



Hertfordshire Public Health Service Strategy 2017 – 2021



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Foreword by the Executive Member for Public Health, Richard Roberts



We all know the saying that 'Prevention is better than cure', well this is particularly true in terms of our health and wellbeing. If we

can avoid unnecessary ill-health then we will live longer and have fewer complications in later life.

Not all ill-health is avoidable but we need to make sure that wherever possible we take responsibility for our health and make the changes in our behaviour that will help us maintain good mental and physical wellbeing. We need the best possible health for ourselves, families, friends and neighbours. If we do this, we get the most out of life and our families and communities thrive.

Public Health, like so many services faces a range of challenges: Our population is expanding rapidly in Hertfordshire, nearly 1.2 million people with more vulnerable elderly and a big increase in the number of children born since 2005. The great news is that we are living longer but that longevity is best enjoyed with good health and we must do all we can to prevent the on-set of diseases that make life a misery but which are easily preventable.

In recent years, while some of the worst causes of preventable disease such as smoking have declined, others including obesity and inactivity are resulting in poor wellbeing and for example type II diabetes. This disease whilst manageable puts a great strain on our bodies and our longer term health.

We recognise that there are many reasons why we carry too much weight or take too little exercise; Hertfordshire County Council will work with all its partner organisations to help you to help yourself. It's simple, if we give up smoking as many of us have, eat a little less and exercise a little more we will live longer and with better health.

There is a worry that the hard won gains of better health achieved over many decades may start to reverse, if we cannot change how we live our lives. I want this public health strategy to be the point at which we all recognise that we must change and take more responsibility for our own behaviours.

We sometimes struggle to do this on our own, when we need help or support with lifestyle changes we need to know who to turn to and find out how to support ourselves to make the right health choices. I hope Public Health and all the wider support across Hertfordshire can make the difference to help you remain fit and healthy.

For a short video about Public Health click [here](#).



1. Our Public Health strategy at a glance

This document has been written to cater for a variety of audiences. Public Health is keen that members of the public understand what we do and the good reasons for the investment of tax-payer's funds in this area. The electronic nature of this document also allows those with a deeper interest to delve into the many hyperlinks to easily access further information should it be required.

Whilst not mentioned in this document, Public Health leads on the corporate prevention programme for the whole council and will be part of producing a separate Prevention Strategy.

Public Health understands the importance of partnership working and has designed our approach with the strategic plans of our partners in mind:

- [HCC Corporate Plan](#)
- [Health & Wellbeing Strategy](#)
- [Children's Services Strategic Plan](#)
- [Community Protection Strategy](#)
- [Hertfordshire Equality Strategy](#)
- District & Borough Council PH aims
- [Joint Strategic Needs Assessment](#)
- Clinical Commissioning Groups strategies
- [East and North Herts CCG](#)
- [Herts Valleys CCG](#)
- [Hertfordshire Drugs & Alcohol Strategic Delivery Plan](#)
- [Hertfordshire & West Essex Sustainability and Transformation Plan \(STP\)](#)

Our Vision

- Healthy and happy Hertfordshire: everyone in Hertfordshire is born as healthy as possible, and lives a full, healthy and happy life.

Our Mission

- To work together to improve the health and wellbeing of the people of Hertfordshire, based on best practice and best evidence. We compare well with England and similar counties, and health inequalities across Hertfordshire are reduced.

Our Principles

- Consulting & engaging
- Working to reduce health inequalities
- Driven by evidence of what works
- Achieving best value for money
- Monitoring progress

Our Priorities

- Starting and developing well
- Keeping well
- Influencing and advising
- Working collaboratively

Our Building Blocks

- Strong leadership
- Capable, skilled people
- Working with residents
- Plan locally and deliver locally
- Whole system approaches

Figure 1: *Our Public Health Strategy at a glance*

2. Reason for a Public Health strategy

The work of Hertfordshire's Public Health Service underpins the health and wellbeing of residents and the County Council's prevention agenda. This document sets out what we are trying to achieve and its purpose is to focus on priorities and outcomes, and be a brief statement of principles and priorities. It is intended to support and complement the public health aims and plans of other HCC services and external organisations, rather than replace them.

Public Health has responsibilities in a number of areas that play a significant role in in the [Hertfordshire Health & Wellbeing Strategy](#) and the [Hertfordshire and West Essex Sustainability and Transformation Plan \(STP\)](#). In addition, Public Health has other responsibilities for commissioning services such as Sexual Health, Drugs & Alcohol treatment, School nursing, health visitors and NHS health checks. Public Health is important in preventing ill-health and disability which saves the cost of future NHS treatment and social care.

This strategy outlines the aims for the Public Health Service as part of the vision for Hertfordshire. It sets out how the work of

public health ensures all Hertfordshire residents will have an opportunity to be as healthy as possible and to live safely in their communities. Beneath this strategy are a series of more detailed strategic plans of action that can be accessed through hyperlinks but are deliberately not explicit within this document. This means that:

- Hertfordshire will be among the healthiest counties in England. Our population will live longer and have more disease-free years of life than the England average.
- We will progressively narrow the gap in life expectancy and disease-free years of life across the population of Hertfordshire, focussing on improving the health of those who are most at risk of poor health.
- Our population knows how to be and remain healthy, and puts this into practice.
- Everything about our public services and the way our county is organised supports this, from primary care services (such as GPs, pharmacies, dental practices etc.) to quality of education, housing and access to employment.
- We will work with partners to deliver 'whole systems approaches'. This means that services are integrated so the service user experience is joined up.

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Figure 2: *Our Vision and Mission*



3. Overarching principles

The following key priorities will underpin the delivery of our strategy:

3.1 Consulting and engaging

- We consult with service users, healthcare professionals, district and borough councils, parish councils, and community and voluntary sector organisations on service design and commissioning so that we can achieve the best outcomes.
- We deliver a consistent message through a variety of channels and platforms that are tailored to the needs and ‘language’ of different user groups e.g. easy read.
- We use other trusted sources/channels to influence where necessary.

- We work to identify and engage with vulnerable and hard to reach groups e.g. travellers, men, carers, veterans etc. and we are aware of their specific needs.
- We use the principle of Making Every Contact Count to engage people and support them to live healthy lifestyles.

3.2 Working to reduce health inequalities (differences in how healthy different groups of people are)

- While Hertfordshire’s health statistics are mostly favourable compared with the national picture, we know that there are persistent, notable health inequalities across the county.
- We also know that health inequalities exist between different groups within the population, with people’s health often

varying significantly when broken down by sex, ethnicity, age or social and financial status.

- In all of the work that we do, we strive to identify and address health inequalities across the county. We particularly focus on those with greatest inequality in health outcomes e.g. those with low incomes or with most need, while improving the health and wellbeing of our population overall.

3.3 Driven by evidence of what works

An evidence based approach is essential to effective and efficient public health working. We will ensure that our work:

- Is based on a thorough assessment of the needs of the local population.
- Meets those needs by drawing on the best available evidence of 'what works, and taking account of the strength and robustness of that evidence.
- Empowers our key partners to practice evidence-based commissioning.
- Contributes to the public health evidence base.

3.4 Achieving best value for money

We will ensure that all the activities commissioned or delivered by Public Health will be underpinned by a commitment to achieving best value for money, working with both private and voluntary and community sector providers. To do this, we will apply specific working principles in three areas:

3.4.1 Developing new ideas

- Ensure that we combine financial information and health economics when looking at new opportunities and interventions.
- Actively seek the views of potential providers about our ideas for developing new services and delivery models.
- Continually compare the cost of our services against other local authorities who commission similar services.
- Involve service users whenever appropriate
- Use digital and online services to support and achieve our priorities.



3.4.2 Procuring services and managing contracts

- Ensure that services we commission are underpinned by robust contracts which allow us to seek efficiency savings over the lifetime of the contract.
- Ensure that principles and processes to enable evaluation are built into the contracts of services we commission.
- Work with our providers (private, voluntary and public sectors) to maximise opportunities for improving the range, scale and quality of services.
- Ensure that contracts are managed in a manner that allows us to scrutinise activity and expenditure, and to ensure the provision of safe and effective services
- Maximise opportunities in contract negotiations for seeking efficiencies and savings.

3.4.3 Collaborating

- Work with other commissioners to develop co-commissioning arrangements so that we can commission services at scale.

- Develop arrangements which enable commissioners to pool resources.
- Work with other commissioners to share contract management and quality monitoring arrangements.

3.5 Monitoring progress

- We regularly monitor our progress in delivering on our strategy, as well as the progress of our individual public health work programmes, services and interventions.
- This ensures that we deliver the best possible public health service for the people of Hertfordshire within our available resources.
- Our specialist public health analysts use appropriate national and local information to continually track and report on our progress. This is captured in our JSNA (Joint Strategic Needs Assessment) and compared against national standards e.g. Public Health Outcomes Framework (PHOF).
- We use public health intelligence to identify current and future areas for focus.





4. How information is shared and decisions are made

There are 5 key mechanisms which govern the decisions the County Council's Public Health function makes, and enable this system to work within the County Council:

- The Health and Wellbeing Board – the key multi-agency board for action on major issues across the health and social care system for our residents.
- The Public Health Board – a board comprised of staff from a range of partner agencies, each with a contribution to public health, which develops and supports the public health system in Hertfordshire.

- The Hertfordshire County Council Cabinet – the leader of the council and the elected members for each county council portfolio.
- The Public Health, Localism & Libraries Cabinet Panel – a group of elected county council members which oversees the statutory public health portfolio.
- District and Borough Councils – local partnerships and boards which are crucial to local delivery of public health outcomes.

5. Priorities

5.1 Starting and Developing Well

This section covers children and young people from 0-18 years and up to 25 years for young people who are care leavers or who have special educational needs.

5.1.1 Pre-pregnancy, pregnancy and maternity

Good health can improve the chances of a woman becoming pregnant and having a healthy pregnancy, and also impacts on the health of her baby. Pregnancy readiness may include stopping smoking, being a healthy weight and physically active, check-ups for good sexual health and stopping drinking alcohol or using drugs.

What needs to be done?

1. Encourage and support women to adopt a healthy lifestyle before trying to conceive and address any negative behaviour through our range of health improvement services for adults.
2. Support women who are still smoking during their pregnancy to quit using specialist services.
3. Support the perinatal mental health (pregnancy to 18 months) of parents, and mothers in particular.

Encourage and support breastfeeding which has lasting positive health benefits to both baby and mother.

Costs and benefits to the population

- Perinatal mental health problems cost society about £8.1 billion each year for each one-year cohort of births. The costs relate to adverse impact on the child and to the public sector mainly the NHS and Social Services through the costs of treatment. Other costs include impact on an individual's earnings and quality of life.
- Supporting mothers who are exclusively breast feeding 1 week after the birth to continue breast feeding until 4 months could save at least £11 million annually, by reducing three childhood illnesses.
- Doubling the proportion of mothers who breast feed for 7–18 months of their lifetime could save £31 million at present value, by reducing maternal breast cancer and increasing both quantity and quality of life.





5.1.2 Early Years and school age children

We know that the first years of life are one of the most important stages in a child's development and can significantly impact health and wellbeing, not only in childhood but in later life too. We want to ensure that children and young people are as healthy as possible as they grow into adulthood by supporting families, communities and professionals.

We will support strong parent-child attachment and positive parenting, where parents / carers can access advice and support when they need it on a range of health issues.

We will ensure that children have health development reviews, and have access to screening programmes. Where there are concerns about the health of a child or young person, evidence shows that intervening

early and/or prevention makes a significant difference to health outcomes.

We will ensure that safeguarding of children and young people is paramount in all that we do.

What needs to be done?

1. Deliver the Healthy Child Programme for 0 -19 year olds through new Family Centres (a joined up approach between Children's Centres, Health Visitors and School Nursing) across the county.
2. Continue to roll out and implement the Healthy Children's Centre Programme across the county.
3. Ensure that Public Health services link to other services to address the broader issues such as parenting and child poverty.

5.1.3 Children & young people mental health

Good mental health helps us to enjoy life, to build positive relationships, and to have the resilience to deal with day-to-day difficulties and major life events.

Nationally, we know that at least one in ten children experience mental health problems during their life. Over half of mental health problems in adulthood (excluding dementia) start by the age of 14 and seventy-five per cent by age 18.

Early diagnosis of mental health problems is a key factor in the success of treatment and preventing the worsening of conditions.

Reducing the stigma around mental health is important so that families are not ashamed to seek help .

In 2014 there were approximately 24,000 children aged between 3 and 19 were diagnosed with some form of mental illness in Hertfordshire. This number is expected to rise to just over 26,000 by 2020. Poor mental health can impact on children and their families including lower educational

achievement, quality of life and income. However early support and treatment can prevent mental illness from becoming more serious and potentially life limiting in adult years.

We want to work with our partners to promote good mental wellbeing and resilience, and intervene early as soon as problems start to emerge to prevent more serious problems developing wherever possible.

Children and families need to understand the links between physical activity, healthy weight and good mental health.

What needs to be done?

1. Build strong mental health and resilience in Hertfordshire's children and young people including working with whole families and promoting positive relationships between parents.
2. Ensure schools and agencies who work with children know how to promote resilience, are able to identify early signs of poor mental wellbeing, and act accordingly.



3. Work in partnership through the Children and Young People's Emotional and Mental Wellbeing Board to transform and improve services.
4. Continue to support and develop the schools' pastoral leads networks by offering public health expertise and advice.

Costs and benefits

Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions in adulthood. The Centre for Mental Health states: 'Investing in children's mental health services is excellent value for money and will bring a lifetime of benefits to young people, their families, communities and the economy as a whole'.

There is a range of interventions that not only improve children's mental health but also lead to significant economic benefits. For example: promoting mental wellbeing in a single year group of children could lead to benefits of £24 billion for the whole of the UK.

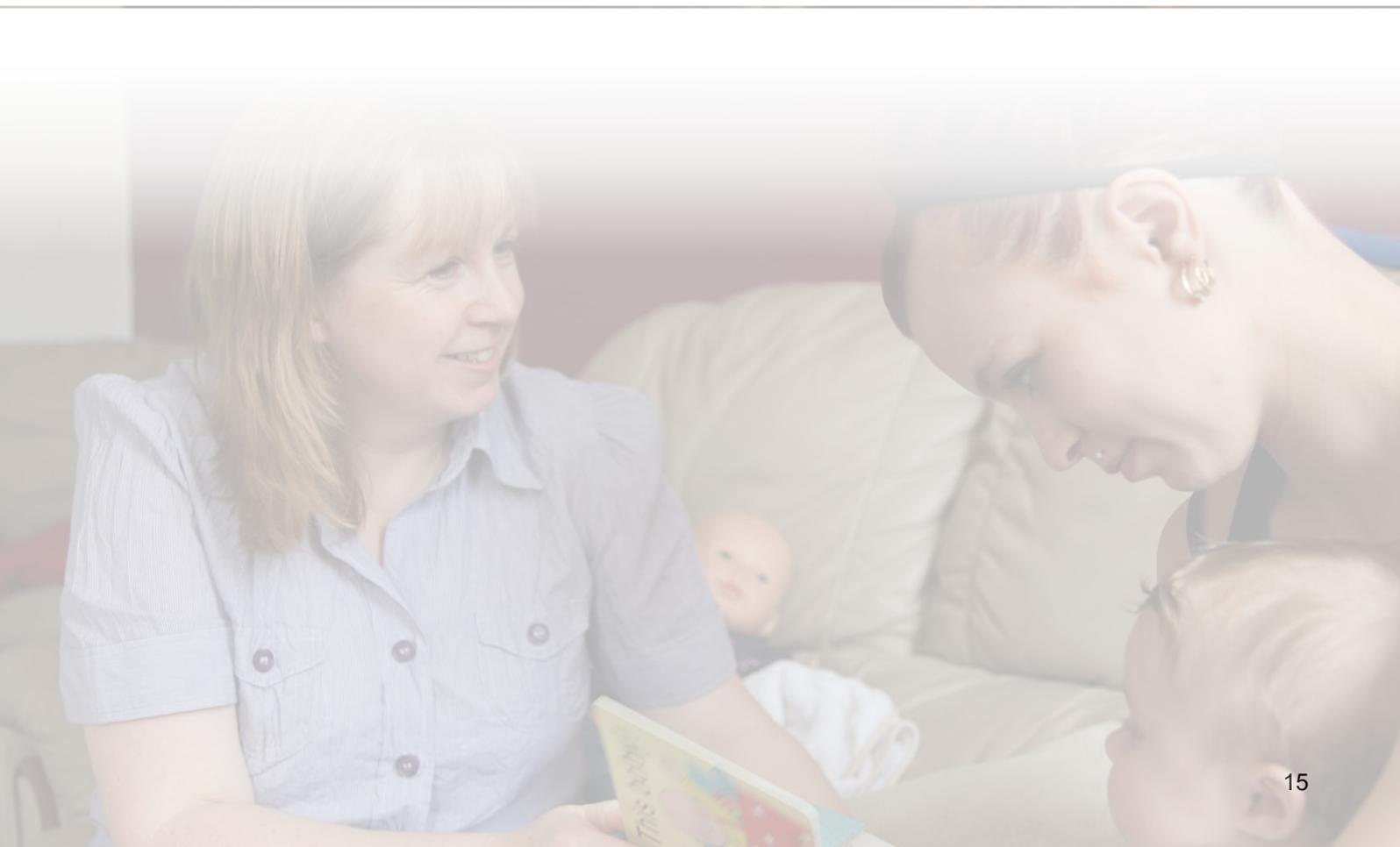
5.1.4 Children & young people healthy weight and nutrition

Overweight and obese children are more likely to become obese adults and have a higher risk of illness, disability and premature death in adulthood as set out in the Government's Childhood Obesity Plan.

A healthy lifestyle, and a diet rich in fruit and vegetables, and low in salt and sugar, are essential for children and young people to maintain a healthy weight throughout their lives. Being overweight or obese harms children and young people and can increase their risk of serious illness. It can increase school absence and can lead to low self-esteem and bullying. It is important that children and their families understand the need for good nutrition and are able to make healthy food choices.

What needs to be done?

1. Continue to work with Children's Centres, Health Visitors and early years settings e.g. nurseries to promote, demonstrate and educate parents/carers about healthy



eating so that children are a healthy weight from the earliest years.

2. Develop initiatives with partner agencies to help all children maintain a healthy weight by increasing opportunities for healthy eating through a range of products.
3. Continue to implement the annual National Child Measurement Programme which involves measuring the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years). The programme has an important role in informing parents/carers about their child's weight and directing them to advice and support to help their children to reach and maintain a healthy weight. The information is also used to plan the ongoing delivery of services for children in Hertfordshire.
4. Provide a service for families with children and young people who have more complex weight management issues.
5. Work with local and national partner organisations to agree a coordinated approach in addressing childhood obesity.

Costs and benefits

Obesity prevention programmes in schools can save up to £7 for each £1 spent.

The cost to the UK economy of overweight and obesity was estimated at £15.8 billion per year in 2007, including £4.2 billion in costs to the NHS.

Supporting and challenging schools to focus on achieving good social and emotional health outcomes, and enabling children to make healthy rather than unhealthy lifestyle choices, provides substantial paybacks to individuals, society and local authorities. The overall health benefits of a good education have been estimated to provide returns of up to £7.20 for every £1 invested.

5.1.5 Children & young people physical activity

Physical activity is important for all children and young people as it strengthens muscles and bones, helps control body fat, means they are less likely to become overweight, decreases the risk of developing type 2 diabetes, lowers blood pressure and cholesterol levels and means they have a better outlook on life. Besides enjoying the health benefits of regular exercise, children who are physically fit sleep better. They are also better able to handle physical and emotional challenges — from running to catch a bus to studying for a test.

Children should do some form of physical activity from birth. Before they can walk this could be playing on the floor. Once they are able to walk they should be physically active for at least 3 hours a day, with that time spread across the day.

Children and young people aged from 5 to 18 years old need to do a minimum of 60 minutes of physical activity each day. This should range from moderate activity, such as cycling and playground activities, to vigorous activity, such as running and tennis.

As well as increasing physical activity it is important that children reduce the amount of time they spend being physically inactive e.g. playing video games and watching television. Being sedentary for long periods is damaging to health.

What needs to be done?

1. Support Children's Centres and early year settings (e.g. nurseries) to continue to promote active play.
2. Work in partnership with schools to encourage physical activity as part of the normal daily routine to keep children fit,



help their mental wellbeing and resilience and help them do better at school.

3. Focus on increasing physical activity in teenagers, particularly teenage girls whose activity levels tend to decrease significantly during secondary school age.
4. Work with others to promote walking/cycling to school.

Costs and benefits

Getting one more child to walk or cycle to school could pay back as much as £768 or £539 respectively in health benefits.

5.1.6 Children & young people sexual health

Good sexual health is an important part of everyone’s health and wellbeing. It is supported by access to sexual health services, high quality and accurate

information, education and interventions that promote healthy choices.

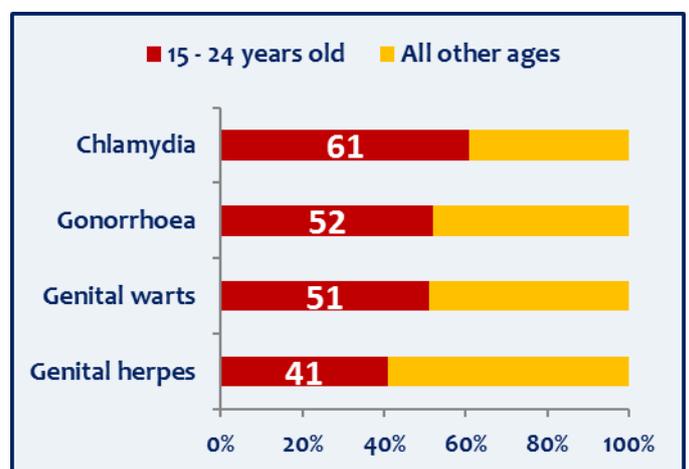


Figure 3: Rates of STIs in young people aged 15-24 attending sexual health clinics in 2015

Young people aged 15-24 experience the highest population rates of STIs. In 2015, among heterosexuals attending sexual health clinics, most diagnoses of chlamydia, gonorrhoea and genital warts were in people aged 15 to 24 years.

Young people are more likely to be diagnosed with Chlamydia than any other sexually transmitted infection. Chlamydia often has no symptoms so people do not know they have it and can pass it on without realising. Finding and treating Chlamydia prevents the spread and reduces the risk of pelvic inflammatory disease (PID), ectopic pregnancy and infertility.

What needs to be done?

1. Provide young people (aged 16 – 24 years) with access to Chlamydia testing and treatment services in a variety of settings such as GP surgeries, pharmacies and sexual health clinics and encourage them to take the test each time they encounter a new sexual partner.
2. Support parents/carers and those services working with children and young people to provide good quality education about sex and healthy relationships at home, in education settings and in the community.
3. Identify young people at risk of teenage pregnancy or poor sexual health in order to deliver interventions to help them stay safe and prevent unwanted pregnancies and acquiring a sexually transmitted infection.
4. Review and agree countywide assessment criteria and pathways to ensure appropriate support for young parents aged 20 years or under.
5. Provide support and information to young Lesbian, Gay, Bisexual, Transgender (LGBT) people.

Costs and benefits

The Department of Health estimates that the annual direct costs to the NHS of unplanned pregnancy are around £240m, with an estimated unit cost of around £1,600, which includes costs from abortions, maternity

care, miscarriage and mental health problems. Not all unplanned pregnancies can be prevented but more effective contraceptive methods can reduce prevalence.

Being a teenage parent can make it harder to achieve good education, training and future employment as well as reduced earning potential of both the child and mother.

It has been estimated that every £1 invested in preventing a teenage pregnancy saves the NHS £11 in addition to significant social costs to the public sector.

5.1.7 Drugs and alcohol (Young People)

The term substance misuse includes alcohol, smoking and illegal drugs. Local authorities are responsible for commissioning substance misuse services to meet the needs of their communities. We work closely with colleagues in Children Services within the County Council who commission specialist services for young people.

Nationally, the majority of young people accessing specialist drug and alcohol services have problems with alcohol (37%) and cannabis (53%). Half of all young people (in 2015) receiving help from these services were vulnerable people with multiple problems.

What needs to be done?

1. Support the new Hertfordshire approach to substance misuse outlined in the Hertfordshire Young People and Substance Misuse Review 2015, including taking a whole family approach to supporting young people with drug and alcohol problems and addressing the impact of parental substance misuse.
2. Work with partner agencies, especially schools, to support young people to

develop the knowledge and skills that they need to live a healthy lifestyle. This includes improving awareness of alcohol harm and building young people's resilience.

3. Continue to work with partner agencies to promote smoke free homes and cars.
4. Raise awareness of the harm caused to young people by smoking and offer smoking cessation support to any young person who requests it from our stop smoking service.
5. School nurses will offer information to young people about the harm of drugs and alcohol and signpost them to specialist services where appropriate.
6. Provide public health expertise and advice to inform the planning and delivery of services such as emerging trends in drug use among young people and evidence of best practice.

Costs and benefits



Figure 4: Savings for early intervention for drugs and alcohol (Source Public Health England)

5.1.8 Oral health of children

Oral health problems include gum disease, tooth decay and tooth loss. Almost a quarter (24.7%) of all 5 year olds have tooth decay, and it was the most common reason for hospital admission in children aged 5 to 9 in 2014/15 with over 26,000 children being admitted.

Although oral health is improving in England, there are still too many children who experience poor dental health. Poor oral health is almost entirely preventable and it can impact on a child's school readiness, school absence, communication, eating and socialisation. A national programme was established in 2016 to address these issues.

What needs to be done?

1. Work with Children Centres, nurseries and childminders to encourage all families to visit the dentist regularly.
2. Work with partner agencies to promote regular tooth brushing, particularly in areas of the county where poor oral health is highest amongst children.
3. Promote evidence-based oral health training for professionals working in early years settings including health visitors and children's centres.
4. Develop a public health action plan to improve the dental health of children aged 0-5 years.



Costs and benefits

Dental care from in dentists and in hospitals cost the NHS in England £3.4 billion in 2014.

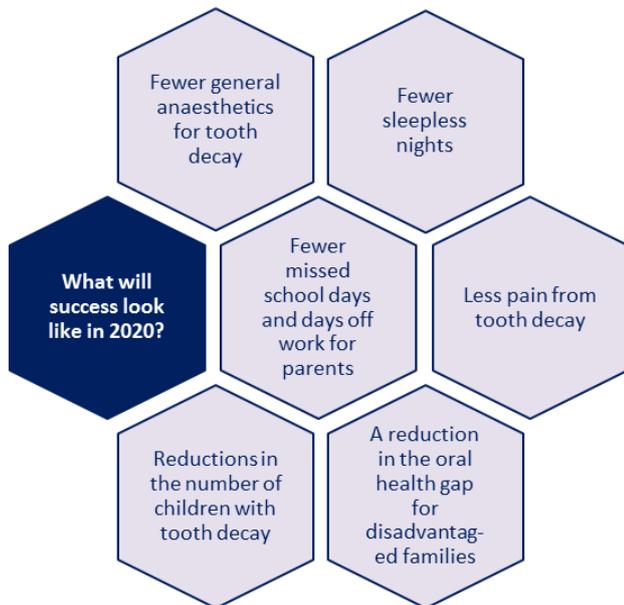


Figure 5: Success of national oral health programme (Source Public Health England)

5.1.9 Health Related Behaviour Questionnaire

The Health Related Behaviour Questionnaire (HRBQ) is completed by pupils in Years 5, 6, 8 and 10 in participating Hertfordshire schools every two years. It asks questions about health behaviours including healthy eating and physical activity; bullying and life satisfaction; alcohol, drugs and smoking behaviours; sexual health and relationships. All questions are age appropriate and the resulting anonymised information is shared with a variety of organisations across the county. This helps inform future services so that they meet the needs of our children and young people.

What needs to be done?

1. Encourage more schools to take part in the survey and ensure pupils complete the questionnaire.
2. Analyse the findings and share them with our partners.

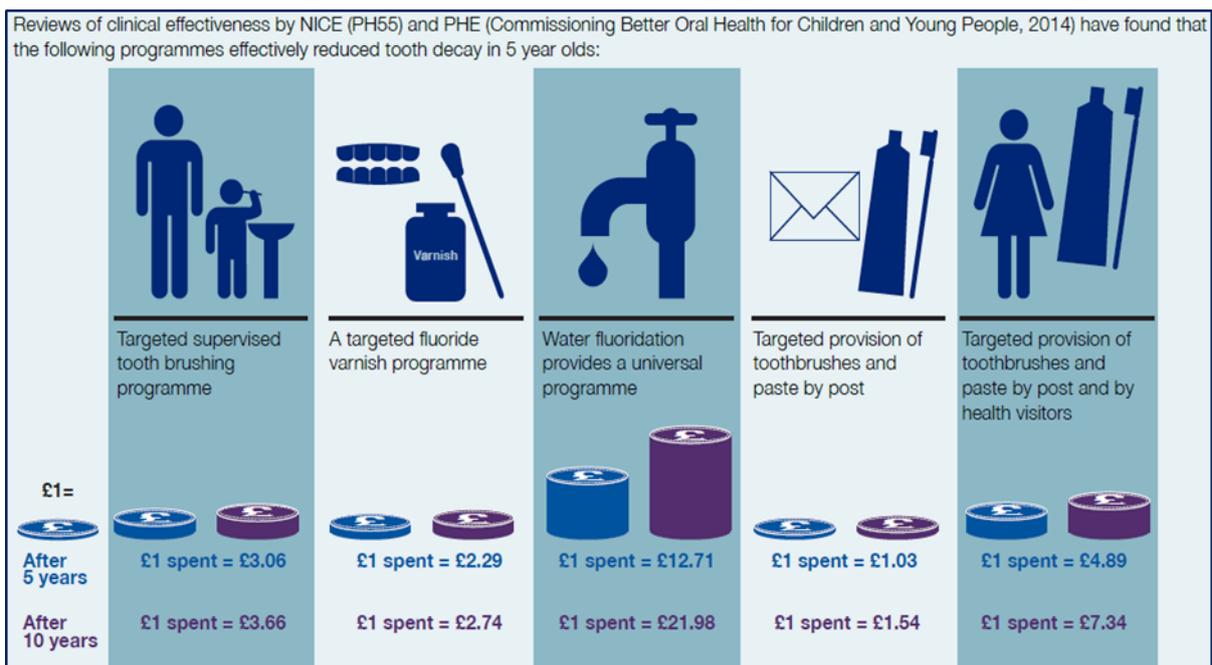


Figure 6: Public Health England return on Investment tool for oral health interventions (PHE, 2016)

3. Use the results to inform future public health commissioning of services.

5.1.10 Transitioning to adulthood

Transitioning from childhood to adulthood can be a challenging time. Young people need to know how to take responsibility for their own lives and become independent, resilient young adults.

What needs to be done?

1. Ensure services use an evidence-based approach and support the needs of 18 to 25 year olds.
2. Ensure that young people have the skills and knowledge to make good health and lifestyle choices and build and maintain healthy relationships.

5.1.11 How we measure success

We will know if we have been successful if there are:

- Fewer babies are born with a low birth weight.

- Fewer children are affected by poor oral health.
- Fewer children are overweight or obese.
- Fewer chlamydia diagnoses among 15–24 year olds.
- Maintaining low levels of teenage conceptions (under 16 and under 18).
- Fewer young people who choose to use drugs and alcohol.

5.2 Keeping Well

Encouraging and supporting people to live a healthy lifestyle, be independent and take responsibility for their health helps them to make positive choices about their weight, diet and mental health.

This has many benefits including supporting them to live a longer life with more disease-free years, and the self-management of long term conditions which can reduce the need to be admitted to hospital.



5.2.1 Adult mental health

Good mental health is important for happiness and wellbeing so people can get the most out of life. It is closely linked to physical health. Poor physical health often leads to anxiety and depression, while poor mental health affects recovery from physical conditions. It also affects our ability to look after ourselves and prevent health problems from developing. Lifestyle risk factors are more common in people with mental health conditions.

Mental ill health is the largest cause of disability in the UK. Preventing long-term mental illness can lead to significant cost savings. At least one in four Hertfordshire residents will experience mental health problems at some point in their lives. These are often undiagnosed or will require specialist mental health services.

Early diagnosis of mental health problems is a key factor in the success of treatment and preventing the worsening of conditions. Reducing the stigma around mental health is important so that people are not ashamed to seek help.

What needs to be done?

1. Work with key organisations to develop a countywide approach to mental health which promotes mental wellbeing and resilience, prevents ill health, and supports recovery.
2. Develop a [multi-agency suicide prevention plan](#) for the county that ensures that no-one gets to the point where they feel that suicide is their only option.
3. Support the mental health trust to develop a physical health plan covering a range of preventative interventions. This will build on significant progress made by the trust on smoking cessation, enabling systematic delivery of Making Every Contact Count (see below) on key lifestyle behaviours.
4. Support mental health work place initiatives (see workplace health below).
5. Focus on improving the health and wellbeing needs of people with learning disabilities.
6. Support actions to reduce loneliness and increase wellbeing and resilience. This

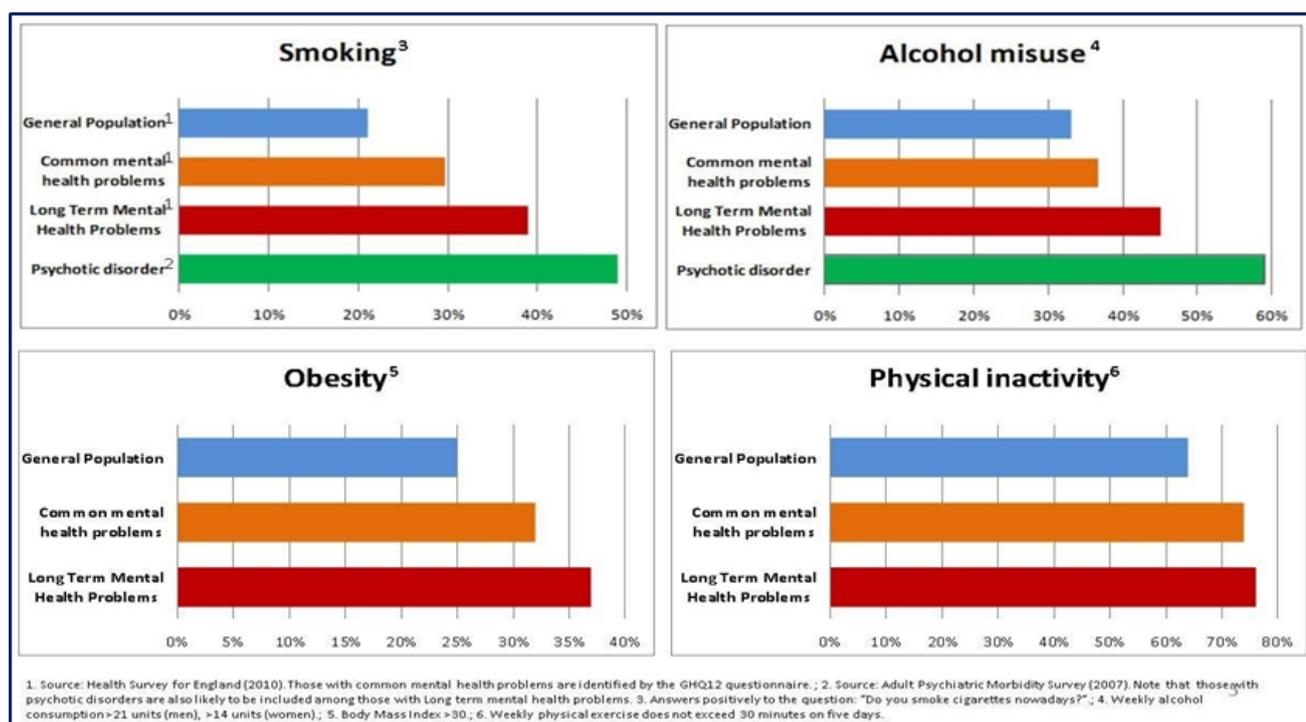


Figure 7: Health inequalities due to mental illness

will include working with projects which deploy animal companions responsibly. and as a supportive intervention (e.g. dogs in hospices and witness centres).

Costs and benefits

Life expectancy for people with serious mental illness is 15-20 years lower than the national average – this is a major health inequality that can be addressed.

Early detection and treatment of depression at work saves £5 for every pound invested .

5.2.2 Adult healthy weight and nutrition

Obesity remains a critical social, economic and health issue. Individuals who are overweight or obese are at greater risk of developing serious preventable long-term conditions, such as cancer, heart disease and diabetes. Fewer years are spent in good health, quality of life is poorer, and death is more likely at an earlier age – being obese reduces life expectancy by an average of 3 years and being severely obese reduces life

expectancy by 8-10 years. Significant action is needed by a range of different organisations. Education and personal responsibility are key elements, but changes to the environment and to social norms are also important.

Adult healthy weight is not only about obesity. Eating a varied and nutritious diet, rich in fruit and vegetables and low in salt is important for good health and to prevent malnutrition.

What needs to be done?

1. Work with organisations and communities across Hertfordshire and look for opportunities to tackle obesity together.
2. Work with Hertfordshire's NHS Clinical Commissioning Groups to ensure that obesity services link well together and that people receive effective weight management support, outside hospital wherever possible.



3. Develop an integrated lifestyle service that intensively supports those who find it difficult to lose weight and/or make other behaviour changes.

Costs and benefits



Figure 8: **Annual cost of obesity to society**

Two thirds of people completing local community weight loss programmes lose at least 5% of their body weight – a clear benefit to their health. The NHS may save up to £230 from each participant and more than £1.4M could be saved by the NHS if the service continues at current levels.



Figure 9: **Obesity harms communities**

5.2.3 Physical activity

There is clear and compelling evidence that an active lifestyle improves health, promotes mental wellbeing, improves quality of life, and helps promote independence. It doesn't have to mean playing sport or going to the gym; any form of activity such as cycling to

work, going for a walk or gardening can be beneficial.

Being regularly active is vital in the prevention and management of a range of long-term conditions such as heart disease, stroke, cancer, dementia, diabetes and depression that can lead to avoidable disability and/or early death. Yet one in four Hertfordshire residents does less than 30 minutes of moderate physical activity a week, and many more are not meeting national guidelines. This represents a major missed prevention opportunity for individuals, families, communities and services.

As well as doing sufficient physical activity, it is important that adults reduce the amount of time that they are sedentary. Being still for too long, sitting at a desk or driving for long periods, is damaging to health.

What needs to be done?

1. Continue to work with council planners and transport teams to make the active choice the easy choice. Making places walking and cycle friendly will help residents to be more active as part of their daily routine.
2. Develop active workplaces that support staff to be active in how they travel to and from work, and during their working day.
3. Promote the benefits of being active to residents, and work with organisations across Hertfordshire to develop tailored programmes for those with the greatest health and wellbeing needs.
4. Ensure that physical activity is a routine part of treatment for people with long-term conditions e.g. for those with diabetes, high blood pressure, cancers and low back pain.
5. Ensure effective and accessible exercise opportunities are available for both fit and



frail older people to promote independence.

6. Continue to improve accessibility to exercise and uptake by those with disabilities.

Costs and benefits

Physical inactivity costs the health economy more than £16m per year (excluding costs related to obesity and mental health conditions).

Physical inactivity is the fourth greatest cause of death and disability, causing 1 in 6 deaths in the UK.

Brief advice on physical activity from healthcare professionals could delay or prevent more than 11,000 deaths by 2025 in the UK, and 96,000 people could have an extra year free from disability.

5.2.4 Reducing harm from tobacco

Smoking is the main cause of preventable illness and premature death and currently (in 2017) 15.5% of the adult population in

Hertfordshire smoke. It is also a major cause of health inequalities. Reducing the number of smokers in disadvantaged groups and areas is one of the fastest ways to increase life expectancy and to reduce smoking-related ill health.

Smoking is harmful not only to smokers but also to the people around them. Tobacco smoke contains thousands of chemicals, many of which cause cancer or are toxic.

What needs to be done?

1. Reduce the percentage of adults who smoke to 11.8% by 2020.
2. Reduce smoking in people in routine and manual occupations by 2% each year.
3. Work with Hertfordshire's mental health services, GPs, pharmacies and voluntary organisations to ensure a comprehensive approach to reducing smoking among people with mental health conditions.
4. Progress towards eliminating smoking among pregnant women.

5. Take action to further reduce the numbers of young people starting smoking.

Costs and benefits



Figure 10: The annual cost of smoking to society



Figure 11: Return on investment for tobacco control interventions in Hertfordshire

A person’s decision to quit smoking and the ability to stay smoke-free is influenced by their social network. The successful (and cost-effective) Stoptober campaign uses the power of social networks in the local community.

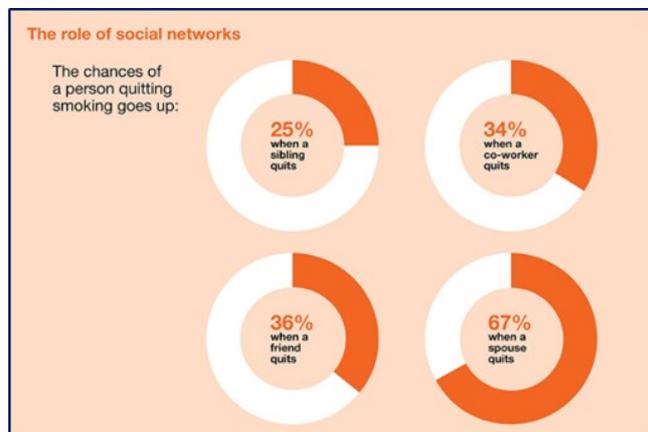


Figure 12: The role of social networks in quitting smoking

5.2.5 Adult sexual health

Public Health has a statutory responsibility to promote good sexual health and provide sexual health services. This includes encouraging safe sex, testing for sexually transmitted infections (STIs) and HIV, preventing unwanted pregnancy and advice and support on sexual health matters.



What needs to be done?

1. Provide a range of opportunities for HIV testing that targets individuals at greatest risk, in order to increase the rate of early diagnosis.
2. Review and improve accessibility to Long Acting Reversible Contraception (coils and contraceptive implants).
3. Ensure that individuals with multiple risk factors e.g. risk factors for HIV, STIs, blood-borne viruses (Hepatitis B and C) and Tuberculosis (TB) have access to a service that meets their individual needs.
4. Closer working between sexual health, hepatology and respiratory medicine will improve the effectiveness of treatment for service users and reduce the further spread of infection.
5. Ensure that staff who deliver sexual health services have the right level of knowledge and expertise in promoting consistent and appropriate messages.

Costs and benefits

- Early diagnosis of HIV can significantly increase life expectancy, improve the

effectiveness of treatment and reduce demands on social care. It can also reduce the spread of infection.

- Each new case of HIV infection is estimated to incur between £280,000 and £360,000 in lifetime treatment costs. Early diagnosis halves the direct medical costs of HIV care in the in the first year after diagnosis.
- It has been estimated that every £1 invested in contraception saves the NHS £11. Long acting reversible contraception is one of the most reliable forms of preventing unplanned pregnancy and is particularly suited to women who are disadvantaged.
- If left untreated, sexually transmitted infections can lead to a number of other health issues such as pelvic inflammatory disease, ectopic pregnancy, infertility and cervical cancer.
- Consistency in sexual health education and training will ensure messages are appropriate to age, gender and characteristics of service users.

5.2.6 Drugs and alcohol (Adults)

The misuse of drugs and alcohol can impact harmfully on individuals, children, families and communities throughout the county.

Individual harms include poor physical and mental health, criminality, breakdown of social relationships, poverty, unemployment, homelessness and substance related death. Harms and impact to the wider community include drugs-related crimes, increased demand for emergency and planned health services, increased need for social care support and interventions, public disorder, provision of treatment for dependency, road traffic collisions, assaults (including sexual and domestic abuse), fires, reduced educational achievement and reduced occupational productivity.

What needs to be done?

1. Provide cost effective services for prevention of drug and alcohol misuse and treatment for people of all ages within Hertfordshire.

2. Provide information and support to help people choose not to misuse drugs and/or alcohol.
3. Enable more people to get the right help with drug and/or alcohol misuse.
4. Ensure that fewer children, young people and families are affected by drugs and/or alcohol misuse.

Costs and benefits

- Every £1 spent on drug-treatment saves £2.50 in costs to society.
- Treatment results in fewer crimes being committed by those who misuse drugs and/or alcohol. Drug treatment prevents an estimated 4.9 million crimes every year.
- One in every eight individuals who receive advice on alcohol misuse will reduce their level of alcohol risk.
- Drug and alcohol treatment saves an estimated £960m costs to the public, businesses, criminal justice system and the NHS.



- Drug and alcohol services reduce emergency and planned hospital admissions, incidents of anti-social behaviour, accidents and road traffic collisions, assaults (including domestic abuse), fires and theft.
- Benefits for individuals include improved physical, dental and mental health, better social relationships, more secure tenure of employment and housing, reduced poverty and less need for social care support.

5.2.7 Employment and workplace health

Working is shown to decrease rates of sickness, disability and mental health problems, and to increase life expectancy. It also results in a decreased use of medication, medical services, and higher hospital admission rates. Being in work:

- Keeps us busy, challenges us and gives us the means to develop ourselves.
- Gives us a sense of pride, identity and personal achievement.

- Enables us to socialise, build contacts and find support.
- Provides us with money to support ourselves and explore our interests.

Having a healthy workforce can reduce sickness absence, lower staff turnover and boost productivity. This is important not just for businesses and staff, but for the economy as a whole. Raising staff productivity can significantly improve the performance of their organisation.

Sedentary behaviour is damaging to health so it is important to reduce physical inactivity in the workplace. Employees should be encouraged to regularly stretch, move around or spend longer standing rather than driving or sitting at a desk for prolonged periods.

What needs to be done?

1. Support the [NHS Healthy Workplaces Scheme](#) to embed a positive psychological and social culture to support NHS staff and patients.



2. Support workplace health champions, Elected Members and local organisations to further develop healthy workplaces, building on significant progress made on identifying and training workplace health champions across the county.

Costs and benefits

- Comprehensive employee wellness programmes return between £2 and £10 for every pound spent.
- Workplace interventions to promote mental wellbeing can reduce absence and productivity costs by £495 - £5,160 per affected employee per year.

5.2.8 NHS Health Checks

NHS Health Checks are a free health “MOT” offered to Hertfordshire residents aged 40-74 without pre-existing conditions. People are signposted to services which support them to make lifestyle changes that will help reduce their future risk of having a heart attack or stroke. They can also help early diagnosis of long term conditions like high blood pressure and type 2-diabetes before they cause serious health problems.

What needs to be done?

1. Ensure Health Checks are good quality, available to eligible residents across the county, and that there is good follow up.
2. Ensure a range of attractive and accessible healthy lifestyle options are publicised to everyone having a check.
3. Prioritise working with those at greatest risk of a future heart attack or stroke.
4. Support those on the cusp of becoming diabetic to help prevent them developing the condition, through the NHS National Diabetes Prevention Programme.

Costs and benefits



Figure 13: For every 27 people having a health check, 1 person may be diagnosed with high blood pressure.



- For every 111 people having a health check, 1 person may be diagnosed with diabetes.
- Around 90% of the risk of a first heart attack is due to lifestyle and other factors that can be changed.

5.2.9 Supporting older people

Encouraging older people to be healthy not only improves their own quality of life but adds value to the lives of those around them by the contributions they make to their families and communities. Supporting their health and wellbeing means they have more disease and disability free years. Keeping active can help to maintain mobility and prevent trips and falls. It can also improve mental health and wellbeing.

Human companionship is essential to good health. Many elderly people living alone may not see or speak to another person for weeks at a time. Loneliness is associated with depression, sleep problems, impaired cognitive health, high blood pressure, psychological stress and mental health problems.

Supporting people to stay safe and well at home may reduce the number of hospital admissions; supporting people to remain

independent in their own homes results in psychological benefits for the person and financial benefits for the NHS.

The increasing ageing population means that more people are now carers for the elderly and, the number of elderly people who are carers themselves is increasing. Carers need support to manage their own health as well as supporting those they care for.

What needs to be done?

1. Encourage elderly residents to keep active and maintain their strength and mobility.
2. Encourage elderly residents to understand the important of keeping warm in winter and cool in summer, making sure they eat properly and are physically active.
3. Support the mental health of people dealing with end of life situations e.g. bereavement and counselling.
4. Support people to proactively manage their own health and prevent falls, malnutrition and social isolation.
5. Ensure that services are tailored to elderly people where appropriate. This includes identifying and addressing social isolation, making services accessible and dementia friendly.



6. Ensure processes are in place to prevent and deal with outbreaks of infectious diseases in care homes.
7. Support carers to understand their own health and wellbeing needs and to use the services available to them.

Costs and benefits

Cold homes have a significant impact on people's health. Keeping warm, eating well and taking exercise over the winter months can help prevent colds, flu or more serious health conditions such as heart attacks, strokes, pneumonia and depression. It also helps to prevent falls, increases quality of life and home safety.

People who are lonely are likely to frequently use public services, which has a direct cost in the short term. For example, an older person who is isolated and lonely may visit the GP frequently because they do not feel they have anyone to talk to about their feelings. It is estimated that halting loneliness conservatively saves £770 - £2,040 per person.

It has been estimated that, when compared to a population of older people who are never

lonely, older people who are always or often lonely can be:

- 1.8 times more likely to visit their GP.
- 1.6 times more likely to visit A&E.
- 1.3 times more likely to have emergency admissions.
- 3.5 times more likely to enter local authority-funded residential care.

Longer term, loneliness also influences the likelihood of developing certain health conditions, which will increase service usage and will incur further cost. They are:

- 3.4 times more likely to suffer depression.
- 1.9 times more likely to develop dementia in the following 15 years.
- Two thirds more likely to be physically inactive, which may lead to a 7% increased likelihood of diabetes, 8% increased likelihood of stroke and 14% increased likelihood of coronary heart disease.





5.2.10 Making Every Contact Count

What needs to be done?

1. Work with NHS Hospital Trusts to use every opportunity to promote healthy behaviour with outpatients and other hospital attendees where appropriate.
2. Ensure healthcare professionals such as GPs, practice nurses and pharmacists are trained and supported to deliver MECC in routine work.
3. Train Local Authority staff to deliver MECC where it has most potential for benefitting residents.
4. Work with or train voluntary and third sector frontline workers to deliver MECC.

Costs and benefits

Up to half of all cancers could be prevented by changes in lifestyle behaviours.

Up to a third (30%) of Alzheimer's disease cases could be prevented by a healthier lifestyle.

5.2.11 How we measure success

- The wider causes of mental health are addressed and those who are experiencing mental health problems are supported to recover or manage their condition.
- Working age adults adopt healthy lifestyles and avoidable disability and premature deaths are reduced.
- There is an increase in the proportion of working age adults who are doing enough physical activity and the levels of overweight and obesity are reduced.
- There is a reduction in the harm caused to health by smoking, alcohol and drug use among working age adults.
- People aged 65+ remain physically active and are less frail, helping them to live independently.
- People aged 65+ are less socially isolated.
- Preventable winter deaths in people aged 65+ are reduced.

- Hertfordshire employers understand the benefits of supporting employees' health and wellbeing.

5.3 Influencing and advising (using Public Health expertise)

Public Health has a number of trained specialists who are on hand to share their expertise and give professional advice to other organisations to help them design and commission services. The Director of Public Health is accountable for the provision of high-quality public health advice; The NHS Commissioning Board, clinical commissioning groups, district and borough councils, and others are accountable for making appropriate use of that advice.

The team also participate in local and national forums to provide informed input and contribute to decisions that affect Hertfordshire residents.

5.3.1 Health protection

Health protection is the branch of public health concerned with policies and practice to improve the prevention and control of

infectious diseases and other environmental threats to the health of the population.

There is a statutory responsibility for the Director of Public Health to be assured that adequate arrangements are in place in the event of a health protection emergency and we work in partnership with emergency planning partners (police, fire service, NHS, environmental health, Public Health England) accordingly.

Health protection uses a combination of planned programmes and rapid response to reduce or eliminate the following hazards to human health:

- Chemical hazards that affect the quality of water, air and soil.
- Biological hazards that are often communicable diseases which spread from infected people or food.
- Early identification of treatable diseases through screening programmes.
- Environmental health hazards that are often associated with extreme weather



conditions and extremes of temperature and, rarely, with effects of radiation.

- Emergency response plans for major incidents and outbreaks.

What needs to be done?

1. Provide assurance that the health protection system in Hertfordshire is robust and able to respond quickly and flexibly to any incident or emergency.
2. Ensure that the best available international, national and local information is analysed to identify local risks and that the appropriate advice and response is delivered.
3. Minimise the risks from biological hazards, e.g. infectious diseases, by promoting immunisation and vaccination; promoting best practice in infection prevention and control; and promoting early diagnosis and treatment for infectious diseases.
4. Minimise the risk from chemical hazards, e.g. water pollution and soil contamination, by providing the appropriate expert advice.
5. Minimise the risks from climate hazards, e.g. cold weather and heatwaves, by providing the appropriate expert advice.

6. Continue to support a multi-agency approach to ensure good air quality in Hertfordshire.

7. Provide public health advice to district and borough councils regarding alcohol licences.

Costs and benefits

Preventing or dealing quickly and effectively with incidents that require an emergency response can significantly reduce the impact and costs, e.g. the explosion at Buncefield, Hemel Hempstead in 2005 is estimated to have cost the national economy £900 million.

Hertfordshire is not immune to international problems such as the increasing resistance to the antibiotics we use. A failure to address the problem of antibiotic resistance could result in an estimated 10 million deaths every year globally by 2050 at a cost of £66 trillion in lost productivity to the global economy.

Reducing the spread of infections such as gastroenteritis in Care Homes not only improves the quality of life for residents but can prevent care home closures and the consequent impact of not being able to promptly discharge people from hospital who need the support of a care home.



Each year in the UK, around 40,000 deaths are attributable to exposure to outdoor air pollution. In Hertfordshire 514 deaths every year in those aged 25 years and over are attributable to fine particulate (<2.5µm) air pollution.

Excessive exposure to either high or low temperatures can kill, e.g. example during the summer heatwave of 2003, in England there were over 2,000 excess deaths over the 10-day period from 4 to 13 August, compared to the same period in the previous five years. In the three-year period August 2011- July 2014 there were 1,475 excess winter deaths in Hertfordshire.

5.3.2 Support for Clinical Commissioning Groups (CCGs)

CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. Public Health has a statutory responsibility to provide advice to the CCGs on assessing the need for services, planning capacity and managing demand.

In Hertfordshire, the public health department has an established working relationship with both Clinical Commissioning Groups in the county. Together we ensure that both NHS and Public health objectives are met and services are delivered in a collaborative way.

5.3.3 Planning and place

The built and natural environment can have a positive or negative impact on individual health and wellbeing. For example, locating shops and services in poorly accessible areas will likely prevent people from getting there by walking, cycling or taking public transport. Locating fast food outlets close to schools may encourage unhealthy eating habits.

Providing good quality green spaces near to people's homes allows them to enjoy the outdoors more. Building safe and spacious homes will provide opportunities to live a healthy life and reduces the burden on the NHS.

Town planning has a key role and is increasingly recognised as an important tool to shape the environment so that living a healthier lifestyle can be the easier choice.



What needs to be done?

1. Work with planners in local authorities to design sustainable neighbourhoods which support health and wellbeing, using our health and wellbeing planning guidance and other tools
2. Work with district councils to improve housing conditions and prevent ill-health associated with poor housing.
3. Support the development of a joined-up quality communities' agenda, including connectivity of planning, housing and infrastructure to improve and protect human health.
4. Support plans to improve air quality and specifically seek that, where possible, statutory consultees refer to air quality issues on consultation responses.

Costs and benefits

Good health starts with a good environment in which to live, work and play. Getting that right enables all other public health interventions and healthy behaviours to follow more easily.

- Spatial planning can influence over 50% of the determinants of health and wellbeing (green space, employment, housing, environment, transport, education, access to services, healthy behaviours, air quality, road safety and social isolation).
- Increasing access to 'green space' has a positive influence on physical activity levels particularly for those from poorer communities.
- The costs to society of transport-induced poor air quality and road accidents exceed £40bn per year.
- Getting one more child to walk or cycle to school could pay back as much as £768 or £539 respectively in health benefits, NHS costs, productivity gains and reductions in air pollution and congestion.
- Poor housing costs the NHS an estimated £1.4bn per year in treatment costs.
- Cold housing is a major factor behind the UK's 25,000 or so excess winter deaths each year.



- Falls amongst older people cost the NHS £2bn per year and have been linked to poor housing.
- Every £1 spent on improving homes saves the NHS £70 over 10 years.

5.3.4 How we measure success

- Emergency plans to deal with incidents are in place and simulations are run regularly.
- Any health protection incidents or outbreaks of disease are dealt with quickly and efficiently.
- The CCGs commission services that take into account public health advice and trusted data from the Joint Strategic Needs Assessment (JSNA).
- New developments incorporate public health suggestions to make them as healthy as possible from the outset.
- Hertfordshire public health is represented on national and local forums and actively contributes to setting the direction to best represent the citizens of Hertfordshire.

5.4 Working collaboratively

The factors that affect health (determinants of health) cover a wide spectrum of activity which often falls outside of our service's direct remit, such as education, healthcare provision, unemployment, housing and homelessness. Strong partnership working is therefore essential for promoting and improving the health and wellbeing of our population and addressing health inequalities.

Different skills, different relationships and different approaches need to be brought together in order to fully understand the issues affecting the health of our population. The challenges we all face will require a new way of thinking and working where each partner in the process has a role to play. Together we will be able to deliver services that no single organisation would be able to do alone. It also allows us to pool resources (time and people) to gain efficiencies when budgets are dwindling.

The budgets for our partner organisations (e.g. district and borough councils, the CCGs, and voluntary sector) are reducing alongside the county council's budget so



now, more than ever, we need to work together to coordinate services. This will ensure that we get best value for money, good coverage, and minimise duplication. Public Health is keen to tap into the local knowledge and relationships that these agencies have with residents and the facilities that are available locally.

Working together allows us to develop plans and strategies that complement each other and lead to a 'whole system approach' which is joined up from the service user's perspective. This does not mean that one size fits all but will allow us to target services more effectively through local delivery.

We work together through a range of formal (e.g. Health and Wellbeing Board and Public Health Board) and informal mechanisms to share examples of best practice, local information and data (e.g. the JSNA), and demonstrate learning through case studies. We encourage all our health and wellbeing partners to monitor and evaluate their services robustly and share the local intelligence that they have.

5.4.1 How we measure success

- Public Health specialists are engaged with health leaders and commissioners. We build good working relationships and communicate effectively.
- All organisations work to the shared goal of improving the health of the population with each understanding what their contribution is and how they make it.
- Projects are delivered successfully in partnership and those partnerships are strong enough to be willing to take some risk and innovate.
- Pooling budgets and resources allows us to achieve shared outcomes and reduce costs and duplication.
- We share information and best practice and learn from each other. This could be done face to face or online.
- There is a two-way flow of data and intelligence between organisations that work together.





Hertfordshire