

# Director of Public Health Report 2017



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# 1. Introduction

Welcome to my first Annual Public Health Report. Last year's report was focused on adults' health and wellbeing and gave an account of the factors that could affect health and wellbeing and what an individual could do to prevent or minimise the risk of ill health. This year's report is an opportunity for me to share some examples of the good work we are already doing and set out my strategic approach to improve the health and wellbeing of the people of Herefordshire.

Herefordshire has been witnessing a gradual rise in the healthy life expectancy, but it is significantly lower than life expectancy at birth. There is also a gap in the healthy life expectancy and life expectancy at birth between those living in the most and least deprived neighbourhoods. Therefore, the key public health challenge is not only to increase the healthy life expectancy and bring it closer to life expectancy at birth, enabling people to live longer in good health, but also to reduce the inequality gap between those living in the most and least deprived neighbourhoods, so people across Herefordshire can enjoy the same life expectancy. In order to reduce the inequality gap, I will focus on influencing the wider determinants of health and adopt assets and strengths based approaches. We all know that Herefordshire is a resourceful county and is blessed with numerous valuable community assets.

Herefordshire Council has been receiving a Department of Health Ring Fenced Grant since 2013, which has largely been used to commission public health services. Additionally, the council also commissions a number of other services, such as children's centres, leisure facilities and Fastershire (a digital inclusion programme),

which have an impact on the health and wellbeing of the population. I will continue strengthening the joined up working across the council, facilitating and enabling individuals and teams to embed public health interventions in their core business, to help deliver and achieve public health outcomes. This is part of my approach to achieve our ambition of making public health everyone's business.

We have been working in a difficult financial climate and increased demand for health and social care is compounding these financial pressures on both Herefordshire Council and NHS commissioners. Therefore, developing more effective prevention to reduce preventable multiple long term conditions and demand management are key challenges across the health and social care system. In this context, I'm quite heartened by the One Herefordshire vision and believe that public health will play a pivotal role in translating this vision into reality with tangible outcomes for the people of Herefordshire.

Finally, I look forward to working with colleagues across the county, who have already been doing a great amount of work to make a difference to the health and wellbeing of our county's residents.



**Karen Wright**  
Director of Public Health

We welcome the Annual Public Health Report 2018, which is the first report from our new Director of Public Health, who joined Herefordshire Council in March 2018. At the very outset, Karen has expressed her vision to “make Herefordshire Council a public health council”. We appreciate this is a very ambitious and challenging task, but we believe in her commitment and enthusiasm. This report sets out her joined up partnership approach, which will turn this vision into a reality.

This report highlights a number of successes we have achieved with our partners over the last few years to improve the health and wellbeing of our residents. We’re delighted that people in Herefordshire are living longer, but we need to ensure the additional years of life gained through increased life expectancy, are of a good quality which minimise disabilities and maximise independence.

The report also covers a number of population health challenges facing Herefordshire, but we’re pleased to see a strategic approach is being developed to tackle them, and we’re reassured that Karen and her public health team will drive the prevention agenda across the county. By endorsing her approach, we aim to maximise influencing the wider determinants of health to create a supportive environment where adopting healthy lifestyles is easy and practicable and sustainable in the long term.

We also acknowledge the mounting pressure on the health and social care system and managing growing demand within the available limited resources will be a key challenge. The One Herefordshire vision offers a plausible solution to build a sustainable health and

social care system within the county and the report confirms the Director of Public Health’s commitment to support this vision. We also need to continue striving to build resilient communities, where a culture of mutual support flourishes to underpin the One Herefordshire vision.

Finally, we look forward to seeing the development and delivery of the prevention agenda across the county.



**Councillor Johnathan Lester**  
Leader of the Council



**Alistair Neill**  
Chief Executive



**Councillor Paul Rone**  
Cabinet member for Health and Wellbeing



**Stephen Vickers**  
Interim Director for Adults and Wellbeing

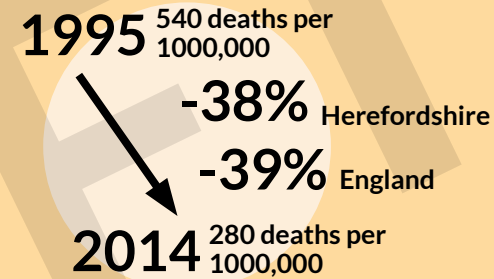
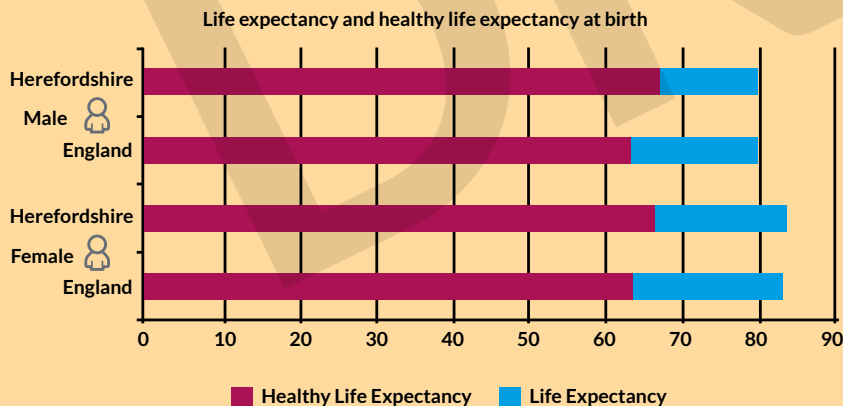
## 2. Herefordshire health and wellbeing profile

### Overall life expectancy and mortality

People born in Herefordshire are expected to live for longer, and in good health, than their peers nationally.

**Life expectancy:** For males born in Herefordshire in 2014-16 the average life expectancy is 80.1 years, while for females it is 83.6 years. Both figures have declined slightly since 2012-14, but for males is similar to England and higher than the West Midlands region and for females, higher than for both.

**Healthy Life Expectancy:** In 2014-16 the healthy life expectancy in Herefordshire was 67.4 years for males and 66.5 years for females, both higher than the national figures.



Both mortality and premature (below 75) mortality continue to fall, and remain lower than national levels, and compared to similar areas

The all cause directly age standardised mortality rate for Herefordshire was 937 per 100,000, lower than the England rate (960) and representing an overall downward trend from 1,054 in 2007.

Between 1995 and 2014 the directly standardised premature mortality rate in Herefordshire has shown a steady downward trend, falling from 540 to 280 per 100,000 of the population (a fall of 38 per cent – similar to the 39 per cent seen nationally and amongst comparators). (530 deaths).

# Premature death

Deaths in a year: 2,100

Premature deaths in a year: 530

Herefordshire

3 in 12 people in Herefordshire die prematurely



England

4 in 12 people in England die prematurely



Three leading causes of premature death

- Cancer (43%)
- Chronic Heart Disease (14%)
- Respiratory Disease (9%)





## What Herefordshire does well

### Employment

Unemployment rate of 3.1% remains significantly lower than nationally (4.4%) and regionally (5.4%) and is at its lowest since 2004/05



### Homelessness

Homelessness rates are lower in Herefordshire than England

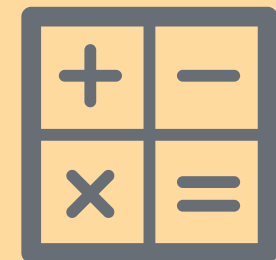
#### Rates of homeless applications

**1.4 per 1000** Herefordshire  
compared to  
**5.0 per 1000** England

### Good Level of Development (GLD)

Children achieving GLD at the end of reception class:

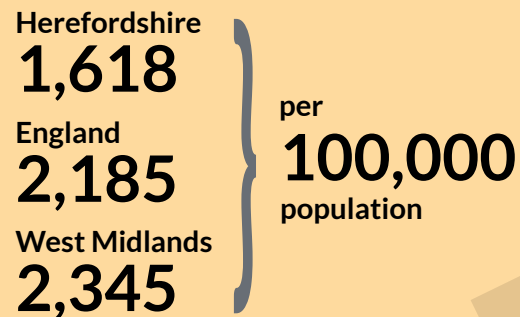
Herefordshire  
**75%**  
England  
**71%**



# What Herefordshire does well

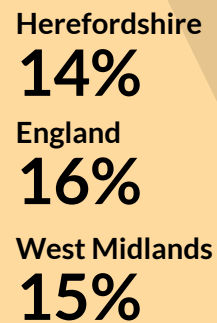
## Alcohol harm

Hospital admissions for alcohol-related conditions (all ages):



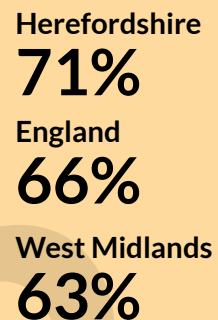
## Smoking

Adults who smoke:



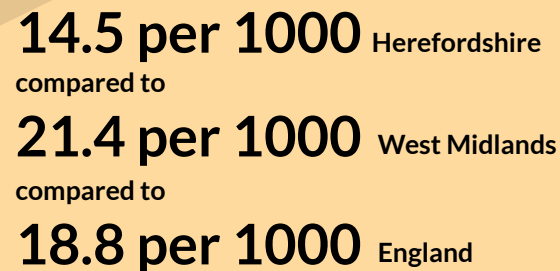
## Physical Activity

Adults undertaking 2.5 hours of moderate physical activity:



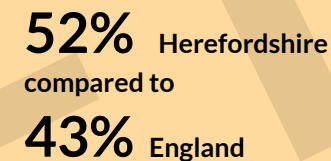
## Teenage pregnancy

Teenage pregnancies remain lower both nationally and regionally



## Breastfeeding

More mothers in Herefordshire breastfeed their babies



## Immunisations

Childhood immunisation rates are good, with uptake for most now exceeding the target level of 95%.





# What concerns us most

## Earnings

Female earnings are 10% less than males



**19%** lower than England

**13%** lower than West Midlands

## Fuel poverty

Herefordshire **17%** (13,300 households)

England **11%**

West Midlands **14%**



## Alcohol harm - children

Hospital admission rates for alcohol specific conditions amongst under 18s:

Herefordshire **41**

England **34**

West Midlands **29**

per **100,000** population

## Under 18 mental health related hospital admissions

Herefordshire **167**

England **82**

West Midlands **84**

per **100,000** under 18s

## Dementia

The percentage of over 65 year olds estimated to have dementia who have been formally diagnosed is below the national target (66.7%)

Herefordshire **59%** diagnosed

England **68%** diagnosed

West Midlands **66%** diagnosed

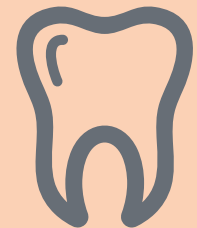
## Dental health

Five year olds with at least one decayed, missing or filled tooth:

Herefordshire **31%**

England **23%**

West Midlands **26%**



# What concerns us most

## Obesity

Overweight or obese adults:

Herefordshire

**63%**

England

**61%**

West Midlands

**64%**



Overweight or obese children  
(10-11 year olds):

Herefordshire

**35%**

England

**34%**

West Midlands

**37%**



## High blood pressure

Percentage of patients with  
hypertension:

Herefordshire

**16%**

England

**14%**

West Midlands

**15%**



## Coronary heart disease

Herefordshire

**3.5%**

England

**3.2%**

West Midlands

**3.3%**



## Stroke

Herefordshire

**2.3%**

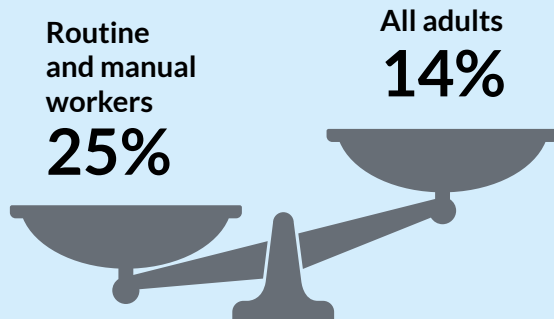
England

**1.7%**

# Health inequalities

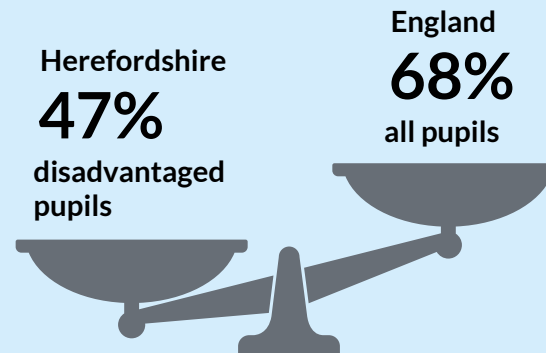
## Smoking

Adults in routine and manual occupations in Herefordshire are much more likely to smoke than the population overall



## School achievement

Disadvantaged children are less likely to reach the expected standard in reading, writing and maths at Key Stage 2



## Premature deaths

People living in the most deprived areas of Herefordshire are:

29% more likely to die prematurely of coronary heart disease;

71% more likely to die prematurely of stroke;

22% more likely to die prematurely of cancer;

19% more likely to die prematurely by suicide than those in the least deprived



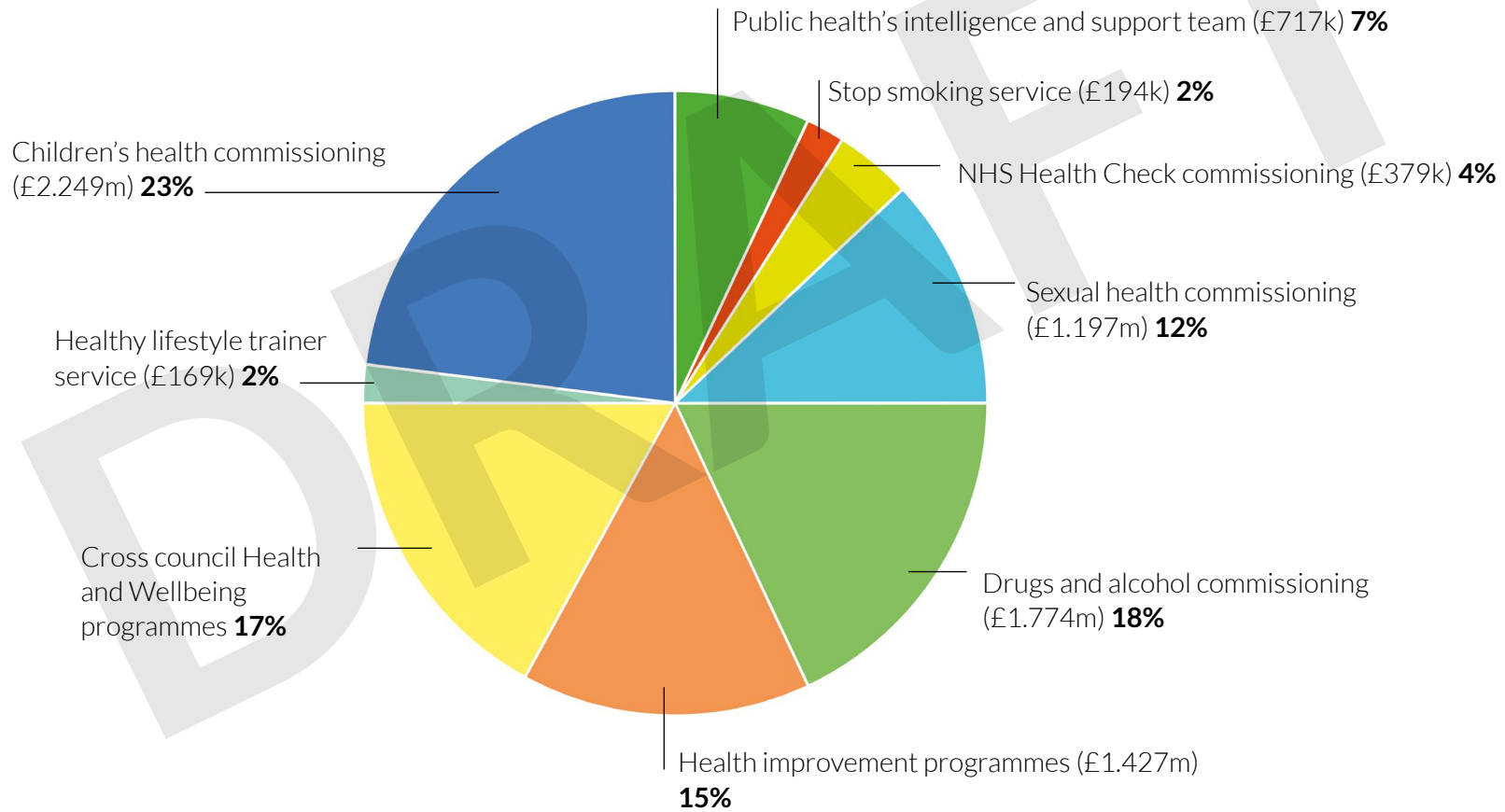
## Life expectancy

Females born in the most deprived areas of Herefordshire can expect to live 2.6 years less than those living in the least deprived areas; males 3.9 years less.



# 3. Council public health spend

Public health grant 2016/17  
Herefordshire's allocated budget: £9.706million



## Sexual health commissioning (£1.2m)

We commission an Integrated Sexual Health Service, which provides the following services:

- Open access to diagnosis and treatment of sexually transmitted infections (STIs) services through booked appointments and drop in clinics in Hereford city centre
- Open access to free contraception services at the Sexual Health Clinic in Hereford and at GP practices
- The prevention and testing of people at higher risk of contracting HIV
- Provision of online testing for STIs and HIV
- Provision of free emergency hormonal contraception at community pharmacies
- A free condom distribution service to under 25's

## Drugs and alcohol commissioning (£1.8m)

We commission an Integrated Substance Misuse Service, which offers:

- Open access structured psychosocial treatment to support recovery from drug and alcohol misuse in Hereford, Ledbury, Leominster and Ross-on-Wye
- Substitute prescribing clinics in Hereford, Ledbury, Leominster and Ross-on-Wye and in partnership with selected GP practices
- Access routes to peer support and recovery networks
- Group psychosocial interventions
- Skill based activities
- Young person's drug and alcohol service
- In-reach service at Hereford County Hospital's A&E Department
- Criminal justice service delivery in partnership with police and probation
- Needle exchange
- Blood borne virus testing

## Children's health commissioning (£2.2m)

We commission public health nursing service, bringing together health visiting and school nursing. This offers universal and targeted services for families with children and young people up to 19 years. The National Child Measurement Programme weighs and measures reception class and year 6 children across the county, while the Healthy Start Vitamins Scheme provides free vitamins to eligible mothers and children.

## Health improvement programmes (£1.4m)

We commission / deliver a number of health improvement programmes, including:

- A falls prevention / postural stability pilot programme, which aims to reduce falls across the county
- Active HERE which targets inactive residents and supports them to become more active
- A number of local and national awareness campaigns, including mental wellbeing, healthy eating and physical activity
- Making Every Contact Count (MECC) through the implementation and development of local training and resources
- The ASSIST Programme, which is a smoking prevention programme aiming to reduce adolescent smoking prevalence by working with influential year 8 students to become peer supporters

## NHS Health Check commissioning (£0.4m)

This service offers a cardiovascular disease (CVD) risk assessment for healthy individuals aged 40 to 74 every five years. Any individuals identified as being at a higher CVD risk, are signposted to appropriate services for prevention or treatment interventions.

## Stop smoking service (£0.2m)

The public health team offers support and advice to those who want to quit smoking as part of a universal offer. The stop smoking service offers behavioural support and pharmacotherapy to targeted groups, such as pregnant women and high risk individuals with long term medical conditions.

## Healthy lifestyle trainer service (£0.2m)

This service offers free and confidential practical advice and support to people aged 16 years and over who want to address their lifestyle behaviours such as quitting smoking, eating, drinking, reducing risk of diabetes.

# 4. Case studies

How has the public health team helped to support people in Herefordshire?

Here's a few interesting short films to demonstrate the positive impact of our work....

## Active HERE

Active HERE is a joint Sport England and Herefordshire public health funded project designed to support inactive people to become more physically active.

### Did you know?

**7 in 10** inactive people who engaged with Active HERE became more active

Take a look at the Active Here infographic on page 16

Watch our film...



Sarah Volpe and Zoe Hooper, Active HERE

## Cycling for children

Free holiday cycling activities are offered for children including Learn to Ride, Cycle Skills, Fix-It and Scooter Skills Sessions. Bikeability cycle training is also provided for all Year 5 and Year 6 primary pupils.

### Did you know?

Between Apr 1 2017 and March 31 2018

**251** children attended the Learn to Ride course

**318** children attended the Cycle Skills/Bike Club courses

**1092** children achieved Bikeability level 2

Watch our film...



John Walker and Steve Genner, Cycle training

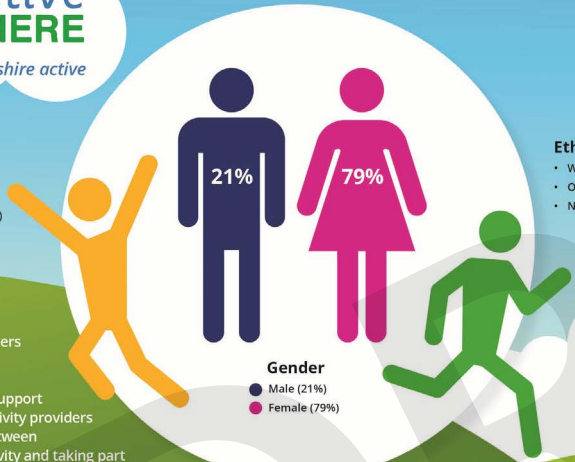


**Age**

- Aged 18-34 (11%)
- Aged 35-44 (7%)
- Aged 45-59 (27%)
- Aged 60 and over (44%)
- Not Declared (11%)

**What mattered to the person**

- Socialising with others
- Fitting in
- Feeling confident
- Motivated due to support
- Independent of activity providers
- Bridges the gap between contemplating activity and taking part



**Gender**  
 ● Male (21%)  
 ● Female (79%)

**Ethnic Background**

- White British (89%)
- Other Ethnic Background (4%)
- Not Declared (7%)

**79 providers of physical activity sessions over 250 activities available**

**How participants heard about Active HERE**



**Significant barriers to participating in physical activity prior to joining Active HERE:**

- Difficulty finding local sessions
- Seasonal activities
- Chronic illness and fatigue
- Worries about safety of activity for health condition
- Concerns about not fitting in to a group

**Number of days per week taking part in sport**



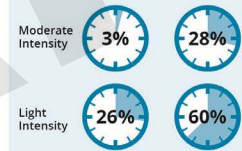
0 days (99%)  
 1 day (1%)



0 days (29%)  
 1 day (25%)  
 2-3 days (23%)  
 4-5 days (23%)

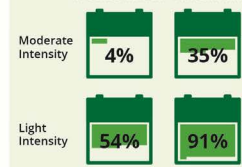
**30+ minutes spent exercising**

Pre-Intervention At 12 weeks



**1+ Days of Exercise Per Week**

Pre-Intervention At 12 weeks



**Long-Term Health Conditions**

- None (40%)
- One (31%)
- Two (17%)
- Three (7%)
- Four or more (5%)

**Utility of a person-centred intervention**

- Provision of tailored information, suitable to an individual's circumstances
- Regular contact with an interested person

**Average Self-Efficacy scores**



Pre-intervention (29.00/40)



At 12 weeks (33.22/40)





## DECIPHer-ASSIST Programme

ASSIST is a peer support smoking prevention programme which trains influential Year 8 students to work as peer supporters. Peer supporters are trained and supported to have informal conversations about the risk of smoking and the benefits of being smoke free.

### Did you know\*?

**8** Herefordshire high schools have been part of the programme

**14** programmes have been delivered

**335** year 8 students have trained to become a peer supporter

**1,473** peer conversations have taken place (so far)

\* Between 2015 and 2018

Watch our film...



Cath Warren, Bright futures 4 Youth

## Postural stability pilot

This pilot programme helps older people increase their strength and balance by doing exercises in groups.

### Did you know\*?

Over **900** fall related hospital admissions were recorded for residents aged 65 and over

**Two thirds** (approximately) were female

**Deprived areas** in Herefordshire have the highest rate of fall related hospital admissions

\* In 2015/16



Emma Gardner, Herefordshire and Worcestershire Sports Partnership and Jackie McMillan from Halo Leisure Services

## Healthy lifestyle trainer service

This service is free and confidential and offers practical advice and support to people aged 16 years and over who want to change their lifestyle.

### Did you know?

**572** health assessments have been carried out in the last 12 months

**302** personal health plans have been completed and of these, 50% achieved the outcomes in their plan and 30% part achieved them.

People who took part found that they:

- lost weight
- were more active
- felt better and healthier
- ate more fruit and vegetables and less fried and fatty food
- drank less alcohol

Watch our film...



Luke Bennett, Herefordshire Council's healthy lifestyle trainer service

## Teen health podcasts Health Uncovered with Cel Spellman

Herefordshire's public health team took part in the development of a health podcast trial aimed at getting more young people in tune with their health and wellbeing. The podcasts were by young people for young people.

### Did you know?

**10** teen health podcasts were created

**9,000** downloads (so far) and counting

**859** downloads for Herefordshire's mental health podcast, which is the third most popular download

Watch our film...



Cell Spellman

## 5. Our future vision

Over the coming year I am recommending that One Herefordshire and our Health and Wellbeing Board lead and galvanise efforts to take the following priorities forward.

Over the next few years we will:

1. Strengthen our approach to embedding **health in all policies, strategies and commissioned services**. A key priority will be to influence the Hereford Area Plan and significant Neighbourhood Plans to ensure that we take every opportunity to create environments that support health and wellbeing.
2. Work with Herefordshire's Health and Wellbeing Board and other partners to develop a comprehensive **oral health plan** to tackle issues of poor oral health in children. A key priority will be to assess the feasibility of fluoridating the mains water supply.
3. Work with Herefordshire's Health and Wellbeing Board and other partners to develop and implement a **healthy weight plan** which focuses on reducing obesity in children. A key priority will be to use current data to target our work with communities, schools and parents.
4. Work with partners to develop a co-ordinated approach which focuses on what people can do to take care of themselves and **build individual and community resilience**. The key priorities will be aligning the developing approaches already in place to ensure people are connected to local assets and frontline staff are equipped with the skills and confidence to work with communities and **Make Every Contact Count**.
5. Work with our partners to develop an **ageing well plan**, which responds to the findings in the ageing well needs assessment and the deep dive analysis of the problems of cardiovascular disease and hypertension. A key priority will be to keep people active and connected throughout their life to reduce the risk of multiple long term conditions developing, which can reduce healthy life expectancy.
6. Develop the **Healthy Living Network** to enable community and voluntary organisations, businesses, partners and residents to actively champion health and wellbeing improvements in their area.
7. Work with schools and early years settings to better understand the underlying issues impacting on **children's mental health and self-esteem** and embed evidenced based interventions to promote resilience and good relationships. A key priority will be to use the two and a half year integrated check on children, to identify any early issues in priority groups.
8. Develop a **sustainable health and social care service** in Herefordshire by maximising the opportunities to reduce demand on services in the first instance.

Watch our film...



Karen Wright, Director of Public Health