Hertfordshire Public Health Profile
Hemel Hempstead and Dacorum Health Needs Assessment
FINAL DRAFT

Purpose

♦ This report provides an overview of the health needs of Hemel Hempstead to help inform the commissioning of health services by NHS Herts Valleys Clinical Commissioning Group. It also gives consideration to the health of the wider Dacorum district for context.

♦ This health needs assessment (HNA) is a comparative and epidemiological assessment that has made use of available local health and population data sources. Given the short time frame this HNA has not been able to seek the views of stakeholders (such as professionals, patients, etc.) in its development. Whilst further work needs to be conducted, including stakeholder engagement, this report provides the initial context in which these issues can be explored.

Authors

♦ This profile was created by James Barber (Graduate Management Trainee), with input from Claire Tiffany (Senior Public Health Analyst), David Conrad (Public Health Consultant) and Miranda Sutters (Public Health Consultant).
Contents

Geography .......................................................................................................................... 3

Summary of findings and conclusions .................................................................................. 4

Part 1: Demographics and wider determinants of health ..................................................... 8
  Summary of findings ............................................................................................................ 8
  Introduction .......................................................................................................................... 9
  Population ........................................................................................................................... 9
  Ethnicity, religion and language ......................................................................................... 10
  Deprivation ......................................................................................................................... 12
  Unemployment ................................................................................................................... 14
  Child educational development ......................................................................................... 15
  Housing ............................................................................................................................... 16
  Carers .................................................................................................................................. 19

Part 2: Life expectancy and mortality .................................................................................... 20
  Summary of findings ............................................................................................................ 20
  Life expectancy and healthy life expectancy ..................................................................... 21
  Mortality and cause of death ............................................................................................... 22

Part 3: Child and adult health ............................................................................................. 26
  Summary of findings ............................................................................................................ 26
  Child health .......................................................................................................................... 27
  Adult health ......................................................................................................................... 29
  Cancer Incidence .................................................................................................................. 33

Part 4: Disease prevalence .................................................................................................. 35
  Summary of findings ............................................................................................................ 35
  Introduction .......................................................................................................................... 36
  Respiratory disease ............................................................................................................ 36
  Cardiovascular disease ....................................................................................................... 37
  Diabetes ............................................................................................................................... 38
  Chronic kidney disease ....................................................................................................... 38
  Obesity ................................................................................................................................. 39
  Mental health ....................................................................................................................... 39
  Epilepsy ............................................................................................................................... 40
  Musculoskeletal disease ...................................................................................................... 40
Geography
Hemel Hempstead is located in Hertfordshire in the Dacorum District. The map below shows the area covered¹.

Map 1: Hemel Hempstead

¹Adeyfield East, Adeyfield West, Apsley and Corner Hall, Bennetts End, Boxmoor, Chaulden and Warners End, Gadebridge, Grovehill, Hemel Hempstead Town, Highfield, Leverstock Green, Nash Mills, Woodhall Farm
Summary of findings and conclusions

1. The number and proportion of older people living in Dacorum is projected to increase significantly over the next 25 years.

The projected growth, over the next 10 to 25 years, in the number and proportion of older people living in Dacorum will generate additional demands for health services in the area. Planning for future health services will need to be able to accommodate this increased demand and older people’s differing health needs.

Key to managing the future demand on health services and improving the health and wellbeing of Hemel Hempstead and Dacorum residents is a prevention strategy. This involves focusing health services on improving health and wellbeing rather than just treating illness and promoting healthy living and self-management. It will be imperative that all the key organisations within the health and social care local system endorse and deliver the recommendations of the strategy in a coordinated manner.

As well as coping with additional demands, health services need to take into account the needs of an ageing population. This includes the development of services that encourage active ageing and independence (particularly for those with long term conditions), support people as close to home as possible, and promote integration between health, social and community services.

2. There are concentrations of deprivation throughout Hemel Hempstead.

Although Dacorum has lower levels of deprivation than Hertfordshire and England, parts of Hemel Hempstead have relatively high levels of deprivation. In particular, the Highfield, Hemel Hempstead Town, Adeyfield East, Woodhall Farm and Grovehill wards, which are correlated with having health outcomes that are significantly worse than those of England and Hertfordshire.

The relationship between deprivation and poor health indicates that resources directed at improving the health and wellbeing of residents in these areas could help to reduce health inequalities.

The design of health services should also take into consideration the identification and impact of barriers to accessing housing and services, particularly if this includes access to health services. Consideration should be made for example of the ease to which residents who cannot drive can access health services via public or community transport.

3. There are significant differences in the housing situation of residents in Dacorum and Hemel Hempstead.

There are high levels of homelessness in Dacorum and overcrowding in parts of Hemel Hempstead. The poor health outcomes for homeless people and the barriers they face in accessing health services should be reflected in the development of services. There are health benefits to be gained from using health services to support people who are homeless, particularly those with mental health and substance abuse needs.

Higher levels of social renting in parts of Hemel Hempstead could present opportunities to deliver health services closer to home by working in partnership with housing providers. For example,
research has indicated the potential of working with sheltered housing staff to help access hard-to-reach individuals, by building on the trust they have with residents\(^2\).

A relatively high proportion of pensioners in Hemel Hempstead live alone. Although living alone does not necessarily entail social isolation, further research is needed to understand the potential health impact of pensioners living alone in Hemel Hempstead.

**4. There are significant inequalities in life expectancies and death ratios (including premature deaths) in Hemel Hempstead.**

Although measures of life expectancy in Dacorum compare well against Hertfordshire and England, the variations in life expectancies in Hemel Hempstead make improving them key to reducing health inequality. There should be a particular focus on improving health and increasing life expectancy in those areas with the worst outcomes such as Highfield, Hemel Hempstead Town and Adeyfield West and Adeyfield East.

**5. Incidence of lung cancer in Hemel Hempstead is statistically significantly higher than Hertfordshire.**

Although incidence of breast, colorectal and prostate cancer is statistically significantly lower than England and either similar or statistically significantly lower than Hertfordshire, for lung cancer the ratio is similar to England but statistically significantly higher than Hertfordshire. In addition, the Highfield ward has an incidence of lung cancer that is statistically significantly higher than England.

The high incidence of lung cancer indicates the potential health benefits of services that promote healthy behaviours, particularly regarding reduced tobacco use. In addition, there should be a focus on secondary and tertiary prevention by minimising the health impact of lung cancer through early diagnosis, providing ongoing access to care, and services to support self-management.

**6. Reducing the prevalence of chronic obstructive pulmonary disease in Hemel Hempstead can contribute to reducing health inequality in Hertfordshire.**

The prevalence of Chronic Obstructive Pulmonary Disease (COPD) is statistically significantly higher than Hertfordshire. Although further research is needed into fully understand the underlying data, it initially suggests that preventing COPD could help reduce health inequality.

Residents with respiratory conditions such as COPD can be supported to manage their condition in order to reduce the likelihood of death or hospital admission. This could include access to treatments such as pulmonary rehabilitation or services that support self-management and the reduction of risky behaviours such as smoking or not getting the winter flu vaccination. Addressing issues such as tobacco use can form the basis of a wider preventative strategy.

**7. Levels of obesity and excess weight in adults and children in Hemel Hempstead are a public health concern.**

In Hemel Hempstead almost a quarter of children in reception year and nearly a third of children in year 6 have excess weight. Almost a quarter of adults are obese. Although many indicators of child and adult weight are not significantly worse that England, the relationship between excess weight and

\(^2\)http://www.housinglin.org.uk/_library/Resources/Housing/Housing_advice/EROSHhealth_leaflet2007newlogo.pdf
8. Reducing the prevalence of diabetes can contribute to reducing health inequality in Hertfordshire.

Although statistically significantly lower than England, the prevalence of diabetes in Hemel Hempstead is statistically significantly higher than Dacorum and Hertfordshire. If left untreated diabetes can have potentially serious consequences such as increased risk of heart disease, stroke, nerve damage and blindness. It is estimated that 10% of the NHS budget is spent on diabetes\(^3\).

Health services can help to prevent many cases of diabetes by supporting healthy lifestyles in both adults and children. They can also help to reduce the health impact for those with the condition through early diagnosis, ongoing access to care and support for effective self-management.

9. Health services have a role in supporting improved mental health and wellbeing.

Prevalence of depression, in Hemel Hempstead, is statistically significantly higher than Dacorum, Hertfordshire, and England. In addition, the prevalence of mental health disorders is statistically significantly higher than Hertfordshire and Dacorum.

Although both statistics require further exploration (particularly as mental illness is often under-reported), they indicate the importance of services that promote mental health that are accessible for every demographic. These should include community services as well as acute hospital-based services. In addition, the interrelation between physical and mental health means highlights the importance of providing integrated services.

10. Adults with learning disabilities need to be supported to be healthy and independent.

Data from GP practices indicates that the recorded prevalence of learning disabilities in Hemel Hempstead is statistically significantly higher than Dacorum, Hertfordshire and England.

People with learning disabilities have poorer health, and on average die younger than the general population\(^4\). Improving the health of people with learning disabilities is therefore important in addressing health inequality. NHS England recommends the use of health checks for people with learning disabilities to identify unmet health needs and measures to improve the accessibility of health services\(^5\).

11. Emergency hospital admissions for children aged under 5 in Hemel Hempstead are similar to Dacorum and statistically significantly lower than Hertfordshire and England. However, A&E attendances are relatively high.

The ratio of A&E attendances is statistically significant higher than England in every ward in Hemel Hempstead. This indicates that families with young children may benefit from increased use of

\(^3\) http://www.nhs.uk/news/2012/04april/Pages/nhs-diabetes-costs-cases-rising.aspx  
\(^4\) http://fingertips.phe.org.uk/profile/learning-disabilities  
\(^5\) https://www.england.nhs.uk/ourwork/futurehhs/deliver-forward-view/sop/red-prem-mort/lids/
community based health and care services. Using health visitors to increase the knowledge and confidence of parents in community settings through universal prevention and early intervention programmes.

12. Hemel Hempstead compares well against Hertfordshire and England for emergency hospital admissions, but there are areas for improvement.

Although emergency hospital admissions for most causes in Hemel Hempstead are similar to Hertfordshire, emergency hospital admissions for hip fractures are statistically significantly higher. For chronic obstructive pulmonary disease, Highfield and Grovehill have statistically higher overall emergency hospital admissions than Hertfordshire, and Grovehill has a statistically higher ratio than England. Adeyfield East and Adeyfield West have a statistically higher ratio than England for hip fractures.
Part 1: Demographics and wider determinants of health
Summary of findings

An ageing population

- Dacorum is projected to have substantial growth in the number and proportion of older people aged 65 and over in the population.

Ethnicity and religion

- Although Hemel Hempstead and Dacorum have a proportion of residents identifying as ‘UK White’ that is statistically significantly higher than England, the wards of Woodhall Farm and Highfield have a statistically significantly higher proportion of ethnic minorities compared with England.
- There is no minority religious group in Hemel Hempstead or Dacorum that represents a substantially greater proportion of the population compared to England.

Deprivation

- Although Hemel Hempstead has lower levels of deprivation compared with England, it has relatively high levels compared to Dacorum and Hertfordshire.
- There is a neighbourhood in the Hemel Hempstead Town ward amongst the 20% most deprived neighbourhoods in England.
- There are neighbourhoods in almost every Hemel Hempstead ward with relatively high levels of various domains of deprivation compared with the England average. The greatest concentrations of deprivation can be found in Highfield, Hemel Hempstead Town, Adeyfield East, Grovehill and Woodhall Farm wards.

Child educational development

- Child development at age 5 is statistically significantly lower in Hemel Hempstead than England, Hertfordshire and Dacorum. There are particularly low levels of development in Adeyfield East, Highfield, Hemel Hempstead Town, and Woodhall Farm.
- GCSE attainment is similar in Hemel Hempstead to England but statistically significantly lower than Dacorum and Hertfordshire. The Adeyfield West and Grovehill wards have attainment statistically significantly below that of England.

Differences in unemployment

- Hemel Hempstead has levels of unemployment statistically significantly below those of England, but statistically significantly higher than Hertfordshire and Dacorum.
- The Highfield ward has unemployment levels statistically significantly higher than England. The wards of Bennetts End, Woodhall Farm, Adeyfield West, Hemel Hempstead Town, and Grovehill all had rates of unemployment statistically significantly higher than Hertfordshire.
Housing

- Hemel Hempstead has levels of social renting statistically significantly higher than England in nearly every ward. Almost half of all households in the Highfield ward live in socially rented accommodation.
- Levels of homelessness are statistically significantly higher in Dacorum than Hertfordshire and England. The proportion of households living in temporary accommodation is substantially higher.
- Overcrowding is statistically significantly higher than England in the Highfield and Hemel Hempstead Town wards.
- The proportion of pensioners living alone in Hemel Hempstead is statistically significantly higher than England. The proportion is particularly high in Grovehill, Boxmoor, Hemel Hempstead Town and Adeyfield West.

Introduction

Assessing the health needs of a community requires an understanding of local demographics. This includes a consideration of the population size, age structure, ethnic and religious make-up, and language use. In addition, the health and wellbeing of individual people in communities is affected by a range of factors including those such as income, employment, education, access to housing and services, and crime.

This section gives an outline of the key demographic information, and wider health determinants, and analyses how this relates to the health needs of residents living in Hemel Hempstead.

Population

As of 2014 the population of Hemel Hempstead was estimated to be 89,701, which represents 60% of the population of Dacorum (the total population of Dacorum is 149,741).

Age structure

The age structure of an area has an impact on the health needs of its residents. In particular, the annual costs of providing health and social care are much higher for older people than for the rest of the population.\(^6\)

Although the age structure of Hemel Hempstead is not substantially different from Dacorum, Hertfordshire, and England, there are a few minor differences. Compared with these areas Hemel Hempstead has a slightly higher proportion of under 16 year olds and 25-64 year olds, and a slightly lower proportion of people aged 65 and over.

---

Table 1: Age Structure in Hemel Hempstead, Dacorum, Hertfordshire and England (ONS 2014 Mid-Year Estimates)

<table>
<thead>
<tr>
<th>Area</th>
<th>% Population aged 0-15 years</th>
<th>% Population aged 16-24 years</th>
<th>% Population aged 25-64 years</th>
<th>% Population aged 65+ years</th>
<th>% Population aged 85+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemel Hempstead</td>
<td>20.28%</td>
<td>10.40%</td>
<td>54.41%</td>
<td>14.91%</td>
<td>2.45%</td>
</tr>
<tr>
<td>Dacorum</td>
<td>19.87%</td>
<td>9.73%</td>
<td>53.77%</td>
<td>16.62%</td>
<td>2.48%</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>20.20%</td>
<td>10.25%</td>
<td>52.98%</td>
<td>16.56%</td>
<td>2.41%</td>
</tr>
<tr>
<td>England</td>
<td>19.26%</td>
<td>11.76%</td>
<td>53.28%</td>
<td>15.70%</td>
<td>2.38%</td>
</tr>
</tbody>
</table>

Population projections
Population projections are not available for Hemel Hempstead specifically, but as can be seen in Table 2, the population of Dacorum is expected to grow by 10.40% between 2014 and 2024 and 23.39% by between 2014 and 2039.

Table 2: 10 and 25 year projected population changes in Dacorum, Hertfordshire and England, all ages, (ONS 2014 based population projections)

<table>
<thead>
<tr>
<th>Year</th>
<th>England</th>
<th>Hertfordshire</th>
<th>Dacorum</th>
</tr>
</thead>
<tbody>
<tr>
<td>% increase 2014-2024</td>
<td>9.42%</td>
<td>10.06%</td>
<td>10.40%</td>
</tr>
<tr>
<td>% increase 2014-2039</td>
<td>17.74%</td>
<td>23.94%</td>
<td>23.39%</td>
</tr>
</tbody>
</table>

As for England and Hertfordshire, population growth is projected to be greater amongst those aged 65 and over and 85 and over. In Dacorum the number of people aged over 65 is expected to grow by 22.32% between 2014 and 2024, and 67.14% between 2014 and 2039. For those aged over 85 it is projected to grow by 30.26% between 2014 and 2024 and 124.92% between 2014 and 2039.

Table 3: 10 and 25 year projected population changes in Dacorum, Hertfordshire and England, people aged 65+ and 85+, (ONS 2014 based population projections)

<table>
<thead>
<tr>
<th>Year</th>
<th>Aged 65+</th>
<th>Aged 85+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>England</td>
<td>Hertfordshire</td>
</tr>
<tr>
<td></td>
<td>England</td>
<td>Hertfordshire</td>
</tr>
<tr>
<td>% increase 2014-2024</td>
<td>38.59%</td>
<td>21.36%</td>
</tr>
<tr>
<td>% increase 2014-2039</td>
<td>82.28%</td>
<td>68.18%</td>
</tr>
</tbody>
</table>

The proportion of those aged 65 and over in Dacorum is predicted to increase from 14.9% in 2014 to 22.5% in 2039. The proportion of those aged 85 and over in Dacorum is projected to increase from 2.5% in 2014 to 4.5% in 2039.

Ethnicity, religion and language
Health services need to be responsive to the needs of the communities and individuals they serve and therefore need to take into account cultural, religious and linguistic differences. In addition, there is evidence⁷ that some ethnic minorities experience health inequality both in terms of outcomes and access to services. It is therefore an important consideration in the planning of health services and assessing need.

⁷ Kings Fund ‘Access to health care and minority groups’
Ethnicity

Based on the 2011 census, the ethnic make-up of Hemel Hempstead was similar to that of England in that the predominant ethnic group is UK White, with other major ethnic groups including Other white, Asian Indian, and Asian Pakistani, Black African and White Irish. As Table 4 indicates, compared with England Hemel Hempstead has a higher proportion of residents identifying as ‘UK White’.

Table 4: Most populous ethnic groups in Hemel Hempstead compared to England (Census 2011)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Hemel Hempstead</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK White</td>
<td>82.9%</td>
<td>79.8%</td>
</tr>
<tr>
<td>Other White</td>
<td>3.4%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>2.2%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Asian Pakistani</td>
<td>2.2%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Black African</td>
<td>2.1%</td>
<td>1.8%</td>
</tr>
<tr>
<td>White Irish</td>
<td>1.3%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

The proportion of the population, in Hemel Hempstead, that is ‘UK White’ is lower than that of Dacorum (86%) but higher than Hertfordshire (80.8%) and England (79.8%).

There are two wards in Hemel Hempstead whose population have a lower percentage of ‘UK White’ residents than England as can be seen in Chart 1; Woodall Farm (76.0%) and Highfield (77.9%). The other wards have a higher percentage than England.

Chart 1: Percentage of population identifying as ‘UK White’ in Hemel Hempstead, wards compared to England, Hertfordshire and Dacorum (Census 2011)

English proficiency

In Hemel Hempstead, in 2011, 0.8% of the population either could not speak English or could not speak English well. This is lower than the rate for England (1.6%) and similar to that of Hertfordshire (0.9%) but statistically significantly higher than Dacorum (0.6%). Although this is a small proportion of the population it is important that language and understanding of the health system, does not form a barrier to accessing services.
Religion

As of 2011, Hemel Hempstead had a Christian population of 55.5%, which is lower than the proportion in England (59.4%), Hertfordshire (58.3%) and Dacorum (58.1%). This is mainly due to a higher percentage of residents identifying as having no religion (30.9%), compared with England (24.7%), Hertfordshire (26.5%), and Dacorum (29.5%).

As Chart 2 indicates there are no minority religious groups in Hemel Hempstead with a proportion of the population substantially higher than Dacorum, Hertfordshire or England.

There are a lower proportion of Jewish, Muslim and Sikh residents in Hemel Hempstead compared with these other areas. In addition, there are no wards in Hemel Hempstead where a particular minority religious group represent a proportion of the population substantially greater than England.

Chart 2: Non-Christian Religious groups in Hemel Hempstead, Dacorum, Hertfordshire and England (2011 Census)

Deprivation

Analysing deprivation can help indicate health need in a community. More affluent areas tend to be associated with greater health and wellbeing outcomes. Deprivation is correlated with increased mortality, smoking prevalence, life expectancy and self-reported longstanding illness⁸. There is also strong evidence to suggest that employment is generally good for physical and mental health and wellbeing (taking into account the nature and quality of the employment)⁹.

---


This section will look at deprivation in neighbourhoods in Hemel Hempstead and compare them against the rest of England, Hertfordshire and Dacorum. It will look at overall deprivation and particular forms of deprivation.

**Indices of multiple deprivation (IMD) 2015**

As of 2015, compared against England Hemel Hempstead has lower levels of deprivation\(^1\). Of the wards in Hemel Hempstead, only Highfield higher deprivation than England. In addition, none of the neighbourhoods in Hemel Hempstead fall within the 10% most deprived in England.

Compared against Dacorum and Hertfordshire, Hemel Hempstead is relatively deprived. Of the wards in Hemel Hempstead only Boxmoor has lower deprivation than either Dacorum or Hertfordshire.

There is a neighbourhood in Hemel Hempstead Town ward that is amongst the 20% most deprived in the country. Hemel Hempstead also has a further five neighbourhoods in the Adeyfield East, Woodhall Farm, Grovehill and Highfield wards that are in the 30% most deprived.

**Map 2:** Indices of Multiple Deprivation 2015 by Lower Super Output Area, Hemel Hempstead, (area in 20% most deprived in England highlighted)


\(^1\) Data source: DCLG Open Access to Local Data: [http://opendatacommunities.org/data/societal-wellbeing/imd/indices](http://opendatacommunities.org/data/societal-wellbeing/imd/indices)
Health deprivation

None of the areas of Hemel Hempstead have health deprivation in the bottom 20% in England. However, there are neighbourhoods in Hemel Hempstead Town and Adeyfield East wards that are amongst the 30% most deprived in England.

Other deprivation data

Hemel Hempstead has three neighbourhoods in the 10% most deprived for education and skills in Adeyfield East, Hemel Hempstead Town and Highfield wards. There are also neighbourhoods in the Adeyfield West, Grovehill and Woodhall Farm wards in the 20% most deprived.

Grovehill has a neighbourhood in the 10% most deprived for barriers to accessing housing and services. There are neighbourhoods in the 20% most deprived in Gadebridge, Hemel Hempstead Town and Chaulden & Warners End.

There are neighbourhoods among England’s 20% most deprived for income deprivation in Highfield, Hemel Town, Adeyfield East, Woodhall Farm and Grovehill. There are also neighbourhoods in the 20% most deprived for crime in Hemel Town, Highfield, Grovehill, Adeyfield West and, Apsley and Corner Hall and Boxmoor.

Hemel Hempstead has three neighbourhoods with income deprivation affecting children amongst the 20% most deprived in England situated in Hemel Hempstead town, Highfield and Grovehill wards. There are also two neighbourhoods amongst the 20% most deprived for income deprivation affecting older people in Leverstock Green and Hemel Hempstead town wards.

Unemployment

Hemel Hempstead had an unemployment rate of 3% for the year 2012/13 which is statistically significantly below that of England (3.8%). Only the Highfield ward (4.7%) had a rate of unemployment statistically significantly higher than England.

However, the unemployment rate was statistically significantly higher in Hemel Hempstead than Dacorum (2.3%) and Hertfordshire (2.4%). The wards of Bennetts End, Woodhall Farm, Adeyfield West, Hemel Hempstead Town, Grovehill and Highfield all had rates of unemployment statistically significantly higher than Hertfordshire (see Chart 3).
Child educational development

Children achieving good level of development at age 5

In Hemel Hempstead 59%\textsuperscript{11} of children achieved a good level of development\textsuperscript{12} at age 5 in 2011/12. This is a statistically significantly lower rate than that for Dacorum (65.1%), Hertfordshire (67.5%) and England (63.5%). It is also statistically significantly lower than the other districts in West Hertfordshire. Adeyfield East (41.8%), Highfield (43.9%), Hemel Hempstead Town (51%) and Woodhall Farm (51.9%) all have a proportion of children achieving a good rate of development statistically significantly below that of England.

GCSE attainment

As of 2011/2 the rate of students achieving 5 A-C grade GCSEs (including English and Maths) in Hemel Hempstead was 57.5%, similar to the England rate of 58.8%. However, this is a statistically significantly lower rate than Dacorum (62.2%) and Hertfordshire (64.9%). Adeyfield East (43.9) and Grovehill both had a rate of attainment significantly below that of England (see Chart 4).
Housing

Overcrowding

A report by Shelter found that overcrowding (defined in the census as households with at least one bedroom too few for the number and composition of occupants) is associated with increased levels of depression, stress and anxiety. Studies have also indicated a link between overcrowding and an increased risk of meningitis in children and TB in all age groups.

As of 2011 (Census) 7.8% of households in Hemel Hempstead were overcrowded which is statistically significantly lower than that of England (8.2%) and similar to that of Hertfordshire (7.7%) but statistically significantly higher than Dacorum (6.4%). Hemel Hempstead Town (16.3%) and Highfield (10.3%) wards have levels of overcrowding that are statistically significantly higher than England.

Housing tenure

Home ownership (2011 Census) was statistically significantly lower in Hemel Hempstead (58.2%) compared with Dacorum (64.9%), Hertfordshire (66.8%) and England (63.3%).

In Hemel Hempstead 28.1% of households were socially renting which is statistically significantly higher than that of Dacorum (21.8%), Hertfordshire (18.2%) and England (17.7%). The proportion of households social renting in Highfield, Adeyfield West, Hemel Hempstead Town, and Grovehill were more than double the rate for England.

http://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/policy_library_folder/Full_House_How_Overcrowded_Housing_affects_Families
Homelessness

A survey by Homeless Link\(^4\) found that 41% of homeless people had a long term health condition and 45% had been diagnosed with a mental health issue. Substance abuse is particularly problematic with 39% of homeless people either taking drugs or recovering from a drug problem. This suggests that there are health benefits to be gained from focusing health services on supporting people who are homeless, particularly with mental health and substance abuse needs.

People who live in temporary accommodation or are sleeping rough are much less likely to use GP services despite the potential that community based services have to reduce the need for acute care\(^5\). The Accident and Emergency (A&E) attendance rates of homeless people are 4 times higher than the general population\(^6\), with 35% visiting A&E in the last 6 months. Homeless people are more likely to be admitted to hospital and stay for longer, due to their acute health needs\(^7\). It is important therefore that health services in Dacorum are accessible to people who are homeless.

Nationally available data for homelessness is only available at district, county or national level. In Dacorum the rate of statutory homeless acceptances (2.7 per 1000 people) is statistically significantly higher than the rate of Hertfordshire (2.5) and England (2.4). The rate of households living in temporary accommodation (5.4) is substantially higher than the rate for Hertfordshire (0.8), and England (1.9).

\(^6\) Public Health England ‘Preventing Homelessness to Improve Health and Wellbeing’
Pensioners living alone

In Hemel Hempstead almost a third (32.7%) of pensioners live alone; a statistically significantly greater proportion than Dacorum (31.5%), Hertfordshire (30%) and England (31.5%).

As shown in map 3, the wards of Adeyfield West (41.1%) Hemel Hempstead Town (39.1%), Boxmoor (36.3%) and Grovehill (36%), have a proportion of pensioners living alone statistically significantly higher than England.
Carers

In Hemel Hempstead 10.3% of residents provided 1 hour or more unpaid care per week in 2011 (Census). This is similar to the rate for Dacorum and England but statistically significantly higher than Hertfordshire. Leverstock Green (11.4%) and Chaulden and Warner's End (11.1%) have a rate statistically significantly higher than England.

In 2011, 2.2% of residents provided 50 hours or more of unpaid care in Hemel Hempstead, which is statistically significantly lower than England (2.4%) but statistically significantly higher than Dacorum and Hertfordshire (both 1.9%). None of the wards had a rate statistically significantly higher than England.
Part 2: Life expectancy and mortality

Measures of life expectancy and mortality give an insight into the health inequalities that exist within a community. Improving life expectancy and healthy life expectancy and preventing premature deaths should be a key component of any health care system. Identifying the most common causes of death in the population can help determine how both life expectancy and quality of life can be improved.

Summary of findings

There is variation in life expectancy between different parts of Hemel Hempstead

- Highfield has a statistically significantly lower life expectancy than England for males. Hemel Hempstead Town and Adeyfield West have a statistically significantly lower life expectancy for females, and statistically significantly lower healthy life expectancy for males and females.

Mortality and cause of death

- Mortality rates for deaths (including from cancer, circulatory disease and coronary heart disease) are similar in Hemel Hempstead to Dacorum, Hertfordshire and England. However, Highfield, Hemel Hempstead Town, Adeyfield West and Adeyfield East have high overall mortality levels compared with England.
- Highfield has mortality rates from cancer, circulatory disease, and coronary heart disease that are statistically significantly higher than Dacorum and Hertfordshire.

Premature deaths

- Hemel Hempstead has a ratio for premature deaths similar to England, but statistically significantly higher than Hertfordshire. Highfield has a ratio for premature deaths of those under 75 statistically significantly higher than England.
- Hemel Hempstead has a similar premature death ratio to England and Hertfordshire for cancer and coronary heart disease. However Highfield and Gadebridge, have ratios for circulatory disease that are statistically significantly higher than Hertfordshire.
Life expectancy and healthy life expectancy

Male life expectancy and healthy life expectancy

There is a difference of 8.3 years between the area with the highest life expectancy (83.8 years in the Leverstock Green area) and the lowest life expectancy (75.5 years in the Highfield area).

The life expectancy in Highfield is significantly below that of England (79.1 years), Hertfordshire (80.4 years) and Dacorum (80.5 years).

However, the areas around Leverstock Green (83.8 years), Woodhall Farm (82 years), Chaulden (82.7 years), Boxmoor and Apsley (82 years) and Grovehill (81.3 years) all have a life expectancy statistically significantly higher than England.

There is a difference of 11.7 years between the area with the highest healthy life expectancy (88.9 years in the Leverstock Green area) and the lowest life expectancy (58.7 years in Highfield).

The Highfield area has a healthy life expectancy statistically significantly below that of England (63.5 years), Hertfordshire (66.9 years) and Dacorum (66.8 years).

Chart 7: Life expectancy and healthy life expectancy for males in wards in Hemel Hempstead

Female life expectancy and healthy life expectancy

There is a difference of 7.8 years between the area with the highest life expectancy (88.9 years in the Chaulden area) and the lowest life expectancy (81.1 years in Highfield, Hemel Hempstead Town and Adeyfield West).

18 MSOA Dacorum 018
19 MSOA Dacorum 008
20 MSOA Dacorum 005
21 MSOA Dacorum 016
22 MSOA Dacorum 018
The life expectancy in Highfield, Hemel Hempstead Town and Adeyfield West is statistically significantly below that of England (83 years), Hertfordshire (83.8 years) and Dacorum (84.2 years).

However, the areas around Leverstock Green (85.8 years), Grovehill (86.2 years), Gadebridge (86.6 years)24, Boxmoor and Apsley (86.9 years), and Chaulden (88.9 years) all have a life expectancy statistically significantly higher than England.

There is a difference of 10.8 years between the area with the highest healthy life expectancy (71.2 years around Boxmoor and Apsley) and the lowest life expectancy (60.4 years in Highfield).

The Highfield area has a healthy life expectancy statistically significantly below that of England (64.8 years), Hertfordshire (67.9 years) and Dacorum (68 years).

**Chart 8: Life expectancy and healthy life expectancy for females in wards in Hemel Hempstead**

**Mortality and cause of death**

Death rates have been calculated by Public Health England’s Local Health Profiles using the standardised mortality ratio (SMR), which measures the number of deaths against the expected number of deaths for the population. A lower ratio indicates fewer deaths relative to the expected number of deaths for the population.

**All causes**

For all deaths between 2008 and 2012, Hemel Hempstead had a ratio (97.3) similar to England (100) but statistically significantly higher than Hertfordshire (93.5). However, Highfield (120.3), Hemel Hempstead Town and Adeyfield West (120.4) and Adeyfield East (116.6) all have a ratio statistically significantly higher than England.

23 MSOA Dacorum 015
24 MSOA Dacorum 010
**Map 4:** Deaths from all ages (SMR 2008-2012) in Hemel Hempstead (Local Health Profiles) (darkest shade indicates a death ratio statistically significantly higher than England)

![Map of Hemel Hempstead showing death ratios](image)

**Death ratios by cause**

As shown in Chart 9, Hemel Hempstead has a similar death ratio to England, Hertfordshire and Dacorum for cancer, circulatory disease and coronary heart disease.
Looking at the different areas within Hemel Hempstead, for cancer, circulatory disease and coronary heart disease almost all areas have a ratio that is similar to Dacorum, Hertfordshire and England.

An exception to this is the Highfield area, which has a ratio for cancer (116), circulatory disease (113.5) and coronary heart disease (127.4) that is statistically significantly higher than Dacorum and Hertfordshire (although similar to England).

The other exceptions are the areas around Boxmoor and Apsley that have a ratio of coronary heart disease (71.2) and circulatory disease (65.1) statistically significantly lower than Hertfordshire and Dacorum. Leverstock Green also has a ratio of circulatory disease (64.9) significantly below that of Hertfordshire and Dacorum.

Premature deaths

Hemel Hempstead had a ratio for premature deaths of those under 65 years of age (93.9), and those aged under 75 (95.7) is similar to England (100 for both), but statistically significantly higher than Hertfordshire (84.9).

None of the wards had a ratio for premature deaths of those under 65 statistically significantly higher than England.

However, Highfield had a ratio of premature deaths for those under 75 (130.7) statistically significantly higher than England and almost double that of the lowest ratio (Boxmoor and Apsley; 66.9).

Premature deaths by cause

As shown in Chart 10, Hemel Hempstead has a similar death ratio to England, Hertfordshire and Dacorum for cancer, coronary heart disease and circulatory disease.
Looking at the different areas within Hemel Hempstead, for premature deaths from cancer, circulatory disease and coronary almost all areas have ratios similar to those of England and Hertfordshire.

An exception to this is the Highfield and Gadebridge areas, which had a ratio for circulatory disease (128.1 and 128.6) that is statistically significantly higher than Hertfordshire.
Part 3: Child and adult health

This section gives an outline of the indicators for child and adult health in Hemel Hempstead. This includes indicators on excess weight and obesity, self-reported health, healthy lifestyles and hospital admissions.

Summary of findings

### Child excess weight and obesity is a health issue in Hemel Hempstead

- Almost a quarter of children in reception year have excess weight. This is a level statistically significantly higher than England. It is particularly high in Grovehill, Adeyfield West, Hemel Hempstead Town.
- The levels of obesity in reception year children are similar to England, but statistically significantly higher than Dacorum and Hertfordshire. Obesity is statistically significantly higher in Grovehill, Apsley & Corner Hall, and Hemel Hempstead Town compared to England.
- Although excess weight and obesity in Year 6 children is not higher than Dacorum, Hertfordshire or England it is still a health concern (almost one in three 10-11 year old children in Hemel Hempstead have excess weight).

### Child and young person’s emergency hospital admissions and attendances

- Emergency hospital admission ratios for children and young people, and for children aged under 5 are similar to Dacorum and statistically significantly lower than Hertfordshire and England.
- However, for children aged under 5, the ratio of A&E attendances is statistically significantly higher than England in every ward in Hemel Hempstead, indicating that families with young children may need benefit from increased use of community based health and care services, education and preventive programmes.

### Adult health

- Hemel Hempstead has a statistically higher rate of adults describing their health as bad or very bad, and reporting having a long term limiting illness or disability that is statistically significantly lower than England, but statistically and significantly higher than Dacorum and Hertfordshire. In the Highfield ward the rates of both are statistically significantly higher than England.

### Adult lifestyle

- Although levels of adult obesity, binge drinking and healthy eating are all similar to Dacorum, Hertfordshire and England their relationship with a number of health conditions makes improving them a priority (for example almost a quarter of adults are obese).

### Emergency hospital admissions

- Hemel Hempstead has statistically significantly lower levels of overall emergency admissions.

---

25 Levels of smoking were not included as the wide confidence intervals in the data made it difficult to make meaningful comparisons
hospital admissions than Hertfordshire and England. However, emergency hospital admissions from hip fractures are statistically significantly higher in Hemel Hempstead than Hertfordshire.

- Highfield and Grovehill have statistically significantly higher ratios of overall emergency hospital admissions than Hertfordshire and Grovehill has a statistically significantly higher ratio than England for chronic obstructive pulmonary disease. Adeyfield East and West have statistically significantly higher ratios than England for hip fractures.

**Elective admissions**

- For elective admissions for hip replacements, the ratio in Hemel Hempstead is statistically significantly higher than Dacorum, Hertfordshire and England. Adeyfield East and Chaulden & Warners End have a ratio statistically significantly higher than England.
- For elective admissions for knee replacements, the ratio in Hemel Hempstead is similar to England, Hertfordshire and Dacorum. None of the wards in Hemel Hempstead have a ratio statistically significantly higher than England.

**Cancer incidence**

- For overall cancer incidence, as well as incidence of breast and colorectal cancer, Hemel Hempstead has ratios that are similar to Dacorum and Hertfordshire, and statistically significantly lower than England.
- For lung cancer the ratio is similar to England but statistically significantly higher than Dacorum and Hertfordshire.
- For prostate cancer the ratio is similar to Dacorum but statistically significantly lower than Hertfordshire and England.
- Highfield has an incidence of lung cancer that is statistically significantly higher than England.

**Child health**

**Low birthweight**

In Hemel Hempstead 6.9% of children were born with a low birthweight (less than 2,500 grams) between 2008 and 2012 (Local Health Profiles). This is similar to that of Dacorum, Hertfordshire (both 6.8%) and England (7.4%).

None of the wards have a percentage of low birthweights statistically significantly higher than England. However, the Highfield ward with a rate of 9.2% is more than double the rate for the ward with the lowest proportion (Chaulden & Warners End 4.5%).

**Excess weight and obesity in reception year**

In Hemel Hempstead, between 2010/11 and 2012/13, 24.6% of children in reception year (4-5 years old) were measured as having excess weight (National Child Measurement Programme, Local Health Profiles). This is statistically significantly higher than Dacorum (22.9%), Hertfordshire (21.3%) and England (22.5%).
Although the wide variations in the estimates make it hard to make precise comparisons, the proportion of reception year children with excess weight is statistically significantly higher than England in Grovehill (28.2%), Adeyfield West (30.7%) and Hemel Hempstead Town (33.3%).

In Hemel Hempstead 9.5% of reception year children were measured as obese, which is similar to the rate for England (9.4%), but statistically significantly higher than Dacorum (8.3%) and Hertfordshire (8.1%). Parts of Hemel Hempstead have rates statistically significantly higher than England including Grovehill (12%), Apsley and Corner Hall (13.4%), and Hemel Hempstead Town (15.7%).

**Excess weight and obesity in year 6**

Hemel Hempstead has proportions of children with excess weight and obesity in year 6 (10-11 years old) that are statistically significantly lower than England and similar to Dacorum and Hertfordshire (Table 5). Although the wide ranges in the estimates make it hard to make precise comparisons, none of the wards had levels of excess weight or obesity amongst year 6 children statistically significantly higher than England.

**Table 5: Excess Weight and Obesity in Year 6 children in Hemel Hempstead, Dacorum, Hertfordshire and England (2010/11-2012/13 National Child Measurement Programme)**

<table>
<thead>
<tr>
<th>Area</th>
<th>Excess weight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemel Hempstead</td>
<td>30.5%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Dacorum</td>
<td>28.6%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>28.7%</td>
<td>15.3%</td>
</tr>
<tr>
<td>England</td>
<td>33.5%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>

**Children’s and young person’s admissions for injury**

Between 2008/09 and 2012/13 the rate of children and young person’s (0-17 years old) emergency hospital admissions for injury (793 per 100,000 people) was statistically significantly below that of England (1,181 per 100,000) and Hertfordshire (927 per 100,000) and similar to that of Dacorum (811 per 100,000). All the wards in Hemel Hempstead had a rate statistically significantly below that of England with the exception of Highfield where the rate (969 per 100,000) is similar to England (Local Health Profiles).

**Emergency hospital admissions for children under 5**

In Hemel Hempstead the ratio of emergency admission for children aged under 5, and the rate for emergency admissions caused by injury for children under 5, was statistically significantly lower than England and Hertfordshire, and similar to that of Dacorum (see Table 6). None of the wards had rates that were statistically significantly higher than Hertfordshire and England.

**Table 6: Emergency hospital admissions (crude rate) in children aged under 5 (2008/09 – 2012/13) (Local Health Profile)**

<table>
<thead>
<tr>
<th>Area</th>
<th>Emergency hospital admissions (rate per 1,000 children aged under 5)</th>
<th>Emergency hospital admissions cause by injury (rate per 10,000 children aged under 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemel Hempstead</td>
<td>85.6</td>
<td>71</td>
</tr>
<tr>
<td>Dacorum</td>
<td>87.2</td>
<td>81.7</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>105.3</td>
<td>110</td>
</tr>
<tr>
<td>England</td>
<td>150</td>
<td>139.6</td>
</tr>
</tbody>
</table>
A&E attendances for children aged under 5

In contrast to emergency admissions, the rate of A&E attendances in under 5s (2008/09-2012/13) in Hemel Hempstead (655.3 per 1,000 children) was statistically significantly higher than that of England (509.5 per 1,000), Hertfordshire (521 per 1,000) and Dacorum (559 per 1,000). Every ward in Hemel Hempstead had a rate statistically significantly higher than England, Hertfordshire and Dacorum (Hospital Episode Statistics via Local Health Profiles).

Adult health

General health
In Hemel Hempstead 4.7% of residents describe their health as ‘bad’ or ‘very bad’ (Census 2011). This is a statistically significantly higher rate than Dacorum (4%) and Hertfordshire (3.9%) but statistically significantly lower than the England rate (5.5%). At ward level, only Highfield (6.4%) had a rate statistically significantly higher than England.

Limiting long term illness or disability
In 2011, 16% of residents in Hemel Hempstead reported having a long term illness or disability (Census 2011). This is statistically significantly lower than that for England (17.6%) but statistically significantly higher than Dacorum (14.7%) and Hertfordshire (14.3). Highfield (20.6%) and Adeyfield East wards have a rate (18.9%) statistically significantly higher than England.

Adult lifestyle
For the years 2006-2008 in Hemel Hempstead the rates of binge drinking and healthy eating\textsuperscript{26} were estimated to be similar to England, Hertfordshire and Dacorum. For obesity the rates were similar to England but statistically significantly higher than Hertfordshire (see chart 11).

\textsuperscript{26} Binge drinking defined for men as drinking 8 units or more of alcohol on heaviest drinking day in the past 7 days. For women the cut off is 6 units
Emergency hospital admissions

In a well-functioning health care service only those in genuine urgent need should be admitted to hospital for emergency care. The majority of patients should receive care from primary or community health services. Emergency hospital admissions place a burden on hospitals, particularly A&E departments, and overcrowding can impact on patient care.\(^{27}\)

Emergency hospital admissions were calculated by Public Health England’s Local Health Profiles using Hospital Episode Statistics to create a standardised admission ratio (SAR). The most recent ward level data is from 2008/09 to 2012/13.

**Emergency hospital admissions (all causes)**

The standardised admissions ratio (SAR) for emergency hospital admissions in Hemel Hempstead (79.5) is statistically significantly lower than that of England (100) and Hertfordshire (80.9) but statistically significantly higher than that of Dacorum (73.4) (Hospital Episode Statistics via Local Health Profiles). None of the wards have a ratio statistically significantly higher than England. However, the Grovehill (88.3) and Highfield (92.2) wards have ratios statistically significantly higher than Hertfordshire.

**Emergency hospital admissions by cause**

As chart 12 shows, Hemel Hempstead has ratios of emergency hospital admissions for coronary heart disease (CHD), heart attacks and chronic obstructive pulmonary disease (COPD), that are statistically significantly lower than for England, and similar to Hertfordshire. The emergency admissions ratio for strokes is similar to England and Hertfordshire.

---

Dacorum has a statistically significantly lower ratio of emergency admission for all causes compared to England. Compared to Hertfordshire it has a statistically significantly lower ratio of CHD and COPD and a similar ratio for heart attacks and strokes.

**Chart 12**: Emergency hospital admissions by cause in Hemel Hempstead, Dacorum, Hertfordshire and England (2008/09 – 2012/13)

Of the wards in Hemel Hempstead, only Grovehill has an emergency admissions ratio, from a particular condition (COPD) that is statistically significantly higher than England.

However, there are a number of wards with a ratio statistically significantly higher than Hertfordshire with Bennetts End, Grovehill and Nashmills higher for CHD, Adeyfield East and Woodhall Farm for Stroke and Grovehill for COPD.

**Table 7**: Hemel Hempstead wards hospital admissions by cause, compared against England (SAR 2008/09 – 2012/13) (Local Health Profile) (Green = ratio statistically significantly lower than England, Yellow = ratio similar to England, Red = ratio statistically significantly higher than England)

<table>
<thead>
<tr>
<th>Wards</th>
<th>Emergency hospital admission by cause</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHD</td>
</tr>
<tr>
<td>Adeyfield East</td>
<td>73.5</td>
</tr>
<tr>
<td>Adeyfield West</td>
<td>74.3</td>
</tr>
<tr>
<td>Apsley and Corner Hall</td>
<td>63.5</td>
</tr>
<tr>
<td>Bennetts End</td>
<td>106.2</td>
</tr>
<tr>
<td>Boxmoor</td>
<td>71.8</td>
</tr>
<tr>
<td>Chaulden and Warners End</td>
<td>75.8</td>
</tr>
<tr>
<td>Gadebridge</td>
<td>62.6</td>
</tr>
<tr>
<td>Grovehill</td>
<td>105.4</td>
</tr>
<tr>
<td>Hemel Hempstead Town</td>
<td>71.3</td>
</tr>
<tr>
<td>Highfield</td>
<td>82</td>
</tr>
<tr>
<td>Leverstock Green</td>
<td>70.2</td>
</tr>
<tr>
<td>Nash Mills</td>
<td>126.1</td>
</tr>
<tr>
<td>Woodhall Farm</td>
<td>103.8</td>
</tr>
</tbody>
</table>
**Hospital stays for self-harm and alcohol related harm**

Hemel Hempstead has a standardised admission ratio for self-harm (70.3) that is statistically significantly lower than England (100) but statistically significantly higher than Hertfordshire (51.2) and Dacorum (56.6). None of the wards in Hemel Hempstead have a ratio statistically significantly higher than England.

For alcohol related harm, the ratio (95.4) is also statistically significantly lower than England (100) and statistically significantly higher than Hertfordshire (76.6) and Dacorum (73.1). None of the wards in Hemel Hempstead have a ratio significantly higher than England.

**Hospital admissions for emergency hip fractures, and elective hip and knee replacements**

In Hemel Hempstead the ratio of emergency admissions due to hip fractures in residents aged 65 and over is statistically significantly higher than for Hertfordshire, and similar to the rate for England. However, the wards of Adeyfield West (144.1) and Adeyfield East (134.9) have a ratio statistically significantly higher than England (100).

For elective admissions for hip replacements, the ratio in Hemel Hempstead is statistically significantly higher than Hertfordshire and England. The wards of Adeyfield East (104.1) and Chaulden & Warners End (105.7) have a particularly high ratio.

Elective admissions for knee replacements in Hemel Hempstead are similar to England, Hertfordshire and Dacorum. None of the wards in Hemel Hempstead have a ratio statistically significantly higher than England.

**Chart 13:** Hospital admissions from hip fracture (65+), hip replacement and knee replacement in Hemel Hempstead, Dacorum, Hertfordshire and England (2008/09– 2012/13)

Source: PHE Local Health Profile

PH.Intelligence@hertfordshire.gov.uk
Cancer Incidence

Hemel Hempstead has had an overall cancer incidence ratio (ONS, 2007-2011) of 91.7 which is similar to Dacorum (88.8) and Hertfordshire (92.4), and statistically significantly lower than England.

Chart 14: Cancer incidence in Hemel Hempstead, Dacorum Hertfordshire and England (2007-11)

As chart 14 shows, Hemel Hempstead has similar ratios of breast and colorectal cancer to Dacorum Hertfordshire and England. For lung cancer the ratio is similar to England but statistically significantly higher than Hertfordshire. For prostate cancer the ratio is similar to Dacorum but statistically significantly lower than Hertfordshire and England.

The wide confidence intervals in the data at ward level make it difficult to make precise comparisons between wards. Therefore, despite variations in the ratios between wards the majority have a ratio not significantly different to that of England.

However, Apsley and Corner Hall and Boxmoor have an overall cancer incidence ratio statistically significantly below that of England, as does Bennets End for prostate cancer. In contrast the Highfield ward has a cancer incidence ratio for lung cancer that is statistically significantly higher than England.
<table>
<thead>
<tr>
<th>Ward</th>
<th>Incidence of cancer</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All cancers</td>
<td>Breast</td>
<td>Colorectal</td>
<td>Lung</td>
<td>Prostate</td>
</tr>
<tr>
<td>Adeyfield East</td>
<td>100.5</td>
<td>92.6</td>
<td>74.8</td>
<td>96.2</td>
<td>125.8</td>
</tr>
<tr>
<td>Adeyfield West</td>
<td>91.9</td>
<td>121.8</td>
<td>95.7</td>
<td>82.1</td>
<td>76.6</td>
</tr>
<tr>
<td>Apsley and Corner Hall</td>
<td>80.1</td>
<td>110.1</td>
<td>72</td>
<td>85.5</td>
<td>72.3</td>
</tr>
<tr>
<td>Bennetts End</td>
<td>83</td>
<td>76.6</td>
<td>84.8</td>
<td>94</td>
<td>49.4</td>
</tr>
<tr>
<td>Boxmoor</td>
<td>85.6</td>
<td>115.9</td>
<td>87.5</td>
<td>74.3</td>
<td>79.2</td>
</tr>
<tr>
<td>Chaulden &amp; Warners End</td>
<td>102.5</td>
<td>122.8</td>
<td>132.8</td>
<td>123.3</td>
<td>74.5</td>
</tr>
<tr>
<td>Gadebridge</td>
<td>90.8</td>
<td>116.3</td>
<td>106.5</td>
<td>93.3</td>
<td>68.6</td>
</tr>
<tr>
<td>Grovehill</td>
<td>90.6</td>
<td>91.6</td>
<td>100.5</td>
<td>98.1</td>
<td>81.9</td>
</tr>
<tr>
<td>Hemel Hempstead Town</td>
<td>93.4</td>
<td>110.1</td>
<td>94.1</td>
<td>111</td>
<td>76.5</td>
</tr>
<tr>
<td>Highfield</td>
<td>99.5</td>
<td>86.1</td>
<td>97.5</td>
<td>172</td>
<td>85.9</td>
</tr>
<tr>
<td>Leverstock Green</td>
<td>92.8</td>
<td>96.3</td>
<td>87.5</td>
<td>77.4</td>
<td>69.8</td>
</tr>
<tr>
<td>Nash Mills</td>
<td>84.8</td>
<td>64</td>
<td>92.4</td>
<td>89.9</td>
<td>43.8</td>
</tr>
<tr>
<td>Woodhall Farm</td>
<td>89.5</td>
<td>79.7</td>
<td>86.3</td>
<td>151.4</td>
<td>66.9</td>
</tr>
</tbody>
</table>
Part 4: Disease prevalence

Summary of findings

- GP recorded prevalence of COPD, is similar to Dacorum but statistically significantly higher than Hertfordshire. There are five GP practices in Hemel Hempstead that have a rate statistically significantly higher than Hertfordshire (see p40).
- The recorded prevalence of most forms of cardiovascular disease is statistically significantly lower than England and similar or statistically significantly lower than Hertfordshire. However, some exceptions include:
  - Cardiovascular disease in people aged between 30 and 74 in Hemel Hempstead and Dacorum is statistically significantly higher than England and Hertfordshire. Lincoln House (located in the Apsley & Corner Hall ward), Grove Hill and Coleridge (located in the Woodhall Farm ward) surgeries have a prevalence statistically significantly higher than England
  - Peripheral arterial disease (PAD), in Hemel Hempstead and Dacorum, is similar to England but statistically significantly higher than Hertfordshire.
  - Parkwood surgery has a prevalence of atrial fibrillation, coronary heart disease, hypertension, and peripheral arterial disease that are statistically significantly higher than England.
- The prevalence of diabetes in Hemel Hempstead is statistically significantly higher than Dacorum and Hertfordshire but statistically significantly lower than England.
- The prevalence of chronic kidney disease in Hemel Hempstead is similar to Dacorum and Hertfordshire, but statistically significantly lower than England. However, the prevalence at the Highfield and Everest (located in the Adeyfield East ward) surgeries is statistically significantly higher than England.
- Prevalence of obesity in Hemel Hempstead is significantly higher than Dacorum, Hertfordshire and England.
- Prevalence of mental illness in Hemel Hempstead:
  - Recorded prevalence of depression is statistically significantly higher than Dacorum, Hertfordshire, and England. All but two of the GP surgeries in Hemel Hempstead have a recorded prevalence of depression that is statistically significantly higher than England.
  - The prevalence of dementia is statistically significantly lower than England, and similar to Hertfordshire, and Dacorum.
  - Recorded prevalence of mental health disorders in Hemel Hempstead is similar to England and statistically significantly higher than Hertfordshire and Dacorum.
  - The prevalence of learning disabilities in Hemel Hempstead is statistically significantly higher than Dacorum, Hertfordshire and England.
- The prevalence of epilepsy in Hemel Hempstead is similar to the rate for England but statistically significantly higher than Dacorum and Hertfordshire.
**Introduction**

Data on disease prevalence is taken from the 2014/15 GP practice Quality Outcomes Framework (QOF). The data is based on the recording of disease amongst patients registered at GP practices (see Map 5). It can provide useful data on the prevalence of circulatory and respiratory disease, diabetes and kidney disease, obesity, mental illness, epilepsy and musculoskeletal disease.

However, the data may be affected by recording practices or accuracy of diagnosis. In addition, those patients registered at a particular GP practice do not necessarily live in the same ward as the practice, making it difficult to assign outcomes by geographical area.

**Map 5: GP practices in Hemel Hempstead (with wards labeled)**

![Map of GP practices in Hemel Hempstead with wards labeled](image)

**Respiratory disease**

In Hemel Hempstead 5.3% of patients (4,888 people) registered had an asthma diagnosis recorded by their GP, which is a statistically significantly lower rate than that of Hertfordshire (5.8%) and England (6.0%), and similar to the rate for Dacorum (5.4%). None of the surgeries in Hemel Hempstead have a prevalence of asthma statistically significantly higher than Hertfordshire or England.

As shown in Chart 15, the recorded prevalence of chronic obstructive pulmonary disease (COPD), in Hemel Hempstead (1.7%; 1,511 people) is statistically significantly lower than that of England (1.8%) but statistically significantly higher than Dacorum (1.4%) and Hertfordshire (1.4%). Although none of the surgeries have prevalence statistically significantly higher than England, a number have
prevalence statistically significantly higher than Hertfordshire (Parkwood, Highfield, Grove Hill, Fernville, Bennetts End).

**Chart 15**: COPD prevalence, GP surgeries in Hemel Hempstead compared to England, Hertfordshire and Dacorum, 2014/15 (HSCIC, QOF)

Cardiovascular disease

Hemel Hempstead has varying recorded prevalence of cardiovascular disease when compared against, Dacorum, Hertfordshire and England (chart 16).

- Cardiovascular disease in people aged between 30 and 74 in Hemel Hempstead and Dacorum is statistically significantly higher than England and Hertfordshire.

- Peripheral arterial disease (PAD) in Hemel Hempstead and Dacorum is similar to England but statistically significantly higher than Hertfordshire.

- Coronary heart diseases (CHD), heart failure, and strokes/ transient ischaemic attack, in Hemel Hempstead are similar to Dacorum and Hertfordshire, and statistically significantly lower than England.

- Hypertension in Hemel Hempstead is similar to Hertfordshire, and statistically significantly lower than England and Dacorum.

- Atrial fibrillation (AF) in Hemel Hempstead is statistically significantly lower that England, Hertfordshire and Dacorum.
Looking at individual GP surgeries in Hemel Hempstead; most practices have levels of cardiovascular disease that are similar or statistically significantly lower than England. However, there are a number of exceptions:

- Parkwood surgery has a prevalence of atrial fibrillation (2.0%), coronary heart disease (2.6%), hypertension (14.4%), peripheral arterial disease (0.9%) that are statistically significantly higher than England.
- Lincoln House surgery has a prevalence of cardiovascular disease in 30-74 year olds (2.1%) statistically significantly higher than England.
- Grove Hill surgery has a prevalence of cardiovascular disease in 30-74 year olds (1.7%), and hypertension (17.9%) statistically significantly higher than England.
- Coleridge House surgery has a prevalence of cardiovascular disease in 30-74 year olds (1.85%) statistically significantly higher than England.

**Diabetes**

In Hemel Hempstead 4,051 (5.6%) people aged 17 or over have been recorded as having diabetes. This is statistically significantly higher than Dacorum (5.1%) and Hertfordshire (5.3%) but statistically significantly lower than England (6.4%). None of the GP surgeries have prevalence statistically significantly higher than England.

**Chronic kidney disease**

In Hemel Hempstead 2,563 (3.6%) people aged over 18 have been recorded as having chronic kidney disease. This is prevalence statistically significantly similar than Dacorum (3.6%) and Hertfordshire (3.5%) but statistically significantly lower than England (4.1%). However, the prevalence at Highfield (5.8%; 202 people) and Everest (5.0%; 529 people) surgeries is statistically significantly higher than England.
**Obesity**

9.7% of those registered to a Hemel Hempstead GP have been recorded as being obese (7,114 people). This rate is statistically significantly higher to that of Hertfordshire (8.1%), Dacorum (8.2%) and England (9.0%). In addition, the Grovehill (15.9%), Highfield (15.6%) and Parkwood (10.6%) surgeries all have prevalence statistically significantly higher to that of England.

The prevalence of obesity recorded by GP practices is different from the levels of obesity recorded by Public Health England (24.8%; see page 33. This is likely reflective of the widespread under reporting of obesity and indicates the value of services such as GP health checks, which can help to increase diagnosis of conditions such as this.

**Mental health**

**Depression**

In Hemel Hempstead 8.4% of those aged over 18 (5,984 people) have been recorded as having depression. This is statistically significantly higher than Dacorum (7.2%), Hertfordshire (7.0%) and England (7.3%). In addition, given that depression is often under-diagnosed, it is likely that the true prevalence is substantially higher.

As Chart 17 indicates, all but two of the GP surgeries in Hemel Hempstead have a recorded prevalence of depression that is statistically significantly higher than England, with a particularly high recorded prevalence at the Highfield surgery.

**Chart 17:** GP surgeries in Hemel Hempstead by prevalence of depression, compared against England, Hertfordshire and Dacorum (QOF 2014/15)
Dementia

In Hemel Hempstead, 571 people have been recorded as having dementia (0.62%), this is a prevalence statistically significantly lower than England (0.74%), and similar to Hertfordshire (0.63%) and Dacorum (0.57%).

Mental health disorders

In Hemel Hempstead, 823 people have been recorded as having a mental health disorders (0.90%). This is a prevalence similar to England (0.88%) and statistically significantly higher than Hertfordshire (0.75%) and Dacorum (0.76%).

Learning disabilities

In Hemel Hempstead, 446 people have been recorded as having a learning disability (0.53%). This prevalence is statistically significantly higher than Dacorum (0.41%), Hertfordshire (0.41%) and England (0.44%).

Chart 18: Recorded Prevalence of Dementia, Mental Health Disorders and Learning Disabilities in Hemel Hempstead, Dacorum, Hertfordshire and England (2014/15)

Epilepsy

575 people of patients registered in Hemel Hempstead have been recorded as having epilepsy. This equates to a rate of 0.80% which is similar to the rate for England (0.79%) but statistically significantly higher than Dacorum (0.70%) and Hertfordshire (0.71%).

Musculoskeletal disease

Osteoporosis and Rheumatoid arthritis

The recorded prevalence of osteoporosis in people aged 50+ in Hemel Hempstead is 0.20% (63 people). Although this recorded prevalence is similar to that of Dacorum (0.21%) and England
(0.18%) but statistically significantly above that for Hertfordshire (0.17%), the low numbers of patients make it difficult to draw meaningful conclusions from the data.

However, it is worth noting that almost half of those recorded has having osteoporosis are registered at the Parkwood surgery which has a prevalence (0.45%; 29 people) statistically significantly higher than England.

530 people aged over 16 (0.72%) have been recorded as having rheumatoid arthritis in Hemel Hempstead, which is a similar prevalence as Dacorum (0.67%), Hertfordshire (0.67%) and England (0.73%).