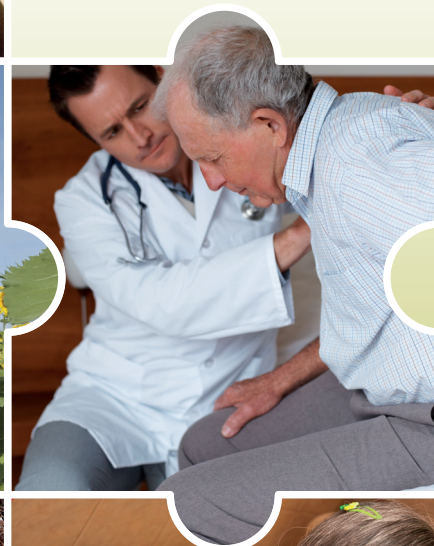


# Health and Wellbeing Board Hertfordshire

Strategy 2013 -2016

Healthier People  
Healthier Communities  
for a healthier and happier Hertfordshire



[www.hertsdirect.org/hwb](http://www.hertsdirect.org/hwb)



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## Preface

I am delighted to introduce Hertfordshire's first Health and Wellbeing Strategy. This strategy represents a significant step forward in achieving our vision to improve the health and wellbeing of the people of Hertfordshire.

Hertfordshire has an excellent history of successful partnership working and the strategy presents a new and exciting opportunity to build on these strengths. The strategy outlines nine key health priorities where it is recognised that by working together we can achieve the greatest results. We look forward to capitalising on the extensive skills and knowledge of our citizens, communities and services to jointly tackle health challenges through proactive, innovative and local health initiatives.


The strategy has been developed in collaboration with a wide variety of organisations, groups and individuals across Hertfordshire. These include:

- County and district councils
- Other statutory partners such as Hertfordshire Constabulary and the NHS
- Voluntary and community partners
- Healthwatch
- Members of the public

During our strategy engagement exercise we received responses from over 3,300 organisations and members of the public. This fantastic result demonstrated not only a very real commitment to improving Hertfordshire's health and happiness but helped to inform the shape of the final strategy. We have spent considerable time listening to your feedback and what issues most matter to you. Your input strengthens the strategy.

We are fortunate in Hertfordshire that many of our residents already experience good levels of health and wellbeing. However, some of us do not, and these health inequalities must be addressed. We have a duty to work together to make a real difference to people's lives while improving the health of the general population. The challenges we face will not be solved overnight. Over the coming years tackling them together will be our utmost priority because *'if not now, when?'*

I would like to personally thank all those who took time to contribute their views and expertise to the development of this strategy. I very much look forward to your continued engagement and working with you in the future to create a fairer, healthier and happier Hertfordshire.

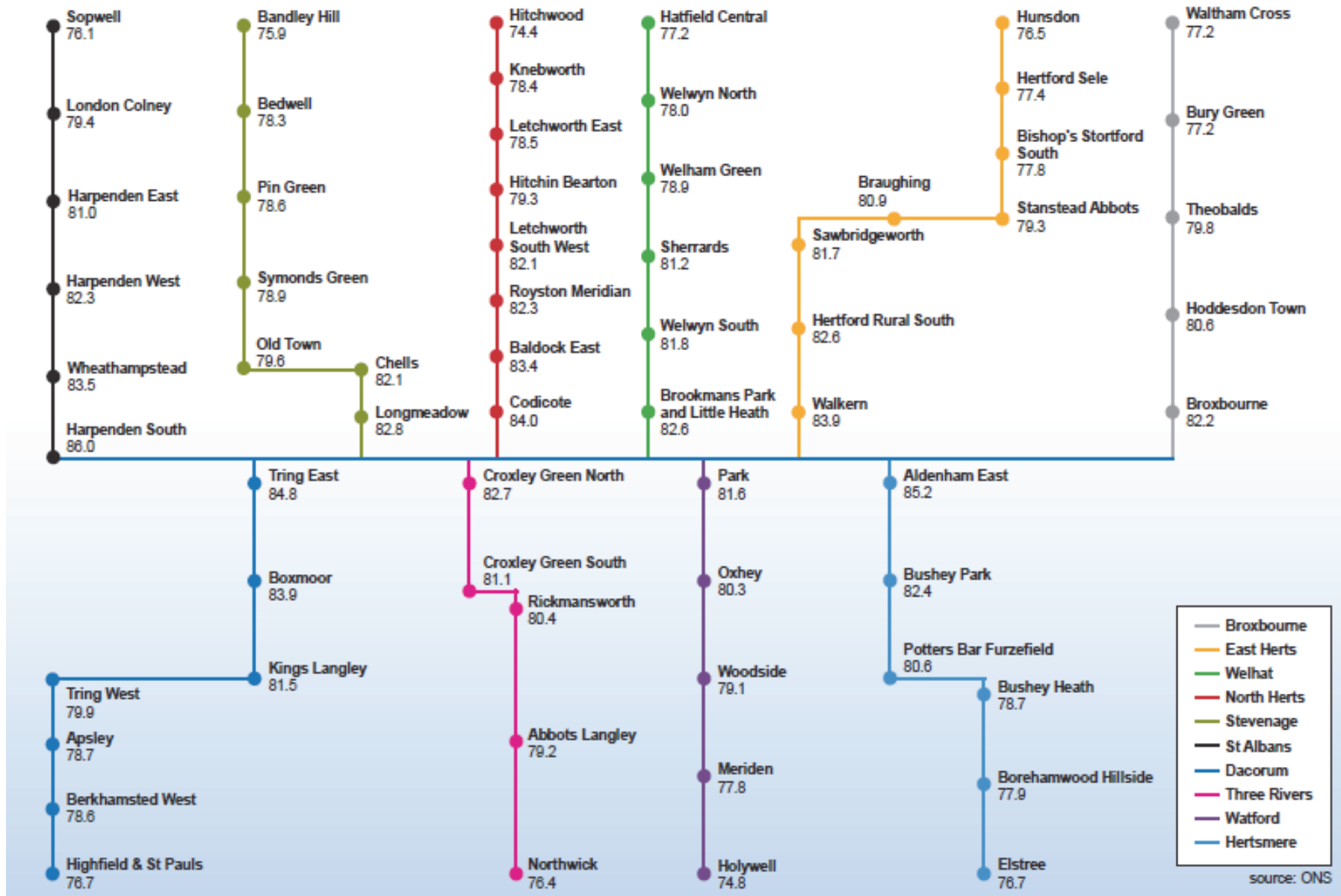


**Richard Roberts**

**Chair – Health and Wellbeing Board**

February 2013

## Life expectancy varies according to where you live



## Part 1 - Introduction

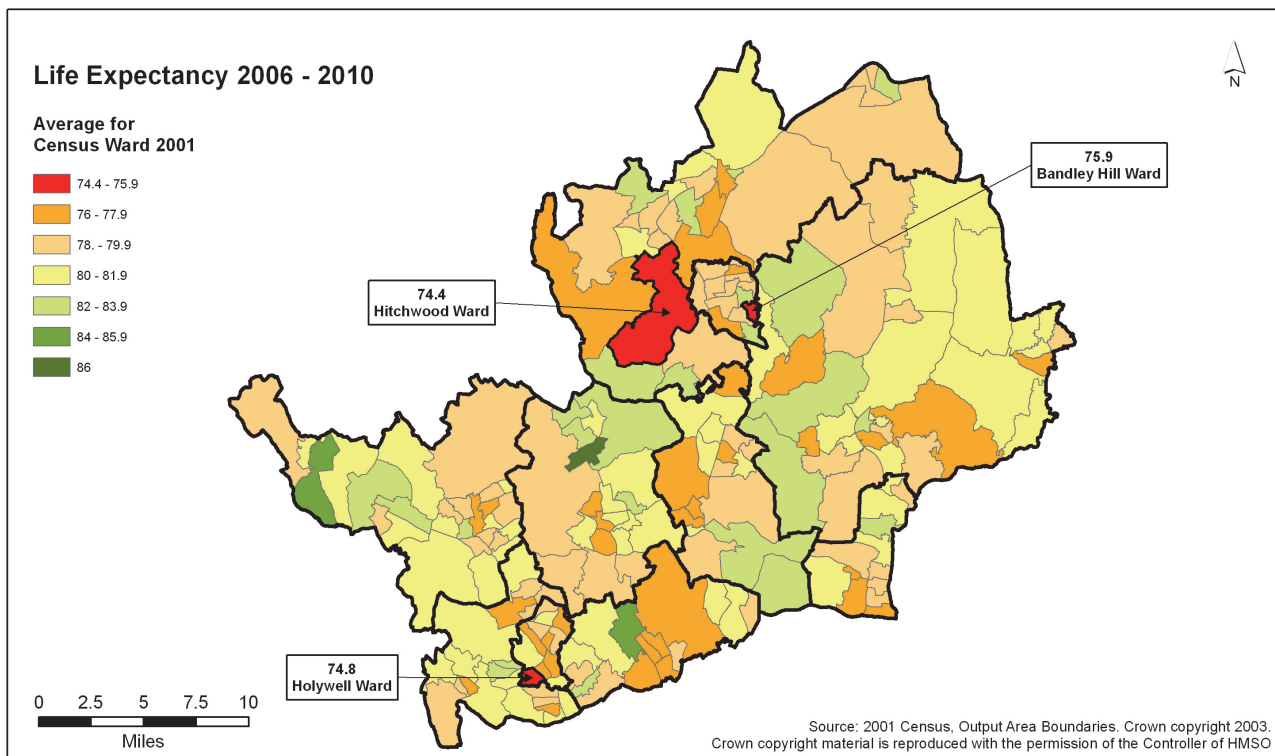
### Our vision: *A healthier and happier Hertfordshire*

*“With all partners working together we aim to reduce health inequalities and improve the health and wellbeing of people in Hertfordshire”*

Each and every one of us is affected by the levels of health and wellbeing we experience. Many Hertfordshire residents enjoy good health and wellbeing and Hertfordshire performs well compared to other areas. However, significant problems persist such as the low level of physical activity in children and young people and the fact that if you live in the most deprived ward of Hertfordshire, on average you will live 7.4 years less than if you lived in the least deprived. While the average life expectancy in Hertfordshire has increased significantly over the past ten years, the gap between the least and most deprived has not changed.

**Health** – ‘Health is a state of complete physical, mental, social wellbeing, not just the absence of disease or infirmity’

**Wellbeing** – ‘Wellbeing is a contented state of being happy and healthy’



Your health and emotional wellbeing is affected not only by your genetics but by the environment you live in and the social conditions in which you are born, study, work, retire and end your life. Poor quality housing, poor education attainment, unemployment, lack of leisure facilities, air pollution and a whole range of other factors influence your ability to stay healthy and flourish.

We each have a responsibility to ensure that good health and wellbeing is promoted in our families, workplaces and communities. Health is not just an issue for the NHS; each of us has a duty in making Hertfordshire a healthier and happier place to live.

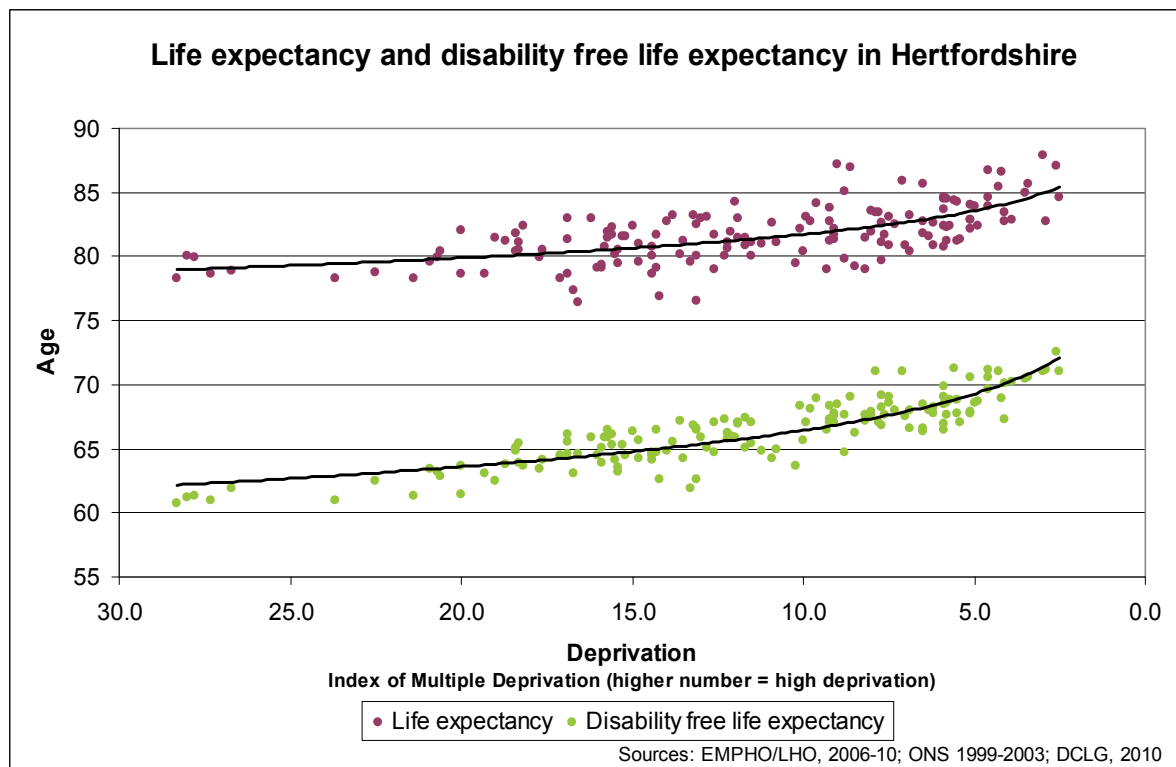


## What is this strategy for and why is it important?

This strategy outlines our approach, principles, roles and responsibilities for tackling health inequalities and promoting the health and wellbeing of everyone who lives or works in Hertfordshire.

When we consulted on the development of this strategy you told us that tackling health inequalities is important to you because they are not fair and something must be done about them.

One of our challenges is to tackle health inequalities, which remain a significant issue in Hertfordshire. They are closely linked to the environment in which you live, your community, the services you receive and the way you live your life. Health and life chances are strongly linked - if you have poor health you will have fewer life chances and equally, if you have less life chances you are more likely to have poorer health. Health is the single biggest factor affecting whether or not you are able to reach your full potential.



Inequalities exist before a child is born and will accumulate over their entire life. Trying to tackle the issue later on in life is less effective and more expensive. Your health and wellbeing is affected by many different issues and no single organisation can tackle health inequalities alone, only by working together will we be able to reduce health inequalities.

Our population is ageing and you are likely to live longer than your parents. Our ambition is to increase the number of years you are healthy and free from disability.

We need to develop a system that meets you and your family's current needs, promotes your independence, prevents the development of disease in the first place and is effective in its approach.



## What factors have an impact on health inequalities?



### What will this strategy focus on?

The strategy will focus on nine initial priority areas which you will find outlined in **Part 4 – Our Priorities (pg 16)** of this document. The priorities identified are those where, by working together, we can make the biggest difference. This is not an exhaustive list of all the priorities of all the organisations and communities in Hertfordshire and does not mean that other health and wellbeing issues are any less important. Individuals and local areas will continue to have their own priorities which should also be addressed. Hertfordshire has many diverse communities and we would expect other priorities to exist at the local level, in addition to those identified.

This strategy is about creating an environment of change, in which you as an individual or as a community are able to take control for the services which are delivered in your area. We believe that solutions must be designed and implemented at a local level, as we know what will work in some areas may not work in others.

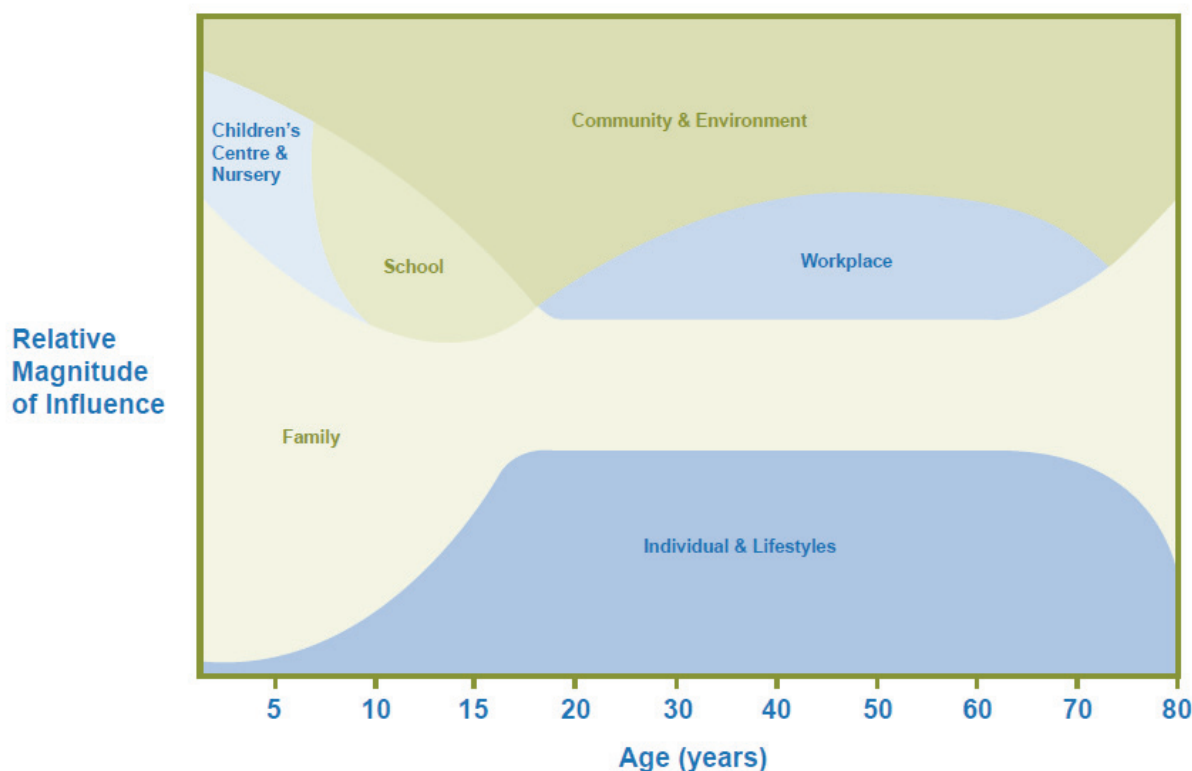
By tackling these issues we will be contributing significantly to improving the health, happiness and wellbeing of Hertfordshire and reducing health inequalities.

### What is different about this strategy?

- The HWB strategy provides the framework to bring together everybody who can make a difference to reducing health inequalities. This includes statutory organisations such as the county council, the NHS, GPs, district councils, pharmacies, the probation service, the police and also other groups such as faith groups, charities, voluntary and community groups.
- The strategy highlights the importance of diversity and that there is no 'one size fits all' solution.

- Implementing the strategy creates a supportive and permissive environment to tackle the challenges we face. It paves the way for identifying the problems and setting the way forward.

## How do different areas influence your health?



source: adapted from Nordio, S. (1978)

### What is the Health and Wellbeing Board and what does it do?

From April 2013, the Health and Wellbeing Board will be formalised and tasked with promoting joint working between local authorities, the NHS and public health to improve health and wellbeing and reduce health inequalities. They also have responsibility for this strategy and ensuring that it meets the needs of Hertfordshire's residents.

The Health and Wellbeing Board will monitor progress and ensure that all partner organisations are working towards tackling the priorities outlined in **Part 4 – Our Priorities (pg 16)**.

The members of the Board are:

- Cabinet members from the county council
- District council leaders
- Directors of Health and Community Services, Children's Services and Public Health
- Chairs of both NHS Clinical Commissioning Groups
- Accountable officers from both NHS Clinical Commissioning Groups
- Chair of Hertfordshire Healthwatch (public representative)

For more information on the board and its activities, please visit [www.hertsdirect.org/hwb](http://www.hertsdirect.org/hwb).

## How was this strategy developed?

This Health and Wellbeing Board aims to improve the health and wellbeing for everybody through the strategy. It was therefore important that it engaged with as many people, organisations and other groups as possible.

When identifying the priorities the Board:

- Reviewed the Joint Strategic Needs Assessment
- Sought your views
- Identified the areas where there will be the greatest impact by working together.

**Joint Strategic Needs Assessment (JSNA)** is the process of identifying current and future health needs for Hertfordshire – it allows you to view data on the needs of individual residents as well as of your local community.

For more information on how the priorities were identified, please visit

[www.hertsdirect.org.uk/hwb](http://www.hertsdirect.org.uk/hwb).

For more information on the Joint Strategic Needs Assessment (JSNA) please visit

<http://atlas.hertslis.org/IAS/jsna>.

## Part 2 – Our approach and principles

This section outlines our approach and principles which will help ensure that we approach health issues in the most effective, efficient and equitable way.

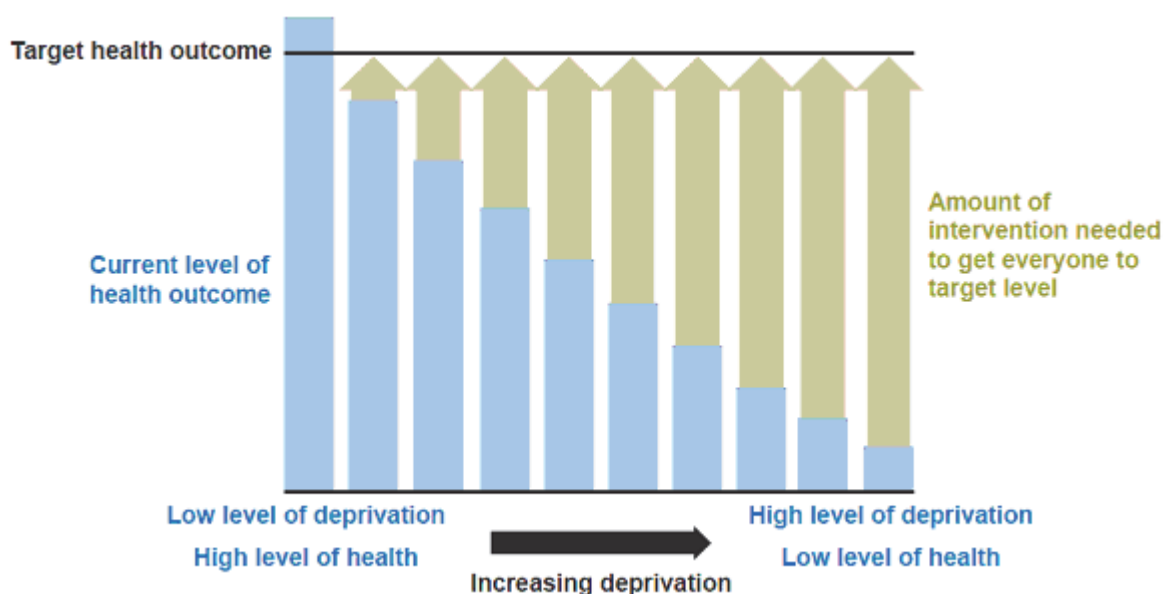
### Supporting people according to need

This concept developed by the Marmot Review 'Fair Society, Healthy Lives', a report published on request of the Secretary of State for Health, looks at the most effective way of reducing health inequalities. It is a principle endorsed in this strategy.

Everybody has the right to receive the support they need to be healthy and happy but supporting people according to need means targeting services based on relative deprivation. Any health action or intervention should be available to everybody but we must do more for those who are relatively more disadvantaged and may therefore have greater health needs. However, those who may be more fortunate are not excluded from receiving help and support where needed.

In this way everyone will receive the support they need to be healthy and health inequalities will be effectively reduced across society, not just for the most or least disadvantaged.

### Supporting people according to need



### Health and wellbeing is everybody's business

Health is not only the NHS' responsibility. Health and wellbeing is everybody's business and everybody's responsibility. Tackling health inequalities and improving the overall health and happiness of Hertfordshire will always present challenges and no single individual or organisation can tackle these issues alone.

Your family's health and wellbeing is dependent not only on you and your local GP but may also be dependent on your children's school, your local community, your housing association, your local authority, your faith group, your employer or any other group/organisation.

In **Part 3 (pg 13)**, we have outlined some of the roles and responsibilities for you, your community and your services in tackling health inequalities and improving health and wellbeing.

### **Tackling issues across the life course**

Your health at any one point in your life is related to the things all through your life to date which either increase or decrease your risk of ill health and poor emotional wellbeing. For example, smoking significantly increases your risk of heart disease or cancer later in life and lower uptake of breast feeding increases the likelihood of childhood obesity. This is called a life course approach to understanding your health.

Disadvantage can start before birth and accumulate throughout life. Children brought up in unhealthy homes are more likely to experience lower levels of wellbeing and be disadvantaged for their entire lives. This means we must work closely with you and your family and the services you use including children's centres, schools, nurseries, health visitors and social services.

Working on a life course approach means we look across a person's life and work to keep them healthy and emotionally resilient across that life.

#### **Before birth**

Even before a child is born, things happen that influence his or her future health. If a mother smokes, the child can be born with health problems. How healthy a mum to be is, will impact on the future of the child's health.

#### **Birth and early years**

What happens in a child's early years has lifelong effects on many aspects of that child's health and wellbeing, from obesity to heart disease and mental health. The birth of a baby is not just the beginning of a health cycle but is connected to a previous one - that of the mother's.

Poor outcomes in one stage of the life course increase the risks of you being affected in a later stage. For example, if you are born underweight you are more likely to suffer from cardiovascular disease later on in life. Also, children who are exposed to domestic violence often experience poor educational outcomes, mental health issues and problems with the law throughout their lives.

#### **School years**

Giving every child the best start in life means they have a better chance of a fulfilling and healthy life, including good education and employment. Getting their right vaccinations, making sure they are a healthy weight, that they feel emotionally secure, confident and loved and have access to good play and physical activity are all crucial in helping that child stay healthy. The grounds for half of all mental ill health in later years are set by the age of 13.

**Into adulthood and working years**

Maintaining a healthy lifestyle will mean your older years are happier and healthier and more likely to be free from avoidable disability and pain. This means having a balanced diet, exercising, avoiding alcohol and drug misuse, monitoring your mental health and being an active member of your community.

**Later life**

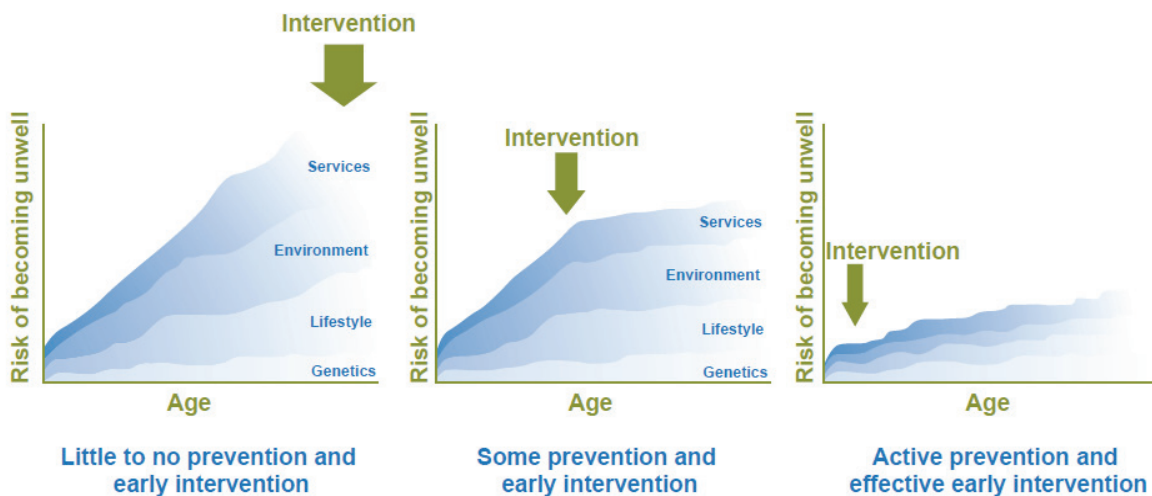
Health interventions and actions later in life are much more likely to be needed, are much more costly and are much less effective where good early foundations are lacking.

**Early Intervention** – Tackling an issue when or before it develops, often at an early age, to greatly reduce its severity or to stop it occurring in the first place

**Putting it all together**

A life course approach means we need to do the right thing at the right stage of life to keep people healthy. It means we need to focus our efforts on early intervention and prevention. If we act quickly when you get ill, and we help support you and your family to lead healthier lives, then we will drastically reduce the likelihood of you becoming permanently unwell or disadvantaged as a result of poor health.

**Early intervention and prevention**



**Local solutions**

This strategy identifies the top health and wellbeing priorities for Hertfordshire and how we will measure our success in tackling them. However, we recognise the diversity of local communities in Hertfordshire; each community and each family is different. They may have a different set of health issues and are likely to require a different approach in tackling these issues. We know that where communities take control and responsibility for their health and wellbeing, members of those communities usually have less health problems. Therefore, health interventions and actions should be locally developed and communities should be empowered to take control and ownership of their health and wellbeing as well as the interventions affecting them.

## Part 3 – Our roles and responsibilities

The priorities in this strategy have been chosen because they are issues that will only be successfully addressed through joint working and partnership.

If you are able to take more responsibility for your own health and wellbeing we will be well on our way to building a healthier, happier Hertfordshire. This means community groups and voluntary organisations creating a circle of support for you if you are in need and that statutory organisations are there for you when you need them.

### Your role

Many people are already making a huge contribution in maintaining their own health and wellbeing, as well as that of their family, friends, neighbours and colleagues. You are the single biggest influence on your own health and wellbeing, and that of your family and community. If you take control, we are well on the way to improving lives.

We will work with you to ensure you have the advice, information and support you need to take responsibility and control for your own health and wellbeing. We want you to feel empowered to share that knowledge with those around you, whether that is through more formal peer support networks, or with your family and friends.

#### *What you can do:*

- *As an individual* – make healthy lifestyle choices for you and your family, this includes eating better, drinking sensibly, quitting smoking and exercising more.
- *In your community* – promote health and wellbeing and take the initiative to bring about change in your community.
- *As an employer/employee* – support flexibility to help achieve a positive work life balance and promote colleagues in making healthier choices and improving their wellbeing and that of their families.

#### *What you can expect to receive:*

- Local organisations to provide relevant information and support to enable you to be healthy and make informed choices.
- Access to the services you need to be healthy.
- The opportunity to shape how services are delivered in your area.

### Your community

Where communities are more engaged and have more control over their health, their members are healthier and happier. We know that people with wide social networks, close families and strong links with their local voluntary/community organisations (either for support, or through volunteering) are more likely to live longer and be healthier.

Everyone is healthier and happier in communities where people are actively engaged in helping each other out, whether that is more formally, through working for or volunteering with local

voluntary organisations, or informally, through simply popping in to see an elderly neighbour or volunteering for a few hours a week.

We will work together encourage and support your community to take more responsibility and control for the health and wellbeing of its members. They already provide a huge range of support to many of the people affected by the priorities in this strategy. The thriving voluntary sector in Hertfordshire offers a huge diversity of services, from delivering emotional support to carers, providing practical advice and therapy to stroke survivors and encouraging young people to take up sport.

Good health begins with you and your community.

*What communities can do:*

- Champion health and wellbeing in the local area.
- Identify areas of need and feedback evidence and local knowledge into the Joint Strategic Needs Assessment.
- Taking the opportunity to engage and include the most vulnerable members of the community.
- Taking the initiative and developing services and interventions for members of your community such as setting up a local walking group or an aerobics class in the local community centre.

*What communities can expect to receive:*

- Relevant information on the health issues in your local area from the Joint Strategic Needs Assessment.
- Advice and support from public health on information and potential interventions in your area.
- Existing services to engage communities in the development of services which are appropriate for the population.

## **Your services**

Everyone will come into contact with public services at some point in their lives and other services outside the health and social care arena such as schools, housing, the police, the fire service, parks and green spaces – all can have a profound effect on our health and wellbeing.

As public services, we have a moral duty to support individuals and communities to thrive. We will be there when you need us, but we also want to make sure we help you to stay independent and well for as long as possible.

Through their health and wellbeing partnerships, district leaders will create local forums for promoting innovation, intelligence and joint-working. These forums will be essential in the delivery of this strategy.

This strategy will promote better working between partners, ensuring that patients, service users, families and carers feel supported to take control of their own lives. We want to provide diversity



and encourage local, innovative solutions to the health and wellbeing priorities of different communities.

*What your local services should do:*

- Provide professional information, advice and support to empower you to take control and responsibility for health and wellbeing.
- Ensure that there are high quality, effective services in place to meet the needs of the community, either through direct provision or commissioning of services.
- Work in partnership with partners and the communities and individuals we serve, to innovate and improve the services which are provided ensuring you are always put first.
- To embed health and wellbeing into all decision making and policy, from planning considerations to school meals.
- Encourage each employee to act as a champion for health and wellbeing among their service users.

*What local services are asking of you:*

- That you and your community engage in identifying what the health issues are in your area and what the potential solutions may be.
- You and your community take responsibility for managing your own health and wellbeing.

## Part 4 – Our priorities

We developed a way of evaluating potential priorities and asked you to identify which areas we should focus on first and then asked you to tell us whether we had got these right. The priorities outlined below are where we feel that through working together we can make the biggest difference. These will not be your only priorities and they won't be the only priorities of the organisations involved in writing this strategy.

In total we have identified nine initial priorities which fall into three broad categories. These are all to be considered equally and the links between them recognised. Physical activity, for example can contribute towards improving mental health and reducing the likelihood of developing a long term condition. The categories are:

### Healthy Living

These are issues where you are able to have the greatest impact on your own health and wellbeing. You should be supported to take control of your life to tackle these issues and improve your health and wellbeing through:

- Reducing the harm caused by alcohol
- Reducing the harm from tobacco
- Promoting healthy weight and increasing physical activity

### Promoting Independence

The Marmot Review argued that poor health is linked to the stress you experience and the level of control you have over your life. Where you have more control and less stress, you are more likely to be healthier for longer. If you are affected by the issues we have prioritised below, you often need additional support to be independent and more control over your life. In this case, we will strive to ensure that you are able to live your life and that you feel safe and in control:

- Fulfilling lives for people with learning disabilities
- Living well with dementia
- Enhancing quality of life for people with long term conditions

### Flourishing Communities

These are areas where you, your family and your community can make the biggest difference in improving the health and wellbeing of those around you and of the most vulnerable members of your community. Tackling these issues helps ensure that everyone is able to receive the support they need and contribute to resilient and sustainable communities.

- Supporting carers to care
- Helping all families to thrive
- Improving mental health and emotional wellbeing

## Healthy Living - Reducing the harm caused by alcohol

Alcohol misuse has a major impact on a wide range of health and social issues with significant costs to society, your quality of life and your life chances. A 2011 survey suggested that 1,800 16-24 year olds in Hertfordshire are at a significant risk of long term harm from alcohol and that 14 per cent of this age group has had unprotected sex as a result of drinking alcohol.

While binge drinking rates in men aged 16-24 are reducing, rates for women of the same age are not. Alcohol misuse by young people will continue to cause short term harm such as assaults, sexual health problems and personal and traffic accidents. Longer term harm can also be seen in the prevalence of chronic disease, hospital admissions, criminal justice systems, risks during pregnancy, child protection cases and avoidable deaths. Alcohol-related crime and violence is prevalent throughout the county and in both Stevenage and Watford the rates are significantly worse than the England average.

Reducing the harm caused by alcohol requires co-ordinated action across a wide range of stakeholders and partners to help break the cycle of harm.

### Approach

Our approach must begin with preconception care, pregnancy, parenting, an alcohol free childhood, safe teenage years and reaching your potential during working age. We must identify and support those with existing harmful behaviours and prevent harmful behaviours in early teens. It is proposed that two populations are initially targeting in the following way:



*Prevention* – identify Year 7 pupils with a risk of encountering problems later in life and providing interventions in schools before issues begin.

*Changing Behaviour* - Making Every Contact Count to engage with young women (16-24 years) in a range of settings

### Roles and expectations

*What is your role?*

- Understand the implications of your behaviour and exhibit a willingness and ability to change.
- Act in a responsible and safe manner.

*What is the role of your community?*

- Create and maintain a safe environment in which to live, work and relax.
- Protect the most vulnerable in society.

*Your services should aim to:*

- Work together to deliver effective interventions
- Be consistent in giving and demonstrating responsible drinking messages – Making Every Contact Count.
- Improve the safety of town centres, working in partnership with districts, police, licensing authorities, communities and faith groups to target premises which are not complying with licensing regulations.

### What we want to achieve

1. Annual improvements in alcohol-related crime and violence in all areas with a focus on Stevenage and Watford.
2. Reduction by 2 per cent per year of 16-24 year olds reporting unsafe sex under the influence of alcohol.
3. At least 75 per cent Year 7 pupils identified at risk to complete a Resilience and Life Skills programme within 12 months.
4. Reduction in numbers of alcohol-related hospital admissions.

## Healthy Living - Reducing the harm from tobacco

Tobacco use remains one of the most significant public health challenges in Hertfordshire. While rates of smoking have declined over the past decades, almost one in five adults in Hertfordshire still smoke. Smoking prevalence is not reducing and new action is required to drive smoking prevalence rates down especially in the most deprived communities where smoking is highest.

Deaths from smoking are greater than the next six most common causes of preventable death combined (drug use, road accidents, other accidents and falls, preventable diabetes, suicide and alcohol abuse). Over one in four of all cancers and 90 per cent of lung cancer are directly attributable to tobacco use.

Smoking rates are much higher in some social groups including those with the lowest incomes. These groups suffer the highest burden of smoking-related illness and death and smoking is the single biggest cause of inequalities in death rates between the richest and poorest in Hertfordshire.

Each year in Hertfordshire it is estimated that tobacco use costs society £278.9m. Of this, £54.9m is a cost to the NHS. The other costs include loss in productivity from smoking breaks and sick days (£108.8m) smoking related fires in homes (£10.3m), cleaning up cigarette litter (£6m), output lost from early death (£83.4m), and cost of second hand smoke in early death, absenteeism and NHS costs (£14.5m).



### Approach

Our approach must be two-fold. We must support people to quit smoking and prevent them starting in the first place. This is often known as tobacco control. While we will continue to help people to quit smoking, our focus will increasingly be on tobacco control.

Reducing smoking requires a joined up approach from key public, voluntary and private sector organisations, local leaders and communities. Tobacco Free Hertfordshire is an alliance of organisations working together to improve the health of people in Hertfordshire by reducing their exposure to tobacco. These include the NHS, Hertfordshire Stop Smoking Service, county and district councils. Key areas for targeted work are:

- Pregnancy and young children
- Schools and young people
- Working age adults

### Roles and expectations

#### What is your role?

- Quit smoking if you currently smoke, preferably with support.
- Discourage young people from taking up smoking.
- Keep your home, workplace, car and environment smoke free. Promote a smoke free lifestyle and support smokers to use local 'stop smoking' services to quit smoking.
- Do not purchase or use illegal tobacco.

#### What is the role of your community?

- Discourage young people from taking up smoking.
- Encourage, signpost and support smokers to use local stop smoking services and quit smoking.
- Challenge smoking in your community and promote a smoke free lifestyle.
- Support enforcement of tobacco licensing for under-18s and tackle illegal tobacco.
- Take part in national and local smoke free campaigns.

#### Your services should aim to:

- Work together to implement Hertfordshire's tobacco control strategy to reduce smoking prevalence.

- Ensure that employers are aware of and buy into, the benefits of reducing smoking in their workforce.
- Ensure organisational compliance with relevant legislation including smoke free environments and illegal tobacco.
- Work with Hertfordshire Stop Smoking Service to ensure that employees and service users have the support they need to quit especially for working age adults with mental health issues or those working in routine and manual occupations.
- Access training to promote healthy lifestyles, including how to motivate smokers to stop smoking.
- Use contracting and commissioning opportunities to promote smoke free lifestyles.

### ***What we want to achieve***

1. Reduce smoking in every district to 18.5 per cent or less by 2015.
2. Reduce smoking in young people, so that less than 9 per cent of 15 year olds smoke by 2015.
3. Reduce smoking in pregnancy so that less than 7 per cent of pregnant women smoke throughout their pregnancy by the end of 2015.
4. Roll out a county-wide smoke free cars and homes scheme.
5. All public sector workplaces are completely smoke free including grounds by 2015.

## Healthy Living - Promoting healthy weight and increasing physical activity

We face two interlinked but distinct problems. Our population is increasingly overweight and obese, and increasingly inactive. In Hertfordshire, 27.8 per cent of children aged 10/11 years are overweight and obese, and 21.4% of our adults are obese. In addition 79 per cent of adults are not physically active enough to benefit their health and this rises to 96 per cent by the age of 70.

Minimal physical activity, poor diet and excess weight cause serious health problems and are closely linked to deprivation. Many health issues result from excess weight and lack of physical activity such as type 2 diabetes, coronary heart disease, hypertension, cancer, and falls – and treating these conditions places a significant burden on the NHS and other services.

Direct costs from excess weight are estimated at £84 million in Hertfordshire. These costs are forecast to more than double by 2050. It is also estimated that excess weight costs the wider economy about £320 million in Hertfordshire for example, the lack of productivity from sickness absence. These costs could rise to one billion pounds by 2050 if the rise in excess weight continues. The effect is worst on the least affluent.

We cannot afford this. Action is therefore needed to support people into a healthier lifestyle. Your ability to maintain a healthy weight starts with what you eat. Regular physical activity helps maintain a healthy weight, and has many other benefits across the whole of life, from good play for children to maintaining good posture, reducing the risk of developing chronic diseases and avoiding falls for older people.



A whole system approach to maintaining a healthy weight will use healthy eating, physical activity, planning, transport and other approaches.

February 2013

## Approach

We must take a whole-system approach in which everyone has a role to play in increasing physical activity and promoting healthy weights.

Everybody, regardless of age, can benefit from being physically active and having a healthy weight. Our approach will therefore target people across all ages. We need to work with you, your family, your community and your environment to deliver a more co-ordinated and efficient commissioning of effective, targeted and sustainable services.

We must work on good quality nutrition from conception through life, working with your community on healthy diet, putting in place appropriate policies, working with the food industry and increase the variety and number of opportunities for physical activity available in your area.

## Roles and expectations

### What is your role?

- Take responsibility for what you and your family eat and drink and the physical activity you do. Meet the amount of physical activity recommended for adults and children per week.
- Actively seek information and use guidance on healthy eating and physical activity.
- Promote physical activity and healthy eating in your home, workplace and community.

### What is the role of your community?

- To motivate and support community members to be healthier.
- Promote and deliver interventions such as health walks, healthy cooking programmes, local sports team and community transport to leisure facilities.

### Your services should aim to:

- Ensure that accurate and accessible information on diet and physical activity is widely available.

- Maintain and enhance a whole school day approach to nutrition in schools and extend this to all families
- Increase opportunities for regular physical activity suited to all abilities.
- Work in partnership to link up health services and physical activity services.
- Use the transport, planning and licensing system to change the obesogenic environment we live and work in.
- Co-ordinate the commissioning of services to prevent and treat excess weight and increase levels of healthy eating and physical activity.

***What we want to achieve***

1. To stop the increase in overweight children and obesity in our worst five areas by 2016 and then reverse this.
2. To stop the increase in overweight adults and obesity in our worst five areas by 2016.
3. All districts to achieve a year-on-year increase in adult participation in physical activity 2013-2016
4. Primary Care makes increasing use of physical activity and behavioural change as a central part of the pathway for maintaining healthy weight and reducing disease risk.

**Healthy Living - what does success look like?**

	<b>Pre-birth</b>	<b>Childhood</b>	<b>Young Adult</b>	<b>Adult</b>	<b>Old age</b>
<b>Reducing the harm caused by alcohol</b>	<p>Reduced alcohol related unwanted pregnancies</p> <p>An alcohol free pregnancy</p>	<p>Universal education on the harm caused by alcohol misuse and targeting interventions for at risk children</p> <p>Parents drink responsibly</p>	<p>Universal education on harms of alcohol misuse</p> <p>Multi-agency targeted interventions for young people at risk</p> <p>Enforced licensing for under age sales</p>	<p>Drinking in moderation in a safe and responsible way</p> <p>Seeking support where drinking becomes a problem</p>	<p>Drinking in moderation in a safe and responsible way</p> <p>Seeking support where drinking becomes a problem</p>
<b>Reducing smoking</b>	<p>Supporting smokers to quit before conception</p> <p>Supporting family and friends to quit</p> <p>A smoke free pregnancy</p>	<p>Growing up in a smoke free household</p> <p>Educated against the harms of smoking</p> <p>Enforced licensing for under age sale of cigarettes and illegal tobacco</p>	<p>Educated against the harms of smoking</p> <p>Supporting family and neighbours to quit</p> <p>Enforced licensing for under age sale of cigarettes and illegal tobacco</p>	<p>Quit smoking, preferably with support</p> <p>Supporting family and neighbours to quit</p> <p>Protection against illegal tobacco</p> <p>Ensuring a smoke free environment for children</p>	<p>Quit smoking, preferably with support</p> <p>Supporting family and neighbours to quit</p> <p>Protection against illegal tobacco</p> <p>Ensuring a smoke free environment for children</p>
<b>Increasing physical activity and promoting a healthy weight</b>	<p>Eating a healthy balanced diet prior to conception and during pregnancy</p> <p>Regular exercise pre-conception and light regular exercise during pregnancy</p>	<p>Whole family approach to education about a healthy balanced diet and the benefits of physical activity</p> <p>Eating a healthy diet</p> <p>Regular exercise</p> <p>Improved emotional resilience and wellbeing</p>	<p>Whole family approach to education about a healthy balanced diet and the benefits of physical activity</p> <p>Eating a healthy diet</p> <p>Regular exercise</p> <p>Improved emotional resilience and wellbeing</p>	<p>Whole family approach to education about a healthy balanced diet and the benefits of physical activity</p> <p>Eating a healthy diet</p> <p>Regular exercise</p> <p>Improved emotional resilience and wellbeing</p>	<p>Education about a healthy balanced diet and the benefits of physical activity</p> <p>Eating a healthy diet and where applicable, receiving healthy meals from services</p> <p>Regular exercise</p> <p>Improved emotional resilience and wellbeing</p>



## Promoting Independence – Fulfilling lives for people with learning disabilities

A learning disability is a lifelong condition that can affect both the individual and their family. If you have a learning disability you are more likely to be associated with a range of health inequalities and live in an environment which results in poorer wellbeing. The health and social inequalities for you if you are an adult with a learning disability are stark – you are 58 times more likely to die before you are 50 and there is only a 5 per cent chance of you being in employment. You are also likely to face significant physical and social barriers to leisure activities, starting a family, socialising and playing an active role in your community.

If you have a learning disability you tend to be isolated from your community. Some of this is the result of care providers and commissioners having low aspirations for you and providing institutionalised responses to your needs, opposed to thinking more innovatively and applying pressure to the mainstream to include you.

As a county, Hertfordshire spends a considerable amount of money on the health and social care of children, young people and adults with learning disabilities and does not measure the impact of this in terms of whether they live a healthy and fulfilled life. If we raise our aspirations and expectations of people with learning disabilities, we can focus on people moving on to more independent living and less reliance on a parental model.

The Health and Wellbeing Strategy provides the opportunity to redress the balance for people with learning disability and make a difference to their lives.

### Approach

If you have a learning disability you should be supported to be as independent and in control of your own life as possible. Rather than presuming

you are not able or capable of being independent and making decisions, we will presume that you are, given the right the support.

A learning disability spans the life course; if we do not increase our expectations and aspirations for you from childhood, we fail to realise the opportunities available for you to live a fulfilled life. To have a fulfilled life requires good health, good places to live, and opportunity to make a contribution through employment and to feel safe and included. Every service, community group, charity, faith group, community and individual has a role to play in ensuring that you are able to flourish and reach your full potential if you have a learning disability.

## Roles and expectations

### What is your role?

- Take responsibility for your own health and wellbeing by using the services available to you, especially annual health checks by your GP and other screening services.
- Tell services when they are doing a good or bad job. Take opportunities to give your opinions about your own wellbeing and how you are supported.
- Seek out and take opportunities of employment, leisure and housing and be supported in doing so.

### What is the role of your community?

- Empower and support people with learning disabilities to lead full and active lives.
- Welcome and engage people with learning disabilities into your community as we move away from housing people with learning disabilities in saturated areas.
- Invite people to be part of leisure groups and make employment opportunities available, making necessary adjustments to allow participation.
- Refuse to tolerate bullying or hate crime directed at people with learning disabilities

Your services should aim to:



- Raise aspirations for everyone with a learning disability and ensure you are asked your opinion about the services and support you receive.
- To make reasonable adjustments to ensure you can use services including GPs offering annual health checks.
- Ensure there is an environment of support in place, including good quality housing, access to services and leisure facilities. This includes learning disability friendly health services.

### ***What we want to achieve***

1. Reduced morbidity and mortality rates, particularly from preventable illness.
2. Representatives of the community and services will be able to demonstrate a 25 per cent increase in people with learning disabilities participating in their communities by 2016.
3. People with learning disabilities reporting increased satisfaction with their health and wellbeing, the choice and control they have, employment status, where they live and how they spend their time. This will be measured through a self reporting satisfaction scale and there will be a three point improvement over three years.
4. By 2016 there will be 100 per cent health check offer with 85 per cent take up.

## Promoting Independence – Living well with dementia

You will probably know of someone in your family who has or has had dementia and the devastating consequences it has for the person themselves and those closest to them.

Dementia severely impacts on all aspects of a person's health and ability to carry out daily activities. It is a long term, progressive, terminal condition.

Most people with dementia live at home, often isolated and hidden from the wider community. There is an increasing reliance on family carers to meet personal and social care needs. Inevitably, carers can become stressed and unwell. Carers need information, support and regular breaks to help them carry on.

We estimate that in Hertfordshire there are over 13,000 people with dementia, but only 37 per cent have been diagnosed with the disease. The older people get, the more likely they are to have dementia, but some people develop the condition much younger, and there are an estimated 275 people with early onset dementia.

The average annual cost of caring for a person with dementia is estimated at £25,500, which equates to £306 million for the county. 36 percent of these costs fall on informal carers, 41 per cent on accommodation, 19 percent on social care and 8 per cent on the NHS.

The increases that will take place in the population of older people will mean that the numbers affected by dementia will rise by 11 per cent for those aged 65 between 2009-14. This will place huge pressures on social and health care budgets, and on the lives of family carers. Unless we radically change the way people and their carers get help, and improve access and delivery of services, the

health and care system will not be able to cope. Research shows that early intervention, information and knowing where to go for help is vital.

### Approach

The county council, district councils, NHS, voluntary and community organisations must have a joined up approach with the primary aim to enable people with dementia, and their carers, to live well and feel safe. If you have dementia you should be supported to remain in your home and as independent for as long as possible.

Our approach is two-fold:

- Diagnose early and provide support sooner
- Ensure dignity and respect at all times

### Roles and expectations

*What is your role?*

- Lead a healthier life to reduce the risks of developing dementia, which is alcohol intake, smoking and managing a healthy weight.
- Seek support early and encourage family and friends to do so.
- Support people with dementia to live fulfilled and independent lives and be able to contribute to their community.

*What is the role of your community?*

- Provide support to both those with dementia and their carers, including peer-to-peer networks and opportunities for them to be active community members.

*Your services should aim to:*

- Ensure the condition is diagnosed as early as possible to allow for early intervention, effective information and support to be provided.
- Raise awareness of the needs of people with dementia and provide effective support to promote independence for as long as possible.



- Treat people with dementia and their carers with dignity and respect.
- Become more dementia friendly, including having dementia champions among staff and professionals.

***What we want to achieve***

1. To increase the number of people being recorded with dementia within GP Practice Registers Quality Outcomes Framework from 37 per cent to 70 per cent by 2015.
2. Achieve a 10 per cent year on year reduction over the next five years in the prescription of anti psychotic medication from the 2011/12 figure.
3. Increasing the number of people with dementia who have the opportunity to discuss and plan for their end of life care.

## Promoting Independence – Enhancing quality of life for people with long term conditions

A long term condition is a condition that cannot at present be cured - but can be controlled by medication and/or other treatment/therapies. There is no definitive list of long term conditions but diabetes, asthma and coronary heart disease can all be included.

Almost three out of four people aged 65 and over have multiple long term conditions; this presents some pressure for individuals and their carers' and to services. For services, people with long term conditions represent 70 percent of all inpatient bed days, 50 percent of GP appointments and 70% of total health care costs. There is strong evidence that high quality targeted preventative interventions can reduce this burden – we need to change the emphasis of services more towards prevention and this will require a shift in resources towards the community. Other elements of the Health and Wellbeing strategy will contribute to the early identification of risk factors such as smoking and being overweight.

With an ageing population, long term condition rates are predicted to rise considerably which makes taking action now so important.

### Approach

The focus of this priority is to outline a new approach for patients and their care; offering strengthened and more integrated community services resulting in less unplanned hospital admissions, with many more people enabled to manage their own conditions more effectively at home (self-care) and take greater control over their lives. Other priorities emphasise the importance of a healthy lifestyle in preventing you developing a long term condition in the first place.



## Roles and expectations

### What is your role?

- Live as healthily as possible.
- Take greater control and manage your conditions with the support of your carers, family, community and services. This includes contributing to your own care plan
- Seek empowerment through accessing information; advice; self-help groups, new technology such as telehealth and motivational coaching through HertsHelp.
- Get your eye sight test regularly.

### What is the role of your community?

- Get involved in decision making/planning and helping to ensure that appropriate investment is made in services.
- Help distribute information about specific long term conditions to patients, families and carers at the earliest possible contact point.
- Directly provide some elements of healthcare, social care, one-to-one advice to patients and support for carers.
- Help develop, refine and contribute to local care pathways, helping to ensure that services are working effectively.
- Actively promote prevention services – promotion of eye tests to tackle the 50 per cent potentially preventable sight loss in Hertfordshire.

### Your services should aim to:

- Develop and implement a shared pathway across health and social care which emphasises early intervention, self-management and lifestyle.
- Investment in the development of integrated health and social care teams (multi-disciplinary teams) for people with long term conditions.
- Commitment from commissioners to be willing to commission services from a wider range of organisations.
- Using public health expertise to improve prevention and the early identification of risk factors.
- Continued development and support of HertsHelp.

- Support and promote empowerment, personalisation and control for individuals with long term conditions, including promotion of telehealth and telecare.
- Development of patient risk profiling using joint data sets to assist targeting and prevention.
- Integrated points of access for professional referrals to parallel developments, such as the new 111 phone number for the public.

### ***What we want to achieve***

1. Reduction in unplanned hospital admissions and readmissions for chronic obstructive pulmonary disease (COPD), heart failure, diabetes and other long term conditions by 25 per cent by 2016.
2. Increase range of integrated services and provision across the county.
3. Increase in patient satisfaction and empowerment.

## Promoting Independence - what does success look like?

	Pre-birth	Childhood	Young adult	Adult	Old age
<b>Fulfilling lives for people with learning disabilities</b>	Parents receiving support, information and advice where a learning disability is identified.	Parents receiving support, information and advice.  Raised aspirations for independence, education attainment and control.  Support in school and outside to live a fulfilled life.  Access to appropriate health and social care.	Parents receiving support, information and advice.  Raised aspirations for independence, education attainment and control.  Support in school and outside to live a fulfilled life.  Preparation for transition to adulthood and working life.  Access to appropriate health and social care.	Provided with the support, advice and information to work, have a family, socialise and contribute to community and take control of life.  Preparation for retirement and old age.  Annual health check where appropriate.  Access to appropriate health and social care.	Provided with the support, advice and information to work, have a family, socialise and contribute to community and take control of life.  Annual health check where appropriate.  Access to appropriate health and social care.
<b>Living well with dementia</b>	Reducing related risk factors – underweight births.	Reducing related risk factors – healthy eating.	Reducing related risk factors – smoking, healthy eating and alcohol.	Reducing related risk factors – smoking, healthy eating and alcohol.  Support, information and advice to anyone affected by dementia.  Early diagnosis and treatment.  Support carers of people with dementia.	Reducing related risk factors – smoking, healthy eating and alcohol.  Support, information and advice to anyone affected by dementia.  Early diagnosis and treatment.  Support as carers for people with dementia.
<b>Enhancing quality of life for people with long term conditions</b>	Parents receiving support, information and advice where a disability is identified.	Early identification and prevention based on risk factors.  Improved emotional resilience and wellbeing.	Early identification and prevention based on risk factors.  Support, information, advice and treatment to enable independence and control.	Early identification and prevention based on risk factors.  Support, information, advice and treatment to enable independence and control.	Early identification and prevention based on risk factors.  Support, information, advice and treatment to enable independence and control.

## Flourishing Communities – Supporting carers to care

A carer is a person of any age who provides unpaid support to family or friends who could not manage without this help. You could be caring for a relative, partner, or friend who is ill, frail, disabled or has mental health or substance misuse problems. You could be a young carer caring for a sibling or parent, a parent caring for a child, an adult juggling work and caring, or an older carer looking after your partner.

The Hertfordshire population of those aged over 65 is projected to rise from 166,700 in 2009 to 251,800 in 2030. The percentage change in those aged 85 and over from 2010 to 2030 is 100 per cent. Currently, there are approximately 138,000 carers in Hertfordshire. In 2017, there will be a 'tipping point' for care when the numbers of older people needing care will outstrip the numbers of working age family members currently available to meet that demand. The number of carers nationally is set to increase from six million today to nine million by 2037.

Carers provide the largest source of support in each area of the UK. It would cost the state £2.1 billion if it had to pay for the hours of work carers do to support the people they care for in Hertfordshire. The work they do underpins many of the other priorities in this strategy – carers of people with dementia, parents of children with a learning disability and partners of people with long term conditions - but their needs are often considered secondary by the services with whom they come into contact.



Many carers experience health inequalities and financial difficulties as a direct result of their caring role. Young carers may see their education suffer, and experience life-long inequalities as a result of their caring role. If carers don't get the right support, at the right time in their caring journey, they will be unable to care. This not only has a significant cost implication for health and social care, but also

means a breakdown in a caring relationship which both carer and cared for may have wanted to maintain.

The combination of huge demographic change, the piecemeal progress to date and the value of the work carers do (not only to our health and social care system but also to our communities), presents a strong rationale to start doing things differently to support carers.

### **Approach**

We believe it should be the responsibility of organisations to work together to organise the way carers experience the system, rather than the other way around. In practice, this means that carers will be proactively identified by a range of organisations, early in their caring journey. They will receive targeted, timely support in the community from the voluntary sector to avoid, or recover from, a crisis. Carers who do come into contact with public services will be helped to stay healthy and carry on caring, if they want to, and feel they have been respected as carers and as partners in care.

### **Roles and expectations**

#### *What is your role?*

- Caring for someone and/or supporting those that do
- Take an active role in peer support networks, carer training and carer-to-carer mentoring.
- Know your rights and use your role to influence decisions about those you care for and the services they receive.

#### *What is the role of your community?*

- Support carers to deliver their role in the community.
- Co-ordination between voluntary, community and faith groups in the provision of services to support carers, including breaks, contingency planning, training and benefits advice.
- Employers help identify and support carer employees to balance their caring role and their job.



*Your services should aim to:*

- Provide a 'no wrong door' approach - all services proactively identify and signpost carers appropriately, particularly schools identifying young carers.
- Treat carers with respect and as partners in care.
- Support you as a carer in your role with the interventions which are appropriate in your circumstances.

***What we want to achieve***

1. A baseline record of the number of carers and demonstrate an increase in the number of 'new' carers identified against baseline.
2. A baseline record of the number of carers who report a positive outcome, for example, helped to carry on caring and demonstrate an increase against baseline.
3. A baseline record of the number of carers who said public services helped them feel healthy and able to care.

## Flourishing Communities – Helping all families to thrive

To improve the health and wellbeing of the population of Hertfordshire we have to find the best ways to help all families to thrive. If we can do this, we will give every child the best start in life and enable all children, young people and adults to maximise their capabilities and have control over their lives.

Our aim is to support all families to achieve their full potential. This will initially focus on families who are unable to 'thrive' or achieve their full potential due to the range and complexity of problems they face. We will aim to provide a system where there is a universal offer to all children from their first day of life with a targeted approach to increasing support to those with increasing need.

These are families where adults are not working, children are not regularly attending school, and families may be involved in crime or anti-social behaviour - where the overall cost to the public purse of supporting these families is significant. We recognise that this will mean addressing underlying issues including domestic abuse, mental health, substance misuse or where there are adults who have learning disabilities or difficulties to improve parenting.

We have identified an initial cohort of families facing these challenges across Hertfordshire (who often receive high levels of support from a range of public services) to be included in the Thriving Families programme. By co-ordinating and joining up how we work together we will deliver more effective and timely support to the most vulnerable families. A longer term benefit will be that these families are able to break the cycle of disadvantage they face.

### Approach

We will transform the way in which partners work together to develop a more holistic approach to improve and sustain short term and long term



outcomes for families. This holistic approach will also consider the needs of the adults within the family, as well as those of the children, in order to help break the cycle and prevent problems occurring in the first place.

## Roles and expectations

*What is your role?*

- Actively engage with partners and services in seeking positive changes to your health and wellbeing.
- Identify what can change in your life to help you thrive and, where appropriate, jointly agree a plan for how this will happen.

*What is the role of your community?*

- Using and building on existing relationships, including those with children's centres, to help support families to thrive.
- Help make the links between families and services provided by the local authority and health.
- Develop peer support networks within and across communities.

*Your services should aim to:*

- Provide the information, advice and support to all families who would benefit from it.
- Encourage all services to commit to working differently with families requiring support, to ensure help at the earliest possible stage and to prevent problems escalating.
- Deal with each family's problems holistically rather than individually.
- Using emerging learning from the Thriving Families cohort to improve the role of the universal health visiting service.

## What we want to achieve

1. Improved attendance in education.
2. Reducing incidents of anti-social behaviour.
3. Reducing crime by under-18s in the family.
4. Progress of adults on a path back to work.
5. Increasing the number of Common Assessment Frameworks where health visitors are lead professionals.

## Flourishing Communities – Improving mental health and emotional wellbeing

One in 10 children aged between five and 16 years has a mental health problem, and many continue to have mental health problems into adulthood. Half of those with lifetime mental health problems first experience symptoms by the age of 14. One in four British adults experience at least one diagnosable mental health problem in any one year, and one in six experiences this at any given time.

“Mental health problems can contribute to perpetuating cycles of inequality through generations. However, early interventions, particularly with vulnerable children and young people, can improve lifetime health and wellbeing, prevent mental illness and reduce costs incurred by ill health, unemployment and crime.” No Health without Mental Health, DH.

It is therefore important to tackle the social determinants of mental ill health such as bullying, housing issues, drug and alcohol abuse, social deprivation, domestic violence and poor physical health

At least one pound in every eight spent on long term conditions is linked to poor mental health and wellbeing. In 2004, 22.8 per cent of the total cost of disease in the UK was attributable to mental disorder.

### Approach

In Hertfordshire, our priority is to improve access to mental health services, to raise awareness of mental ill-health and available support across services for all ages and to prevent mental health problems and intervene at the earliest opportunity.

Groups currently disproportionately affected by mental health and emotional wellbeing concerns or who are currently facing barriers to accessing services should be targeted. It is estimated that 23 per cent of lesbian, gay and bisexual young people



have tried to take their own life at some point. In comparison Samaritans say seven per cent of all young people in general ever attempt to take their own life.

### Roles and expectations

#### What is your role?

- Use the Five Ways to Wellbeing recommended by the New Economics Foundation to prevent mental health problems.
- Take individual responsibility to look after your own mental health, including managing triggers to stress and other factors which affect your emotional wellbeing.
- Outline appropriate work related goals to reduce stigma and prevailing culture of low expectations.
- Use the information available to you to exercise your right to take control of the services you receive and improve your experience of care.

#### What is the role of your community?

- Raise awareness of mental health and challenge the associated stigma and discrimination.
- Raise awareness in the community of local services and support which are available such as Child and Adolescent Mental Health Services (CAMHS).
- Help hold public bodies to account, lobby for change and provide advocacy.
- Provide services and support to those with mental health issues and promote emotional wellbeing.
- Employers to promote mentally healthy workplaces.

#### Your services should aim to:

- Improve inter-agency working, coherence of pathways and raise awareness of services.
- Be proactive in identifying those who are at risk of having mental health problems and put in place preventative measures.
- Work with all partners to ensure that there is a supportive, stable and safe environment to aid recovery. This means good quality

housing, joined up planning and education and leisure opportunities.

- Working with workplaces, schools, the police and the community to address bullying, including cyber bullying.

### ***What we want to achieve***

1. Improved access to primary mental health services and tier two CAMHS
2. Improvement in self-reported wellbeing measured through the Health Related Behaviour Questionnaire (HRBQ) and Warwick-Edinburgh scale.
3. Improved strengths and difficulties questionnaire scores for children looked after (CLA).

## Flourishing Communities – what does success look like?

	Pre-birth	Childhood	Young adult	Adult	Old age
<b>Supporting carers to care</b>	Expectant mothers who are caring, supported through their pregnancy.	Young carers identified and provided with information, advice, training and support.  Where appropriate, respite care for those who are cared for.  Achieving full educational potential.	Young carers identified and provided with information, advice, training and support.  Where appropriate, respite care for cared for.  Achieving full educational potential.	Carers identified and provided with information, advice, training and support.  Respite care for cared for.  To balance caring with work if possible.	Carers identified and provided with information, advice, training and support.  Respite care for cared for.  To balance caring with work if possible.
<b>Helping all families to thrive</b>	Training, information and support to expectant parents.  Reduction in unwanted pregnancies, particularly under 18s.	Receive the targeted support needed to prevent problems occurring or dealing with them early.  Increased aspirations for education and work.  Active contribution to community.	Work, training and education opportunities.  Increased aspirations for education and work.  Active contribution to community.	Work, training and education opportunities.  Training, information and support for parenting role.  Increased aspirations for education and work.  Active contribution to community.	Supported to take active role in community and family life.
<b>Improving mental health and emotional wellbeing</b>	Support and education to expecting parents who have mental health problems.	Information, advice and support to tackle issues and problems.  Timely treatment and support.  Improved emotional resilience and wellbeing	Information, advice and support to tackle issues and problems to promote control and independence.  Timely treatment and support.  Work, training and education opportunities.  Active contribution to community.  Improved emotional resilience and wellbeing.	Information, advice and support to tackle issues and problems to promote control and independence.  Timely treatment and support.  Work, training and education opportunities.  Active contribution to community.  Improved emotional resilience and wellbeing	Information, advice and support to tackle issues and problems to promote control and independence.  Timely treatment and support  Active contribution to community.  Improved emotional resilience and wellbeing

## Part 5 – Be the change you wish to see in the world

We want you and your community to have a bigger say in how your services are run. You should be empowered to take responsibility for your own health and wellbeing and the health and wellbeing of those around you.

The links below will help you identify the needs of your community, provide information on what is already going on and what you can do to help:

- *The Joint Strategic Needs Assessment (JSNA)* – this is where you can find data on the needs of Hertfordshire residents, from life expectancy to dementia prevalence. You can use this tool to identify needs in your local community to help you determine what interventions to implement. Visit <http://atlas.hertslis.org/las/jsna> for more information.
- *HertsHelp* – HertsHelp is a network of community organisations working together. They can help you find practical support, guidance and information you need to get the most out of life. HertsHelp has one phone number and website address to help you find your way around the hundreds of community groups in Herts. Visit [www.hertsdirect.org/hertshelp](http://www.hertsdirect.org/hertshelp) or call 0300 123 4044 for more information.
- *Your local health and wellbeing partnership* - At the district level, the health and wellbeing partnerships and in some cases the Local Strategic Partnerships (LSP), will be helping to co-ordinate and support health and wellbeing in the local area. Visit the health and wellbeing board website ([www.hertsdirect.org/hwb](http://www.hertsdirect.org/hwb)) for contact details.
- *Public health team* – The public health team can provide you with information on possible interventions to help tackle issues in your local area. If you have identified a need in your local area and would like some help on what may or may not work, contact the public health team by emailing [askjim@hertfordshire.gov.uk](mailto:askjim@hertfordshire.gov.uk).
- *Healthwatch Hertfordshire* – Healthwatch Hertfordshire provides information on existing health and social services. It also collects your views on these services and engages with the public sector to improve health and social care. Visit [www.hertfordshirelink.org.uk/](http://www.hertfordshirelink.org.uk/) for more information.
- *The Five Ways to Wellbeing* – For further information on these five steps to improving mental health please visit the Economics Foundation website <http://www.neweconomics.org/projects/five-ways-well-being> and [www.hertsdirect.org/hwb](http://www.hertsdirect.org/hwb)

For more information on existing strategies, information sources, advice and support, including an assessment on equality and diversity issues, please visit [www.hertsdirect.org/hwb](http://www.hertsdirect.org/hwb).