Health and Wellbeing Strategy
2014-2017

May 2014
Healthy Broxbourne is Broxbourne Borough Council’s plan for achieving our corporate priority, health and wellbeing for all. We will use the plan to prioritise action on health within the Council, and to guide work with our partners.

Health is a priority for Broxbourne because it is fundamental to the quality of life, and too many of us do not enjoy good health. 70% of Broxbourne’s adult population is overweight or obese, well above the rate for England as a whole. We are also more likely to die of a stroke. One in 17 of us has diabetes. Alcohol misuse and smoking are also issues in Broxbourne.

In addition, we are getting older; the number of Broxbourne residents who are over 65 will increase by 13% between 2012 and 2020. The Council wants older residents to enjoy a happy, healthy life as active members of the community.

The Council has a long tradition of providing community leadership on health issues. We gave millions of pounds to pay for the land for construction of the Cheshunt Community Hospital. We also run the Broxbourne Health Forum, where local health service providers and stakeholders meet to consider health services and issues in the Borough. Healthy Broxbourne builds on these firm foundations. Our plan will ensure the Council works closely with partners in the NHS, Hertfordshire County Council and across the community and voluntary sector to deliver health and wellbeing for all.

Councillor Paul Mason
Leader
Broxbourne Borough Council

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Health profile of Broxbourne

Broxbourne has a population of approximately 94,500 (2012 estimate). Although all residents enjoy a comparatively high life expectancy, with the lowest differences between wards of any district in Hertfordshire, many are putting themselves at greater risk of disability and premature death through leading an unhealthy lifestyle.

Lifestyle factors

Smoking
21.5% of adults over the age of 18 smoked in 2011/12, which is higher than the Hertfordshire and England averages. At the current rate of progress, Broxbourne is unlikely to meet the county target of no more than 18.5% of adults smoking by 2016. Smoking is more prevalent among people on low incomes; it accounts for 50% of the health inequality gap nationally between richest and poorest. Locally, 9.8% of women smoked during their pregnancy in 2011/12.

Smoking also endangers the health of others. Frequent exposure to secondhand smoke triples your chances of getting lung cancer and increases the risk of respiratory infections too.

Alcohol misuse
In 2008/09, 22.1% of over-16s in Broxbourne were regularly drinking above the recommended limit of 22 units of alcohol per week for men or 15 for women.

There were 1,782 hospital admissions from Broxbourne for alcohol-related conditions in 2010/11. This is the second highest out of the 10 Hertfordshire districts, though Broxbourne is only sixth in terms of population.

Diet
In the 2006-08 Health Survey for England, 27.2% of adults in Broxbourne said that they ate the recommended minimum of five portions of fruit and vegetables per day. This is the lowest rate of all the districts in Hertfordshire.

Physical activity
In 2012, 55.4% of adults in Broxbourne said in a survey that they were physically active, which is defined as undertaking moderate exercise for more than two and half hours per week. This is lower than both the national and Hertfordshire averages.

Excess weight
Due to a lack of physical activity and unhealthy diet, excess weight is an issue for many residents. Excess weight increases the risk of developing serious health conditions such as coronary heart disease, type 2 diabetes, hypertension and some cancers. In 2012, Public Health England published data suggesting that 70.2% of adults in Broxbourne are obese or overweight, which is much higher than the national average.

The National Child Measurement Programme weighs and measures children at school in Reception and Year 6. In 2012/13, 33.7% of Year 6 pupils (aged 10-11) were categorised as obese or overweight, which is the highest level among the Hertfordshire districts. In Reception (aged 4-5), 18.8% of children were categorised as obese or overweight, a decrease from the previous year, but still very high.

1. Unless otherwise stated, figures quoted in this section originated in Health Challenges for Hertfordshire: health profile indicators, Hertfordshire County Council Feb 2014
2. Tobacco Control Strategic Plan 2013-16 Update, Hertfordshire County Council Feb 2014
3. Active People Survey 2012, Sport England
Health concerns

Diabetes
In 2011/12, 5.8% of people aged over 17 in Broxbourne were living with diabetes. This is much higher than the Hertfordshire average and may be associated with the comparatively high rate of obesity among adults in the Borough. The long-term complications associated with uncontrolled diabetes can cause serious disability. Diagnosis and treatment are vital to prevent disability and even death. The rate of death from diabetes in Broxbourne for men under 75 was higher than the national and county averages and more than twice as high than for women in Broxbourne, suggesting there is scope for improvement4.

Cardiovascular disease
During the period 2008-10, premature death from strokes was higher for both men and women in Broxbourne than the national average5.

Teenage pregnancy
Broxbourne had the second highest rate of teenage conception in the county (31 pregnancies per 1,000 young women aged 15-176) in 2009/11. There are significant variations within the Borough; Waltham Cross and Rye Park have the highest rates7.

Hertfordshire exceeds the national and regional averages in the rate of teenage conceptions leading to an abortion, and Broxbourne has the highest rate in the county (23.8 terminations per 1,000 females aged 15-17).

Dementia
As at the end of 2013, an estimated 7% of Broxbourne residents aged over 65 had dementia, or 1070 people. It is believed that only 37% of those who have dementia are registered as such with a GP8. This is a matter for concern as diagnosis enables people to receive the support, information and treatment that they need to live well with dementia. The total number of people with dementia in Broxbourne is expected to increase by 12% over the next five years, the largest increase in the county9.

5. Joint Strategic Needs Assessment 2013
8. Mental Health Profile: Broxbourne District, Hertfordshire County Council, East and North Hertfordshire Clinical Commissioning Group
9. Health and Wellbeing Board
Health services

The nearest general hospitals to Broxbourne are outside the Borough, in Enfield (Chase Farm), Edmonton (North Middlesex), Stevenage (The Lister), Harlow (Princess Alexandra), Welwyn and Barnet. A hospital shuttle bus run by Broxbourne Community Transport provides transport for residents who do not have a car.

Residents in the south of the Borough have expressed concern about the recent downgrading of emergency provision at Chase Farm Hospital to an urgent care centre, which is not open at night, and the loss of maternity facilities too. The Royal Free Hospital Trust is expected to take over the NHS Trust which runs Barnet and Chase Farm Hospitals in summer 2014.

Minor injuries can be treated at the drop-in Cheshunt Minor Injuries Unit, based at Cheshunt Community Hospital, which is also the location for various clinics, such as Family Planning. Other clinics are held in Hoddesdon. Mental health care is provided at Holly Lodge, Cheshunt. The Council seeks to protect local health facilities and encourage development of more. We organise meetings of the Broxbourne Health Forum to enable discussion of local health needs amongst stakeholders. These include the East and North Hertfordshire NHS Trust, which runs the Lister Hospital in Stevenage, and the Queen Elizabeth II Hospital in Welwyn, and the Princess Alexandra Hospital NHS Trust in Harlow.

Residents in Waltham Cross and Cheshunt can find it difficult to get an appointment with a GP, even though, according to NHS England, most practices in the area were underused, as at 2013. In 2012 the East and North Hertfordshire Clinical Commissioning Group funded a pilot of a telephone triage system in two GP practices and continues to work with local GP practices to improve access.

There have been concerns expressed about local mental health services. At the first Broxbourne Annual Mental Health Locality Planning Forum, in May 2013, service users and stakeholders such as GPs, asked for better communication and information about services, and improved access to crisis services for both adults and young people. They also requested an extension of the Improved Access to Psychological Therapies (IAPT) programme locally, and asked that provision for people with dementia be increased to meet rising demand.

The number of Broxbourne residents who are over 65 will increase by 13% between 2012 and 2020. More people locally will be living with a longstanding health condition. Hertfordshire County Council and the NHS are working to help older people retain their fitness and independence longer. For example, HomeFirst is a local project to provide intensive short-term support at home to someone who is approaching a potential crisis in their health condition, so that they can be treated and have their condition stabilised without having to go into hospital.
STRATEGY AND COMMISSIONING

HERTFORDSHIRE COUNTY COUNCIL
Public health
School nurses
Sexual health primary care
Joint Commissioning Team

HERTFORDSHIRE HEALTH AND WELLBEING BOARD
Develops County health and wellbeing strategy; agrees joint commissioning plans, e.g. mental health. Develops Joint Strategic Needs Assessment (JSNA).
Includes 3 County Councillors, 2 Councillors representing all the districts (neither from Broxbourne), representatives from the 2 Clinical Commissioning Groups in Herts, Healthwatch Herts and Directors of Children and Adult Services from Hertfordshire County Council.

EAST AND NORTH HERTFORDSHIRE CLINICAL COMMISSIONING GROUP (CCG)
Local GPs and other clinicians commission healthcare and monitor quality for Broxbourne, North Herts, Stevenage, East Herts and Welwyn Hatfield.

SERVICE DELIVERY

Community health services
HERTFORDSHIRE COMMUNITY NHS TRUST (HCT) including health visitors, community midwives, podiatrists, physiotherapists, occupational therapists, speech and language therapists, psychologists, ophthalmologists, audiologists, dieticians

Mental health
HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST (HPuFT)

Hospital care, including out-patient clinics
EAST AND NORTH HERTS NHS TRUST runs Lister Hospital, Stevenage, Mount Vernon Cancer Centre, hospitals in Hertford, Welwyn, and commissions the Minor Injuries Unit in Cheshunt.
BARNET AND CHASE FARM NHS TRUST, runs Chase Farm and Barnet Hospital. Trust to be taken over by Royal Free Hospital Trust.
NORTH MIDDX UNIVERSITY HOSPITAL NHS TRUST, EDMONTON
PRINCESS ALEXANDRA HOSPITAL NHS TRUST, Harlow

Primary Care - GPs
Organised in Locality Groups: Upper Lea Valley and Lower Lea Valley

MONITORING AND ENGAGEMENT

BROXBOURNE HEALTH FORUM
Reports to Broxbourne Local Strategic Partnership

BROXBOURNE MENTAL HEALTH FORUM
Reports to Broxbourne Health Forum

BROXBOURNE OBESITY WORKING GROUP
Reports to Broxbourne Local Strategic Partnership

HEALTHWATCH HERTFORDSHIRE
Independent champion for consumer and health and social care

PATIENT GROUPS
at GP practices
Our vision for Healthy Broxbourne is:
We live in a healthy environment and lead healthy, active lifestyles. We stay healthy for longer in our lives, and enjoy a sense of wellbeing. Local health services are high-quality and accessible when needed.

Our priorities

HEALTHY LIFESTYLES

1. Promote better understanding of health and healthy lifestyles among residents.
2. Enable residents to maintain a healthy weight through a healthy diet and physical activity.
   
   The 2020 goal of Broxbourne’s Healthy Weight Strategy is to increase substantially the proportion of children and adults in Broxbourne who are a healthy weight, eliminating the gap between Broxbourne and Hertfordshire overall.
3. Reduce the harm caused by tobacco.
   
   The Hertfordshire countywide target is to reduce smoking in every district to 18.5% of over-18s by 2016. In 2011/12 in Broxbourne, 21.5% of adults smoked.
4. Reduce the harm caused by alcohol.
5. Encourage residents to take up medical checks, so that potential health problems can be identified early.

HEALTH SERVICES

6. Campaign for improved primary care.
7. Improve efficiency and effectiveness of transport to health services.
8. Secure greater public engagement with NHS governance and a stronger public understanding of NHS services.

HEALTH PROTECTION

9. Maintain a clean, healthy, safe environment.

2014-2017 Action Plan

The following table details the headline actions that will underpin the development and delivery of our health priorities. Priorities and actions that are taken from the Corporate Plan for Broxbourne have an asterisk (*) at the end. Priorities that are shared with the Hertfordshire Health and Wellbeing Priorities are indicated with a #.
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<thead>
<tr>
<th>Health priority</th>
<th>Actions</th>
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| 1. Promote better understanding of health and healthy lifestyles among residents. | - Provide a range of information to older people, including the Guide to Services for Older People, and support frail older people through programmes such as Keep Warm, Stay Well and NHS Buddies. *  
- Promote national health campaigns such as Stoptober and Change4Life locally.  
- Work to develop better local awareness of diabetes and to encourage residents to get tested.  
- Use Council and partnership events, magazines, posters and social media to pass on health messages.  
- Working with partners on the Obesity Working Group:  
  - Develop group of health mentors to engage with public seeking support on lifestyle changes.  
  - Work with schools to increase participation in the Healthy Schools programme.  
  - Work with partners and the Broxbourne Mental Health Forum to promote better understanding of mental health and the Five Ways to Wellbeing, and to reduce stigma associated with mental ill-health. |
| 2. Enable residents to maintain a healthy weight through a healthy diet and physical activity.*# | - Work with partners on the Obesity Working Group, implement the Healthy Weight Strategy for Broxbourne.*  
  This will include:  
  - Promoting healthy eating in partnership with schools, takeaway restaurants and large employers, including the Council.*  
  - Aiming to increase the percentage of the adult population taking at least the recommended 150 minutes of physical activity per week by helping people integrate more activity into their daily lives, for example, by improving cycling and walking opportunities and facilities.*  
- Develop more physical activities in parks and open spaces, including the installation of outdoor gyms in suitable locations.*  
- Develop further opportunities for participation in sport and physical activity initiatives, targeting wards with the highest levels of childhood obesity.*  
- Improve safety and facilities for cycling and walking in the Borough, particularly safe routes for children to cycle and walk to school, and links across the A10, working with Hertfordshire County Council.* |
| 3. Reduce the harm caused by tobacco.# | - Working with Public Health in Hertfordshire County Council:  
  - Promote growth of Stop Smoking Services in Broxbourne and understanding of the support they can provide.  
  - Promote use of Smokefree pledges, e.g. a pledge not to smoke inside the house.  
  - Work with schools and youth workers to discourage young people from taking up smoking, learning from pilots underway in other boroughs in Hertfordshire.  
- Tackle illegal smoking and underage sales of tobacco products. |
| 4. Reduce the harm caused by alcohol.# | - Work with partners such as Trading Standards to tackle underage access to alcohol, including proxy purchasing.  
- Work with the relevant agencies to address the emerging problem of street drinking in the Borough.*  
- Continue to use licensing policy to promote responsible drinking and prevent anti-social behaviour associated with drinking. |
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| 5. Encourage residents to take up medical checks, so that potential health problems can be diagnosed early. | • Work with the NHS and Public Health colleagues to ensure more residents undergo five-yearly health checks.  
• Work with NHS colleagues to increase testing for diabetes in the Borough.  
• Work with Public Health colleagues to encourage local schools to participate in the Health Related Behaviour Survey of pupils, and in the National Child Measurement Programme.  
• Work with Public Health to ensure that if individuals are identified as having potential health problems, they receive referrals to appropriate support services where available, e.g. referral to Weightwatchers or Slimmers World if identified as obese. |
| 6. Campaign for improved primary care.* | • Campaign to secure the future of the Cheshunt Minor Injuries Unit and seek to organise a broader range of services at Cheshunt Community Hospital.*  
• Work with NHS partners to improve access to GPs, particularly in Waltham Cross and Cheshunt.* |
| 7. Improve efficiency and effectiveness of travel to health services.* | • Re-tender the Broxbourne community transport scheme in partnership with the NHS and County Council in 2015.*  
• Campaign to provide affordable transport from the Borough to hospitals and other facilities.* |
| 8. Secure greater public engagement with NHS governance* and a stronger public understanding of NHS services. | • Promote membership of NHS trusts to residents in the Borough.*  
• Assist NHS and County Council to promote service users’ understanding of how to get the most from local NHS services, for example by linking to their websites, distributing leaflets etc.  
• Hold meetings of the Broxbourne Health Forum to raise issues about health services locally with service providers.  
• Set up the Broxbourne Mental Health Forum and develop a mental health action plan in partnership with members of the Forum. |
| 9. Maintain a clean, healthy, safe environment. | • Work with the relevant agencies to increase staff awareness about issues such as domestic abuse and hate crime and signposting appropriate referral pathways.*  
• Working with schools, reduce dangerous parking outside schools.*  
• Monitor air pollution, and take action against nuisance smoke.  
• Investigate complaints of excess noise, and seek to establish noise standards for new developments.  
• Reduce the local risk of infectious disease by licensing and inspection of tattooists, skin piercing and laser treatment businesses, and inspection of premises for legionella prevention.  
• Reduce the risk of food poisoning by ensuring the production, transportation, storage, preparation and sale of food in hygienic conditions, carrying out inspections and analysing food samples as necessary.  
• Tackle poor housing conditions by carrying out risk assessments of specific hazards, and specifying remedial works for landlords to undertake.  
• Participate in the Hertfordshire Resilience Forum to plan, train and respond to emergencies such as floods and chemical incidents. |
The Council recognises that primary responsibility for supporting the health of Broxbourne residents lies with the NHS, including commissioners such as the East and North Hertfordshire Clinical Commissioning Group, and service providers such as the East and North Hertfordshire NHS Trust. The lead role in health promotion is held by Hertfordshire County Council’s Public Health service. Our action plan has been developed to describe what we will do in partnership with the NHS, the County Council and voluntary and community sector organisations, to improve the health of Broxbourne residents. The plan articulates our community leadership role in providing a voice for Broxbourne residents on local health services.

Within Broxbourne Borough Council, the 2014-17 action plan will be implemented by integrating the actions into the annually revised service plan for each relevant service. For example, most of Health Priority 9: Maintain a clean, healthy and safe environment, is aligned with the Environmental Health service plan. In addition, the Council has a strong role in health promotion, through the work of our Communications Team, and our community development and community leadership roles. Many of the actions are already in the Corporate Plan.

We will work with our partners through the Broxbourne Health Forum, a quarterly meeting of NHS providers, GPs, representatives from services within Hertfordshire County Council, and other stakeholders, which is affiliated to the Broxbourne Local Strategic Partnership. Broxbourne Borough Council is represented by both officers and Members. The planned Broxbourne Mental Health Forum was initiated by this group, and when it is set up, it will also provide a vehicle for joint working.

Work on excess weight will be led by the Obesity Working Group, another sub-group of the Broxbourne Health Forum, which has a track record of partnership working in this field. The Obesity Working Group brings together officers from the voluntary and community sector, children’s centres, Hertfordshire County Council, GPs and others, together with officers of this Council.

In addition, Members and officers of the Council participate on countywide health partnership bodies, and we liaise with cross-border bodies. We also regularly hold meetings with colleagues in Public Health at Hertfordshire County Council, which is leading the countywide approach to addressing many of the health issues identified in this strategy, to discuss how we can support their work locally. For example, Public Health commissioned drop-in clinics for Broxbourne residents aged 40-75 to receive a free health check. This Council found locations for the clinics to take place, some within our own buildings, and we advertised and promoted the clinics through posters and other media. We have also agreed that residents undergoing future health checks will be given information by the Council about relevant local services, for example, physical activity programmes.

Relevant issues will also be raised with the Broxbourne Local Strategic Partnership, which brings together representatives of organisations working for the benefit of Broxbourne from all fields.
We will report annually on progress in achieving the priorities in the 2014-17 action plan. The report will also contain the latest data for a suite of performance indicators (PIs) on the health of Broxbourne residents, using information regularly provided by the Public Health service at Hertfordshire County Council. We will use the information in the annual report to improve the action plan as necessary.

Performance indicators

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<th>Performance indicator</th>
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<td>Excess weight</td>
<td>Percentage of mothers initiating breast feeding where status is known</td>
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<td></td>
<td>Percentage of school children in Reception (age 4-5) who are obese</td>
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<tr>
<td></td>
<td>Percentage of school children in Year 6 (age 10-11) who are overweight</td>
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<td></td>
<td>Percentage of adults who are overweight or obese – Public Health England</td>
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<td></td>
<td>Percentage of adults achieving at least 150 mins physical activity per week</td>
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<td>Alcohol misuse</td>
<td>Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population</td>
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<td>Hospital stays for alcohol related harm - directly age sex standardised rate per 100,000 population</td>
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<td>Percentage of population aged over 16 regularly consuming more than 22 units alcohol per week (men) or 15 units per week (women)</td>
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<td>Smoking</td>
<td>Percentage of mothers smoking in pregnancy where status is known</td>
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<td>Percentage of people over 18 who smoke</td>
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<td>Smoking related deaths - directly age standardised rate per 100,000 population aged 35 and over</td>
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<td>Teenage pregnancy</td>
<td>Under-18 conception rate per 1,000 females aged 15-17</td>
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<td>Diabetes</td>
<td>Percentage of people on GP registers who have a recorded diagnosis of diabetes</td>
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<td>Cardiovascular disease</td>
<td>Heart disease and stroke - directly age standardised rate per 100,000 population aged under 75</td>
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<td>Older people</td>
<td>Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths</td>
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<td>Hip fracture in 65s and over - directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over</td>
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<td>Number of people on GP registers with a recorded diagnosis of dementia</td>
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<td>Life expectancy</td>
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<td></td>
<td>Life expectancy female - at birth</td>
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<td>Engagement</td>
<td>Number of Broxbourne residents who are members of an NHS Trust</td>
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Health and wellbeing for all