Improving Health and Wellbeing in Hart

Our Plan

2019 – 2024

October 2019

Created: October 2019

CONTENTS

About the plan

There are benefits for everyone if we stay fit and well. Healthy people generally have a better quality of life, more independence, are able to make more of their own choices, take an active part in their community and have the chance of a better life.

We are fortunate that many people in Hart experience a good quality of life and positive health and wellbeing. However, we know that this is not everyone's experience and that more could be done to improve health and wellbeing in Hart's communities.

We want to work with our partners and communities to deliver improved health and wellbeing outcomes for everyone in Hart.

This plan sets out the health and wellbeing priorities the council will focus on between 2019 and 2024 and the approach we will take to delivering these. This is a 5 year plan - in line with the Hampshire Health and Wellbeing Board Strategy - but will be reviewed annually to ensure it remains up-to-date.

Our priorities have been guided by:

- What we know about the health and wellbeing of Hart's communities
- Related plans and strategies including the Council's Vision 2040 and Corporate Plan, the emerging Hart's Housing Strategy 2020 – 2025, the Hampshire Health and Wellbeing Board Strategy, the Hampshire Public Health Strategy, the NHS Long Term Plan, and other local health and care plans
- Conversations with our services and local organisations and groups

The priorities reflect areas where we feel there is potential for the council to have the greatest impact on improving health and wellbeing, in collaboration with our partners and communities.

What influences health and wellbeing

Our health and wellbeing is shaped by many factors including the lifestyle we follow, whether or not we have a job, how much money we have, the type of house we live in, how connected we are with family, friends and our local community, and the healthcare we receive.

These factors can directly influence our health and wellbeing as well as impacting on our opportunities, choices and access to services, and 80% of these factors lie beyond clinical care (see Figure 1).

Mental and physical health should not be thought of separately. Physical health problems significantly increase the risk of poor mental health and wellbeing, and vice versa.

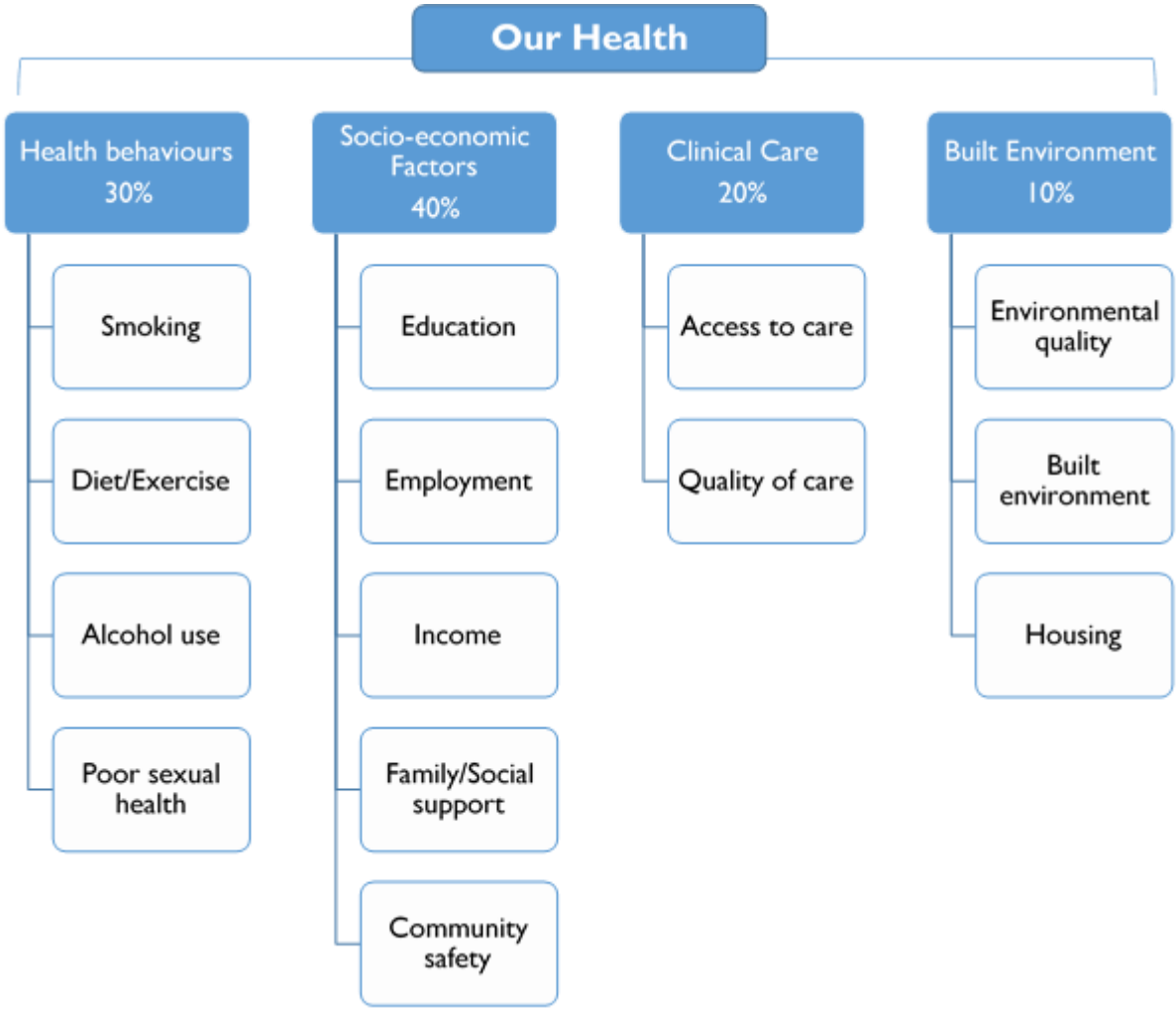


Figure 1 The range of factors which influence our health and wellbeing.

How Hart District Council can influence health and wellbeing

- Providing environments where people can be active including our green spaces and leisure centres
- Influencing the wider determinants of health and wellbeing through our statutory functions including housing, planning, community safety, and environmental health. View Hart's Housing Strategy at www.hart.gov.uk/corporate-policies.
- As an enabler of high quality communities through the Hart Local Plan
- Through partnership and collaboration including:
    - Coordination and support to the Hart Health and Wellbeing Partnership Board, Ageing Well and Starting Well Networks, North East Hampshire Domestic Abuse Forum
    - Increasing community connectedness and addressing the socio-economic factors that can either improve health and wellbeing or result in people being more vulnerable to poor health and wellbeing. The council is well placed to identify people at key trigger points in their lives and to work in a holistic way to prevent their needs from escalating.
    - Working together with our armed forces partners through the Hart Armed Forces Community Covenant Partnership, to understand and address issues affecting the lives of the armed forces community including serving personnel, reservists, veterans, and their families
- Providing support to the voluntary and community sector who play a vital role in improving health and wellbeing, and supporting the most vulnerable people in Hart's communities
- Developing or supporting delivery of public health campaigns and programmes
- Helping shape and inform partnership programmes, strategies and commissioning of services

Where are we now?

- Hart's communities generally experience good outcomes and have lower levels of unhealthy behaviours compared to England and Hampshire as a whole. However, we know that this is not everyone's experience and that more could be done to improve health and wellbeing in Hart's communities.
- We are increasingly living in an uncertain and stressful environment, so we need to improve our mental health, resilience and access to mental health services.

- Pressures and demands on people's lives mean we need to make it easier for people to make healthy choices.
- Hart is the least deprived local authority in the country
- Life expectancy at birth is 83.3 years for men and 85.4 years for women, higher than the England and Hampshire average
- Hart's population is ageing more rapidly than the Hampshire population as a whole. Over the 7 years from 2018 to 2025, the population in Hart aged 85+ is forecast to increase by 36.2%, this is considerably higher than the 24.1% increase forecast for Hampshire as a whole. This will have implications for future health and service needs of the population.
- The life expectancy inequality gaps between people from the most and least deprived communities in Hart are 3.0 years for men and 2.5 years for women. These gaps are smaller than the gaps for Hampshire as a whole (6.8 and 5.2 years respectively).
- In Hampshire and England as a whole the gap between how long people live and how long they live in good health is widening
- Hart has the second highest rate of hospital admissions due to falls in people aged 65 and over of any district in Hampshire at 2644 per 100,000 people
- 7.8% of adults in Hart smoke compared to 14.4% in Hampshire as a whole
- 53.4% of adults were overweight or obese which is significantly better than the England average of 62.0% and the Hampshire average of 63.1%
- 15.7% of children aged 4-5 are considered to have excess weight, compared to 22.8% for Hampshire as a whole
- 24.3% of children aged 10-11 are considered to have excess weight, compared to 29.9% for Hampshire as a whole
- 56.1% of the adult population eat the recommended '5-a-day' on a regular basis compared to the England average of 54.8%
- 20% of adults in Hart are inactive[1] which is not significantly different to the England average of 22.2% and slightly above than the Hampshire average of 19.1%
- There are differences in rates of physical inactivity between different groups within Hart's population
- According to the Hampshire Mental Health and Wellbeing Index[2], levels of mental health and wellbeing in Hart are better than the Hampshire average. However, there is variation across the district.

[1] Physical inactivity is defined as doing less than 30 minutes of moderate intensity physical activity per week. Moderate activity will raise your heart rate, and make you breathe faster and feel warmer.

- The rate of people dying by suicide is 7.8 per 100,000, compared to 7.9 per 100,000 in Hampshire as a whole. However, whereas the Hampshire rate has improved since 2012-14, there has been no overall improvement in Hart.

- The rate of early deaths due to preventable liver disease is 13.1 per 100,000 which is not statistically different to the England average and higher than the Hampshire average of 12.0 per 100,000

- Although there are smaller numbers of people in Hart within specific 'at risk' groups compared to many other districts in Hampshire (such as those who are unemployed, experiencing addiction, homeless or living with a disability or long term condition), those individuals may face additional challenges in accessing the support they need due to services and groups not having a physical presence in the district, and limited public transport options. These small numbers can also make it more challenging to develop and implement interventions to address health and wellbeing needs.

- There are two armed forces facilities in the district including RAF Odiham and Minley Station. There is also an area of armed forces housing at Church Crookham. It is estimated that there are 1,175 veterans receiving Armed Forces Pensions in Hart. Although many of the health needs will be similar to those of the general population, there is increasing recognition that there are some specific health issues associated with service life including for families. Further information can be found at www.hants.gov.uk/community/armedforces/supportbackground.

More detail on the health needs of the district can be found under each priority heading and in Appendix A.

Our approach to improving health and wellbeing

In order to improve the health and wellbeing of communities in Hart, we will:

- Focus on **keeping people well, preventing ill health, and enabling people to be in control of their health and wellbeing.** Financial pressures, demographic changes, and a growing number of people interested in their health continue to impact on the capacity of local services. It is important that we work together to help people to stay well for longer.

- Take a **collaborative approach** which recognises the collective power of individuals, communities, and a wide range of organisations and services, to influence health and wellbeing. Working together across the NHS, voluntary sector and local authority can help to ensure people can access the support they need from the most appropriate place and at the right time. In turn this can help to reduce pressures on

[2] The Index is constructed from a wide range of indicators. These aim to capture individual, household and community aspects of wellbeing and encompass themes including health, education, family stability, infrastructure, and crime.

local services and ensure resources can be focused on those people with the worst health outcomes.

- Take a **broad view of health and wellbeing.** Wellbeing is about more than the absence of disease or illness. It is about how we feel about ourselves and our lives, and how well we are able to cope with day-to-day life. Our wellbeing is a combination of our physical, mental, emotional and social health. It is possible to be living with a mental or physical health condition and have positive wellbeing, just as it is possible to have poor wellbeing without a diagnosed health condition.
- Combine an effort to **improve outcomes for all alongside targeted interventions for those most 'at risk'** of poor health and wellbeing in order to reduce health inequalities. Communities where more people have high levels of emotional and social wellbeing are likely to be more resilient and better able to support those with acute problems.
- Seek to **prevent and address the social circumstances** that can result in people being more vulnerable to poor health and wellbeing such as preventing homelessness and domestic abuse, working collaboratively through forums such as the North East Hampshire Domestic Abuse Forum.
- Seek to improve the health and wellbeing **of people of all ages**, recognising that what influences health changes as we journey through our lives and that we can take steps at any age to improve our health and that of our family.

Priorities for improving health and wellbeing

1. Promote healthy weight and physical activity
2. Improve mental wellbeing and emotional resilience
3. Increase social connections

1. Promote healthy weight and physical activity

What do we mean by healthy weight and physical activity?
The body mass index (BMI) takes into account natural variations in body shape and gives you an ideal weight range for your height. A BMI between 18.5 and 24.9 is considered to be a healthy weight.

Physical activity describes any movement of the body that uses energy. This means that nearly all types of activity can be beneficial including: exercise, sport, play, dance and 'active living' such as walking, cycling for transport, housework, gardening and work.

The Chief Medical Officers guidelines set out how much physical activity people should be doing https://www.gov.uk/government/publications/uk-physical-activity-guidelines. The Chief Medical Officer defines an inactive person as someone who, over the course of a week, does not achieve a total of 30 moderate intensity equivalent (MIE) minutes of

physical activity. Moderate activity will raise your heart rate, and make you breathe faster and feel warmer.

Why is this a priority?
If a person is overweight, losing weight has many health benefits.

Eating well and being physically active can help us to achieve and maintain a healthy weight, reduce our risk of diseases such as cancer and cardiovascular disease, improve our mental health and wellbeing, and help us remain independent for as long as possible.

Levels of overweight and obesity in adults and children in Hart are lower than Hampshire levels. However, there has been no significant change in levels among children since 2006/07 (trend data is not available for adults). There is also geographical variation within the district.
Levels of physical inactivity vary within the population of Hart:

- Inactivity among women is increasing and women are 9.7% more likely to be inactive than men
- People from lower social grades are more likely to be inactive but levels of inactivity are rising across all social grades. People from lower social grades are 21.7% more likely to be inactive than people from higher social grades in Hart. This is the largest inequality gap of any district in Hampshire.
- Inactivity levels are rising for people living with a long term illness or disability

To address this priority we will:

- Support implementation of the Hampshire & Isle of Wight Physical Activity Strategy 2017-21
- Promote consistent messages about physical activity, healthy weight and the support available to help people make positive lifestyle changes
- Develop and support initiatives which enable people to become more active, with a particular focus on preventing falls and those population groups where there are higher levels of inactivity
- Support an environment that enables people to make healthy choices and maximises opportunities for people to be active including active travel. For example, ensuring health and wellbeing considerations are a central part of green space site management plans and visitor strategies, working with partners to maximise the health and wellbeing benefits of our green spaces, and connecting existing and new developments to each other and to green spaces through the development of green corridors.

2. Improve mental wellbeing and emotional resilience

What do we mean by mental wellbeing and emotional resilience?
Mental wellbeing describes our mental state – how we are feeling and how well we can cope with day-to-day life. Our mental wellbeing can change, from day to day, month to month or year to year. There are many factors that can undermine or protect our mental wellbeing.

Resilience is our ability to bounce back and our capacity to adapt in the face of challenging circumstances, whilst maintaining a stable mental wellbeing. Resilience isn't a personality trait – it's something that we can all take steps to achieve.

Why is this a priority?
Mental wellbeing protects against mental and physical health problems by increasing resilience to stressors and increasing protective factors such as participation in community life.

People who experience poor mental wellbeing over a long period of time are more likely to develop a mental health problem. However, it is possible to be living with a mental health problem and have positive mental wellbeing, just as it is possible to have poor mental wellbeing without a diagnosed mental health problem.

The estimated prevalence of common mental disorders in people aged 16 and over in Hart is significantly lower than the England average.

The Hampshire Mental Health and Wellbeing Index tool provides an assessment of the relative strengths and vulnerabilities of each ward in the county in respect of the mental health and wellbeing of the population resident within it. The Index is constructed from a wide range of indicators.

The index shows that levels of mental health and wellbeing are strongly correlated with levels of deprivation, with more deprived wards showing lower levels of wellbeing. However, this correlation is less strong amongst the more rural wards of Hampshire. 8 of the 11 wards in Hart score more poorly on the index than would be expected from deprivation measures alone.

The wards of Blackwater and Hawley and Yateley East have the lowest mental health and wellbeing scores. However, Yateley East, Yateley West and Fleet Central are the wards where there is the greatest difference between mental health and wellbeing scores and levels of deprivation.

GP data indicates variation in the prevalence of depression across the district, with surgeries in Yateley recording the highest prevalence. This may in part be due to differences in recording practices between GP surgeries but mirrors the lower mental health and wellbeing scores for Yateley East and Blackwater & Hawley wards.

To address this priority we will:

- Enhance the knowledge, skills and confidence of our staff so that they are supported to manage their own wellbeing, identify when others may be experiencing emotional distress, and provide a level of support that is appropriate to their role

- Work with the Hart Starting Well Network, Hart Ageing Well Network and other partners to facilitate learning and development opportunities around mental health and wellbeing
- Support initiatives within the community which break down barriers to talking about mental wellbeing and emotional distress, and raise awareness of the support available
- Work with service commissioners, providers and other partners to facilitate better access to mental health and wellbeing support in Hart for those who need it, focusing on geographical gaps, groups who are most 'at risk' of mental health problems and those less likely to access support
- Work with our partners to prevent and address factors that can result in people being more vulnerable to poor mental health and wellbeing, identifying trigger points to intervene early and prevent escalation of need. We will explore the option to become a Make Every Adult Matter (MEAM) accredited delivery area. The MEAM Approach helps local areas design and deliver better coordinated services for people experiencing multiple disadvantage.
- Support the development and promotion of initiatives which help people to live well with dementia
- Support implementation of relevant aspects of Hampshire level mental health and wellbeing strategies

3. Increase social connections

What do we mean by social connections?

Social isolation is the lack of contact between an individual and other people, whereas loneliness is a personal, subjective feeling of lack or loss of companionship. The two are linked but it are not the same thing. You can be lonely in a crowded room, but you will not be socially isolated.

Loneliness can be a transient feeling that comes and goes but it can also be chronic; this means someone feels lonely all or most of the time.

Why is this a priority?

Loneliness and social isolation are harmful to our health. Research shows that lacking social connections is as harmful to health as smoking 15 cigarettes a day (Holt-Lunstad, 2015). Social relationships are vital for the maintenance of good health and wellbeing.

Social isolation and loneliness can affect people of any age. In 2016 to 2017, there were 5% of adults in England who reported feeling lonely "often" or "always". Younger adults aged 16 to 24 years reported feeling lonely more often than those in older age groups (Office for National Statistics, 2017). This may be partly due to differences in how different age groups reflect on their personal experiences of loneliness or respond to the question.

There are an array of 'triggers' that can make us more susceptible to social isolation and loneliness including major life transitions such as retirement, bereavement, poor physical

health, becoming a carer for a relative, becoming a parent, being a lone parent, and unemployment. This means there are many points in people's lives where some intervention could help to reduce or prevent isolation and loneliness.

Local data on loneliness and social isolation is limited. Predictive measures based on the prevalence of risk factors suggest that levels of social isolation and loneliness among people aged 65 and over in Hart are fairly low compared to a rank of Lower Super Output Areas in England. However, these measures do not take into account factors such as local availability of groups, services and initiatives which can help to address social isolation and loneliness including transport provision. Bearing in mind the forecast increase in the size of the population aged 85 and over in Hart, loneliness and social isolation is likely to be a growing challenge in the district. Equivalent data is not available for other age groups.

To address this priority we will:

- Support the development and promotion of initiatives which provide opportunities for people to connect with each other and live a meaningful life, focusing on those groups more 'at risk' of social isolation and loneliness
- Support the development of a Social Inclusion Partnership to facilitate the delivery of services to Hart residents such as the Hart Skills Cafe, which offers opportunities to seek education, employment, training and volunteering opportunities to residents

How we will know if the plan is successful

There are many factors that impact on health and wellbeing making it difficult to directly attribute changes to health profiles at population level to the activities of this plan. These changes will come about as a result of the combined impact of a wide range of factors, partners, strategies and plans. Nevertheless, the following outcomes will be used to provide an overall assessment as to whether the health of borough's residents has improved over the life of the plan, and at the end of the Plan period a commentary will show what activity has contributed to each outcome.

Overarching indicators
a) The difference in life expectancy between the most and least deprived wards is reduced b) The rate of hospital admissions due to falls in over-65s is reduced
Healthy weight and physical activity
a) The prevalence of overweight adults reduces b) The prevalence of overweight children reduces c) Rates of physical activity increase

d) Rates of inactivity decrease
Mental wellbeing and emotional resilience
a) There is a reduction in the prevalence of common mental health disorders b) There is a reduction in the rate of hospital stays for self-harm
Social connections
District level outcome data on levels of social connectedness are extremely limited. Further work will be undertaken to identify the most appropriate measures for this priority.

Baseline data can be found in Appendix A.

We will also continue to monitor the broad range of health needs listed in Appendix A, to understand any changes and identify emerging needs.

Projects and programmes will be set up such that output and where possible outcome data can be gathered and projects, programmes and campaigns evaluated.

Appendix A – Health and wellbeing in Hart

Note: where possible outcomes are rated as Green (significantly better than England average), Amber (not significantly different to England average), Red (significantly worse than England average)

Life expectancy and causes of death

Outcome	Latest available data				Data period
		Hart	Hampshire	England	
Life expectancy at birth (years)	Men	83.3	81.2	79.6	2015-17
	Women	85.4	84.4	83.1	
Life expectancy gap between most and least deprived populations	Men	3.0 years	6.8	9.4	2014-16
	Women	2.5 years	5.2	7.4	
Main causes of inequality in life expectancy between most and least deprived populations	Men	Respiratory conditions 35.5% Mental and behavioural 30%	Circulatory 25.7% Cancer 22.3%	Circulatory 25.8% Cancer 21.1%	2015-17
	Women	Other 47% Mental and behavioural 34.7%	Circulatory 21.6% Cancer 24.5%	Circulatory 22.2% Cancer 22.6%	
Early deaths – mortality rate per 100,000 aged under 75	Cardiovascular disease considered preventable	25.5	34.2	45.9	2015-17
	Cancer considered preventable	59.6	68.5	78.0	
	Liver disease considered	13.1	12.0	16.3	

	preventable				
Suicide rate (per 100,000)	7.8		7.9	9.6	2015-17
Under 75 mortality rate from breast cancer (per 100,000)	23.4		19.5	20.6	2015-17

Data source: Public Health England Outcomes Framework https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

Social determinants of health and wellbeing

The proportion of **children living in low income families** is 5.7%, compared to 10.3% in Hampshire as a whole

Employment rates for those aged 16-64 are high at 87%, compared to 82.5% in Hampshire as a whole (Public Health England Outcomes Framework)

Housing affordability is a real challenge for many people as the average house price in Hart is £418,717 higher than the South East at £321,174 and England at £244,567 (UK house price index, Jan 2019).

Homelessness

Whilst levels of statutory homelessness remain low, it is anticipated that they will increase based on the trend over the past 6 years and in light of prevailing housing market pressures. In 2010/11 7 statutory homeless acceptances were made compared to 38 in 2016/17 (Hart District Council housing data).

Educational attainment is high with 74.6% of young people achieving 5 A*-C grade GCSEs including English and Maths (Public Health England Outcomes Framework)

Domestic abuse

Domestic abuse has a considerable impact on health and wellbeing:

- Across Hampshire there were over 37,000 incidents of domestic abuse reported to the police with the number of incidents reported from Hart being just over 1,000.
- Whilst the number of incidents reported in Hart increased by 5% in the past year, we are aware that there is significant under reporting across our area.
- According to the Crime Survey for England and Wales carried out in March 2018, 4.2% of men and 7.9% of women experienced domestic abuse in the last year. By applying these figures to the Hart population aged 16 - 74, it is estimated that 1422 men and 2685 women may be experiencing domestic abuse in any one year.

Injuries and ill health

Outcome	Latest available data			Data period
	Hart	Hampshire	England	
Breast cancer incidence (Standardised incidence ratios)	110.5	104.6	100	2011-15
Breast cancer screening coverage (%)	79.9	78.0	74.9	2018
Incidence rate of alcohol-related cancer (per 100,000)	Men 33.19	36.03	39.30	2014-16
	Women 38.09	38.21	37.15	
Hospital admissions due to falls in people aged 65 and over (age standardised rate per 100,000)	2644	2132	2170	2017/18
Hospital admissions for injuries in 15-24 year olds (per 10,000)	155.8	153.5	136	2016/17
% reporting at least two long-term conditions, at least one of which is musculoskeletal related (such as osteoarthritis and back pain)	13.2	11.7%	12.1	2017/18

Data source: Public Health England Outcomes Framework https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

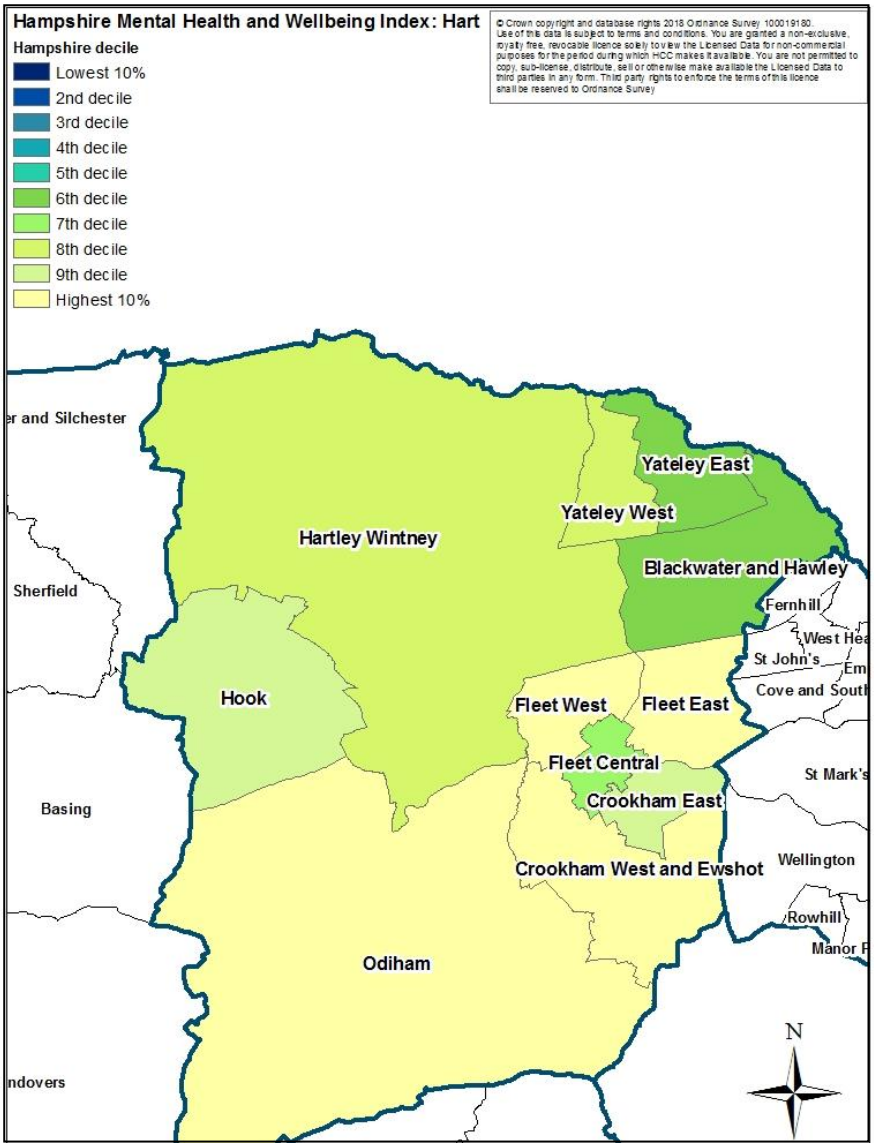
Mental health and wellbeing

Outcome	Latest available data			Date period
	Hart	Hampshire	England	
Estimated prevalence of common mental disorders (% of population aged 16 and over)	11.1	13.5	16.9	2017
Estimated prevalence of common mental disorders	7.1	8.5	10.2	2017

(% of population aged 65 and over)				
% reporting depression or anxiety	8.8	12.5	13.7	2016/17
Emergency hospital admissions for intentional self-harm (per 100,000)	160.9	218.7	185.5	2017/18

Data source: Public Health England Outcomes Framework https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

Hampshire Mental Health and Wellbeing Index Hart:



Behavioural risk factors

Outcome	Latest available data			Date period
	Hart	Hampshire	England	
Smoking in adults (%)	7.8	14.4	14.9	2017
Excess weight in adults	53.4%	63.1	62.0	2017/18
Excess weight in children aged 4-5	15.7%	22.8	22.4	2015/16 – 17/18
Excess weight in children aged 10-11	24.3%	29.9	34.3	2015/16 – 17/18
Proportion of adults population eating recommended 5-a-day on a usual day (%)	56.1	58.0	54.8	2017/18
Physically inactive adults (%)	20	19.1	22.2	2017/18
Percentage of adults walking for travel at least 3 days per week	24.8	20.2	22.9	2016/17
Percentage of adults cycling for travel at least 3 days per week	3.5	3.8	3.3	2016/17
Alcohol-related harm hospital stays in adults (per 100,000)	408	480	632	2017/18
Volume of pure alcohol sold through the off-trade (retail outlets): all alcohol sales (litres per adult)	6.3	5.5	5.5	2014

Data source: Public Health England Outcomes Framework https://fingertips.phe.org.uk/profile/public-health-outcomes-framework