

# Public Health Plan 2017 - 2020

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## Purpose of the report

The Public Health Plan 2017 - 2020 sets out the vision of Herefordshire Council to improve the health of the local population. It identifies five key priority areas and describes key deliverables for each one. The priority areas are aligned to the Herefordshire Health and Wellbeing Strategy and Joint Strategic Needs Assessment, as well as the objectives set out in the council's Corporate Plan.

This plan supports the Adults Wellbeing Plan 2017 - 2020 and the Children and Young People's Plan 2015 - 2018.

## Herefordshire: Setting the scene

Our society has made great progress in treating illness. However, we could spare many people the anxiety and pain of a wide range of conditions, if we helped them to prevent these from occurring in the first place.

In many respects, Herefordshire is a very fortunate county in terms of the health of its population. When compared to other local council areas in England, people here are generally healthier than in other communities. The number of people who die prematurely (before the age of 75) is one of the lowest rates in the country, with Herefordshire rated 21 out of 150 local council areas. However, like the rest of the country, we've see a rise in the number of people with long term health problems due to illnesses such as diabetes and conditions such as obesity.

Most of these long term conditions and illnesses, which are the cause of premature death, are preventable and simple changes to our lifestyles can make a significant difference in reducing the risk of developing, for example, heart or lung disease. A number of key factors such as increasing the level of exercise we take, reducing the amount of food we eat, including controlling the sugar content of our diet and stopping smoking cigarettes can all make a significant difference in reducing our risk of chronic illness or premature death. The latest data for the levels of exercise, obesity and smoking prevalence within the county, highlights there's still room for improvement in the health of local people.

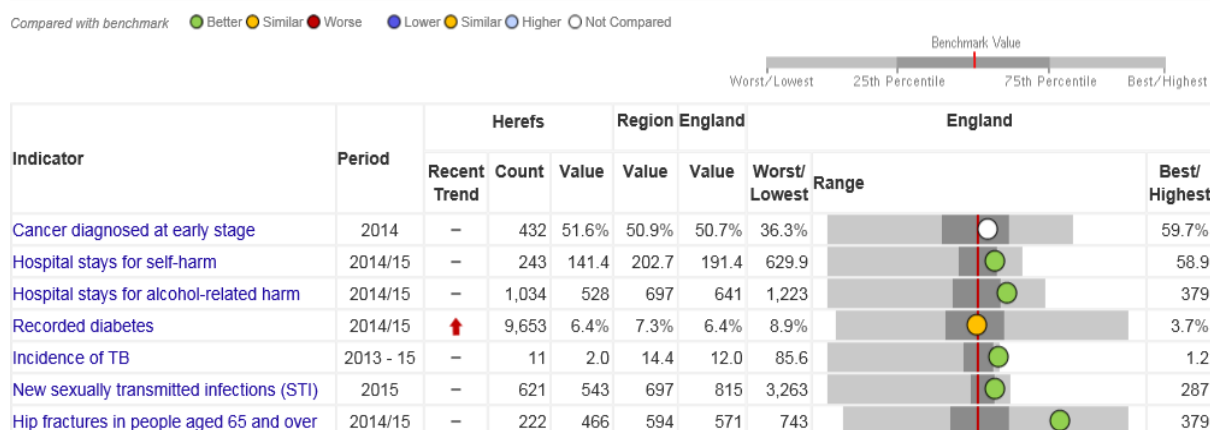
Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared



Indicator	Period	Herefs		Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
Smoking Prevalence in adults	2015	-	-	17.5%	15.7%	16.9%	26.8%		9.5%
Percentage of physically active adults	2015	-	-	63.3%	55.1%	57.0%	44.8%		69.8%
Excess weight in adults	2013 - 15	-	-	63.9%	66.8%	64.8%	76.2%		46.5%

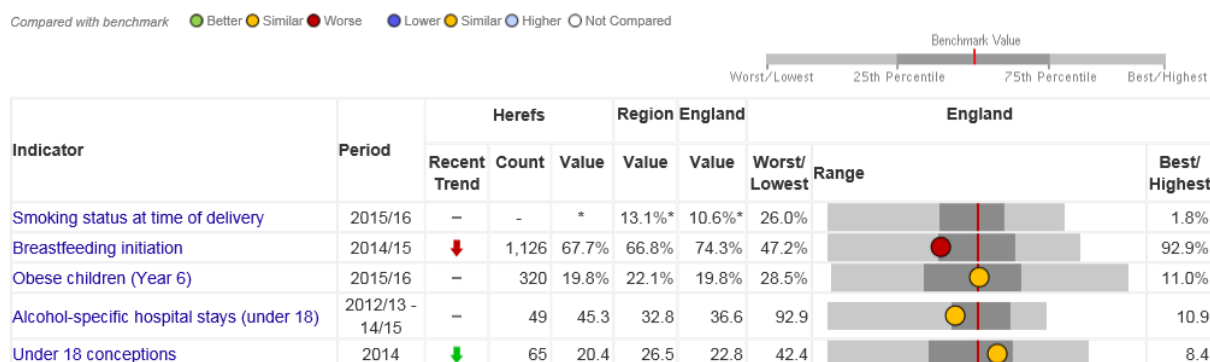
Source: Herefordshire Health Profile 2016

There are other factors for the council to consider in our planning, including levels of diabetes, the number of hip fractures due to falls and the number of hospital stays due to self-harm or alcohol related harm.



Source: Herefordshire Health Profile 2016

The figures above focus on the health and wellbeing of adults, however we recognise that the greatest health gains can be made when we, as parents and as a society, give our children the best start possible. The council is committed to ensuring that Herefordshire’s children and young people have the very best start in life and grow up healthy, happy and safe within supportive family environments.



Source: Herefordshire Health Profile 2016

### Herefordshire’s mortality rankings compared with neighbouring counties

For all causes of premature mortality, the average ranking is based on the mean of all metrics out of 150 local council areas, with first being the best and 150 being the worst.

Whilst our overall ranking is good, as demonstrated in the following list, when different health conditions are considered it’s clear that for some causes of premature death, we need to make more effort to improve the health of local people.

## **Premature death before the age of 75**

**Herefordshire is ranked 21** with Shropshire 33, Gloucestershire 36 and Worcestershire 55.

However, wide variations are seen in ranking when broken down by individual causes of premature death.

### **Cancer**

Overall cancer deaths:

**Herefordshire is ranked 8** with Gloucestershire 27, Worcestershire 29 and Shropshire 41.

Lung cancer for all ages:

**Herefordshire is ranked 3** with Shropshire 22, Gloucestershire 27 and Worcestershire 57.

Breast cancer:

**Herefordshire is ranked 48** with Gloucestershire 59, Shropshire 117 and Worcestershire 126.

Colorectal cancer:

**Herefordshire is ranked 67** with Gloucestershire 48, Shropshire 55 and Worcestershire 118.

### **Heart disease and stroke**

Overall heart disease and stroke:

**Herefordshire is ranked 42** with Gloucestershire 29, Shropshire 30 and Worcestershire 43.

Heart disease:

**Herefordshire is ranked 64** with Worcestershire 27, Shropshire 40 and Gloucestershire 42.

Stroke:

**Herefordshire is ranked 8** with Gloucestershire 42, Shropshire 51 and Worcestershire 87.

## **Our vision for the future**

Life expectancy in Herefordshire has increased for both women and men over recent years, as it has for the rest of the country. However, there are several facts that must be taken into account in promoting the health and wellbeing of our population. Firstly, we must remember that we are still mortal and at some time our lives will end and secondly there are significant variations in the life expectancy of the women and men. In general, women live for several years longer than men. There is also a variation in life expectancy within each gender, with those at greater social disadvantage generally having shorter life spans.

The vision for the county is therefore two fold. The first aspiration is to bring the life expectancy of our most disadvantaged residents up to that of the most affluent in our communities and so end health inequalities. The second aspiration is to reduce the prevalence of long term conditions such as diabetes, chronic obstructive airways disease and cardiovascular disease to as close to zero as possible. These are challenging

aspirations and will need credible markers over the years to identify our progress to achieving them.

Abraham Lincoln said: "In the end, it's not the years in your life that count. It's the life in your years". Whilst his sentiment is correct in terms of the quality of a person's life being important, as a community we have the ability to extend both the life span and quality of that life. Our vision should be to enable everyone in our communities to have a long life span that is free of long term illness. To achieve this vision, we need the combined efforts of individuals, families, communities and the statutory and voluntary sector organisations.

To bring this vision and its aspirations closer to achievability will require all of us to have a stronger commitment to investing our time and resources into preventing ill health and to promoting physical and mental wellbeing. With the pressures being placed on health and social care services, due to our ageing population and the current levels of chronic illness, it is essential that we as individuals, families and communities take better care of ourselves and stay as well as possible for as long as possible. Our neighbours in Wales have adopted an approach that is worthy of adaption in Herefordshire, called Prudent Health Care.

### **The principles of Prudent Health Care**

Any service or individual providing a service should:

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production
- Care for those with the greatest health need first, making the most effective use of all skills and resources
- Do only what is needed, no more, no less and do no harm
- Reduce inappropriate variation using evidence based practices consistently and transparently

To these principles, a fifth should be added, namely whenever possible prevent the causes of ill health rather than treat the disease after it has caused harm.

With children and young people we have a prime opportunity to prevent chronic ill health through immunisation and by assisting them to develop healthier lifestyles, which provide a sound basis for their adult lives. However, for some adults within our community, patterns of behaviour have already established factors that make it more likely that they will develop long term conditions.

This plan therefore focuses on what we call primary and secondary prevention. Primary prevention will focus on helping individuals and families avoid developing a long term health problem. Secondary prevention will help individuals and families change their existing behaviour, in order to reduce the likelihood of developing severe problems from long term illnesses, such as through smoking cessation support or weight reduction advice and treatment. This plan outlines the key issues affecting our population and the actions proposed to address them.

## **Our priorities**

### **Priority One: Early help (0 to 5 years)**

Giving children the best start in life is the aim of most parents, however becoming a parent is recognised to be one of the most challenging roles any of us can take on. The UK has for many years recognised the need to assist parents. This complements a childhood surveillance system designed to detect developmental problems as early as possible, so they can be addressed before they have serious consequences.

The health visiting service provides parents with advice and support about the care and development of their children. Along with promoting immunisation, health visitors also play a key role in detecting postnatal depression in new mothers and providing support for those women dealing with this debilitating condition. Breastfeeding is recognised as being the best form of nutrition for new born babies; however despite this, the number of women initiating breastfeeding and maintaining it for six weeks is low locally and nationally. Improving these rates is an important measure in improving the health of new born babies.

#### **Key measures**

- Improve breastfeeding initiation and continuation rates to above the national average
- Maintain childhood immunisation rates for all programmes above the immunity level of 95% of the eligible population
- Ensure every child receives developmental screening in a timely fashion in line with the national schedule
- Provide advice to parents regarding child development to reduce the rate of accidents
- Provide advice to parents regarding good nutrition for children in order to reduce the number of children entering school who are over a healthy weight

### **Priority Two: Children and young people (5 to 19 years)**

The childhood and adolescent period of life is one of great opportunity to establish good patterns of healthy behaviour that will have long term benefits for wellbeing into adulthood, including efforts to promote mental and physical wellbeing.

The activities put in place require contribution from a range of statutory organisations as well as from parents and young people themselves. All of these interventions, such as relationships and sex education, must of course be age and maturity appropriate. As a young person matures, their ability to make choices for themselves will increase, although often choices are subject to peer pressure which can make it difficult for young people to resist, for example, cigarettes and alcohol. The provision of good quality advice and education is key to enabling young people to pass through this 'rites of passage' period in their lives with the minimum of harm.

## **National Childhood Measurement Programme**

One of the major challenges facing this country is the rising level of obesity across all age ranges. The National Childhood Measurement Programme monitors the growth of children entering school for the first time (reception) and those children in year 6.

The latest data from the programme indicates that 8.3% of Herefordshire's four to five year olds are obese. The proportion of children who are measured as being either obese or overweight is 22%.

For children aged 10 to 11, the level of obesity is 18.3%, with a total of 32% assessed as being either obese or overweight.

The percentage of children in the four to five year old age group who were identified as obese or overweight in 2016 was at the same level as those measured in 2014, which is a positive sign that the trend towards an increase has levelled off. However, the same cannot be said for the 10 to 11 age group, as the 2014 data was lower with 15.9% being obese and 28% being either obese or overweight. The data obviously refers to two different groups of 10 to 11 year olds, but clearly indicates that a growing percentage of Herefordshire's young people are overweight. If this trend is not addressed, it is likely that they will remain overweight or obese as adults, which means they are likely to experience poorer health during the rest of their lives.

## **Emotional, behavioural and mental health needs**

There is growing recognition of the mental health needs of children and young people. Young Minds is a national charity which advocates for such needs and has published the following national statistics:

- 1 in 10 children and young people aged 5 to 16 suffer from a diagnosable mental health disorder; which is around three children in every class
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm
- There's been a big increase in the number of young people being admitted to hospital because of self-harm and over the last ten years this figure has increased by 68%
- More than half of all adults with mental health problems were diagnosed in childhood, although fewer than half were treated appropriately at the time
- Nearly 80,000 children and young people suffer from severe depression
- Over 8,000 children aged under 10 years old suffer from severe depression
- 72% of children in care have behavioural or emotional problems; these are some of the most vulnerable people in our society
- 95% of imprisoned young offenders have a mental health disorder; many of whom are struggling with more than one disorder



- The number of young people aged 15 to 16 with depression nearly doubled between the 1980s and the 2000s
- The proportion of young people aged 15 to 16 with a conduct disorder more than doubled between 1974 and 1999

Source: Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk) - search mental health statistics)

The 2016 hospital admissions data for Herefordshire indicates there were:

- 49 related to mental health conditions
- 111 as a result of self-harm
- 20 due to alcohol specific conditions
- 18 related to substance misuse specific conditions

Source: Chimat 2016 ([www.chimat.org.uk](http://www.chimat.org.uk))

### **Mental wellbeing**

Making a positive difference to the mental wellbeing of children and young people will require the combined efforts of parents, teachers, school nurses and a wide range of professionals, as a complex set of factors can affect them. These factors can range from normal life events such as exam anxiety and loss of a pet to bereavement and bullying.

Herefordshire Council is responsible for commissioning health visiting and school nursing services and works with the Herefordshire Clinical Commissioning Group (CCG) and local schools to co-ordinate a range of health promotion and ill health prevention activities needed to assist young people and their parents.

### **Key activities for children and young people**

- Promote advice and support for parents and children to enable them to achieve and maintain a healthy weight, in order to reduce the percentage identified as being obese or overweight
- Work with schools and the County Sports Partnership to encourage children and young people to take the recommended levels of exercise in order to reduce the percentage identified as being obese or overweight
- Promote better dental hygiene and a reduction in the number of high sugar content food and drinks to reduce the rate of dental disease and prevent Type 2 diabetes
- Work with schools and the CCG to commission a range of early help services to promote mental wellbeing and identify emotional, behavioural and mental health problems at an early stage, in order to reduce the rates of self-harm and hospital admissions for alcohol and drug misuse specific conditions

## Priority Three: Preventing long term conditions

The Herefordshire Health Profile 2016 demonstrates that local people are generally healthier than the average for England, although this means there is still a significant pressure on the local health and social care system. Public Health England (PHE) has made an evidence base available for both clinical and cost effectiveness of health promotion interventions. This demonstrates the significant potential impact of a number of interventions.

### One You campaign

The evidence suggests that 8 out of 10 middle aged people either weigh or drink too much or don't exercise enough (PHE December 2016).

The One You campaign aims to reach the 83% of 40 to 60 year olds (87% of men and 79% of women) who are either obese or overweight, who exceed the Chief Medical Officer's alcohol guidelines or are physically inactive. Nationally, obesity in adults has shot up by 16% in the last 20 years and the diabetes rate among this age group has also doubled within the same period. Obese adults are over five times more likely to develop Type 2 diabetes than those who are a healthy weight (a body mass index between 18.5 and 25) and 90% of adults with diabetes have Type 2 as opposed to Type 1.

Herefordshire has been selected to be a pilot area for the national NHS Diabetes Prevention Programme, which targets individuals at risk of diabetes and provides a free structured programme of support to enable them to reduce the risks factors in their lifestyles.

### NHS Diabetes Prevention Programme (NDPP)

Diabetes prevention programmes can reduce progression to Type 2 diabetes compared to the usual care pathway by 26%.

**Costs:** The intervention is nationally commissioned and the costs to local stakeholders vary according to the chosen approach.

**Net savings:** Based on the NDPP running for five years, NHS England has estimated an average cumulative net saving of £31m nationally within 15 years (excluding local expenditure), with additional savings to the social care system of £4m. This will vary depending on final costs agreed with providers and programme attendance rates.

In addition, the national One You campaign aims to provide free support and tools to help people live more healthily in 2017 and beyond. Herefordshire Council and its NHS partners are supporting this health promotion campaign and will continue to do so throughout 2017.

### Smoking cessation

Over the last two decades there has been a significant reduction in the number of adults who smoke tobacco in its various forms, such as cigarettes, cigars and pipes. However, 17.5% of adults within Herefordshire still smoke tobacco regularly.

Smoking is a leading cause of a range of long term conditions including cancer, lung and cardiovascular disease and stopping smoking significantly reduces the risk of these conditions. Although it's certainly possible for an individual to stop smoking without

assistance, national research demonstrates that people are significantly more successful with a combination of advice and support from a health practitioner and when a form of nicotine replacement therapy is provided.

A disproportionate number of people who smoke are concentrated in certain sectors of our communities, therefore targeted prevention and smoking cessation programmes will be key to gaining maximum effect. PHE has also identified that 33% of tobacco is consumed by people with mental health problems, while those who perform routine and manual jobs are twice as likely to smoke compared to those in managerial or professional roles.

Being a smoker also has an adverse effect on a patient's recovery from surgery and smokers with other long term conditions will benefit from quitting. The benefits of hospital staff referring patients to smoking cessation programmes are clear and PHE has identified the advantages of patients being referred for treatment.

**Smoking:** Assessment with very brief advice and referral in hospital.

**Effectiveness:** The quit rate amongst patients who want to quit and who take up a referral are between 15% and 20%, whereas only 3% and 4% of those without a referral successfully quit. A Cochrane Review highlighted the appropriateness of offering very brief advice to all hospitalised smokers, regardless of why they were admitted.

**Costs:** PHE estimates the total cost of intervention to be approximately £620 for each successful quitter, although the NHS could incur an additional one off cost of around £130 for each successful long term quitter from nicotine replacement therapy, delivery and follow-up sessions. In addition, there could be a potential one off investment for the council in the region of £11k for setting up an electronic referral system with annual maintenance costs of £3.5k. The council could incur £490 of these costs for each successful quitter, through commissioning local stop smoking services.

**Net savings:** It's estimated that the NHS would have cumulative savings in the region of £340 per quitter over the first five years (average savings of £68 per year), assuming it's phased and excluding the electronic referral investment. The intervention can become a net saving in the fourth year following implementation.

## **Harmful and hazardous alcohol use**

Alcohol misuse is the leading risk factor of preventable death in people aged 15 to 49 years old. In England, between 2001 and 2012 there was a 40% increase in the number of people dying from liver disease, which is in contrast to other major causes of disease that are declining.

In Herefordshire, the rate of admissions for alcohol related conditions per 100,000 population was 546. This is better than the rate for England of 645 per 100,000 population, but poorer than the best rate in England, which is just 366.

There are two main forms of harmful or hazardous alcohol use which are of particular concern. The first is exceeding the Department of Health's weekly maximum recommended alcohol level of 14 units. A number of people often exceed this limit by drinking on a daily basis, such as a glass of wine or spirits after work. However, research has shown that many people underestimate the number of units they drink as both the quantity of alcohol they

pour and the strength of drink is getting greater, leading to a higher number of units of alcohol being consumed.

The second form of drinking that increases the risk of health harm is binge drinking. In this form, large quantities of alcohol are consumed in a very short space of time, leading to intoxication and risk of injury.

These can both lead to dependency and the need for treatment from specialist services. There is evidence that early identification of potentially harmful patterns of alcohol use, accompanied by a brief clinical intervention, can promote an effective change in behaviour.

**Alcohol use:** Alcohol identification and brief advice (IBA).

**Effectiveness:** IBA can reduce weekly drinking by between 13% and 34%, resulting in 2.9 to 8.7 fewer drinks per week. This will reduce the relative risk of alcohol-related conditions by around 14% and the absolute risk of lifetime alcohol-related death by approximately 20%.

**Costs:** PHE estimates that the cost for each screening and IBA intervention is an average one off cost of £4.50 per person. The component costs are £3.40 for screening and £7 for screening and brief advice when delivered in primary care (around 30% of those screened are above the threshold and receive brief advice).

**Net savings:** PHE estimates the net NHS saving per person receiving brief advice could be on average £24 a year or the equivalent of saving £120 over five years. If everybody attending their next GP appointment was screened, use of IBA could result in up to £200m of national net savings by the fifth year.

### **The growing problem of obesity**

England is seeing a significant increase in the number of adults who are obese or significantly over a healthy weight and Herefordshire is no exception to this trend. The percentage of adults in the county classified as overweight or obese is 66.8% compared to the England average of 63.8%, while the best figure for the country is 45.9%. With two thirds of our adult population over a healthy weight, they are significantly at risk from potential health problems.

As well as causing obvious physical changes to an individual's body, obesity and being seriously overweight can lead to a number of serious and potentially life-threatening conditions, such as:

- Type 2 diabetes
- Coronary heart disease
- Some types of cancer, such as breast and bowel cancer
- Stroke

Obesity can also affect your quality of life and lead to psychological problems, such as depression and low self-esteem.

Source: NHS Choices

Some individuals are able to make changes to their diet and exercise more in order to achieve a healthier weight; however others benefit from having advice and support for the behaviour changes they need to make. Public Health England has identified that such support is cost effective, given the medium and long term benefits to the individual and the reduced pressure on health and social care services.

Type 2 diabetes can lead to serious complications such as amputation, blindness, heart attack, stroke and kidney disease. We know how hard it is to change the habits of a lifetime, but we want people to seek the help they need to lose weight, stop smoking and take more exercise.

### **Obesity: Weight management services**

**Effectiveness:** Participants completing a 12 week intervention programme could lose an average of 2kg (for each metre of their height), maintain this for around six months followed by a gradual weight regain.

**Costs:** This is estimated at a total upfront cost of £60 per enrolled person.

**Net savings:** Over a five year period, average annual health and care savings are around £20 a year per enrolled person, which is a cumulative saving of approximately £100 per person over five years.

Weight management interventions aim to have a lifelong impact and so are unlikely to manifest as high cost savings in the short term. This intervention could be cost saving to the health and social care system by the fourth year following implementation.

### **Key measures**

- Improve the uptake of NHS Health Checks for those aged 40 and above to increase the numbers screened and improve early detection of chronic illness. In conjunction with local GPs target those patients who have not taken up the screening programme
- Improve the uptake of cancer screening programmes such as breast, bowel and cervical cancer to enable early detection and referral rates for treatment and ultimately improve cancer survival rates. The target will be agreed with NHS England for each programme
- Promote the NHS Diabetes Prevention Programme to at risk population groups
- Promote physical activity opportunities in conjunction with the County Sports Partnership and other appropriate groups, such as the Woodland Trust, to increase the number of adults achieving the Department of Health's recommended levels of physical activity

- Promote the Department of Health's One You campaign through a range of media outlets and with the support of local employers and voluntary sector organisations
- As part of the One You campaign, promote mental health awareness and measures to promote mental wellbeing. In conjunction with local voluntary sector organisations and employers, promote opportunities for individuals at risk of mental ill health to access advice, support and treatment
- Promote the use of the Healthy Workplace Toolkit with the support of the local business board to local employers. Herefordshire Council will utilise the toolkit with its own staff as part of the campaign
- In conjunction with Herefordshire CCG, local GP surgeries, pharmacies and NHS trusts, promote smoking cessation programmes to high risk groups in order to reduce the prevalence of smoking to below 10% of the adult population
- In conjunction with Addaction, GP surgeries, pharmacies and NHS trusts, promote the use of brief intervention tools to identify individuals at risk of harmful and hazardous drinking patterns and refer them for advice and support

#### **Priority Four: Promoting mental health and emotional wellbeing**

Mental health and wellbeing is all too often defined by what it is not and the absence or loss of mental health is often easier to define and describe. Throughout our lives, we experience emotional highs and lows, ranging from crying as a child when we have been hurt playing to the pains of bereavement due to the loss of a much loved friend or family member.

At some time in our lives, 1 in 4 of us will experience a more intense and enduring loss of mental health due to a serious illness such as obsessive compulsive disorder (OCD), schizophrenia, bi-polar disorder, depression or dementia. For many of these conditions there are few obvious signs to a casual observer of the difficulties that an individual is experiencing. Mental ill health can be perceived as a weakness that can easily be overcome by the individual 'pulling themselves together', thereby inhibiting the individual from seeking advice and support at an early stage.

In addition to the aforementioned conditions, other forms of mental ill health include alcohol and drug addiction and the use of mood altering substances such as alcohol, cocaine and heroin are often a reflection of an underlying emotional, behavioural or mental health problem. Addressing the cause of the addiction is a key part of breaking the cycle of substance misuse and like physical health, there are ways mental health can be promoted and the effects reduced.

#### **What is mental health?**

The national MIND charity, which was established to promote mental health and help people coping with mental health problems, defines mental health as:

“Mental wellbeing describes your mental state, how you are feeling and how well you can cope with day to day life. Our mental wellbeing is dynamic. It can change from moment to moment, day to day, month to month or year to year”.

If you have good mental wellbeing, you are able to:

- Feel relatively confident in yourself and have positive self-esteem
- Feel and express a range of emotions
- Build and maintain good relationships with others
- Feel engaged with the world around you
- Live and work productively
- Cope with the stresses of daily life
- Adapt and manage in times of change and uncertainty

### **Primary prevention: Five steps to mental wellbeing**

NHS Choices set out five steps in which individuals can promote their own mental health wellbeing:

- **Connect:** With the people around you, your family, friends, colleagues and neighbours and spend time developing these relationships
- **Be active:** You don't have to go to the gym, take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life
- **Keep learning:** New skills can give you a sense of achievement and a new confidence, so why not sign up for that cooking course, start learning to play a musical instrument or figure out how to fix your bike?
- **Give to others:** Even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks
- **Be mindful:** By being more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness 'mindfulness'; and it can positively change the way you feel about life and how you approach challenges.

## **Key measures**

- Promote the One You campaign and its mental health themes
- Promote and improve the uptake of the national NHS Health Checks programme across the county
- In conjunction with the local NHS mental health trust and voluntary sector organisations, promote awareness of sources of advice and support regarding mental health promotion and illness support
- Promote awareness of services available to provide advice and treatment of alcohol and drug misuse
- Promote the development of dementia friendly environments, in order to reduce the impact of the disease on individuals with the condition and their families

## **Priority Five: Ageing well**

Herefordshire is fortunate that a higher proportion of our people do not die prematurely (before the age of 75) and we are also seen as a desirable community in which to retire, which means we have a higher proportion of our population who are past retirement age.

Amongst the many advantages of having a high proportion of older people, is that the county is blessed with capable people who are willing to devote much of their time as volunteers to help the communities in which they live. Indeed, many vital services across the county would not exist without this resource. However, it's important that these vital members of our community are enabled to stay as well as possible for as long as possible, not only for their own wellbeing but for the benefit that they give to the communities of Herefordshire.

Ageing beyond retirement is often seen as a time of steady decline in an individual's health and wellbeing, but there's evidence to indicate that good health can be maintained for many years. A number of key factors can make a positive difference, including being physically, mentally and socially active.

## **Falls prevention**

Falls are costly for individual's, their families, the NHS and the council and are estimated to nationally cost the NHS and adult social care services around £6m a day and £2.3b a year.

A King's Fund study carried out in Torbay reviewed the cost of health and social care for 421 individuals who required treatment and care. It identified that the cost was more than £5m for the treatment of the fall and follow up recovery (based on 2013 prices).

The latest data for Herefordshire revealed that 466 people aged over 65 suffered fractures to the neck of their femur, so based on this research the cost to Herefordshire would have been over £5.5m. This figure only takes into account the financial cost to the health and social care system, of course the personal cost to each of these people and their families in terms of pain, distress and loss of social functioning is significant, hence the importance of preventing falls from occurring.



## **Primary prevention**

National and international research has shown that a range of prevention measures can be taken to reduce the chances of an individual falling and sustaining a serious injury, including being physically active.

Adults aged 65 or older, who are generally fit and have no health conditions that limit their mobility, should try to be active daily and do any of the following options:

- At least 150 minutes of moderate aerobic activity such as cycling or walking every week and strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)
- 75 minutes of vigorous aerobic activity such as running or a game of singles tennis every week and strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)
- A mix of moderate and vigorous aerobic activity every week, for example two 30 minute runs plus 30 minutes of fast walking which equates to 150 minutes of moderate aerobic activity and strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)

## **Secondary prevention**

### **Making Every Contact Count (MECC)**

As well as promoting physical activity to help an individual maintain muscle tone and balance, there are other measures that can be promoted to reduce the chances of a serious fall occurring, including:

- Regular vision checks
- Improving the lighting within the home
- Reducing trip hazards in the home
- Regular reviews of any medication being taken
- Promoting the use of properly fitting footwear

Relatives and friends, as well as agencies in contact with older people, can encourage individuals to adopt these measures to help reduce their risk of a serious fall.

For those individuals who have had a fall, they can access the fracture liaison service which will reduce their chances of having another serious fall, as well as enabling them to rehabilitate effectively.

## Fracture liaison services (FLS)

**Effectiveness:** An FLS evaluation concluded that 88% of hip fractures and 34% of other fractures in patients aged 50 and above were referred to a fracture liaison service. The referrals prevented 2.26% of hip fractures, 1.13% of other inpatient fractures, 1.13% of other outpatient fractures and 0.75% of clinical vertebrae. There are an estimated 2,000 fractures per acute trust.

**Costs:** Public Health England estimates the cost to be around £237 per person seen by the fracture liaison service. This is a one off cost and if the service is co-commissioned by the council and NHS, it could mean costs of around £95 to the council and £142 to the NHS. There are an estimated 4,280 patients seen by an FLS over five years.

## Hypertension

One of the causes of ill health in later life is hypertension, namely a chronic condition where an individual's blood pressure is raised beyond a healthy level for an extended period of time. If an individual's blood pressure is too high, it puts extra strain on their blood vessels, heart and other organs, such as the brain, kidneys and eyes.

Persistent high blood pressure can increase an individual's risk of a number of serious and potentially life-threatening conditions, such as:

- Heart disease
- Heart attacks
- Strokes
- Heart failure
- Peripheral arterial disease
- Aortic aneurysms
- Kidney disease
- Vascular dementia

There are certain sections of the population who are at an increased risk of high blood pressure, if they:

- Are over the age of 65
- Are overweight or obese
- Are of African or Caribbean descent
- Have a relative with high blood pressure

- Eat too much salt and don't eat enough fruit and vegetables
- Don't do enough exercise
- Drink too much alcohol or coffee (or other caffeine based drinks)
- Smoke
- Don't get much sleep or have disturbed sleep

Making healthy lifestyle changes can help reduce an individual's chances of getting high blood pressure and help them to lower it if it's already high.

The following lifestyle changes can help prevent and lower high blood pressure:

- Reduce the amount of salt you eat and have a generally healthy diet
- Cut back on alcohol if you drink too much
- Lose weight if you're overweight
- Exercise regularly
- Cut down on caffeine
- Stop smoking
- Try to get at least six hours sleep a night

### **Health promotion in later life**

As highlighted in the previous sections on chronic disease prevention and mental health and wellbeing promotion, older people can reduce their risk of long term health problems by taking relatively simple measures to maintain a healthy lifestyle.

The approaches listed in the previous sections are applicable in the later years of life and additional measures can be taken to reduce the risk of ill health or enable early detection of disease, including:

- Receiving an annual flu vaccination
- Receiving the shingles vaccination
- Attending for aortic aneurysm screening
- Attending for cancer screening
- Attending an NHS Health Check

## **Key measures**

- In conjunction with Herefordshire CCG, GP surgeries and NHS trusts, promote the uptake of national screening and immunisation programmes to improve the early detection of ill health and reduce the risk of infectious diseases such as influenza (targets to be agree with NHS England)
- In conjunction with the County Sports Partnership and voluntary sector organisations, promote the engagement of older people in physical, social and cultural activities in order to reduce social isolation and encourage healthier lifestyles (increased uptake in community activities)
- In conjunction with Herefordshire CCG and local pharmacies, promote medicine usage reviews for older patients receiving a mixture of medication in order to reduce the incidence of medication related falls
- In conjunction with local councils, voluntary sector and community organisations promote the development of dementia friends and dementia friendly communities

## **Current council led programmes**

Herefordshire Council currently commission a range of services as required and funded by the Department of Health, including:

- Healthy lifestyle trainer service
- NHS Health Checks screening programme
- Smoking cessation services
- Substance misuse treatment services
- NHS Diabetes Prevention Programme (jointly with Herefordshire CCG)
- ActiveHere programme
- Health visiting and school nursing service
- Sexual health services

In addition, through other programmes of work that the council commissions or provides, there are other interventions in place to promote the health and wellbeing of local people, ranging from early help support to families to promoting the flu vaccination to at risk sections of the population and carers.

However, to achieve a population level change in the health of our residents, a joint effort is needed. In addition to the programmes the council undertakes in partnership with Herefordshire Clinical Commissioning Group, there is a need to gain additional support from individuals, families, schools, employers and local communities to promote a change in the

behaviours that cause long term conditions which can adversely affect the health and wellbeing of local people.

Whether it's creating environments that encourage people of all ages to be more physically active, working with employers to develop healthy work places or reaching voluntary agreements with off licences to reduce the promotion of high strength, low cost alcohol, there is more that can be done to enable our communities to be healthy and maintain their quality of life for as long as possible.

### **Accessing information and advice**

A key component is to enable individuals and groups to access information and advice about the steps they can take to improve their health and wellbeing. As part of this, Herefordshire Council has developed the WISH (Wellbeing Information and Signposting for Herefordshire) service to promote such information and advice.

WISH provides a wide range of information on activities and wellbeing and lifestyle issues and is available online and in health and wellbeing hubs. The hubs are co-located in existing community buildings, such as libraries and are not only good points of access for information and using the internet, but are also potential locations for delivering lifestyle interventions. As Herefordshire is such a rural county, these hubs will vary in their capacity for offering support however a mixed model of health and wellbeing hubs will enable smaller communities to have improved access to health promotion interventions.

### **Conclusion**

Whilst the population of Herefordshire is amongst the healthiest in England, there is more that we can do as individuals, families, communities and statutory and voluntary sector organisations to improve our health and prevent chronic illness. If we work together, we have an opportunity to significantly increase both the length and quality of our lives.

