older people (Stevenage has the

highest rate of age 60+ smokers in the East of England) and young people at risk of starting to smoke.

8 of the 10 target primary schools in these wards wished to be involved and programmes of activities including coaching with Stevenage Football Club, theatre workshops, parent consultation evenings, talks to pupils, quizzes, attending Christmas bazaars and sports days were developed.

Visits to friendship groups for older people were identified as a way of contacting this group. Work is underway to extend this scheme across the whole of Hertfordshire.

Future Plans

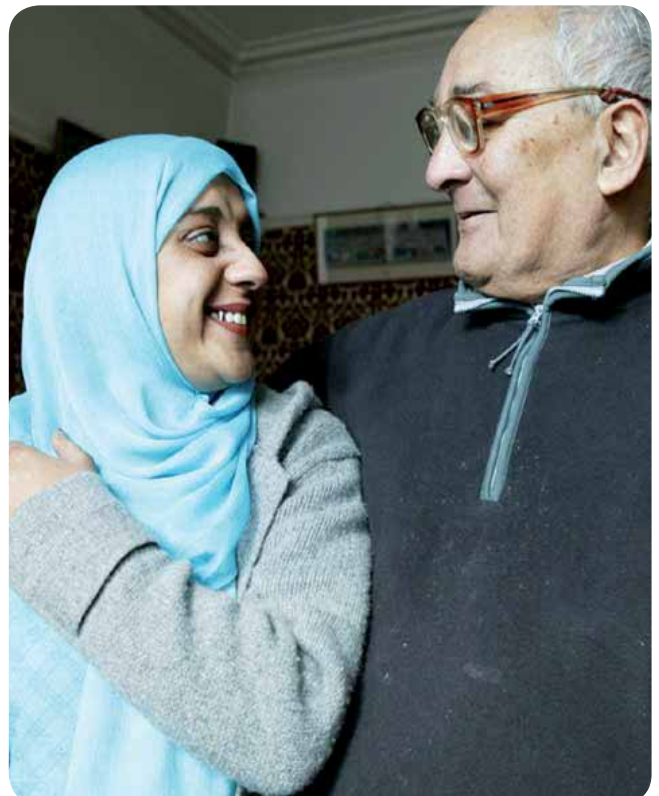
The future plans for Hertfordshire are focused on driving down the percentage of adults who smoke, reducing the health inequalities associated with smoking and reducing the harm caused to smokers and others through smoking.

The scale of this challenge requires an engagement across many of the partnerships and agencies in Hertfordshire to deliver:

- Effective social marketing and communication initiatives to prevent young people starting to smoke and promote access to Hertfordshire's Stop Smoking services.
- Workplace initiatives that support people to stop smoking and provide smoke free environments.
- Initiatives that support young people to make the choice to refrain from starting to smoke.
- A reduction in the availability of illegal, cheap tobacco.
- An extension of the number of people committing to having a smoke free home and car.
- Training to all front line staff able to raise the issue of smoking with people and put people who want to quit smoking into contact with their local Stop Smoking service.
- Appropriate support for all pregnant women to quit smoking during their pregnancy.

Action we can take:

- Continue to drive down smoking prevalence.
- Help those not ready to quit to cut down and reduce harm.
- Develop new approaches to preventing young people taking up smoking.
- Find ways of seizing the public health benefit of e-cigarettes.



Lifestyles - Healthy diet, healthy weight

About this Chapter:

- Maintaining a healthy diet and healthy weight helps prevent premature mortality especially from cancer, heart disease and stroke and liver disease.
- England has one of the highest rates of obesity in Europe with a significant increase in the number of people who are overweight and obese over the past twenty years. Nearly 1 in 4 adults is obese and more than 60% of adults are either overweight or obese.
- For children in England, more than 1 in 5 of 4-5 year olds are overweight or obese and one third of 10-11 year olds.
- Broxbourne and Stevenage have the highest rates of average adult obesity in Hertfordshire and St Albans and East Hertfordshire have the lowest, with the average rates of districts ranging from 15.5% to 28.3%.
- While obesity in some children is reducing, it is not in others.

Background

Maintaining a healthy diet and healthy weight helps prevent premature mortality especially from cancer, heart disease and stroke and liver disease.

Overweight and obesity are terms which refer to an excess accumulation of body fat which is due to an imbalance between energy intake and energy expenditure. It is therefore important to encourage and help people to eat healthily and be more active.



The most widely used measure of overweight and obese is Body Mass Index (BMI). In adults, overweight is defined as a BMI of 25 – 29.9 and obese is defined as a BMI of more than 30.

England has one of the highest rates of obesity in Europe with a significant increase in the number of people who are overweight and obese over the past twenty years. Nearly 1 in 4 adults is obese and more than 60% of adults are either overweight or obese.

For children in England, more than 1 in 5 of 4-5 year olds are overweight or obese and one third of 10-11 year olds.

Unless action is taken, it is estimated that nearly 6 in 10 men, 5 in 10 women and 1 in 4 children in the UK will be clinically obese by 2050.

Whilst there are people in all population groups who are overweight or obese, it is clear that higher levels of obesity are related to greater levels of deprivation.

Obesity is also linked to ethnicity being most prevalent among Black African women (38%) and least prevalent among Chinese and Bangladeshi men (6%).

The Hertfordshire Picture

Adults

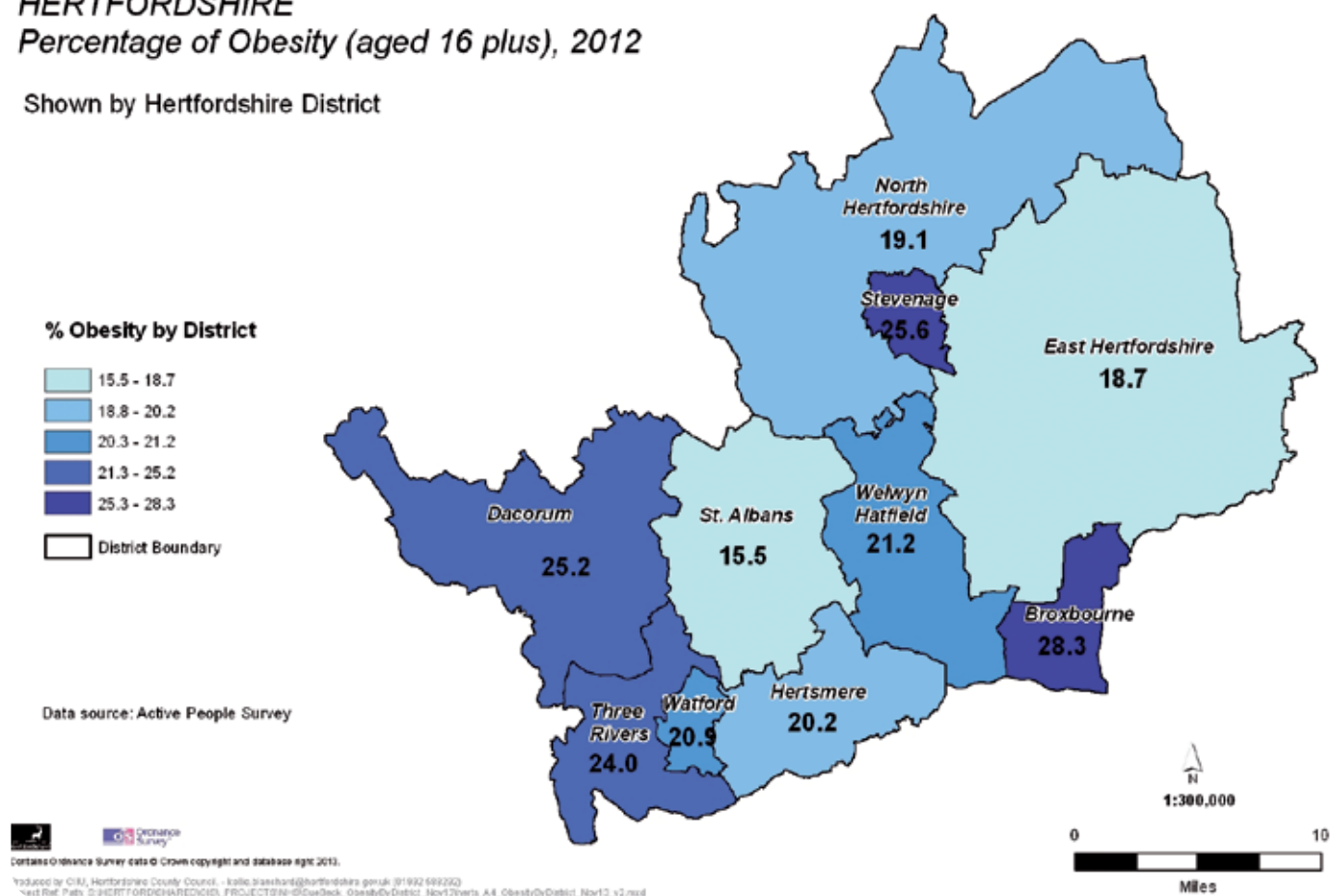
The map below shows the variation in adult obesity across Hertfordshire. The information comes from the Active People Survey 2012. Obesity data has previously been obtained from the Health Survey for England. The Active People Survey data is considered to be more accurate as the sample size is greater (133,618 participants in England) than the Health Survey for England (15,000 participants). In addition, the data in the Active People Survey has been adjusted to allow for under reporting of weight and over reporting of height.

It can be seen that the districts of Broxbourne and Stevenage have the highest rates of average adult obesity in Hertfordshire and St Albans and East Hertfordshire have the lowest, with the average rates of districts ranging from 15.5% to 28.3%.

Within this picture of average district rates, there will be areas in each district of relatively high levels of obesity that will require targeted action.

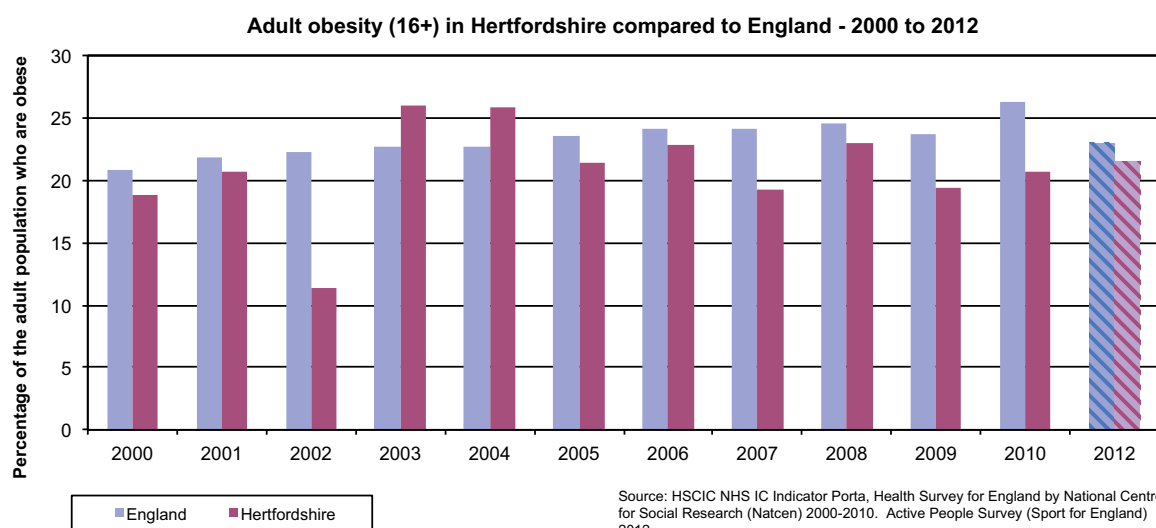
HERTFORDSHIRE Percentage of Obesity (aged 16 plus), 2012

Shown by Hertfordshire District



In terms of trends in Hertfordshire, the chart below shows average adult obesity in England and Hertfordshire between 2000 and 2012. This data is derived from the Health Survey for England (2000 – 2010) and the Active People Survey (2012). At county

level, the small sample size, especially from Health Survey England (see table below), can lead to apparent large variations between years making it difficult to draw definite conclusions regarding an overall trend.



Health Survey for England Sample Size (2000-2010)

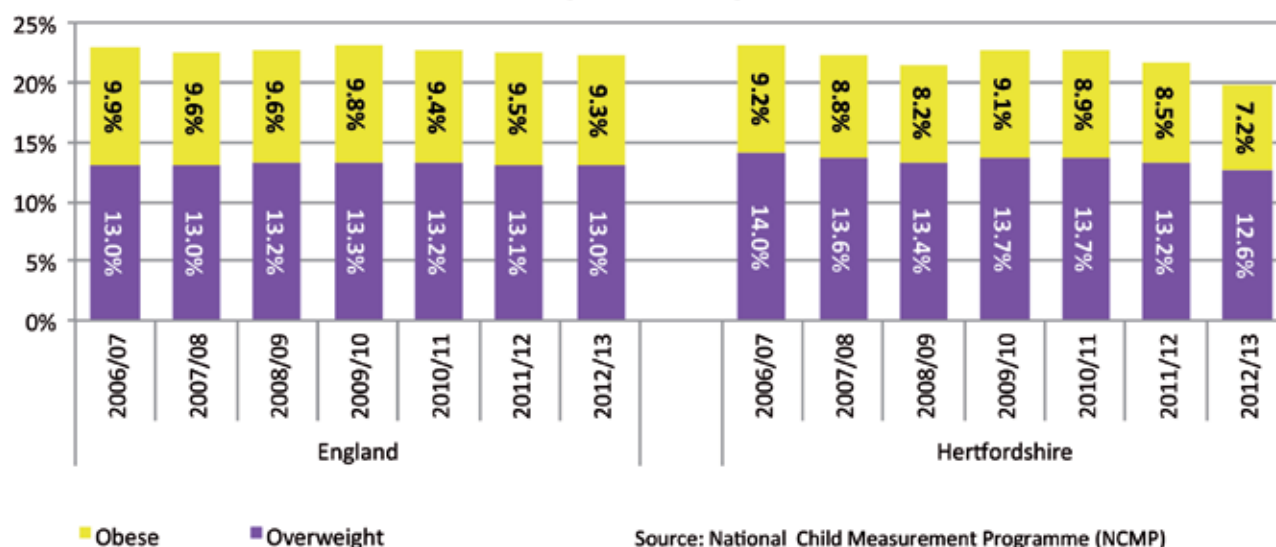
	Obesity England	Obesity Hertfordshire	Sample size in Hertfordshire
2000	20.9%	18.8%	181
2001	21.9%	20.7%	326
2002	22.3%	11.3%	147
2003	22.7%	26.0%	277
2004	22.7%	25.8%	104
2005	23.5%	21.4%	117
2006	24.1%	22.9%	233
2007	24.1%	19.3%	154
2008	24.5%	23.0%	312
2009	23.8%	19.4%	77
2010	26.3%	20.7%	176

Children

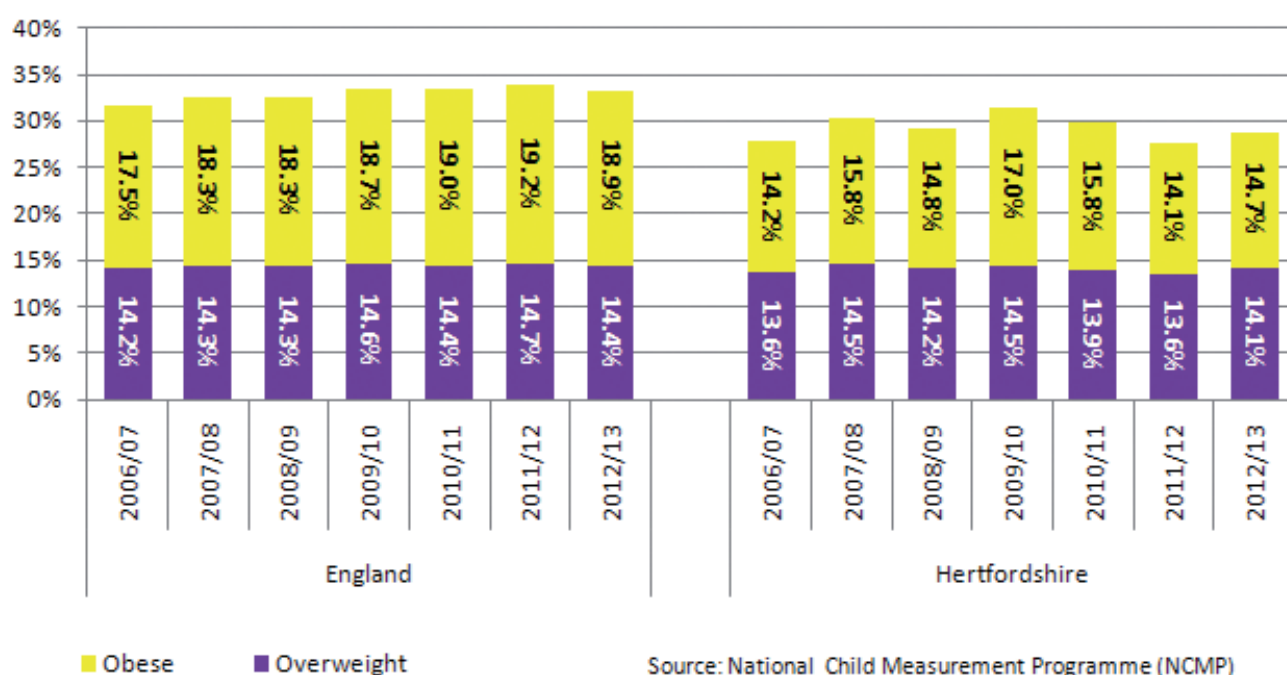
The National Child Measurement Programme, established in 2007, provides us with important information about childhood obesity and helps inform local planning and delivery of services. Every year, the height and weight of around 24,000 children who attend state schools, live in Hertfordshire and are in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) are measured during the academic school year.

The charts on page 27 show that in both England and Hertfordshire over the period 2006-2013, whilst there has been a reduction in the numbers of children aged 4-5 who are overweight or obese; this reduction has not been seen in children aged 10-11 years.

Percentage of overweight and obese children in reception year (age 4-5) 2006/07 to 2012/13



Percentage of overweight and obese children in year 6 (age 10-11) 2006/07 to 2012/13



Aims

There are 3 strategic aims in Hertfordshire, which are supported by both Hertfordshire's Health and Wellbeing Board strategy and Hertfordshire's Public Health strategy.

These aims are:

a) Achieve a year on year reduction in overweight and obese adults and children, starting with those areas of highest prevalence

Ensuring that the trend in excess weight and obesity in Hertfordshire for both adults and children is falling rather than rising is a key aim of our Public Health strategy and Health and Wellbeing Board strategy.

b) Ensure a whole school day approach to health, starting with nutrition and physical activity

This aim is to ensure that healthy eating and physical activity are part of the normal school day.

c) Work with employers to improve the health of adults of working age

Ensuring work places support their work force is key to accessing those who are not in contact with local public sector services such as NHS services.

Current Activities

We have provided two case studies below to illustrate the type of initiatives that have been established to help deliver the aims on page 29.



CASE STUDY 3: “EAT BETTER, START BETTER”

Hertfordshire became one of the first counties in England to use new voluntary national guidelines on healthy food and drink for children under 5 developed by the Children’s Food Trust. More than 60 children’s centre workers in Hertfordshire took part in their early years food and nutrition programme ‘Eat Better, Start Better’. Training included awareness of the new guidelines and sessions on practical cooking to help families provide healthier food at home aiming at the following outcomes:

- Increased food, nutrition and healthy cooking knowledge, skills and confidence for early year’s workforce.
- Improved healthier food provision for young children at home.

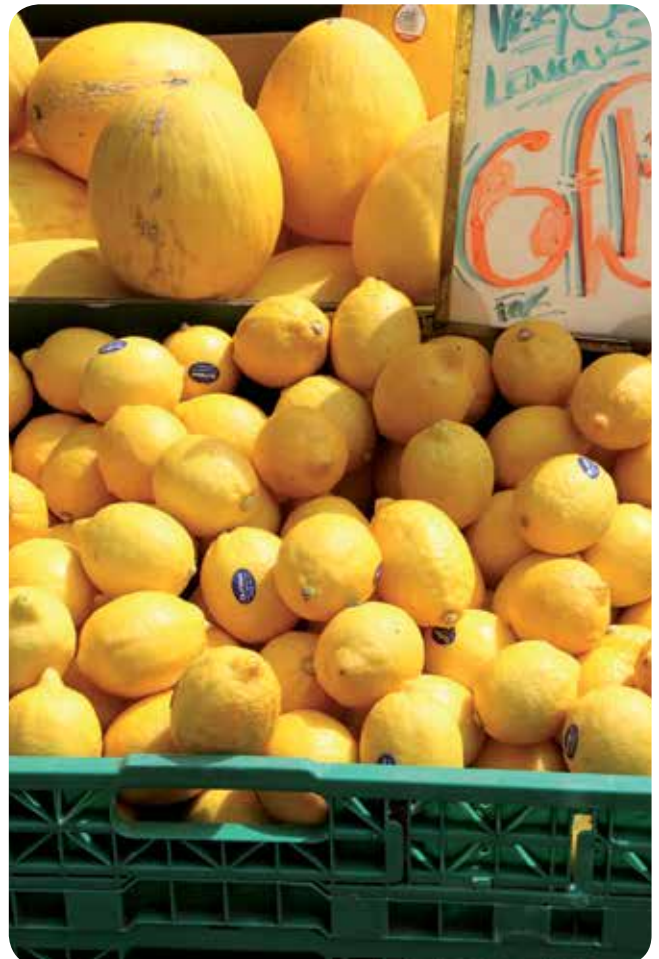
This project is a very successful example of joined up working between Public Health, the Childhood Support Services team and Herts for Learning. 20 children’s centres in the first phase delivered 177 healthy cooking sessions and 42 community activities reaching more than 1500 parents, carers and other family members.

Families involved in cooking sessions run by the children’s centres involved reported that they were more likely to cook from scratch at home, and felt more confident at understanding food labels, adapting recipes and shopping. There was a significant increase in participants’ knowledge about a healthy diet for young children.

CASE STUDY 4: LOCAL AUTHORITY PLANNING

Healthy eating choices are more difficult in areas where there is a high density of “fast food” outlets. Where outlets are near to schools and children’s centres they can compromise any healthy eating messages being delivered.

Local authorities in Hertfordshire are looking at ways in which their planning responsibilities can be utilised to stop new “fast food” outlets being opened. Broxbourne Borough Council has amended its planning regulations to be able to consider the impact on healthy eating from the opening of new takeaways within 400 metres of a school building.



Future Plans

The starting point of future plans in Hertfordshire is recognition that there are behaviours underpinning what and how much people eat and drink that leads to poor diet, being overweight and obese. These behaviours are the result of the complex interaction of a number of different factors including psychological, social, cultural and environmental factors. Their improvement consequently requires a response that influences all of these factors.

In Hertfordshire, our response is to target both prevention of weight gain and supporting weight loss. To achieve this, 4 principles have been adopted to formulate a range of initiatives:

- The range of initiatives in place must cover the whole of the life course – something that will be available to support children and adults of all ages.
- All initiatives must be developed using the best available evidence about what works.
- A system-wide approach must be adopted to ensure that everything that can influence change has been included.
- Partnership working must be at the heart of all initiatives to ensure that delivery of initiatives is as effective and locally appropriate as possible.

Establishing a comprehensive lifestyle offer

One of the key commitments that will be delivered is that everyone living in Hertfordshire requiring support will have the opportunity to access the most appropriate information and services for healthy eating, physical activity, weight loss and weight management.

Targeting of this initiative will seek to deliver both effective outcomes and a reduction in health inequalities.

To support this, thresholds to access services linked to levels of excess weight

(for example to access weight management services such as Weight Watchers and Slimming World), levels of physical activity (for example to access exercise on referral schemes), and healthy eating and healthy cooking skills (for example to access training courses at children's centres) have been developed.

Behaviour Change

Insights from the behaviour change sciences are being used to establish initiatives that support the breaking of behaviours detrimental to good health and the development of behaviours that support good health. This will involve not only using the best available evidence to understand how those behaviours detrimental to health can be changed, but also the best way to effectively engage with our different population groups. For example, the new "Do Something Different" ^(Ref 16), an initiative in Hertfordshire is using email and SMS text messaging to communicate with people who have registered for the programme and support them to develop new health promoting behaviours.

Place-based initiatives

District and borough councils are well placed to support this whole agenda and in particular influencing a reduction in the density of fast food outlets in target areas (including close to schools) through their responsibilities for local planning. Increasingly, the impact on the health of children and adults from local food outlets is being seen as a valid criterion to be taken into account when considering applications.

Work places will be supported to be able to provide information about health issues, sign-post to other local information and services, and if appropriate supported to provide their own services to promote and support healthy eating, healthy cooking, weight loss and weight management.

Building local skills

Initiatives will be delivered to ensure that front-line staff in a wide variety of local organisations will have the skills and confidence to raise issues relating to diet and weight and sign-post people to appropriate local information sources and services. Public sector, private sector and third sector organisations all have a role to play in supporting people to take a first step to information or a service.

A good start in life

An important element of our future plans will be to provide support in the early years of life, including advice and support to potential parents before pregnancy, support during pregnancy and following pregnancy and through the crucial first few years of a child's development. Supporting families to eat healthily, maintain a healthy weight, breast feed and to create healthy eating behaviours in young children are all important to ensuring children get the best start in life. GPs, midwives, health visitors and children's centres all have key roles to play in supporting this in the early years; schools and colleges continue to support through a child's later years.

Summary

Achieving a healthy diet and a healthy weight reduces the risk of premature mortality from a number of different causes such as heart disease and cancer.

Supporting lifestyle changes in our population to promote healthy eating and healthy weight in Hertfordshire is a public health priority.

Behaviours leading to poor diet and overweight and obesity result from the complex interaction of psychological, social, cultural and environmental factors. Changing these behaviours is, therefore, difficult.

Behaviour change is however possible if our Public Health initiatives take a life-course approach using:

- The best available evidence.
- A system-wide approach.
- Utilising effective partnerships.



Lifestyles – Alcohol

About this Chapter:

- Alcohol misuse is associated with higher levels of premature mortality for cancer, heart disease and stroke and liver disease.
- The number of hospital stays recorded as being due to alcohol has been rising in Hertfordshire, with a similar pattern in England. Numbers are highest in Broxbourne.

Background

Alcohol misuse is associated with higher levels of premature mortality for cancer, heart disease and stroke and liver disease. Alcohol consumption is measured by “units” and can be categorised into sensible drinking, harmful drinking and hazardous (binge) drinking – see boxes below. National estimates indicate that 2.6 million children in the UK are living with parents who are drinking hazardously and young people aged 15 to 16 years in the UK are more likely than in most other European countries to have been drunk at least once in the last month. There are approximately 1.6 million people in England who are dependent on alcohol.



Drinkaware campaign 2008

BOX 1: SENSIBLE DRINKING

Sensible drinking is drinking in a way that is unlikely to cause the drinker or others significant risk of harm, according to NHS guidelines:

- Adult women should not regularly drink more than 2–3 units of alcohol a day.
- Adult men should not regularly drink more than 3–4 units of alcohol a day.
- Pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to protect the baby they should not drink more than 1–2 units of alcohol once or twice a week and should not get drunk.

The risk of harm from drinking increases the more alcohol that a person drinks above sensible levels.

BOX 2: HARMFUL DRINKING

Harmful drinking is drinking at levels that lead to significant harm to physical and mental health and at levels that may be causing substantial harm to others. Examples include liver damage or cirrhosis, dependence on alcohol and substantial stress or aggression in the family.

Women who regularly drink over 6 units a day (or over 35 units a week) and men who regularly drink over 8 units a day (or 50 units a week) are at highest risk of such alcohol-related harm.

Women who drink heavily during pregnancy put their babies at particular risk which can lead to lifelong intellectual and behavioural problems for their child.

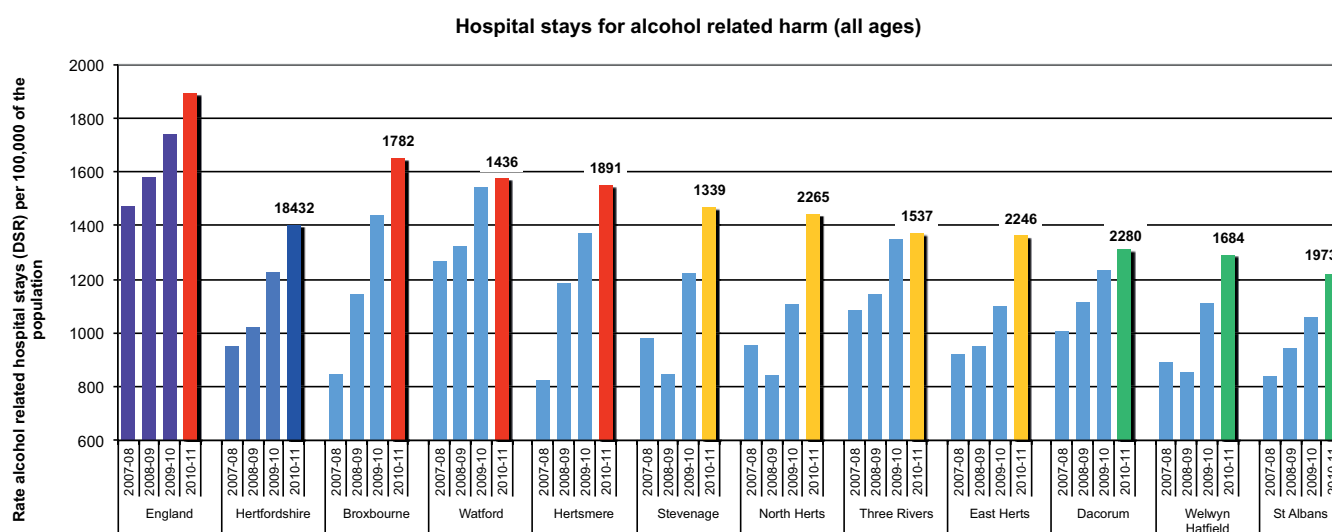
BOX 3: HAZARDOUS (BINGE) DRINKING

Hazardous drinking is the drinking of too much alcohol over a short period of time, e.g. over the course of an evening, and it is typically this type of drinking that leads to drunkenness. It has immediate and short-term risks to the drinker and to those around them. People who become drunk are much more likely to be involved in an accident or assault, be charged with a criminal offence, contract a sexually transmitted disease and, for women, are more likely to have an unplanned pregnancy.

Trends in binge drinking are usually identified in surveys by measuring those drinking over 6 units a day for women or over 8 units a day for men. In practice, many binge drinkers are drinking substantially more than this level, or drink this amount rapidly, which leads to the harm linked to drunkenness and the toxic effects of alcohol.

The Hertfordshire Picture

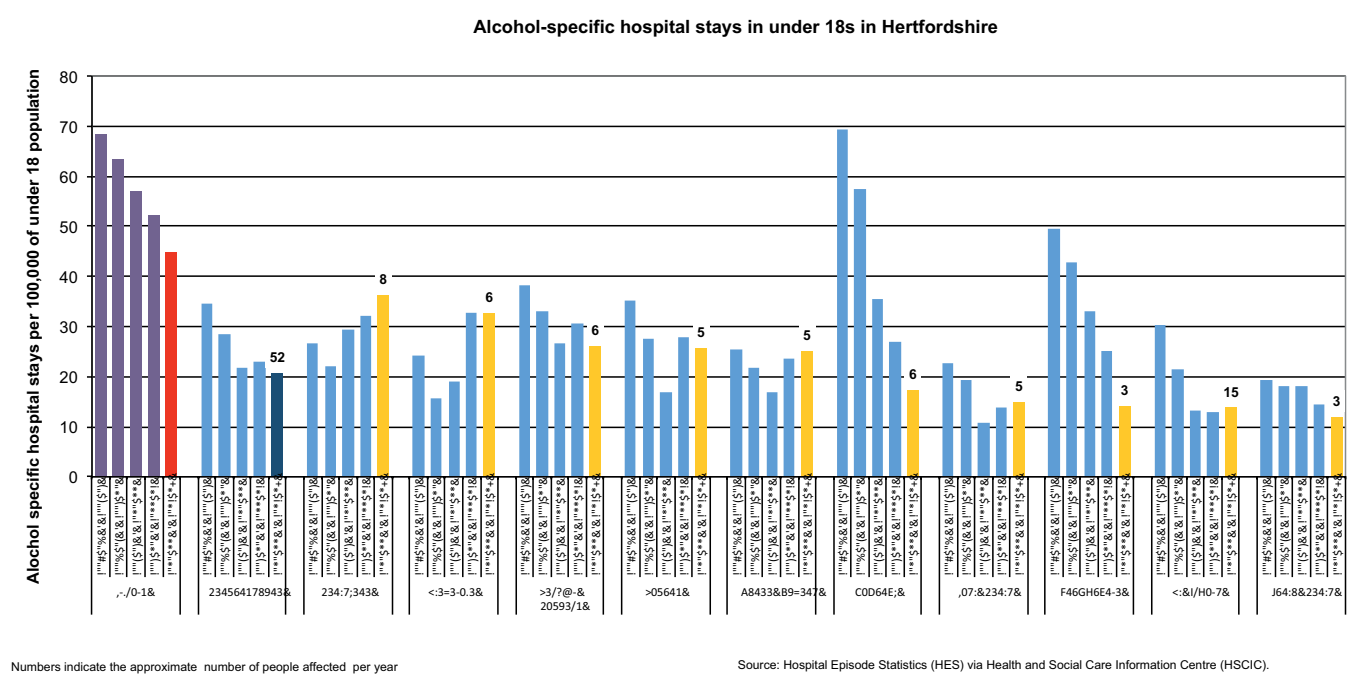
The chart below shows the number of hospital stays recorded (all ages) as being due to alcohol related issues. It can be seen that numbers of stays have been rising in Hertfordshire, with a similar pattern in England. Numbers are highest in Broxbourne.



Numbers indicate the number of people affected in 2010/11

Source: Hospital Episode Statistics (HES) via Health and Social Care Information Centre (HSCIC)

The chart below shows the number of young people aged less than 18 years admitted to hospital due to alcohol. Numbers in Hertfordshire have been falling and this is mirrored in England.



BOX 4: DEFINING LEVELS OF ALCOHOL CONSUMPTION IN THE CHARTS BELOW

Increasing risk drinking is defined as usual consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females.

Higher risk drinking is defined as usual consumption of more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females.

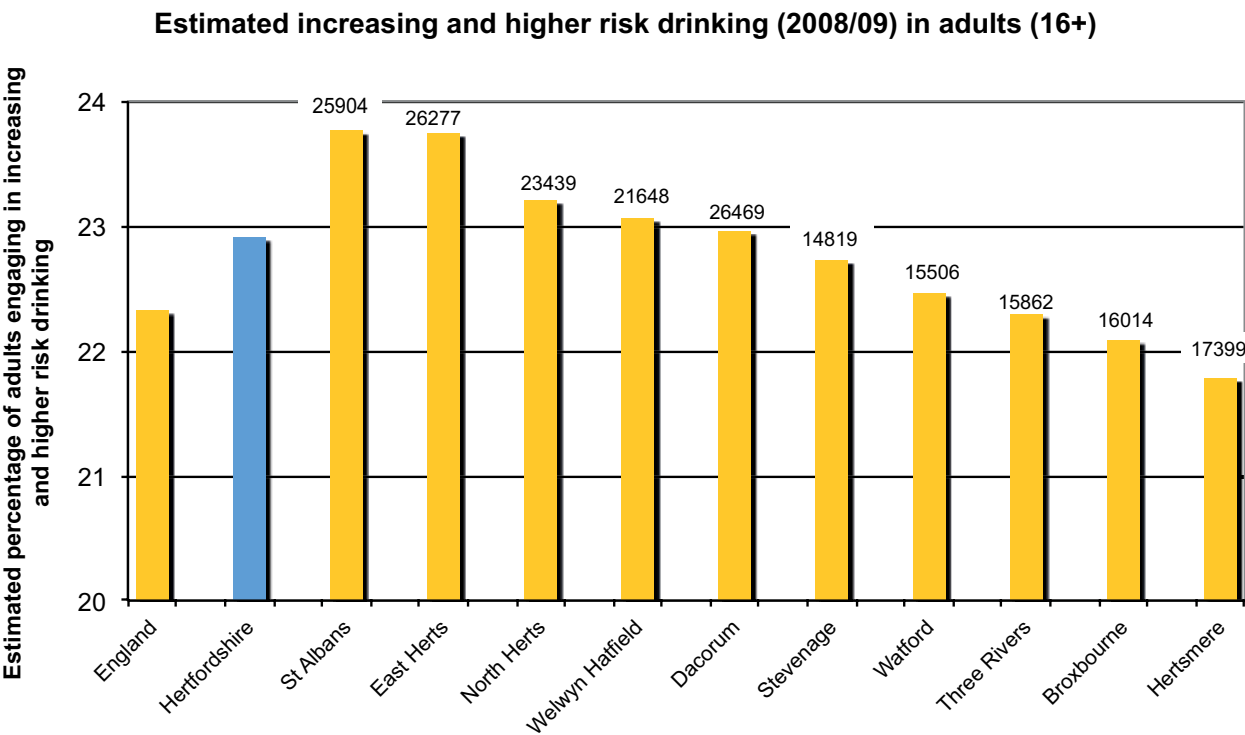
Hazardous (Binge) drinking is defined as adult men who drank eight or more units of alcohol on the heaviest drinking day in the previous seven days at time of survey and adult women who drank six or more units of alcohol on the heaviest drinking day in the previous seven days at time of survey.

	2.2 units	Pint of regular beer/larger/cider
	1.5 units	Alcopop or can of larger
	1.3 units	Glass of wine (250ml)
	1 units	Single measure of spirits (25ml)
	9 units	Bottle of wine

Example of broad estimates of alcohol units (Edinburgh Drug & Alcohol Partnership 2011)

Rates for increasing and higher risk drinking are highest in St Albans and East Herts.

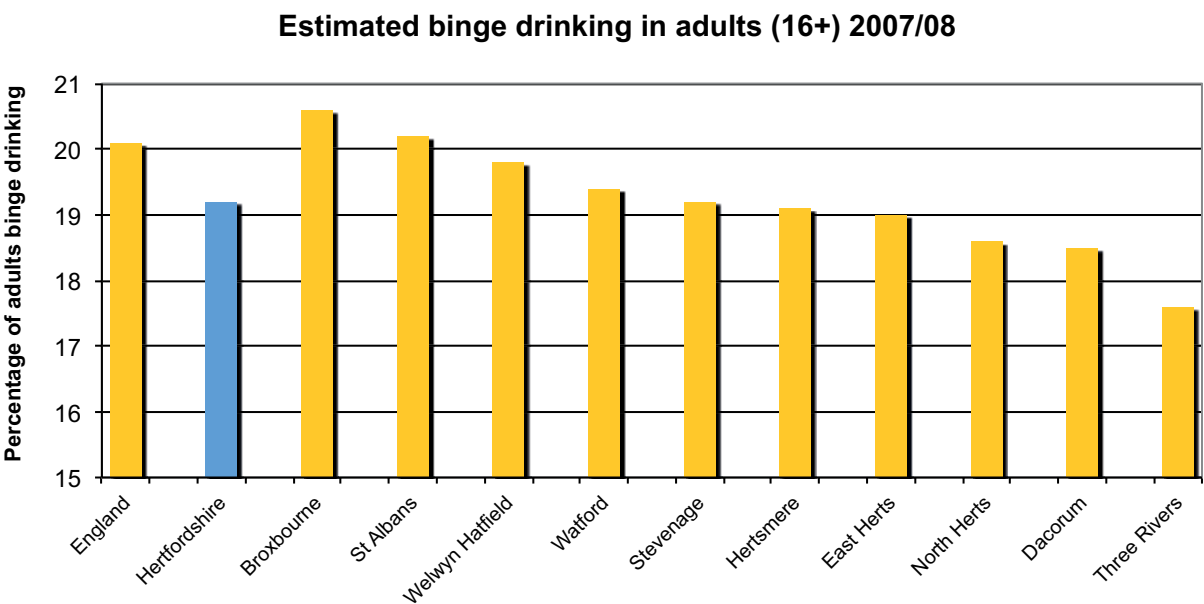
The chart below shows the percentage of people who consume more than the recommended levels of alcohol. The terms increasing risk drinking, higher risk drinking, and binge drinking are used in the charts and these terms are explained in the box below.



Numbers indicate the estimated number of people affected in 2008/09

Source: General Lifestyle Survey (GLF)

The chart below provides information on hazardous (binge) drinking in Hertfordshire. Rates of binge drinking are highest in Broxbourne and St Albans.



Source: Health Surveys for England, National centre for Social Research (NatSen)

Aims

There are 6 strategic aims in Hertfordshire, which are supported by both Hertfordshire's Public Health strategy and Hertfordshire's Health and Wellbeing Board strategy. These aims are:

- **Annual reductions in the number of alcohol-related crime and violence in Watford and Stevenage of 4.9%, 5.2% and 5.7%.**
- 2% reduction per year in the rate of young people having unsafe sex under the influence of alcohol.
- **Reduce alcohol-related attendances at A&E through a 5% reduction in numbers in each of the next 2 years (2014/15 and 2015/16).**
- Reduce the levels of increasing and higher risk drinking in Hertfordshire (currently 22.9%) to below the England average (22.3%).
- **Reduce inequalities across Hertfordshire in the rate of alcohol-specific hospital stays (for those under the age of 18) so that all districts and boroughs are not significantly worse than the Hertfordshire average. Currently Dacorum is significantly worse than the average for Hertfordshire.**
- Reduce inequalities across Hertfordshire in the rate of all hospital stays for alcohol-related harm so that all districts and boroughs are not significantly worse than the Hertfordshire average. Currently Broxbourne, Hertsmere and Watford are significantly worse than the average for Hertfordshire.

Current Activities

We have provided 2 case studies below to illustrate the type of initiatives that have been established to help deliver the above aims.



CASE STUDY 5: LICENSING

In April 2012, local health bodies became “responsible authorities” under the Licensing Act 2003. For the first time local health bodies would be able to instigate a review of a license and input into decisions on applications of new licenses, so that health harms, including those seen in A&E departments, are a key factor in deciding whether a new license is granted. At present the 4 licensing objectives are:

- The prevention of crime and disorder.
- Public safety.
- The prevention of public nuisance.
- The protection of children from harm, although there is not yet a specific health objective.

Public Health provides evidence for licence reviews to help local authorities target hotspots and poorly managed licensed premises. This process has contributed towards the temporary closure of a nightclub and several off licence premises have had their licenses revoked.

CASE STUDY 6: WORKING THROUGH PARTNERSHIPS

Historically, there have been a range of interventions, including awareness campaigns, designed to reduce levels of harmful drinking. Since responsibility for treatment services transferred to the Director of Public Health in Hertfordshire County Council on 1st April 2013, stakeholders have worked together to develop a single strategic plan and governance structure to ensure all efforts to reduce harmful drinking are based on the best available evidence.

The major elements of these developments have been:

- Public Health leadership of the Health and Wellbeing alcohol priority.
- An alcohol strategy workshop.
- An alcohol governance workshop.
- Completion of the Public Health England self-assessment tool.
- Public Health support to Clinical Commissioning Groups in addressing local alcohol concerns through their Community Safety Partnerships.

These activities have led to a single, shared strategic plan with a new system for setting and measuring improvements.

Future Plans

Addressing alcohol-related harm will require a multi-faceted approach that reduces alcohol misuse that is both harmful to health and hazardous to personal safety.

A package of activities will be delivered through control (including licensing and enforcement), prevention and treatment, and targeting those at greatest risk. Further detail is contained in the Hertfordshire Strategic Plan for Alcohol ^(Ref 17).

To be successful, we will need to be aware of the cultural influences on alcohol use, such as the implications for street-drinking among Eastern European migrants and causes for alcohol misuse in older people, and to ensure that decisions are based upon robust information.

Future plans include:

- Extending the use of existing powers to reduce the availability of very low cost, high alcohol products.
- Greater use of self-assessment and brief assessment techniques supported by an improvement in front line workers' skills for brief advice and interventions.
- Improving to the co-ordination of alcohol awareness campaigns.
- Addressing the needs of young people in their transition adult services.



Lifestyles - Physical activity

About this Chapter:

- Physical activity has a range of health benefits.
- About 1 in 4 of Hertfordshire adults (aged 16+) participate in less than 30 minutes of physical exercise per week.
- Broxbourne has the most inactive adults (approximately one third) compared to other districts.



Background

Physical activity has a range of benefits for health from stress regulation, to blood pressure regulation and is important in and of itself, not just for keeping a healthy weight.

A lack of physical activity is a risk factor for premature mortality especially relevant to those premature deaths from heart disease and stroke and also cancer. Physical activity can mean different things to different people but the definition used by the Chief Medical Officer is:

“Physical activity includes all forms of activity, such as everyday walking or cycling to get from A to B, active play, work-related activity, active recreation (such as working out in a gym), dancing, gardening or playing active games, as well as organised and competitive sport”.

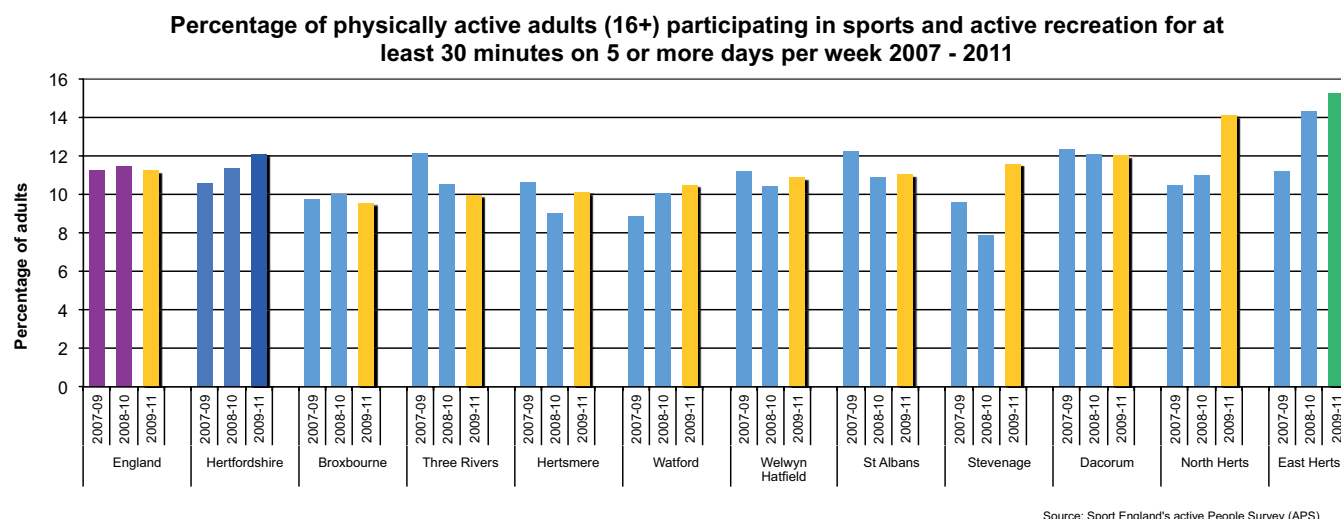
The Chief Medical Officer has issued detailed guidelines for how much physical activity people should do to be of benefit to their health. These guidelines have been specific about how much physical activity different age ranges, from birth to old age,

people should do. For example, adults (who are generally fit and have no health conditions that limit their mobility) should try to be active daily and should do at least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity such as cycling or fast walking every week, and muscle-strengthening activities on 2 or more days a week. In addition, all adults are advised to avoid extended periods of sedentary behaviour ^(Ref 18).

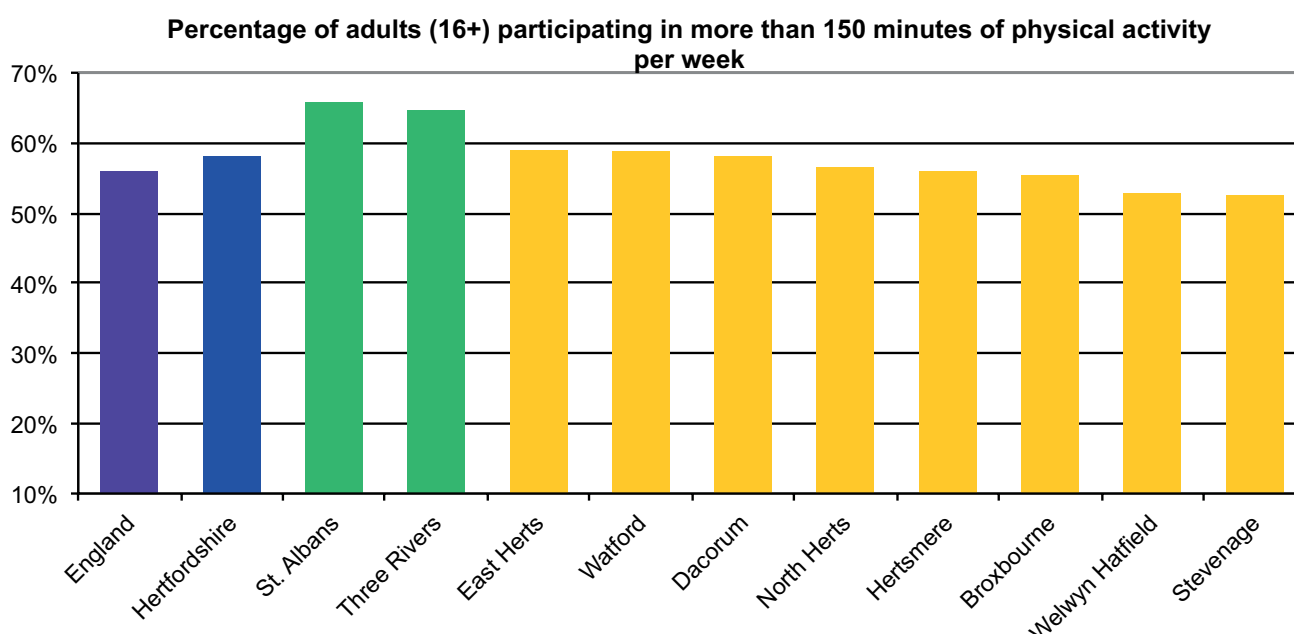
There are differences across Hertfordshire and between different groups and ages in how much physical activity is actually being done. For example, children from lower socioeconomic groups and some black and minority ethnic groups do less sport and exercise than those from higher socioeconomic groups. People living in the most deprived areas (about 4 in 10 people) are less likely to take part in active sport compared with people (nearly 6 in 10) in the least deprived areas.

The Hertfordshire Picture

Information about levels of physical activity is obtained from the national Active People Survey. The chart below shows a 3 year trend for the percentage of adults doing the recommended level of physical activity for each district, Hertfordshire and England using 3 year averages from 2007/09 – 2009/11. There has been an upward trend in Hertfordshire as a whole but it can be seen there has not been a consistent picture in the districts with some districts showing an increasing trend, some a decreasing trend and others static.

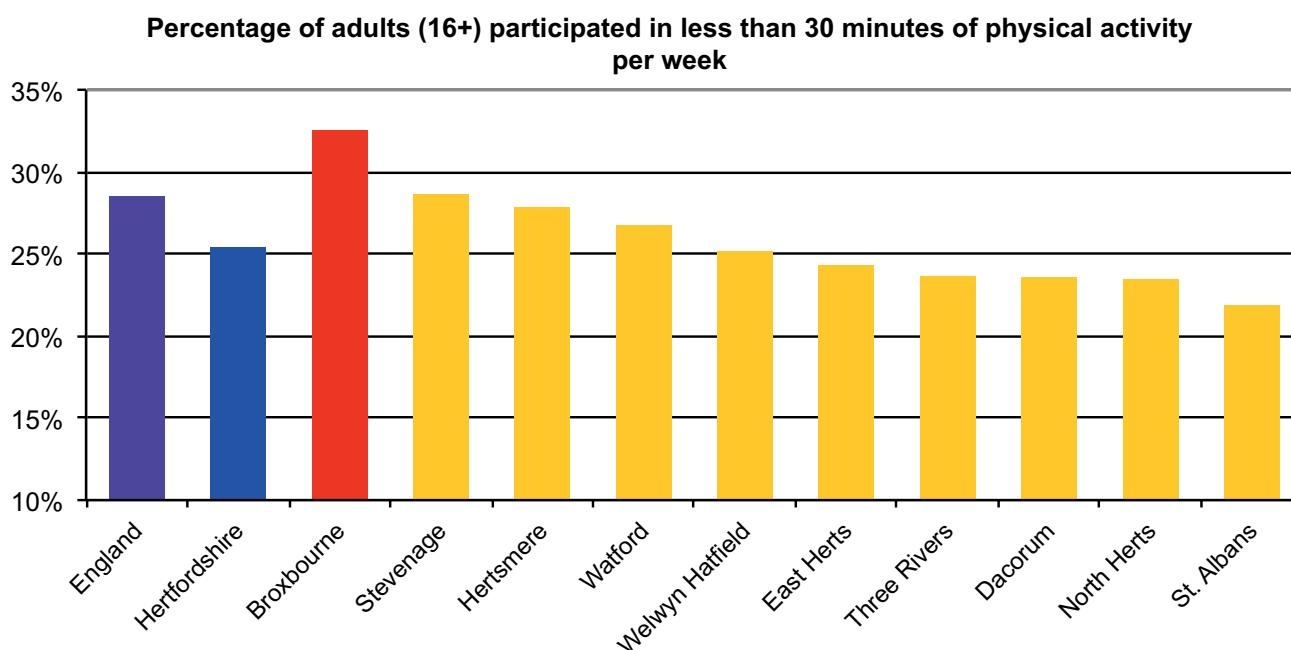


Changes to the way that physical activity information is being collected means that the latest data cannot be compared to previous years. The latest data for 2012 is shown in the chart below and shows that about 6 in 10 Hertfordshire adults (aged 16+) participated in more than the minimum recommendation of two and a half hours of physical activity per week. The highest average rates are found in St Albans and Three Rivers.



Source: Active People Survey version 6 (APS6) 2012 commissioned by Sport England

The chart below shows the percentage of adults who have a sedentary lifestyle defined by participating in less than 30 minutes of physical activity per week. The chart shows that about 1 in 4 of Hertfordshire adults (aged 16+) participated in less than 30 minutes of physical exercise per week. Broxbourne has the most inactive adults (approximately one third) compared to other districts.



Source: Active People Survey version 6 (APS6) 2012 commissioned by Sport England

Aims

There are 3 strategic aims in Hertfordshire, which are supported by both Hertfordshire's Public Health strategy and Hertfordshire's Health and Wellbeing Board strategy. These are:

a) All districts to achieve a year on year increase in adult participation in physical activity

Reducing the numbers of people in each district who have a sedentary lifestyle and increasing the number of people doing the recommended level of physical activity is a key aim of Hertfordshire's Public Health strategy and Hertfordshire's Health and Wellbeing Board strategy.

b) Primary care to make increasing use of physical activity and behaviour change as a central part of the pathway for maintaining healthy weight and reducing disease risk

This aim recognises that Primary Care has an important role to play in motivating individuals to become more physically active and in signposting and supporting individuals and families to make that change in their lifestyle behaviour.

c) Ensure a whole school day approach to health, starting with nutrition and physical activity

The aim here is to ensure that physical activity opportunities are embedded in the normal school day for all schools in Hertfordshire.

Current Activities

Throughout the county there are lots of people involved in promoting physical activity, including early years settings,

schools, clubs, volunteers, councils, leisure operators to name but a few. We have provided two case studies below to illustrate the type of initiatives that have been established to help deliver the above aims.

CASE STUDY 7: “ACTIVE STUDENTS”

“Active Students” is a project at the University of Hertfordshire aimed at getting “semi-sporty” young people at the university to become more active. Following research into students’ activity habits and motivations a project was developed to deliver at least 55 hours of free sport, physical activity and dance sessions each week during term time. Each session was delivered by a qualified sports coach or instructor and taking place on university sites.

The project developed a brand and strap line; *No sign up, No Commitment, No Cost*, which is used on all marketing materials and website. A team of 12 student “Activators” were employed to promote sessions, “meet and greet” participants and enhance brand awareness. The project also provided employment opportunities for students wishing to pursue careers in sports coaching, event management, and sports development.

Overall “Active Students” employed over 40 students and created volunteering opportunities for over 50 students.

Feedback from students showed “Active Students” as a valued part of student life for students at the University of Hertfordshire:

- Creates a sense of belonging and vehicle to make friends.
- To help students integrate, especially for international students.
- To engage in relaxed, informal sport and activity, for free – every day.
- To build confidence.
- A way to balance studies with social time.
- A way to get / keep fit for free.
- A chance to try new activities / sports with no commitment.



University of Hertfordshire students engaging in the “Active Students” project

CASE STUDY 8: HEALTH WALKS

The Hertfordshire Health Walks initiative delivers organised walks led by trained volunteers. Developed and coordinated in Hertfordshire by the Countryside Management Service (part of Hertfordshire County Council), the initiative is part of the national Walking for Health initiative led by Ramblers and MacMillan Cancer Care who provide an accreditation scheme, standards and insurance.

There is opportunity for participants to progress through a scheme of graded walks. "First Steps" are the easiest walks, taking approximately 20-30 minutes over flat, even ground with regular stopping places. Walkers can progress at their own pace to walks of up to 1.5 hours graded as Level 4.

Walks are promoted through brochures, posters, press coverage and screen presentations showing in GP surgeries and other health venues. Hertfordshire Health Walks also has its own web presence where printable versions of these materials are available ^(Ref 19). Participants are often self-referring, although GPs and other health professionals promote the walks too. Walkers register by completing a simple participant questionnaire and then they are ready to walk. A volunteer shows the way, walking at the pace of the fastest in the group whilst a further volunteer, walking at the pace of the slowest, ensures no-one is left behind.

Hertfordshire now has almost 200 volunteer Health Walk leaders drawn from the local community and trained in leading, risk assessment, and basic first aid. These volunteers lead 40 Health Walks per week across Hertfordshire, contributing more than 8,000 hours of time to the initiative. Recent evaluations have shown that Health Walks help the least active get more active, have a good adherence level and are particularly popular with groups with lower than average levels of physical activity such as the over 55s. There is also evidence advocating the

mental health benefits of physical activity taken in the natural environment.

"I have found the walks really beneficial. I feel so much better in myself; I'm fitter, I've lost weight and my Doctor is amazed at how much my cholesterol and blood pressure has lowered without taking tablets. I didn't even realise how bad it was until I started walking." Judy. Health Walker since 2009.

"I had been dealing with unbelievable stress having to deal with my daughter who was diagnosed with a terminal illness. I had noticed that I was getting out of breath when walking and my wife had been pressing me to do some exercise. It is hard to believe that from starting out on "First Steps" I have progressed through the grades and ended up as a Health Walk Leader which does, to my mind, show what can be achieved through the Health Walk scheme." Barry. Health Walker since 2012.

At 93 years old, Chester is the Countryside Management Service's (CMS) oldest volunteer. He has led over 200 Health Walks, and currently leads a "First Steps" walk, for people who need short, easy walks to improve their general fitness, adapt to disability or infirmity, or recover from illness. For Chester being a Health Walk leader has become a way of life. *"Being healthy, happy and living in harmony is more important than getting old."*



St Albans First Steps

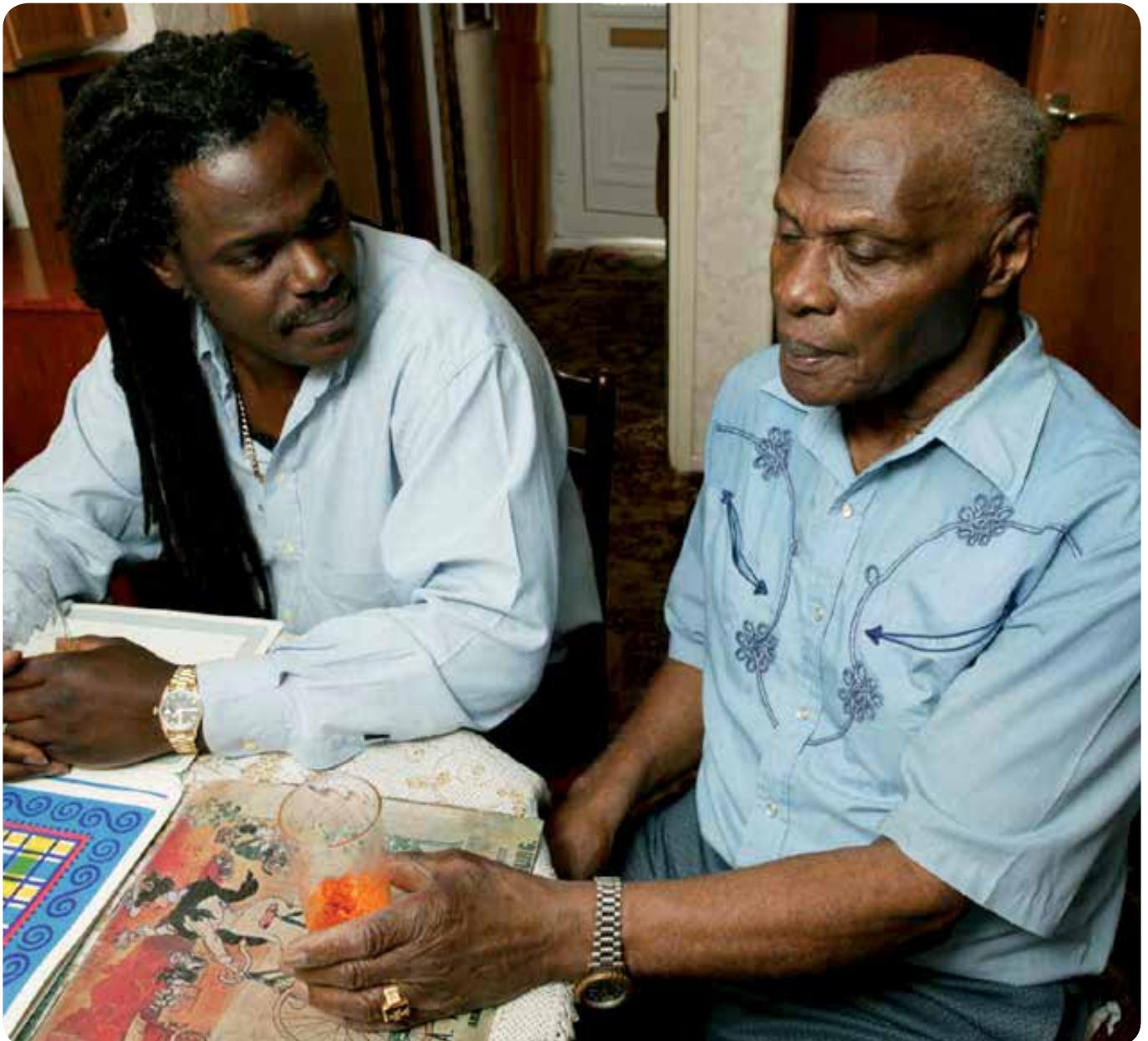
Future Plans

Public Health's work with partnerships across Hertfordshire will focus on ensuring that all agencies in Hertfordshire are able to promote and deliver physical activity opportunities and interventions.

To reduce inequalities in participation in physical activity, Hertfordshire will focus on increasing participation in areas and populations where participation in physical activity is particularly low. This includes targeting older people, black and minority ethnic communities, areas of high multiple deprivation and people with a physical disability.

Joint work with the clinical commissioning groups will support GP practices to ensure physical activity is assessed and opportunities discussed to increase physical activity, including where appropriate referral through the local "exercise on referral" scheme.

The Health Checks programme will provide a route to discuss local physical activity opportunities and motivate individuals to do the recommended level of physical activity.



Conclusions and recommendations

Although lifestyle factors are not the only issue, and deprivation also needs to be addressed, there is some clear high impact “wins” for the population in terms of reducing premature deaths:

- The Public Health Service should continue with its work on prevention especially the commissioning of health checks and lifestyle services and in particular continue to focus on delivering the Public Health strategy.
- The Health and Wellbeing Board should continue to focus on delivery of its priorities to reduce the harm from tobacco and alcohol and ensuring that more people reach and maintain a healthy weight.
- NHS commissioners should ensure that NHS providers in primary care, hospitals, community and mental health trusts should address the health improvement needs of the population that they serve by helping individuals to choose a healthier lifestyle.
- The county council, district and borough councils and voluntary and community sectors should work with the Public Health Service to identify where they can make the greatest contribution to promoting lifestyle change in local communities.
- Employers should work with the public health service to make the “workplace health offer” available to help promote employee physical and mental wellbeing at work.

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