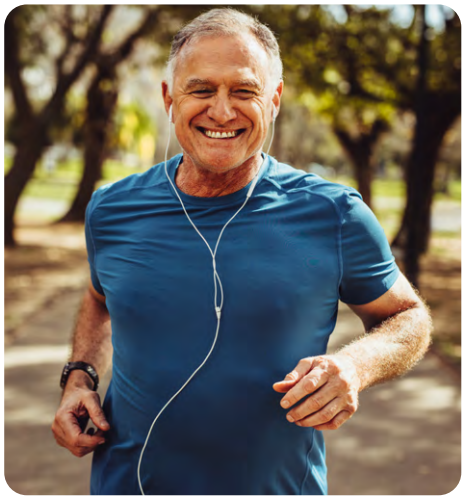
Hertfordshire Health and Wellbeing Strategy 2022 – 2026



Hertfordshire

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Foreword by Richard Roberts

Hertfordshire is a great place to live, go to school and to work in. We benefit from a strong economy, excellent schools and thriving communities. While the general health of our citizens is better than many other counties in England, this strategy acknowledges we have work to do to improve the health outcomes, access to joined up health and care services and to address health inequalities that currently exist in Hertfordshire.

I am grateful for the support and contributions of all Health and Wellbeing Board partners across Hertfordshire to develop this strategy that includes important feedback from our residents.

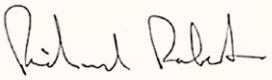
We all have a role to play in contributing to health and wellbeing outcomes as individuals, communities, services and organisations. It is by working together that we will have the greatest impact to achieve sustained improvements in our resident's health. I am confident this strategy sets a clear ambition for us all to contribute to achieving better outcomes and reducing health inequalities for people of all ages.

Based on a strong evidence base, this strategy identifies the following clear priorities:

- Every child has the best start in life
- Good nutrition, healthy weight and physical activity
- Good emotional and mental wellbeing throughout life
- Reduction in smoking and substance misuse
- A healthy standard of living for all
- Healthy and sustainable places and communities

This strategy will help to inform health and care services and influence commissioning intentions and service delivery of all partners in Hertfordshire. Prevention of poor health is at the core of this strategy; we will tackle this through supporting residents to make the right choices for themselves to improve their health and wellbeing.

Clearly, we have much to do, and need to acknowledge the importance of taking care not only of our physical health but our emotional wellbeing too. I believe this strategy creates the platform for people to be supported to live well, independently for longer and I look forward to seeing the progress we will make together.



Richard Roberts

Leader, Hertfordshire County Council and Chair of Hertfordshire Health & Wellbeing Board

2 Introduction

Our Health and Wellbeing Strategy sets out our vision and strategic priorities for improving health and wellbeing and reducing health inequalities in the County.

The Health and Wellbeing Strategy is a statutory requirement for a local area. It sets out a clear ambition with a focus on the big issues in the local population that can only be tackled through collective action. It's a commitment to continuously improve the health and wellbeing of Hertfordshire's residents.

The strategy is owned by all partners through the leadership of Hertfordshire's Health and Wellbeing Board (HWB), a collaborative multi-agency partnership bringing together senior leaders from the County Council (Public Health, Adult Social Care and Children's Services), the NHS (Clinical Commissioning Groups – soon to be Integrated Care Board, Acute, Community, Mental Health NHS Trusts), elected representatives from the county, District and Borough councils, Voluntary, Community, Faith and Social Enterprise sector (VCFSE), and the Police and Crime Commissioner.

The priorities in the strategy have been identified through our local Joint Strategic Needs Assessment (JSNA) and informed by local and national data, research and good practice. It builds on the learning from the previous Health and Wellbeing Strategy (2016 – 2020), learning from impact of the Covid-19 pandemic and engagement with stakeholders, including a survey of our residents.

The strategy is intended to inform and influence commissioning across the health and care system in Hertfordshire, and it is the go-to plan for how we collectively tackle the big health and wellbeing and inequalities issues in Hertfordshire.

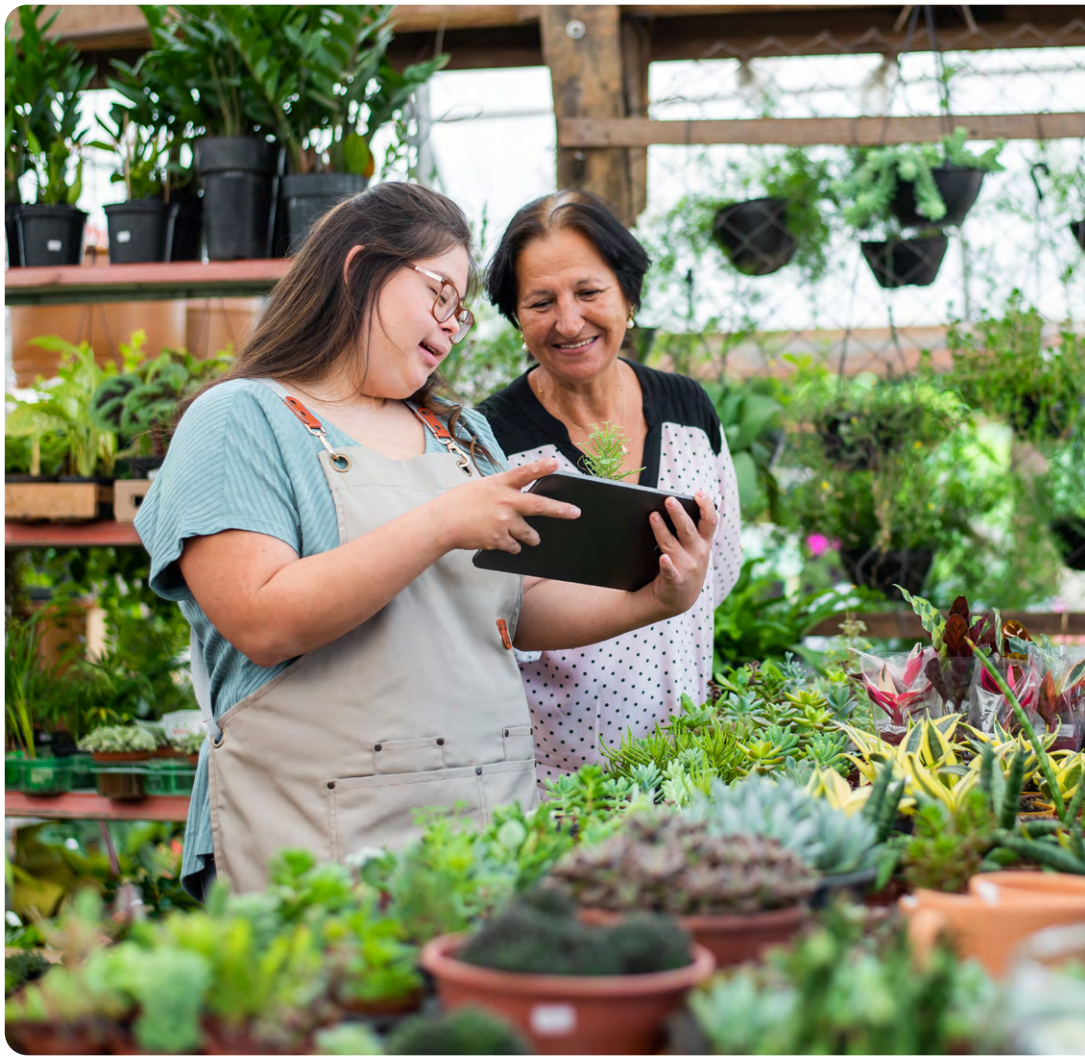
The refresh of the Health and Wellbeing Strategy is timely, given the significant policy shift[1] and direction across our health and care system. These policy agendas present an opportunity for greater joined up working and integration. We must, therefore, accelerate our collective efforts if we are to see notable improvements in the key causes and risks of poor health and wellbeing, to reduce inequalities in the county over the next four years and beyond.

2 Introduction *Continued*

This strategy outlines three key overarching ambitions and six themed strategic outcomes we are collectively aspiring to in Hertfordshire. Each outcome has a number of key priorities to deliver over the next four years to achieve our vision and ambition to improve the health and wellbeing of our residents.

We have also outlined how we will deliver our strategy through our partnerships and relationships, and how we will monitor and report on progress to our partners and residents. Implementation plans will be developed for each priority and these in turn will form an important element of the Integrated Care Partnership strategy.

This strategy does not list everything that our partner organisations will undertake to improve health and wellbeing in Hertfordshire. Instead, it provides a mechanism for focussing the collective efforts of the local system in tackling the primary causes and risks of poor health and inequality within Hertfordshire over the next four years.



3 Our vision

To deliver on our ambition for Hertfordshire, this strategy articulates a shared vision and commitment to:

Working in partnership and with our communities to improve their health, wellbeing, and their quality of life to reduce health inequalities and help people live longer and healthier lives

4 What influences our health and wellbeing?

Our health is shaped by interactions between many factors. There are biological factors, such as our genes and our age (which we are unable to influence or change) and lifestyle factors, such as what we eat, how much exercise we take and whether we smoke or consume alcohol (which we have some individual control of).

Much of what influences our health and wellbeing throughout life, however, are the things which make up the conditions in which we are born, grow, live, work, age and how connected we feel to our communities and sense of place. This includes the quality of health and care services, education, housing, levels of income, employment, our mental health, emotional wellbeing, and social connections, and access to transport and green space, for example. These factors enable individuals and societies to flourish, or not, and are known as the wider determinants of health.[2, 3, 4]

Health inequalities are unfair and avoidable gaps in health between different groups of people, that may be considered unfair. They are influenced by social factors such as income, education, gender, ethnicity and location. They can affect people's quality of life, life expectancy, disease risk and access to health care, and should not be accepted as a given. 'Fair Society, Healthy Lives: The Marmot Review' (2010, 2020) demonstrated that those in more deprived areas have significantly worse health outcomes than those living in less deprived areas. There is a strong and persistent social gradient in health outcomes. Across the socio-economic ranking, those in more deprived areas generally have worse health outcomes than those in higher social classes. There is clear evidence of a sliding scale of health outcomes based on social hierarchy which we need to address.[5] Those in the most deprived areas in Hertfordshire die 3-4 years earlier and spend up to 18 years longer in a state of poor health than those in the least deprived parts of the county[6].

4 What influences our health and wellbeing? *Continued*

The leading contributors to the gap in life expectancy between the most and least deprived areas in Hertfordshire are circulatory disease (including heart disease and stroke), cancer, respiratory disease (including flu, pneumonia and COPD)[7]. People with severe mental illness (SMI) face health inequalities and live on average 15 to 20 years less than the general population[8]. This is mostly due to a higher rate of physical health conditions. Some of the drugs used to treat serious mental illnesses can cause obesity, increasing the risk of cardiovascular disease, for example. Also, the care of people with serious mental illnesses may become so focussed on their mental health that not enough consideration is given to their physical health needs.

We know that people with learning disabilities can expect to die up to 17 years earlier on average than the general population. Poor care and delays in diagnosis and treatment have been identified as causes of this inequality, for example. And people with autism, on average, die 12 years earlier than the general population. Similarly, this is partly due to the limited availability of health services delivering care in ways which meet their specific needs.

The Covid-19 pandemic and more recently the cost of the living has brought long-standing inequalities into the spotlight, and it has also increased some of those inequalities. Covid-19 deaths and severe outcomes have largely impacted certain groups, including older age groups, people from deprived areas, people in care homes and people from minority ethnic groups[9].

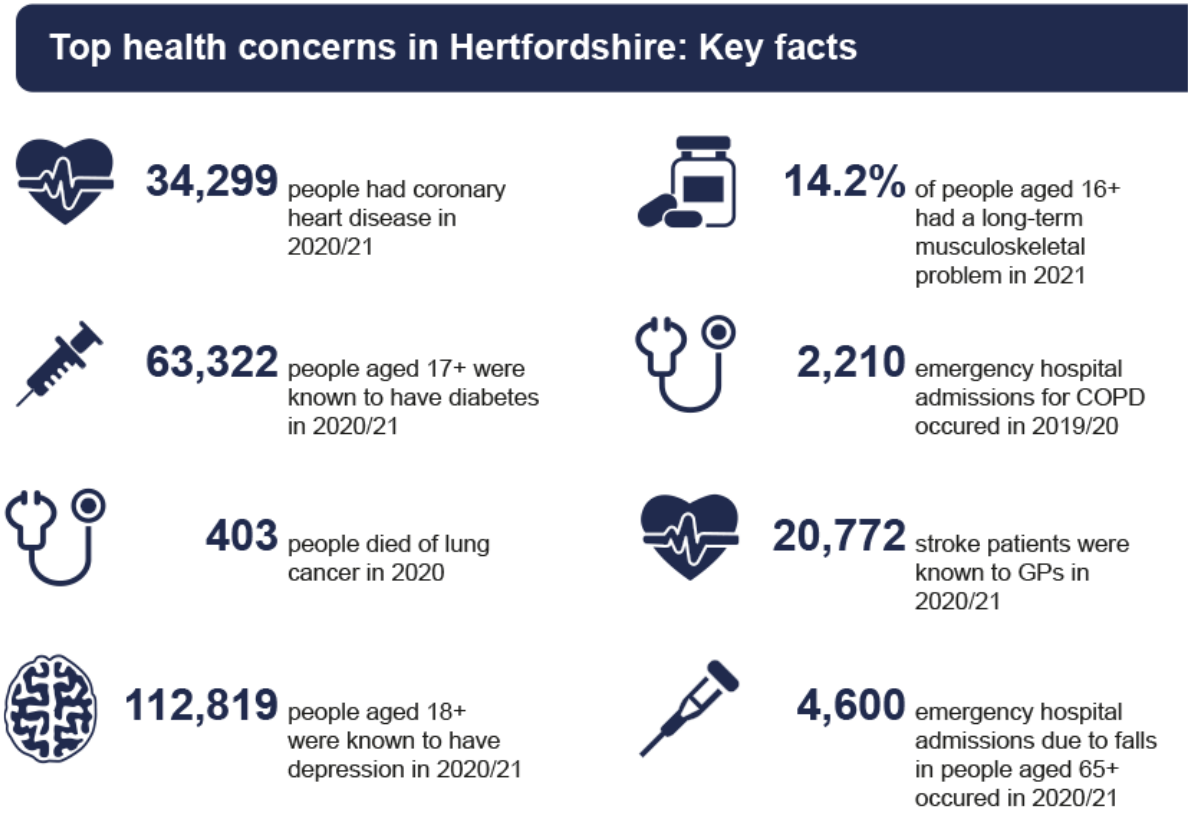
However, the pandemic has also highlighted the overwhelmingly positive response from our communities through volunteering, working hand-in-hand with statutory and voluntary, community, faith and social enterprise sector; and the key role that communities have, and will continue to have in supporting each other, including providing health and wellbeing support.

5 Health and wellbeing in Hertfordshire

Whilst Hertfordshire's population is generally healthier than the rest of England, there are notable health inequalities within the county. There is ample scope to reduce preventable disability and early deaths by addressing the leading causes of poor health and their main underlying risk factors more effectively.

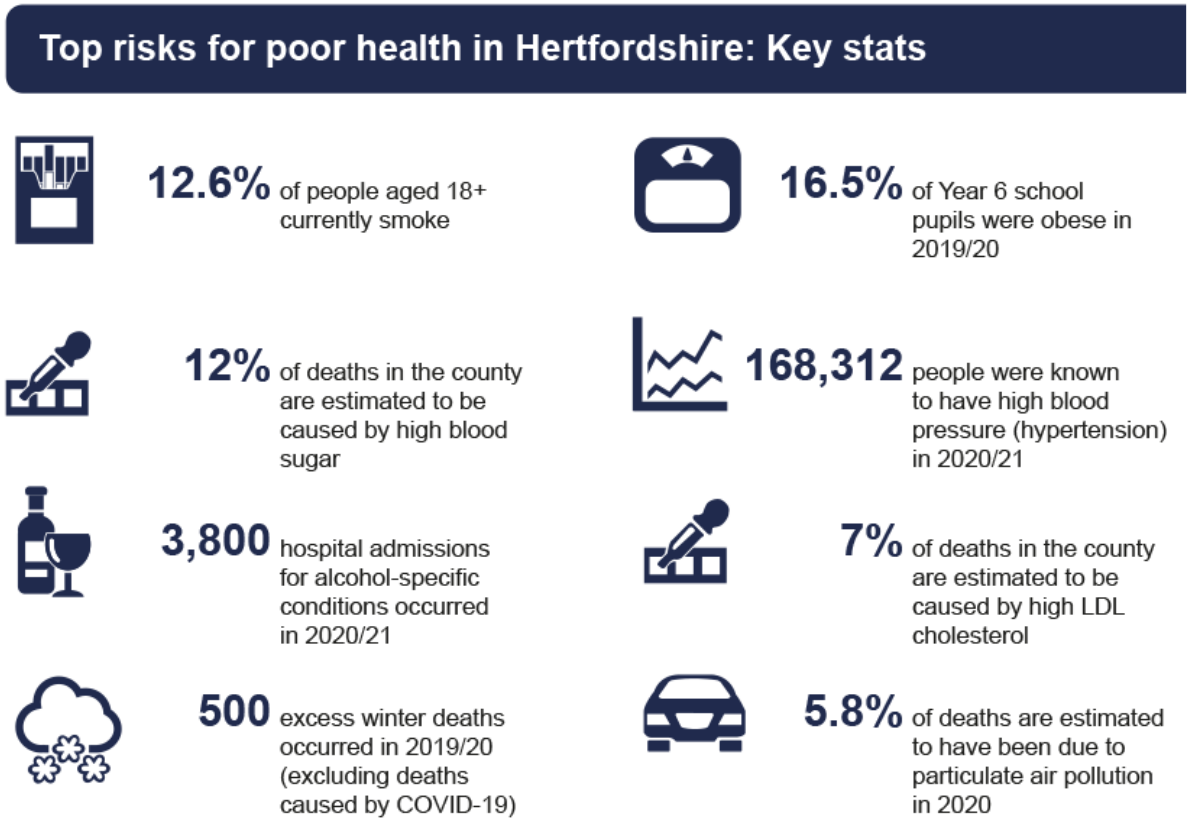
Figures 1 and 2 illustrate the latest statistical challenges that we need to address for the primary causes and risks to our citizens health and wellbeing.

Figure 1



5 Health and wellbeing in Hertfordshire *Continued*

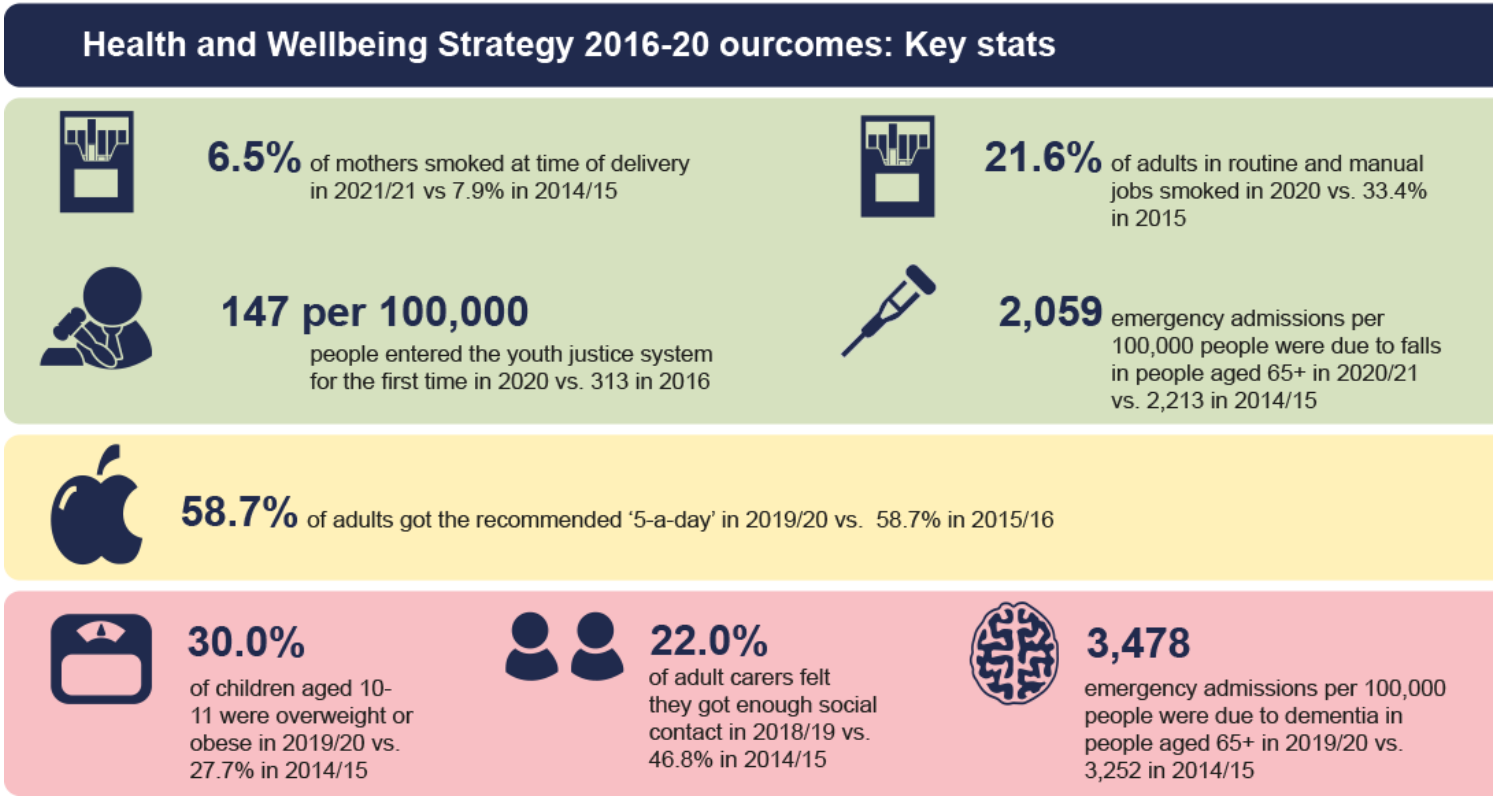
Figure 2



While we've seen some notable improvements in outcomes since the publication of the previous Health and Wellbeing Strategy, the statistics show a lack of progress or a worsening of the situation in some key areas.

5 Health and wellbeing in Hertfordshire *Continued*

Figure 3



6 A delivery model based on prevention

6.1 Preventative approach

A focus on prevention and shifting to a social determinants of health (non-medical factors that influence health outcomes) approach is an opportunity to shift from managing and treating ill health at great cost to individuals and the public purse, to improving health and wellbeing and reducing inequality[10]. This requires a fundamental change and leadership by all partners across the system, with a relentless focus on prevention so people stay well, have a good quality of life and live longer for most of their life.

Taking a whole life, more preventative approach will enable partners and communities to take action on wider determinants of good health. Reducing health inequalities through this approach requires dealing with all the determinants, with everyone playing a part, and recognising the importance of action being taken at every stage of life, from pre-birth, birth to working and older ages through to end of life, to improve equity within and between generations.

We know that investing in pregnancy, early childhood and adolescent health and development services can yield significant health, social and economic benefits. It also reduces rates of mental health disorders and non-communicable diseases in later life. Investment in the health of people from earlier on in their life span is important to help them to stay well in their working and older age and to continue contributing to the economy.

Behaviours that impact smoking and alcohol consumption, dietary choices impact our health outcomes and quality of our physical, mental health and wellbeing. Such factors are more well known in lower socio-economic groups and those living in the most deprived areas. And whilst there is always someone who can help, often people who require help don't know there is help available, especially true of those who live in the most deprived areas in our communities who are most likely not to seek support early, present late or miss appointments or be bounced around the system etc.

Increasingly, digital tools are being used to improve health outcomes. The Covid-19 pandemic showed the importance of digital platforms as well as revealing persistent inequalities in access to technology, as more services shifted online, and digital inclusion became increasingly important and will continue to be so. Lack of access during the pandemic was often a result of cost and poor digital literacy, particularly amongst older populations.

6 A delivery model based on prevention *Continued*

This preventative approach to health behaviours involves working in partnership with the VCFSE sector, health, local authorities and businesses and delivering services in more accessible places, in the community, and co-producing solutions with people in their communities. The pandemic has highlighted the overwhelming positive response from our communities, and the learning from this, has resulted in the emerging Health Creation Strategy – in development, which recognises the central role and contribution of VCFSE in prevention and supporting and improving health and wellbeing as well as the role of Healthy Hubs and Social Prescribing in the community which complements the work of VCFSE.

The development of integrated care systems through the Integrated Care Board and Integrated Care Partnership do offer opportunities for greater focus on prevention, the prevention agenda must be about more than prevention of unhealthy behaviours but focus far more on the causes of those behaviours – the social determinants of health. Good health is an important enabler of positive family and community life[11]. It enables people to participate in, and contribute to, society in different ways.

6.2 Proportionate universalism

The Marmot reviews (2010, 2020) argue that to reduce health inequality, action must be taken universally across the social gradient and recommends proportionate universalism with a scale and action that is proportionate to the level of disadvantage. Resources should be allocated proportionately to address the levels of need for specific communities or populations to achieve equitable outcomes for all.

The core element of our strategy is a joined up integrated approach to population health, ensuring a balance and interface between health and care system, wider determinants of health, our health behaviours and life styles, and the places and communities we live in. We will work towards a more balanced approach that distributes effort across all four pillars and, crucially, makes the connections between them. Concerted, system wide action is needed across the system (this includes, but goes well beyond, the health and care system) to address the causes of health inequalities.

6 A delivery model based on prevention *Continued*

6.3 Communities at the heart of delivery

Local areas and communities have a critically important role to play in reducing health inequalities and addressing the wider determinants of health. Given the range of causes, addressing health inequality challenges requires a joint place-based community approach, working across organisational structures, structures and in partnership with local and in partnership with local communities to tackle the root causes of the differences in health between different groups of people.

Communities have greater greater understanding of what they need from health and care services, and of what works in improving health. Linked to this, directly engaging people from the most marginalised groups and those most likely to be affected by differences in health between groups of people is important in addressing through both formal health services and communities services[12]. This should focus on how people, bound by common experiences, including those with lived experiences, characteristics or interests, improve or are helped to improve their health; and where the solutions to health problems are not solely about the provision of formal health and care services in the community.

We will reach out to our communities to understand their needs, involve, engage and work with them to co-produce and co-design solutions (including with those with lived experience) and interventions that will lead to improved health and wellbeing and reduce inequalities.

Each local area may experience different health inequalities, have different assets available with different solutions already in place. We will work together and support local partners such as Primary Care Networks, Voluntary, Community, Faith and Social Enterprise sector (VCFSE), Districts/Borough Councils, the NHS and the County Council to see how their contributions to improving health and wellbeing and reducing health inequalities fit on a ‘place’ basis.

7 Our ambitions and principles

We have identified three simple overarching strategic ambitions for the health and wellbeing of our residents. These are the ambitions we will strive to achieve alongside delivering our identified priorities to improve the health and wellbeing of our residents.

1. Strong communities
2. Healthy and fulfilling lives
3. Effective, joined up health and care services

The following principles underpin how we will work across the local area to deliver our vision and ambitions:

7 Our ambitions and principles *Continued*

7.1 Our principles

To help us improve the health and wellbeing of our residents, we needed to understand what some of the challenges to our current ways of working are. In developing this, we consulted with our stakeholders, including residents in identifying key drivers for change and our principles, which has resulted in the drivers for change and the principles against which future services should be designed and delivered as set out below.

Drivers for change	Principles
Some services are focused on cure not prevention	**Prevention approaches** • Focus on early help and ensure that residents are supported to remain independent, resilient and in good health for as long as possible
Collect and collate information to provide the right support first time	**Evidence-based decisions and residents views:** • Use public health evidence, other comparison information and residents' views to make sure that we focus on the most important health and wellbeing needs in Hertfordshire
Accessing a range of support can be confusing for service users	**Clear and consistent communications and engagement:** • Ensure that residents have access to the information and support they need to be healthy through clear and consistent communication and engagement
Existing structures can make it hard for providers to work together	**Strong Partnerships:** • Embed a culture of continuous learning and improving from existing and emerging partnerships and collaboration arrangements across health and care, placing residents at the centre to better respond to residents' emerging and changing needs
Generalised support is not always as effective as tailored support	**Tailored support where applicable:** • Recognise the diversity across each District and Borough within the county and work with Districts/ Boroughs and Primary Care Networks to deliver tailored support to address the inequalities that exist.

8 Our priorities

Building on the latest Joint Strategic Needs Assessment, feedback from Hertfordshire residents (January 2022) and wider stakeholder engagement across the system and a series of Health and Wellbeing Board development sessions, we have identified six broad priorities below that we need to focus on over the next four years collectively across the system to improve health and wellbeing and reduce health inequalities for our residents. These are:

8.1 Every child has the best start in life

What happens in pregnancy and early childhood impacts our physical and emotional health throughout life. Supporting good maternal health, including good maternal peri-natal and post-natal mental health is important for safe delivery and good birth weight to give babies the best start.

Good quality services in the early years have enduring effects on health and other outcomes and these outcomes are particularly strong for those from disadvantaged backgrounds[13].

Anonymised case study - HCC north quadrant family support service

This family moved to England in early 2022. Previously lived with maternal family in Thailand and then with paternal family in England. Paternal grandmother contacted a local toddler group who told her the Family Support Service could offer support.

- Mum spoke little English, the child was extremely nervous, anxious about the changes, cried when anyone spoke to her and very clingy to her mum.
- Parents were anxious about culture differences for mum and child. Both parents attended with the child, to speak to the family support worker.
- Mum and child were referred to the Emerging Needs Little Learners course (small group to increase parent and child confidence) and attended Active Rhyme time and toddler group universal sessions.
- Mum met another Thai mother, who had also recently moved to Hertfordshire. Mum is now feeling more settled, her English is improving so her confidence is growing, the child is now much more confident around other children and adults.

8 Our priorities *Continued*

Positive experiences early in life are closely associated with a range of beneficial long-term outcomes, including better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy. Conversely, less positive experiences early in life, particularly experiences of adversity, relate closely to many negative long-term outcomes: poverty, unemployment, homelessness, unhealthy behaviours and poor mental and physical health.

Some minority ethnic groups have particularly high rates of child poverty. These children experience cumulative impacts of the intersections between poverty and exclusion and discrimination, which harms health and life chances from the earliest age and can impact health outcomes across a persons' whole life span[14].

Children growing up in deprived areas, in poverty, and those of a lower socio-economic position are more likely to be exposed to Adverse Childhood Experiences (ACEs) compared with their more advantaged peers[15] ACEs elevate the risk that children and young people will experience damage to health, including mental and emotional wellbeing or to other social outcomes, across the life course. Common types of ACEs are abuse and neglect; living in a household where there is domestic violence, drug or alcohol misuse, mental ill health, criminality, or separation; and living in care[16].

8 Our priorities *Continued*

The most deprived 10 percent of children (aged from infant to 19) are nearly twice as like to die (5.3 per 1,000) as the most advantaged 10 percent of children (3.1 per 1,000), and children in more deprived areas are more likely to face a serious illness during childhood and to have a long-term disability[17]. Strong communication and language skills in the early years are linked with success in education, higher levels of qualifications, higher wages and better health. Socioeconomic inequalities in child development are recognisable in the second year of life and have an impact by the time children enter school and persist and deepen during their school years.

The Covid-19 lockdowns and containment measures including school closures has undoubtedly impacted children's wellbeing and emotional health and led to widening inequalities in early years development and in educational attainment. Children with special needs and children with poor mental health have especially been vulnerable to damage from containment school closures.

- More disadvantaged children have been disproportionately harmed from closures of early years settings and levels of development have been lower than expected among poorer children[18].
- Parents with lower incomes, particularly those who continued working outside the home, have experienced greater stress when young children have been home.
- Compared with children from wealthier backgrounds, more disadvantaged children were disproportionately harmed by closures through greater loss of learning times, less access to online learning educational resources, less access to private tutoring and inequalities in exam grading systems.
- A National Foundation for Educational Research report found that secondary school leaders have witnessed "a deterioration in pupils' wellbeing during the pandemic, especially increased anxiety", and that many of those pupils had no known vulnerability or previous mental health issues.
- Early years, primary and secondary school leaders also stated that pupils were "less well prepared for transition than usual in 2019/20 and 2020/21, both academically and emotionally". Schools also reported that it was "very difficult to secure specialist external support", and that they had to increase in-school pastoral support and wellbeing activities in the absence of external support[19].

8 Our priorities *Continued*

- Covid-19 lockdown and containment measures has impacted on young people's mental health, with a reported sharp increase in eating disorders, overall stress and anxiety by local mental health services.
- In October 2020, 5,498 pupils in Yrs. 1 and 2 in Hertfordshire received free school meals, and 18,037 received them in Yrs. 3 and above on basis of low income. By April 2022, this had risen to 6,440 in KS 1/2 and 19,444 in all later years. The importance of free school meal on financial, health and educational performance cannot be overstated. According to figures from the Department for Work and Pensions, around 4,000 families in Hertfordshire, containing 9,500 children, are affected by the benefit cap, which means they are on average living £65 a week below what they should receive on universal credit

We are committed to giving every child the best start in life and that all children and young people in Hertfordshire reach adulthood in best health. We as partners will aim to ensure:

- We continue to implement an integrated child health programme in the first 1001 days of a child's life
- We improve and increase take up of early help offer – early support, information and advice (including through assessments and screenings), and universal and targeted parenting support offer
- Families, children and young people have access to oral health and support to maintain good oral health
- We will increase vaccination rates for MMR1, MMR2 and DTPP to move closer to the 95% national target by effectively targeting underserved/'harder to reach' groups with lower levels of uptake to increase specific engagement and break down barriers to vaccination
- We improve life chances, mental and emotional wellbeing for the most disadvantaged families including children in care, young carers, children living in poverty, and children with learning disabilities and special education needs
- Families, children and young people have access to information, advice and support that will enable them to maintain good health

8 Our priorities *Continued*

- Families can access a range of affordable recreational activities, including play and voluntary learning provision in their home and community
- We implement integrated pathways to support transition of children into adulthood for children with special educational needs and disabilities, mental health and long-term condition
- We will increase knowledge and skills amongst those young people at greater risk of teenage pregnancy or poor sexual health (including Children Looked After and Care Leavers), so they have healthy, consensual relationships and use contraception to prevent unplanned pregnancies.

8 Our priorities *Continued*

8.2 Good nutrition, healthy weight and physical activity

Good nutrition, healthy weight and regular physical activity central to physical, mental and emotional wellbeing. Poor diet and nutrition are key contributors to a number of health problems, including tooth decay, excess weight, and frailty. 15.7% (2,075) children in year 6 in Hertfordshire were classified as obese in 2019/20; 34,299 people had coronary heart disease in 2020/21; 63,322 people aged 17+ were known to have diabetes in 2020/21; 2,210 emergency hospital admissions were due to chronic obstructive pulmonary disease (COPD) in 2019/20; 4,600 emergency hospital admissions were due to falls in people aged 65+ in 2020/21 and 20,772 stroke patients were known to GPs in 2020/21 in Hertfordshire.

The local food environment plays an important part, it affects food and alcohol availability and the ability to make healthy choices. Influencing the availability, presentation, and prices of healthier options can encourage consumers to reassess their preferences and make alternative choices.

Health walk case study

Hertford resident and long-time walker Denise who said *"I try and do as much as I can. I have a dodgy knee so the Wednesday walk suits me since its flat and fits in with my day, so it makes me do a bit of exercise otherwise I wouldn't. If I did not walk, my knee stiffens up and hurts more. When you are walking and talking you do not think about your body, and you find you've walked 2 miles. I can talk to people and being a bit of a shy kind of person - it's good for me to meet different people."*

Denise registered with Health Walks in 2015 and has since done 218 walks with us!

8 Our priorities *Continued*

Food insecurity is defined by the Trussell Trust, as "a household-level economic and social condition of limited or uncertain access to adequate food"[20]. Figures released in April 2022 showed that food banks in the Trussell Trust's network provided more than 2.1 million parcels to people facing financial hardship across the country, from 1 April 2021 to 31 March 2022, representing a 14% increase compared to the same period in 2019/20 – before the pandemic, as more and more people are unable to afford the absolute essentials that we all need to eat, stay warm, dry and clean[21].

The current rising cost of living will affect and limit the choices and decisions that people make in relation to their health and wellbeing. The increase in foodbanks is driven by a lack of income and if people cannot afford the absolute essentials (food, warmth and shelter), this impacts on their emotional and mental wellbeing.

The government guidance 'Social prescribing: applying All Our Health' recognises that people's health is determined primarily by a range of social, economic and environmental factors.[22] It encourages holistic assessments as well as supporting individuals to take greater control of their health.

Physical activity refers to any bodily movement produced by skeletal muscles that require energy expenditure and can take place during leisure time, as part of transport or as part of someone's work. In addition to helping to maintain healthy bodyweight, regular physical activity is known to promote positive mental health, prevent and manage non-communicable diseases such as heart disease, stroke, type 2 diabetes and several cancers[23]. Physical inactivity can increase the risk of many non-communicable diseases including type 2 diabetes, breast and colon cancers, and coronary heart disease with inactivity estimated to cause 9% of premature mortality worldwide[24].

8 Our priorities *Continued*

Regular physical activity can reduce anxiety and improve mental wellbeing and cognitive function, particularly for older people [25] Physical inactivity is associated with 1 in 6 deaths in the UK and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone) [26]

We want health to be considered in all policy and decision-making areas within the county. This will include raising awareness, enabling access to advice, guidance and support on welfare, debt management, and employment as well providing opportunities for residents to have access to a range of free physical activities in their communities, including for those who are frail, living with chronic illness or long-term illness to have access to information, advice and support through social prescribing and access to free local physical activities such as health walks, park run, cycling etc.

We will promote and raise awareness of available local activities that people can get involved in, in their local communities through a clear wellbeing offer and creating a healthier environment with healthy food and drink options, particularly in more deprived areas in the county. We want to enable residents and workers to make choices that will improve their health and wellbeing. We as partners will aim to ensure:

- We proactively promote and raise awareness of opportunities that can improve the wellbeing of all residents
- People of all ages are supported and enabled to adopt healthy lifestyles at home to reduce their risks of experiencing health problems in later life
- People of all ages receive information, advice and have access to support to keep those in their care healthy.
- People of all ages are encouraged to take part in regular physical activities within their communities
- We reduce health inequalities across all programmes and increase uptake and ease of access to national screening programmes for the eligible population specifically cervical screening
- We support and encourage the voluntary community faith and social enterprise sector to work with communities to develop and promote local physical activity opportunities that are accessible, affordable and appropriate
- Vulnerable adults are encouraged and supported to live healthy lifestyles, including taking part in regular physical activity, to maintain and improve their independence

8 Our priorities *Continued*

- We will seek feedback from residents to understand why some people do not want to, or feel unable to, take part in a physical or recreational activities to understand any barriers and inform work to improve engagement.
- Health and wellbeing issues are embedded into major planning applications and other local plans at county and district/borough levels
- We work with all partners to embed Health Impact Assessments in local plans and Town Investment Plans
- We work with, and influence local businesses of healthy food in under-served, low-income neighbourhoods and encourage existing retailers to offer more healthy products
- We promote and embed social prescribing for adults, children and older people

8 Our priorities *Continued*

8.3 Good emotional and mental wellbeing throughout life

Having good mental wellbeing is important to people's quality of life and the capacity to cope with life's ups and downs. We have lower levels of self-reported wellbeing and a high proportion of people with depressive disorders. In 2019/20, the prevalence of patients with severe mental illness (schizophrenia, bipolar affective disorder, other psychoses or on lithium therapy) was 0.81% in Hertfordshire, representing 10,377 individuals. While this was significantly lower than England (0.93%), it was significantly higher than Surrey and Warwickshire.[27]

Poor mental health is one the most significant and pervasive issues facing our society. One in ten children and one in four adults will experience a mental illness at some point in their life[28]. 112, 819 people aged 18+ in Hertfordshire were known to have depression in 2020/21[29]. Depression and anxiety are the most common and widespread mental health problems and are also known to disproportionately affect more deprived sections of society, contributing to poor quality of life.

Get, Set, Go! Stevenage FC case study

This project is run collaboratively with Stevenage FC Foundation & Mind in Mid Herts to ensure people with mental health problems can play the game that they love or find a new love for football. Stevenage Borough Council funded the pitch after initial funding ended. We are now fortunate to have received another award, which means that these sessions will be able to continue until next summer 2023.

"I was at a very bad point in my mental health, I saw it advertised and had an interest in football so decided to give it a chance. My partner always had a love for football but had to give it up as a profession after health issues. These sessions allowed me to get her involved too after I explained it was not a pressured environment and it was open to everyone. I get a buzz every time I come away, I feel good, and it is good to use energy or frustrations that have built up from the day/week stresses. It is such a friendly environment and no pressure to be at a certain level."

By a participant on Get, Set, Go!

8 Our priorities *Continued*

The latest Hertfordshire Suicide Audit (2019 – 2021) shows that there were 203 suicide deaths where the coroner inquest concluded between 1 January 202019 and 31 December 2021, with most deaths occurring deaths occurring in 2019 (39.4%) and 2020 (27.6%). The majority of suicide deaths was among males aged 40-49 followed by age 30-39[33].

It is estimated that there are approximately 850,000 people with dementia in the UK, 40,000 of which are younger people[34], and approximately 60,000 deaths each year directly attributable to dementia. It is estimated that there are 14,515 people over 65 living with dementia in Hertfordshire and it is projected this will increase to 12,897 people living with dementia by 2030.[35] There is an increasing number of people living with dementia, including a proportion of people who develop early onset dementia and people living with a comorbidity of both dementia and poor mental health.

'Comorbidity' is defined when someone has two or more conditions (physical, mental or neurological) and recognises the possibility of interactions and competing risks between conditions, meaning that comorbid conditions and their treatments can have effects greater than the sum of the individual conditions.

Higher rates of severe mental health problems, depression and dementia are experienced by adults with learning disabilities. It is estimated that 1 in 5 people with learning disabilities will develop dementia and 1 in 50 people with Down's Syndrome will develop dementia in their 30[36].

8 Our priorities *Continued*

A majority (69.0%) of people in care homes have dementia or memory loss. The prevalence of dementia among residents of care homes is slightly higher in women than men at all ages, estimated 62.7% for males and 71.2% for females [37].

The increasing number of older residents, particularly those living alone, is likely to result in increased levels of social isolation and depression. People with long-term conditions are 2-3 times more likely to experience mental health problems and Carers are also particularly vulnerable to mental health issues. In 2018/19(latest available data) the proportion of adult carers who had as much social contact as they would like in Hertfordshire was 22.2%. This is significantly lower than the England average (32.5%) [38], however, provisional 2019/20 data shows an increase to 23.7%. Other issues such as unemployment and poor housing can also contribute to mental ill health.

Mental health is known to be mutually and intrinsically linked with physical health and has been implicated as a risk factor for the development and progression of a range of non-communicable diseases such as cardiovascular disease and diabetes [30].

Mental health problems are associated with higher rates of smoking and alcohol and drug abuse, lower educational outcomes, poorer employment prospects, social disadvantage, that in turn increase the risk for physical health problems [31].

Data from the National Drug Treatment Monitoring System (NDTMS) shows that in England in 2019/20, 59% of adults starting drug or alcohol treatment said they had a mental health need. This ranged from 54% for people in treatment for opiates and 65% for people in treatment for non-opiate and alcohol problems. A quarter of those with mental health needs were not receiving any treatment for their mental health [32].

8 Our priorities *Continued*

We want fewer people to develop mental health problems and for more people with mental health problems to be able to recover, have a good quality of life and a positive experience of care and support and that we support people to remain well through prevention and early support, equipping people with the tools and support to manage their conditions, and have a good quality of life. We as partners will ensure:

- We address the stigma around mental health and champion initiatives such as the Just Talk campaign
- We develop a wider understanding of mental health, learning disabilities and autism across organisations and communities including Mental Health First Aiders and promote and support activity and strategies that help people to manage their own emotional, mental health and wellbeing such as the 5 Ways to Wellbeing - which are about staying connected, keeping active, taking notice of the moment, learning new skills and giving to others.
- Children, adults and older people are supported to be socially connected in their communities to overcome isolation, build resilience and increase social connections
- Children and young people receive emotional and mental wellbeing support in a range of settings, including the further development of the Mental Health Support Teams in schools initiative
- We provide a wellbeing offer that supports early identification of mental health problems and improve early identification both through healthcare pathways and in our work with the community
- The physical health of people with serious mental illness, learning disabilities and autism is prioritised and the stark differences in life expectancy for people with serious mental illness and/or learning disabilities is addressed
- Hertfordshire develops a strategic all-age approach to supporting people with neurodiversity including Autism and ADHD

8 Our priorities *Continued*

- People with dementia are diagnosed earlier and supported by integrated services and in dementia friendly communities
- We provide tailored support for people who are homeless or sleeping rough, considering issues such as ability to commit to treatment, chaotic lifestyles and dual diagnosis
- We will Strengthen prevention, detection and treatment of active TB and/or LTBI in higher risk groups across Hertfordshire and review and improve the effectiveness and delivery of communications used to increase awareness of TB
- People in crisis receive appropriate and timely support from all organisations
- That, in line with Hertfordshire's Suicide Prevention Strategy, we work together so that no one gets to the point where they feel that suicide is their only option

8 Our priorities *Continued*

8.4 Reduction in smoking and substance misuse

Guidance from the National Institute for Health and Care Excellence (NICE) states that tobacco use is the single greatest cause of preventable deaths in England, killing over 80,000 people per year, and that alcohol consumption is associated with many chronic health problems including psychiatric, liver, neurological, gastrointestinal and cardiovascular conditions and several types of cancer.

Parental drinking can also impact upon children's health outcomes and later likelihood of drinking. Children of substance abusing parents are more than twice as likely to have an alcohol and/or drug use disorder themselves by young adulthood as compared to their peers [39].

Alcohol is also linked to a number of social problems, including recorded crime assaults and domestic violence. In Hertfordshire in 2020/21, there were 3,800 hospital admissions for alcohol-specific conditions and 12.6% of people aged 18+ currently smoke. Our ambition is for partners to work together to reduce harmful behaviours, with a reduction in the associated health inequalities and anti-social behaviour.

Substance misuse is defined as "either alcohol use above low risk levels or non-medicinal use of drugs prohibited by law" [40]. There is consistent evidence of an association between substance misuse and parental conflict. The Children's Commissioner's Office (2019) has estimated that 308,000 children in England live with at least one high risk drinker over 18 years old; 515,000 children in England and Wales live in households that report use of any drug and 472,000 children in England and Wales live with an adult who has reported to be dependent on alcohol or drugs.

The negative effects on children of living with a substance misusing parent are well documented and include an increased risk of externalising and internalising behavioural problems, cognitive impairment, physical and mental health problems, and problematic substance misuse, as well as a range of other impacts [41].

8 Our priorities *Continued*

We want fewer people in Hertfordshire to start smoking or become dependent on alcohol and substance misuse. We will help more people to quit smoking, leading to fewer people with smoking-related health conditions and fewer smoking-related hospital admissions. We want to see a reduction in the number of residents who smoke or are dependent on alcohol and other substance use. We as partners will ensure:

- Children, young people, and their families have access to information and can seek positive advice on the risks of smoking, alcohol, and substance misuse
- We improve visible signage in public places and include a clear message on the risk of harm from smoking on signage as part of a campaign to raise awareness
- Continue to promote and raise awareness of the harms caused by smoking and substance misuse, promote lower risk drinking and encourage a healthy approach to alcohol
- We improve early identification and support for smoking cessation, alcohol, and substance misuse to those who are most vulnerable including people with poor mental health, and ensure people know how to seek/access available support
- We expand prevention work with students in schools, colleagues and university and engage with voluntary and community groups to support this area of work
- We introduce smoking bans in areas where more vulnerable people congregate for example outside schools and smoke free zones in more parks and public areas

8 Our priorities *Continued*

8.5 A healthy standard of living for all

Insufficient income is associated with long-term physical, mental health and low life expectancy.[42] The Covid-19 pandemic and associated containment measures have led to declining incomes and an increasing precarious financial position for many, which has exacerbated already concerning levels of poverty, debt and financial insecurity in the country.

The level of and impact of containment measures has varied considerably between households, according to their prior socio-economic position and has led to further widening of income inequalities, which is being exacerbated by the current rise in cost of living, with those who are unemployed or on low wages, impacted most.

Of particular concern are those families and households who have been 'just about managing' but due to increased costs (utilities, food, fuel and housing) are in need of support to avoid falling into poverty.

Benefit rates increased by 3.1% from April 2022. Wages are rising at an average of 4.3%. However, The Institute for Fiscal Studies recently reported that, whilst the ONS puts the inflation rate at 9%,

Herts and West Essex ICB anonymised social prescribing case study

Shaun is in his early sixties and was referred for social prescribing by his GP because of social and health anxiety relating to COVID. Shaun was socially isolated and wanted help to gain the confidence to leave the house.

- He shared with the link worker that he suffers from respiratory and a heart condition and was also overweight and struggled to walk a short distance owing to breathlessness and angina.
- His feeling of isolation and lack of purpose intensified during the pandemic.
- He had isolated himself from his friends and family and felt bad about himself and the impact he was having on them.
- The link worker helped him access The British Lung Foundation as well as engaging with his surgery, to review his medication and was also referred to the Respiratory Team, where he was able to feel more in control of his medication and understand how to manage his condition more confidently, and over time began to feel more in control of his health.

8 Our priorities *Continued*

“Because so much of the increase was driven by the increase in the gas and electricity tariff cap, poorer households who spend more of their budgets on gas and electricity, faced an even higher rate of inflation. We estimate that the poorest 10% of households faced an inflation rate of 10.9%....whilst for the richest 10% it is 7.9%”. The poorest households spend 11% of their total household budget on gas and electricity, compared to 4% for the richest households[43] (“)

When people cannot afford heating, it can affect their heath. The report, The Health Impacts of Cold Homes and Fuel Poverty published by Institute of Health Equity (IHE) in 2011 showed that the effects of cold homes contribute to excess winter mortality and that 21.5 percent of excess winter deaths can be attributed to cold housing. In Hertfordshire, in 2019/20, there were 500 excess winter deaths (excluding deaths caused by Covid-19). The report also showed a strong relationship between cold indoor temperatures and cardiovascular and respiratory diseases.

Children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems as children living in warm homes and mental health is negatively affected by fuel poverty and cold housing for all age groups. More than one in four adolescents living in cold housing are at risk of multiple mental health problems compared with a rate of one in 20 for adolescents who have always lived in warm housing[44]. Cold housing increases the level of minor illnesses such as colds and exacerbates existing conditions such as arthritis and rheumatism.

8 Our priorities *Continued*

In England households are regarded as fuel-poor if they have fuel costs that are above the national median level, and were they to spend that amount, they would be left with a residual income below the poverty line.[45]

Rough sleeping is associated with tri-morbidity (physical and mental ill-health combined with substance misuse). On average, rough sleepers die 30 years earlier than the general population[46]. We will promote healthy lives and well-being for all across all ages. We as partners will ensure:

- Young and adult carers have access to a clear offer that includes information, advice and support to live healthy and fulfilling lives
- We continue to implement Building Life Chances programme to respond to food insecurity and fuel poverty and ensure people have access to benefits advice and debt management support through the Council's Money Advice Unit and Citizens Advice Network.
- We continue to work collaboratively with districts/borough councils to promote, influence and protect healthy food environments, so that residents have access to a diverse healthy food offer
- We work with voluntary, community, faith, and social enterprise sector to promote wellbeing and early support/help offer to residents by making it clear, visible and accessible to all residents
- People have access to information, advice and are supported to access welfare benefits that they are entitled to
- We encourage residents to take advantage of any national grant schemes on energy efficiency and warmer homes that are available
- We continue to integrate and strengthen services and wellbeing support for older people (including those at the end of life) as part of an all-age model, including support to address loneliness and isolation
- We scale-up and standardise brief interventions, such as Making Every Contact Count, across all settings of care, with shared principles and training for front-line staff
- We will provide equitable and timely access to sexual health and reproductive health services and information in a variety of settings such as GP surgeries, on-line, pharmacies, sexual health clinics and young people settings

8 Our priorities *Continued*

8.6 Healthy and sustainable places and communities

The physical, economic and social characteristics of housing, places and communities we live in have an important influence over our physical and mental health and wellbeing and our economic welfare and social wellbeing are closely linked to the quality of the environment. There is now strong evidence that the environment influences and shapes health and wellbeing outcomes. A well-designed public realm with high quality green open space will encourage physical exercise, improve mental health and emotional being and increase biodiversity.

Air pollution is the largest environmental risk to the public's health, contributing to cardiovascular disease, lung cancer and respiratory diseases. The fraction of mortality (aged 30+) attributable to particulate air pollution in Hertfordshire in 2019 was 5.7%, higher than East of England average at 5.5% and England at 5.1%[47].

HILS active ageing services case study

"Before the project I could not get outdoors to get to my garden. I could only walk around my house with a frame. I now go into my garden. I am able to go out with my family with a stick and a short distance by myself with a walker. I also had a frame around my toilet, this has now been removed. I am able to stand up from a chair more easily and now walk more upright. There are a lot of things that I can now do thanks to the time that Tania has spent with me and built up my confidence." – HILS Active Ageing Participant

8 Our priorities *Continued*

There are a number of direct and indirect links between exposure to noise and health and wellbeing outcomes. Exposure to noise can cause disturbance and interfere with activities, leading to annoyance and increased stress. Furthermore, there is increasing evidence that long term exposure to high levels of noise can cause direct health effects such as heart attacks and other health issues[48].

Noise exposure is determined by strategic noise mapping (produced in connection with the Environmental Noise Directive (END)) using national calculation methods and input data on road, rail and air transport noise (supplied from the relevant authorities). The results are overlaid on a residential population dataset to determine number of people exposed per authority. In Hertfordshire[49]. In Hertfordshire, the percentage of the population exposed to road, rail and air notice in 2016 (latest available data), was 5.1% (65Db(A)) in daytime but significantly higher at 9.2% (65Db(A)) in the nigh time, significantly higher than regional average of 5.6% and national average of 8.5%.

The 2020, UKCCC (Climate Change Commission) Health Equity Report highlights how direct and indirect impacts of climate change will widen existing health inequalities in the UK. It warns that the most vulnerable will be hit hardest unless health equity is considered alongside future government greenhouse gas targets and highlighted the direct impacts on physical and mental health caused by climate change include changing exposure to heat and cold, increased exposure to UV radiation, air pollution, pollen, emerging infections, flooding and associated water-borne diseases, and the impacts of extreme weather events such as storms and floods.

8 Our priorities *Continued*

The report also highlighted the indirect impacts that will occur because of climate change's impacts on the livelihoods of individuals, on prices of food, water, and domestic energy; on utilities and supply chains that are at risk from extreme weather conditions, on global security – and on the increasingly complex interactions between these factors[50].

Housing costs have significantly increased in England and with the current rising cost of living on top of this, the impact will be most felt by lower income households who are facing a painful squeeze on their incomes. Not being able to afford decent housing increases blood pressure and hypertension, depression and anxiety[51].

Poor-quality housing harms health and evidence shows that exposure to poor housing conditions (including damp, cold, mould, noise) is strongly associated with poor health, both physical and mental[52]. The longer the exposure to these conditions, the greater the impact on mental and physical health. Specific physical effects are morbidity including respiratory conditions, cardiovascular disease and communicable disease transmission, and increased mortality.

Housing affects health, and health inequalities, in many ways, including through cost, housing conditions and security of tenure. Living in non-decent, cold or overcrowded housing and in unaffordable housing has been associated with increased stress and a reduction in a sense of empowerment and control over one's life.

Children living in overcrowded homes are more likely to be stressed, anxious and have poorer physical health, attain less well at school and have a greater risk of behavioural problems than those in uncrowded homes[53].

In 2019/20, the crude rate of households owed a prevention or relief duty under the Homeless Reduction Act was 10.8 households per 1,000 population (equating to 5,238 households), which was significantly lower than England. However, Welwyn Hatfield (20.3), Stevenage (18.0) and Broxbourne (16.4) have a significantly higher rate than England[54].

8 Our priorities *Continued*

Poor air quality contributes to shortening life expectancy and disproportionately impacts the most vulnerable in society. Poor air quality impacts every organ in the body exacerbating heart and lung conditions such as asthma and chronic obstructive pulmonary disease. Research links it to some of the chronic disease of our time such as dementia and diabetes. In Hertfordshire, 5.8% of deaths in 2020/21 were estimated to have been due to particulate air pollution.

The excess winter mortality index (EWMI) in 2020 to 2021 showed that 36.5% and 32.3% more deaths occurred in the winter months compared with the non-winter months in England and Wales respectively, and the EWMI for England was significantly higher than all previous periods[55]. In Hertfordshire, 500 excess winter deaths occurred in 2019/20 (excluding deaths caused by Covid-19)[56].

8 Our priorities *Continued*

Our Sustainability and Air Quality strategies and the action plans created by district and borough council partners both outline our commitment to fulfilling our obligations for air quality management and how we will monitor the effectiveness of policies and measures that are introduced to reduce levels of pollution. We will need to act across the local system to ensure air quality and climate change is an integral part of everything we do, through minimising air pollution, building energy efficient homes, promoting sustainable and healthy food, and prioritising active and safe transport. We as partners will ensure:

- We develop productive relationships with partners, to achieve positive air quality outcomes
- We reduce levels of pollutants within the air that we all breathe with a focus on indoor and external air quality
- We promote the use of green space within Hertfordshire and encourage the use of public transport, thus becoming a cleaner and healthier county.
- We promote a more efficient transport network, encouraging reduced congestion and reliable public transport.
- We engage schools, local businesses and other partners in schemes and initiatives which will make Hertfordshire's air cleaner.
- We tackle unhealthy environments by delivering improved infrastructure for safe walking and cycling and by providing easy access to public transport in local areas
- We work in partnership with voluntary, community, faith and social enterprise sector (through the Community Forum and Alliance) and local communities to co-produce local solutions and implement the Health Creation Strategy
- Through all we do, we work to create healthy streets and places by promoting spaces where everyone feels welcome, where people feel safe and relaxed, and where there are features that promote use by all, such as not being too noisy, having places to rest, shade and shelter and things to see and do.
- We protect our environment by reducing pollution and waste, protecting natural areas and biodiversity, and enforcing regulations that keep our water and air clean

9 Strategies and plans that contribute to health and wellbeing

There are a number of strategies, strategic plans and programmes that contribute to the delivery of the Health and Wellbeing Strategy. These include:

Adult Care Services Plan 2021 – 2025

Air Quality Strategy 2021

Sustainable Hertfordshire Strategy 2020

Mental Health Strategy 2022 –2027

Hertfordshire County Council Covid-19 Recovery Strategy

Children's Services Plan for Children and Young People 2021 – 2026

The Community Safety and Criminal Justice Plan for Hertfordshire 2022 – 2027

Sensory Strategy 2020 – 2023

SEND Strategy 2022 – 2025

A Carers Strategy for Hertfordshire 2021 - 2025

Domestic Abuse Strategy 2022 – 2025

Early Years Strategy 2021 – 2025

Strategic Plan for 2022-2027 - Herts Sports Partnership (sportinherts.org.uk)

Health Creation Strategy

All-Age Autism Strategy (in development)

9 Strategies and plans that contribute to health and wellbeing *Continued*

Hertfordshire Corporate Plan 2022 – 2025

Hertfordshire Skills and Employment Strategy 2021 – 2024

Hertfordshire Neglect Strategy 2021 – 2024

Hertfordshire School Improvement 2021 – 2026

Hertfordshire Serious Violence Strategy and Delivery Plan 2021 – 2026

Hertfordshire In-house Fostering Strategy 2020 – 2022

Hertfordshire's Local Transport Plan 2018 - 2031

The NHS Long Term Plan 2019

Early Help Strategy 2021 – 2024

Sexual Health Strategy 2019-2024

Public Health Strategy 2022 - 2027

Hertfordshire Dementia Strategy 2022 -2027

Hertfordshire Suicide Prevention Strategy 2020-2025

Physical Health Strategy for People with Mental Health, Learning Disabilities and Autism (in development)

10 Leadership, governance and performance monitoring

The Health and Wellbeing Board is accountable for the delivery of the Health and Wellbeing Strategy, overseeing its implementation, progress and performance and holds all partners across the local system including district/borough Councils, NHS/Health, the County Council, Police, Voluntary, Community, Faith and Social Enterprise sectors etc for the delivery of the priorities in the Health and Wellbeing Strategy.

A performance framework will be developed with indicators for each priority (performance dashboard) to monitor progress of delivery and a progress report will be produced annually for the Health and Wellbeing Board to examine progress, explore key challenges, and identify mitigating solutions. Residents' feedback will be integral to this process. This will be presented to Board, partners, and residents.

We are in a period of transition across the local health and care system with the establishment of Integrated Care Systems (ICS) as statutory bodies in all parts of England from 01 July 2022. ICSs are a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. The Hertfordshire and West Essex ICS go live on 01 July 2022. Each ICS will be made up of Integrated Care Partnership (ICP) and Integrated Care Board (ICB).

- The Integrated Care Partnership (ICP) is a statutory committee responsible for bringing together organisations involved with improving the health care, health and wellbeing of the population. The ICP coordinates joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development; and is responsible for producing an Integrated Care Partnership strategy on how to meet the health and wellbeing needs of the population in the ICS area.
- The Integrated Care Board (ICB) is a statutory NHS organisation responsible for the NHS budget and functions – including developing a plan for meeting the health needs of the population and arranging for the provision of health services in the ICS area. The Integrated Care Board (ICB) will replace the current clinical commissioning groups (CCGs) from 01 July 2022.

10 Leadership and performance monitoring *Continued*

The priorities in this strategy (Hertfordshire Health and Wellbeing Strategy 2022 – 2026) and Essex Health and Wellbeing Strategy 2022 – 2026 will together form a key element of the ICS Integrated Care Strategy for Hertfordshire and West Essex to be published in December 2022. The Health and Wellbeing Board and the Integrated Care Partnership will agree an implementation plan and a performance framework aligned to the priorities of the Health and Wellbeing Strategy and the Integrated Care Strategy. The implementation plan will be co-produced with partners and Hertfordshire and West Essex residents.

The Health and Wellbeing Board and the Integrated Care Partnership will work together providing oversight, strategic steer and hold partners accountable for the development of a joint implementation plan and delivery of the priorities from both strategies that will lead to improved care, health and wellbeing of residents.

11 Appendices

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Hertfordshire

Creating a cleaner, greener, healthier Hertfordshire

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