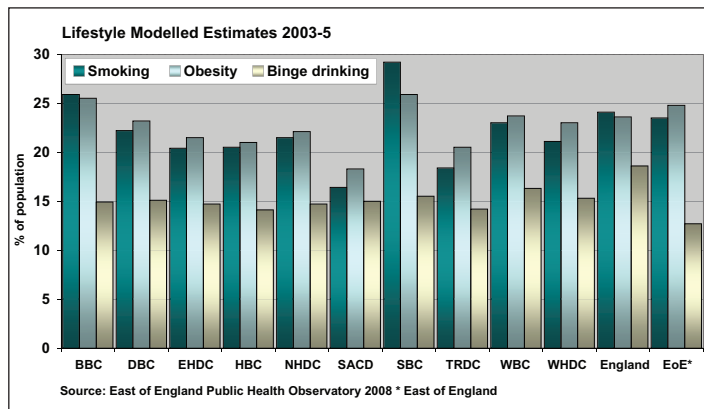




County makes positive steps to better health

Overall, health in the county is good. Whilst the proposals for further investment are considered, improved results have been achieved, especially in the reduction of smoking. The NHS is aware that inequalities affects all aspects of health and ongoing work with its partners will continue to focus on these communities.

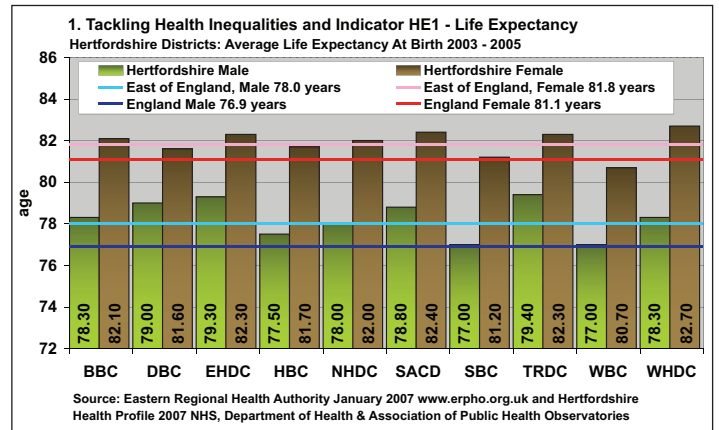
This section continues to outline progress in the county according to the 7 action priority areas in the 2004 health improvement agenda "Choosing Health". The areas are not mutually exclusive; tackling the first priority area can impact positively on other areas to improve health and overall quality of life. Encouraging a change in lifestyle, e.g. alcohol, smoking or exercise, can also reduce the impacts of deprivation. Studies in this area will assist planning and continue to be carried out. The Audit Commission is also studying how local authorities work with the health sector to improve progress made in the county, the results of which are due to be published in 2008.



1. Tackling Health Inequalities

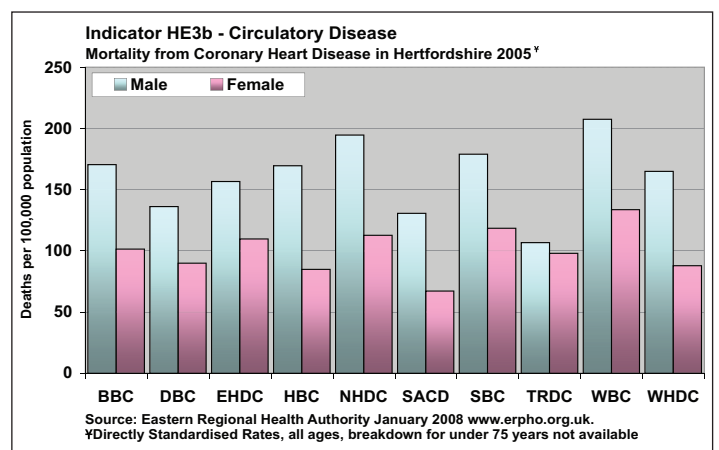
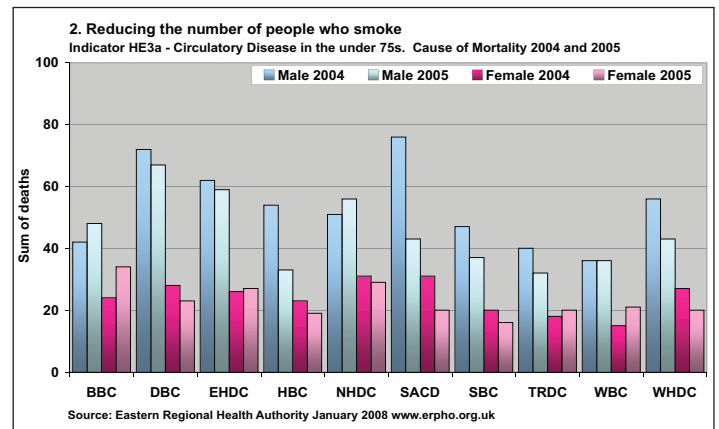
Life expectancy at birth has been used as a summary measure of a population's mortality rate and as a measure of health inequality. Infant death rates are also used but no new data was available.

The latest data available shows that life expectancy at birth for males living in the county continued to be above England's average. 7 of the 10 districts showed averages higher than the East of England and ranged from 77 to 79.4 years, a rise on 2002-4. Females also had longer life expectancies than for England, apart from Watford, with ages ranging from 81.6 to 82.7 years. 6 out of 10 districts had longer life expectancies than other females in the region.

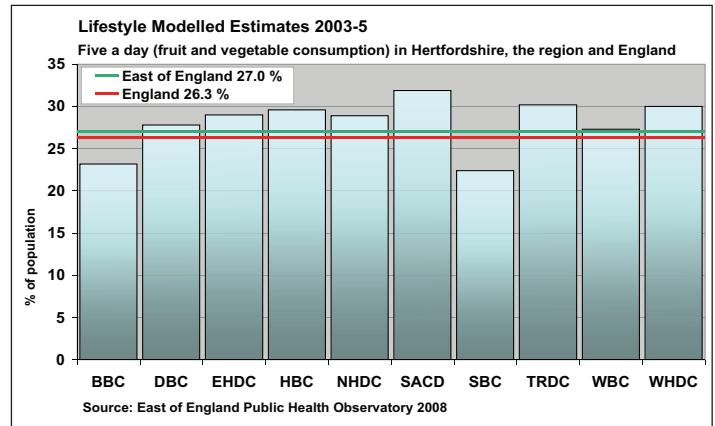
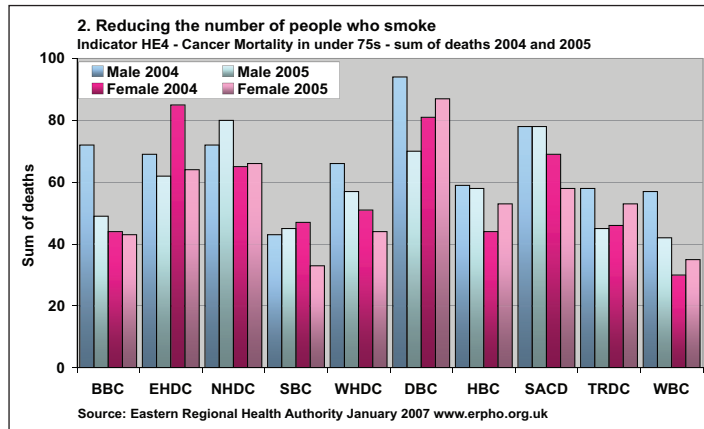


2. Reducing the number of people who smoke

The region's biggest killers are cancer, circulatory and coronary heart disease. They are linked with smoking¹ and are again now reported as indicators. In previous years Indicator HE3 - Circulatory Disease under 75s was reported only by the use of Coronary Heart Disease (CHD) data. This year new Circulatory Disease data was also available. This showed a general improvement amongst men and women, except in Broxbourne and those males in North Herts. There were also fewer CHD deaths; the smallest improvement being in North Herts.



New data for **Indicator HE4 - Cancer mortality under 75s** was available, although the results were varied and trends inconclusive (see website). Generally, Hertfordshire male deaths in this age group fell in 2005 except in North Herts. However, in females, only 4 of the districts showed a decline and Dacorum females had the highest rate for 2 years.



The latest figures² for tobacco use show that the region now has the lowest overall smoking rate in the UK; less than 20% prevalence. As this priority action area is progressing well one would hope to see all three of these diseases fall in the next two years given the reduction in smoking. This reduction is very good news since it pre-dates the smoking ban and in the six months to September 2007 nearly 47% of the region's annual cessation target was met. 7246 people successfully quit smoking 4 weeks after attending one of its Smoking Cessation Services between July and September 2007. Hertfordshire's two PCTs achieved an 80% success rate against others who mainly achieved around 55%.¹

3. Reducing obesity, improving diet & nutrition
4. Increasing physical activity

As part of a government programme to tackle rising obesity, particularly in children, a National Childhood Obesity Database has been established. Whilst the first year's results were available in early 2007, the difficulty of obtaining results from heavier children in 2005/6 hampered findings; 20% of the UK's PCTs were unable to return any data. Better data collection is foreseen next year, together with an expectation of a higher prevalence of obesity.

As new research is conducted into the roles that lifestyle choices play in tackling obesity, including the importance of eating "five a day", the need to stimulate physical activity becomes increasingly vital.

5. Improving sexual health

Reporting information in this area is very difficult due to lack of data and interpretation. For example, the latest data tends to relate to 2004 or before³. The NHS is also offering more screening facilities which will encourage people to seek treatment but greater incidences could be deemed as a decline in health.

6. Improving mental health and well-being

Previously, mental health indicators were hard to find and concentrated on suicide rates which gives a limited picture. Like smoking and drinking², many mental illness risk factors are linked to deprivation. The new indicator⁴ uses deprivation scores with expected problems for each district to help to identify the areas of greatest need and assist with planning.

7. Reducing harm and encouraging sensible drinking

2005² results generally show a fall in the alcohol consumed in the UK and that the eastern region still consumes less than northern ones. Regional consumption was 11 units a week, against London residents' 8.9; due in part to its ethnic populations.

Hertfordshire Health and Sustainability Actions

Herts NHS Environment Group includes all the major NHS organisations in the county and has existed for almost 5 years. Helping to make environmental improvements around energy, water, waste, procurement and transport, projects include recycling, using dual fuel vehicles, working with HEF's biodiversity officer around its sites and taking part in HEF's Health study.

1 East of England NHS Health Intelligence report February 2008
2 General Household Survey 2005 can be found online at www.ons.gov.uk
3 Indications of Public Health in the English Regions: Sexual Health
4 Indications of Public Health in the English Regions: Mental Health