Table of Contents

Introduction ..................................................................................................................... ii
  Key priorities ................................................................................................................ iii
Acknowledgements ........................................................................................................ iv
Map of Local Authorities, Towns and Villages in East and North Hertfordshire ....... 1
Chapter 1 Key Population Descriptors .......................................................................... 2
  Births ............................................................................................................................... 3
  Infant deaths ................................................................................................................... 3
  Life expectancy ............................................................................................................... 4
  Deprivation ...................................................................................................................... 6
  Ethnicity .......................................................................................................................... 8
  Mortality .......................................................................................................................... 8
Chapter 2 ‘Choosing Health’ – Making Healthier Choices Easier .................................. 15
  Smoking ........................................................................................................................ 15
  Obesity and physical activity ......................................................................................... 21
  Diabetic Retinopathy screening in Hertfordshire ......................................................... 25
Chapter 3 Sexual Health ............................................................................................... 26
  Genito-urinary Medicine (GUM) services ...................................................................... 27
  Prevention ..................................................................................................................... 28
  Teenage pregnancy ....................................................................................................... 29
  The National Chlamydia Screening Programme .......................................................... 32
Chapter 4 Children and Young People’s Health ......................................................... 34
  ‘Every Child Matters: Change for Children’ ................................................................... 34
  Breast Feeding ............................................................................................................. 37
  Newborn Hearing Screening ......................................................................................... 37
  Screening for Cystic Fibrosis ........................................................................................ 37
Chapter 5 The Health of Older People (aged 65 years and over) ................................... 39
Chapter 6 Mental Health, Drugs and Alcohol ............................................................ 51
Chapter 7 Oral Health .................................................................................................... 61
  Dental Public Health ................................................................................................... 61
  Oral Health in East and North Hertfordshire ............................................................. 62
  Prevention of Oral Disease and Promotion of Oral Health ........................................... 63
  Improving Diet and Reducing Sugar Intake .................................................................. 63
  Fluoride ......................................................................................................................... 64
  Smoking and Oral Health .............................................................................................. 64
  National Dental Services ............................................................................................... 65
Chapter 8 Health Protection and Infectious Disease .................................................. 67
  Tuberculosis ................................................................................................................ 70
  Prevention and Control of Health Care Associated Infections ..................................... 72
References ..................................................................................................................... 74
Glossary of Terms ......................................................................................................... 76
Appendices ..................................................................................................................... 77
  Appendix 1: Ward Map of East and North Hertfordshire ........................................... 77
Introduction

I am pleased to present this Annual Public Health Report, the first on behalf of the new East and North Hertfordshire Primary Care Trust, which came into existence on 1st October 2006.

Much of the work referred to in this report was clearly initiated by the former four local PCTs. I hope that the firm foundations they have laid for partnership working and public health will continue to be built up by the new organisation.

In choosing what to include in the Report, I have largely used the template of the Choosing Health White Paper which was published in 2004. This looks at causes of ill-health and how they may be addressed. In particular the Report focuses on smoking, obesity and physical activity. A separate chapter on oral health has been included as these risk factors, along with poor diet and smoking predispose to tooth decay and oral cancer along with coronary heart disease and diabetes.

In Hertfordshire there is a strong history of joint working with local authority partners, whether in the District and Borough Councils or Hertfordshire County Council. Much of this joint working relates to two particular groups – children and young People and older people. Therefore, additional detail is included on these groups. As the “baby boomer” generation ages, we will see a rise in the number of older people and extremely elderly people among our population. The consequence of improving death rates in so many of the major diseases means people survive longer, which is after all the intention! However, what we all hope to achieve is a long, productive and healthy life, not a slow decline into ill-health and dependency. Finally, in recognising the important role that the avoidance of infectious disease plays in improving population health, and current concerns about particular infections, there is a chapter on infectious disease, including infections related to healthcare.

The key messages set out in this Report are that, compared to the country as a whole and the East of England in particular, overall health in Hertfordshire is good. However, for some local authority areas, in particular Stevenage and Broxbourne, there are communities where health is much less good. This disparity in health experience occurs across a range of risk factors and diseases, including smoking, obesity, teenage pregnancy and cancer. Ongoing work with partners will continue to focus on these communities in greatest need in order that they share in the benefits of generally improving health experience and life expectancy. Ensuring that all the population of Hertfordshire can access high quality services, designed to address the different health needs of our various communities lies at the heart of this Primary Care Trust’s work.
Key messages from the chapters that follow are:

- Smoking is the single greatest cause of premature illness and early death
- Demands on sexual health services are increasing
- Overall, child health in Hertfordshire is good, although obesity rates are of concern
- Levels of alcohol-related illness are rising
- The population of older and elderly people will grow over coming years and this will have an impact on both health and social care services
- Accidents, in particular falls, are a major health problem in this age group
- In almost any area of health, the contribution of other agencies (particularly local authorities) is vital in ensuring improvement.

Key priorities for the coming year include:

- Improving smoking cessation services and making sure the range of services reflects the need of areas where smoking is most common
- Ensuring that effective strategies are in place to encourage young people not to start smoking
- Developing GUM services – including introducing Chlamydia screening and prompt access to treatment
- Introducing a routine and regular child health measurement programme, along with improvements to screening for some childhood diseases
- Increasing the number of people receiving routine and specialised interventions for alcohol misuse
- Improving care pathways for common accidents, such as hip fracture, which currently lead to considerable levels of illness and death among older people
- With a particular focus on children and older people, work effectively with partner agencies to promote good health and ensure high quality services are delivered.

Although not dealt with explicitly in the content of the report, there are a number of opportunities to work more effectively to support the population as a result of changes within the health service. These include new contracts with general practitioners, dentists and community pharmacists. Over the coming year we will be working more closely with these professionals to ensure that we are able to deliver positive improvement for patients and professionals.

Dr Jane Halpin, Director of Public Health
Acknowledgements

I would like to thank the following for their input in preparing this report:-

Dr Hilary Angwin, Sue Beck, Dr Joel Bonnet, Rose Child, Dr Jenny Deeny, David Edwards, Rosie Gagnon, Dr Richard Garlick, Gill Goodlad, Liz Goodwin, Sue Gregory, Clare Hawkins, Dr Raymond Jankowski, Anka Johnson, Stuart Lines, Dr Marian McEvoy (employee of the Hertfordshire Health Protection Agency), Dr Linda Mercy, Jennifer Nicholas, Remi Omotoye, Emma Sanford, Peter Wright.
Chapter 1 Key Population Descriptors

Key Points

- Compared with the England average, Hertfordshire is more densely populated with higher proportions of the population in younger age groups.
- On standard measures of health such as infant mortality and life expectancy East Hertfordshire is more healthy than the England average.
- Overall, Hertfordshire is at least twice as affluent as other areas in England, but there is considerable variation within the county.

The population of East and North Hertfordshire PCT was estimated at 515,000 in 2004. The population density is over three times that of England with 51% of the population living in the major towns (population size >30,000) of Stevenage (80,900), Welwyn Garden City (41,200), Cheshunt (38,700), Bishops Stortford (34,900), Letchworth (32,700) and Hitchin (30,800). While the population increase for England between the years 1981 and 2004 was 7%, the equivalent figure for East and North Hertfordshire was 9.5%.

Figure 1: Estimates of East and North Hertfordshire PCT Resident Population (2001 Census Based):
Mid 2005 Total Population 518,416, Under 15s: 19.0%, Over 74s: 7.3%
**Births**

There are around 6,300 births each year in East and North Hertfordshire. The area with the highest live birth rate is Stevenage at 13.8/1000 women of childbearing age (15-44) followed by Broxbourne at 12.5/1000 compared with a East and North Hertfordshire average of 12.4/1000 and an England average of 11.7/1000. East and North Hertfordshire overall has a greater proportion of under five year olds (6.02%) compared with England (5.7%).

In contrast, there are comparatively fewer people of pensionable age living in East and North Hertfordshire (17.8%) compared with England (18.5%). The population pyramid for East and North Hertfordshire (Figure 1) shows a greater proportion of women in the older age groups compared with men.

**Infant deaths**

The infant mortality rate is the number of deaths of infants aged under one year per 1,000 live births. These numbers are very small so numbers are pooled over a three year period (2003-05).

Figure 2 shows infant mortality in East and North Hertfordshire Local Authorities for 2003-2005. All areas have an IMR less than that for England. Stevenage local authority area has the highest IMR in the PCT area which is higher than the East of England rate. This rate for Stevenage of 4.7 has decreased from a figure of 5.9 in the period 2002-2005 (absolute numbers decreased from 19 to 15 in each 3 year period).
Life expectancy

A key priority for the NHS is to increase the health of the population as measured by an increase in life expectancy. The national life expectancy target is 78.6 years for men and 82.5 years for women by 2010. Figures 3 and 4 show that over the last fourteen years there has been a steady increase in life expectancy in both men and women. The latest figures show that both men and women living in Stevenage lie close to the England average whereas other areas are clearly above the English life expectancy trend for both men and women (Figure 3).

The life expectancy target for women is the most challenging for the population living in Stevenage (Figure 5). The differences for life expectancy between the different areas of East Hertfordshire are mirrored by the length of healthy life expectancy without ill-health for a period of up to five years, as shown in Figures 4 and 6.
Figure 4: Male Life Expectancy

Source: ONS estimates of life expectancy and healthy life expectancy 2001

Figure 5: Trend in Female Life Expectancy at Birth from 1991-93 to 2003-05 in East and North Hertfordshire
Figure 6: Female Life Expectancy

Deprivation

Figure 7 shows a measure of disadvantage known as the Index of Multiple Deprivation (IMD 2004) for areas known as lower level super output areas (SOAs) (see Appendix for definition). A number of SOAs are contained within ward boundaries.

Disadvantage is measured in terms of income, employment, health and disability, education and training levels, housing, environment and crime levels. The higher the IMD score, the more deprived the area; the lightest colours on the map show the 20% least deprived, SOAs with the darkest colour show the 20% most deprived SOAs. In East and North Hertfordshire the latter are scattered in Stevenage with each of the other more densely populated areas including Hatfield, Welwyn Garden City, Cheshunt, Broxbourne and Letchworth having at least one deprived lower level SOA.

20% of the SOAs for East and North Hertfordshire are above an IMD of 17. This is better than the national picture where 50% of the wards are above this level.
Figure 7: Deprivation (IMD 2004) across East and North Hertfordshire
Ethnicity
In the 2001 Census 5% of the population of East and North Hertfordshire was classified as coming from a black and ethnic minority population. The commonest group were people classifying themselves as Asian or Asian British followed in equal measure by people from Black or Black British, Chinese or other and mixed.

Mortality
Cancer
In the under 75 year old group cancer accounts for more of the burden of disease than circulatory diseases. Figures 9 and 10 show that there has been a reduction in the mortality rate from cancer in this age group over the last thirty years though the reduction has been less than that for circulatory disease in both men and women. Nationally, the Government target for further reducing cancer mortality is a minimum of 20% by 2010 from a 1995-97 baseline rate. There are differences between the different council areas of West Hertfordshire with men in Stevenage, Welwyn and Broxbourne having almost the national rage and women in Stevenage having a rate higher than the national rate (Figure 11). Overall, East and North Hertfordshire should meet, if not exceed, the national target for reducing premature cancer
mortality. However, there are more new cases of cancer each year and this has to be taken into account along with improved detection and treatment.

Much of the reduction in mortality from cancer can be attributed to reductions in smoking but survival from cancer is now at a record high due to a combination of earlier diagnosis and improved treatment.

Figure 9: Male Mortality from All Cancers in East and North Hertfordshire (DSR with 95% CI), 1993-2005, Ages Less Than 75
Figure 10: Female Mortality from All Cancers in East and North Hertfordshire (DSR with 95% CI) 1993-2005, Ages Less Than 75

Figure 11: Mortality from All Cancers Across East and North Hertfordshire PCT (DSR with 95% CI), 2003-2005 Pooled, Ages Less Than 75
The commonest types of cancer deaths are those of lung for men (26%) and breast for women (27%) with the next most common cancer in women being lung (17%). Figures 12 and 13 show mortality for men and women from the different types of cancer.

Figure 12: Male Mortality from Cancer in East and North Hertfordshire PCT (2005), Ages Less Than 75

Figure 13: Female Mortality from Cancer in East and North Hertfordshire PCT (2005), Ages Less Than 75
Circulatory disease
Coronary heart disease is a preventable disease that is the single most important cause of death. The death rates in men are about twice those in women.

Figures 14 and 15 show that there has been a downward trend for both men and women over the last twelve years due to a combination of better treatment and the adoption of healthier lifestyles. In the White Paper, Saving Lives: Our Healthier Nation (1999) the Government set a target of reducing the death rate from coronary heart disease, stroke and related diseases in people under 75 by at least 40% (83.8 deaths per 100,000 population) by 2010 from the 1995-97 base-line. A further reduction in smoking and obesity prevalence are seen as two of the major ways of bringing about this reduction of mortality.

Figure 14: Trend in Male Mortality from Coronary Heart Disease (DSR) in East and North Hertfordshire 1993-2005, Ages Less Than 75
Stevenage is the area with the highest level of deprivation and this borough council area together with Broxbourne has the highest level of death from coronary heart disease (Figure 16). This is largely mirrored in the rates of death from stroke which is one specific type of circulatory disease (Figure 17).

No areas in East and North Hertfordshire exceed the England average for circulatory disease as a whole or for stroke.
Figure 16: Mortality from Coronary Heart Disease (DSR with 95% CI) in East and North Hertfordshire 2003-2005 Pooled, Ages Less Than 75

Figure 17: Mortality from Stroke (DSR with 95% CI) in East and North Hertfordshire 2003-2005 Pooled, Ages Less Than 75
Chapter 2 ‘Choosing Health’ – Making Healthier Choices Easier

In December 2004 the Government published the Choosing Health White Paper which sets out the key principles for supporting people to make healthier and more informed choices around health.

This section of the report looks at some of those things that cause ill health and stop people from living their lives to the full – in particular smoking, obesity and lack of physical activity. Alcohol consumption and the problems associated with it are discussed in the Mental Health section of this report, whilst Sexual Health is dealt with in Chapter 3.

Smoking

Key Points

- Smoking is the UK’s single greatest cause of preventable illness and early death. More than 106,000 people in the UK die from smoking each year. Second-hand smoke can cause lung cancer and heart disease among other conditions.
- Around a quarter of adults (10 million people) in England smoke (23% of women, 26% of men).
- 9% of 11–15 year olds are smokers.
- Smoking costs the NHS between £1.4 and £1.7 billion a year in England.
- Over 70% of smokers say they want to give up.
- Legislation banning smoking in all enclosed public places is being introduced in July 2007.

Numbers of smokers in East & North Hertfordshire

In East & North Hertfordshire we are able to estimate the percentage of people aged 16 and over who smoke. The results are shown in Figure 18.
Wards which have the highest (Table 1) and lowest (Table 2) percentages of smokers are listed below.

Table 1: Smoking prevalence wards where smoking is most common in East & North Hertfordshire (synthetic estimates % of smokers age 16+, 2000-2002)

<table>
<thead>
<tr>
<th>Ward Name</th>
<th>Council District</th>
<th>Estimate of Smoking (percentage) (Upper and Lower 95% confidence intervals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peartree</td>
<td>Welwyn Hatfield</td>
<td>36.2 (23.2 – 51.7)</td>
</tr>
<tr>
<td>Waltham Cross</td>
<td>Broxbourne</td>
<td>36 (23 – 51.4)</td>
</tr>
<tr>
<td>Hatfield Central</td>
<td>Welwyn Hatfield</td>
<td>34.3 (21.7 – 49.3)</td>
</tr>
<tr>
<td>Bedwell</td>
<td>Stevenage</td>
<td>33.8 (21.4 – 48.9)</td>
</tr>
<tr>
<td>Shephall</td>
<td>Stevenage</td>
<td>30.3 (18.9 – 44.8)</td>
</tr>
<tr>
<td>Chells</td>
<td>Stevenage</td>
<td>29.2 (17.9 – 43.6)</td>
</tr>
<tr>
<td>Hatfield South</td>
<td>Welwyn Hatfield</td>
<td>29.1 (18 – 43.3)</td>
</tr>
<tr>
<td>Hertford Sele</td>
<td>East Hertfordshire</td>
<td>28.6 (17.6 – 43)</td>
</tr>
<tr>
<td>Letchworth Wilbury</td>
<td>North Hertfordshire</td>
<td>28 (17.2 – 42.1)</td>
</tr>
<tr>
<td>Hoddesdon Town</td>
<td>Broxbourne</td>
<td>27.7 (16.9 – 41.9)</td>
</tr>
<tr>
<td>Ward Name</td>
<td>Council District</td>
<td>Estimate of Smoking (percentage) (Upper and Lower 95% confidence intervals)</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hitchin Priory</td>
<td>North Hertfordshire</td>
<td>12.3 (6.9 – 20.8)</td>
</tr>
<tr>
<td>Welwyn North</td>
<td>Welwyn Hatfield</td>
<td>12.4 (7 – 21)</td>
</tr>
<tr>
<td>Kimpton</td>
<td>North Hertfordshire</td>
<td>12.5 (7 – 21)</td>
</tr>
<tr>
<td>Bishop’s Stortford Silverleys</td>
<td>East Hertfordshire</td>
<td>13.1 (7.5 – 22.1)</td>
</tr>
<tr>
<td>Ermine</td>
<td>North Hertfordshire</td>
<td>13.2 (7.5 – 22.1)</td>
</tr>
<tr>
<td>Brookmans Park and Little Heath</td>
<td>Welwyn Hatfield</td>
<td>13.3 (7.6 – 22.2)</td>
</tr>
<tr>
<td>Northaw</td>
<td>Welwyn Hatfield</td>
<td>13.3 (7.6 – 22.2)</td>
</tr>
<tr>
<td>Arbury</td>
<td>North Hertfordshire</td>
<td>13.6 (7.7 – 22.7)</td>
</tr>
<tr>
<td>Datchworth &amp; Aston</td>
<td>East Hertfordshire</td>
<td>13.8 (7.8 – 23)</td>
</tr>
<tr>
<td>Hertford Rural South</td>
<td>East Hertfordshire</td>
<td>13.9 (7.9 – 23.1)</td>
</tr>
</tbody>
</table>

A visual comparison of these wards with the mapping of the deprivation index IMD 2004 across Hertfordshire (Figure 7) highlights the fact that there is a strong link between cigarette smoking and socio-economic group. In Great Britain in 2005, 32% of men and 29% of women in routine and manual occupations smoked compared to 18% of men and 16% of women in managerial and professional occupations. There has been a slower decline in smoking among manual groups, so that smoking has become increasingly concentrated in this population. There is also an association between socio-economic group and the age at which people started to smoke. Of those in the managerial and professional households, 31% had started smoking before they were 16, compared with 44% of those in routine and manual households.

The damage that smoking causes

Cigarette smoking continues to be the leading preventable cause of death in East & North Hertfordshire, as in the rest of England. Most deaths are due to the three main diseases caused by smoking - lung cancer, chronic obstructive lung disease and coronary heart disease. The percentage of deaths caused by smoking varies between men and women and by area, revealing significant inequalities. Of the diseases known to be caused by smoking, only a certain proportion are directly attributable to an individual’s smoking. For instance nine out of ten male deaths and eight out of ten female deaths from lung cancer are attributable to smoking. We can estimate how much effect smoking has on death rates in East & North Hertfordshire. This is shown in Figures 19.
The wards with the highest and lowest numbers of deaths from smoking in East & North Hertfordshire is listed in Table 3 and 4 below, the 95% confidence intervals do not overlap for the wards with the highest and lowest death rates due to smoking, so we can be 95% confident there is a real difference between these areas.

Table 3: Wards with the highest estimated death rates from smoking in East & North Hertfordshire (2003-2005) (directly standardised rate)

<table>
<thead>
<tr>
<th>Ward Name</th>
<th>Council District</th>
<th>Average Annual Number of Deaths</th>
<th>Directly standardised rate (Upper and Lower 95% confidence intervals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shephall</td>
<td>Stevenage</td>
<td>35.6</td>
<td>233.7 (160.1 – 328.4)</td>
</tr>
<tr>
<td>Bandley Hill</td>
<td>Stevenage</td>
<td>39.9</td>
<td>233.4 (166.1 – 318.7)</td>
</tr>
<tr>
<td>Hatfield West &amp; Hatfield South</td>
<td>Welwyn Hatfield</td>
<td>45.3</td>
<td>231.3 (168 – 310.4)</td>
</tr>
<tr>
<td>Rye Park</td>
<td>Broxbourne</td>
<td>38.6</td>
<td>227.6 (160.6 – 312.9)</td>
</tr>
<tr>
<td>Martins Wood</td>
<td>Stevenage</td>
<td>28.8</td>
<td>226.5 (150.1 – 327.3)</td>
</tr>
<tr>
<td>Roebuck</td>
<td>Stevenage</td>
<td>37.1</td>
<td>225 (157.4 – 311.3)</td>
</tr>
<tr>
<td>Panshanger</td>
<td>Welwyn Hatfield</td>
<td>33.2</td>
<td>224.5 (154.1 – 315.8)</td>
</tr>
<tr>
<td>Hatfield Central</td>
<td>Welwyn Hatfield</td>
<td>41.3</td>
<td>213.8 (152 – 291.7)</td>
</tr>
<tr>
<td>Hollybush</td>
<td>Welwyn Hatfield</td>
<td>41.0</td>
<td>209.9 (149.7 – 285.9)</td>
</tr>
<tr>
<td>Haldens</td>
<td>Welwyn Hatfield</td>
<td>32.2</td>
<td>206.2 (140 – 292.4)</td>
</tr>
</tbody>
</table>
Table 4: Wards with the lowest estimated death rates from smoking in East & North Hertfordshire (2003-2005) (directly standardised rate)

<table>
<thead>
<tr>
<th>Ward Name</th>
<th>Council District</th>
<th>Number of Deaths</th>
<th>Directly standardised rate (Upper and Lower 95% confidence intervals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peartree</td>
<td>Welwyn Hatfield</td>
<td>26.5</td>
<td>89.8 (57.8 – 132.7)</td>
</tr>
<tr>
<td>Northaw</td>
<td>Welwyn Hatfield</td>
<td>18.6</td>
<td>94.2 (56.1 – 148.2)</td>
</tr>
<tr>
<td>Much Hadham &amp; Hunsdon</td>
<td>East Hertfordshire</td>
<td>16.1</td>
<td>96.9 (55.2 – 157.5)</td>
</tr>
<tr>
<td>Brookmans Park &amp; Little Heath</td>
<td>Welwyn Hatfield</td>
<td>18.9</td>
<td>98.5 (59.2 – 154.1)</td>
</tr>
<tr>
<td>Welwyn North &amp; Welwyn South</td>
<td>Welwyn Hatfield</td>
<td>19.9</td>
<td>106.4 (64.5 – 165)</td>
</tr>
<tr>
<td>Goffs Oak</td>
<td>Broxbourne</td>
<td>15.8</td>
<td>111 (57.5 – 189)</td>
</tr>
<tr>
<td>Bishop Stortford South</td>
<td>East Hertfordshire</td>
<td>15.6</td>
<td>111.8 (60.9 – 186.4)</td>
</tr>
<tr>
<td>Hoddesden North</td>
<td>Broxbourne</td>
<td>17.3</td>
<td>113.6 (64.8 – 183.7)</td>
</tr>
<tr>
<td>Bishop Stotford Meads</td>
<td>East Hertfordshire</td>
<td>20.2</td>
<td>113.6 (69.2 – 175.6)</td>
</tr>
<tr>
<td>Sawbridgeworth</td>
<td>East Hertfordshire</td>
<td>28.7</td>
<td>116.3 (77.5 – 167.7)</td>
</tr>
</tbody>
</table>

It is estimated that a total of 2,200 deaths in East & North Hertfordshire between 2003 and 2005 were due to smoking. The actual figure could be much higher.

Helping people stop smoking

Throughout Hertfordshire a range of new services to support people to quit smoking have been set up. A number of pharmacists have now been trained to provide one-to-one stop smoking support within their pharmacies. This is very helpful for people who would like to access services that take place within their local area and at various times, such as evenings and weekends. In many areas the pharmacists have also been able to give people nicotine replacement therapy direct, without the need for a prescription from their doctor. Training is also on-going within Hertfordshire to train practice nurses and other staff who work with patients within GP practices.

One particular example of a local stop smoking service in East & North Hertfordshire involves stop smoking specialists working with both the Lister and QEII Hospital Mental Health Units to provide training for staff so that they are equipped with the knowledge and skills to raise the issue of smoking with their clients, discuss the benefits of quitting and to be able to assess their motivation and readiness to quit smoking in order to make appropriate referrals for specialist support and the provision of nicotine replacement therapy.

People with mental health disorders can experience higher levels of physical illness than those without mental health disorders. Some of this difference is directly attributable to the increased prevalence of smoking in this client group. Users of
mental health services have been encouraged to attend on-site clinics or ward visits are arranged where this is more appropriate.

There is also a one-to-one service run by PCT specialist smoking cessation advisers throughout the county which people can access through the freephone number 0800 389 3998. All of these services are free of charge and give people a much greater chance of quitting smoking than going it alone.

The number of people who manage to stop smoking for four weeks is recorded. Table 5 below shows the number of smokers in East & North Hertfordshire who have had contact with stop smoking services locally. Nearly two thirds of smokers who are seen by local services manage to give up, which is very encouraging.

Table 5: Smoking cessation service users and ‘four week quitters’ in East & North Hertfordshire, 2005-2006

<table>
<thead>
<tr>
<th>Total number of service Users</th>
<th>Quitters</th>
<th>Specialist Service Users</th>
<th>GP</th>
<th>Pharmacist users</th>
<th>Self motivated Quitters</th>
<th>Drop in centre users</th>
</tr>
</thead>
<tbody>
<tr>
<td>3256</td>
<td>2148</td>
<td>1398</td>
<td>1154</td>
<td>626</td>
<td>77</td>
<td>1</td>
</tr>
</tbody>
</table>

Smoke free legislation
From 1st of July 2007 virtually all enclosed public places and workplaces in England will become smoke-free. A smokefree England will ensure a healthier environment, so everyone can socialise, relax, travel, shop and work free from second hand smoke. Second hand smoke is other people's tobacco smoke and is everywhere that people are smoking - at the pub, in restaurants, at work and even at home. Smoke from the burning end of the cigarette makes the most secondhand smoke, and this smoke is poisonous as it contains high concentrations of toxic chemicals such as hydrogen cyanide, ammonia and carbon monoxide.

Currently, eight countries have nation-wide laws in place that prohibit smoking in enclosed workplaces and public places, including bars and restaurants. Ireland became the first country in the world to ban smoking in all indoor workplaces. This was followed by Norway, New Zealand, Bhutan, Uruguay, Scotland, Singapore and Lithuania. In addition, legislation has been passed in 15 US States (including Washington DC), nine of 13 Canadian provinces and territories, and seven of eight Australian states/territories.

Recommendations

- If you do smoke, stopping smoking is likely to be the single best thing you could do to improve your health
- Help is at hand from your local GP, practice nurse, community pharmacist or the Hertfordshire Stop Smoking Service
- Some areas of Hertfordshire have higher numbers of smokers and higher numbers of smoking related deaths – and so have greatest need for support in stopping smoking
- The effect of smoke free legislation to be introduced later this year will be to reduce the numbers of people who smoke
Obesity and physical activity

Key facts

- Obesity is one of the major public health issues in the developing world. It can lead to increased risk of heart disease, type 2 diabetes and some cancers.
- Obesity is defined as having a body mass index\(^1\) (BMI) of 30 or more, overweight is defined as having a BMI of 25-29.9
- Although the rise in obesity cannot be attributed to any single factor, it is the imbalance between energy in (from food and drink) and energy out (from physical activity) that is the root cause.
- The prevalence of obesity has trebled since the 1980s, and well over half of all adults are either overweight or obese – almost 24 million adults.
- If current trends continue, at least one-third of adults, one-fifth of boys and one-third of girls will be obese by 2020.
- Regular physical activity is associated with a reduction in overall risk of cancer, including a clear protective effect on colon cancer, and is associated with a reduced risk of breast cancer after the menopause.
- Physically active people have 20-30% reduced risk of premature death and up to 50 per cent reduced risk of major chronic disease such as coronary heart disease, stroke diabetes and cancer. It can also reduce the risk of developing type 2 diabetes by nearly two thirds in those at high risk of developing the disease.
- However, at present only 37% of men and 24% of women are sufficiently active to gain any health benefit. Three in ten boys and four in ten girls aged 2 to 15 are not meeting the recommended levels of physical activity.

\(^{1}\) BMI is calculated by taking your weight in kilograms and divide it by your height in metres and then divide the result by your height in metres again (kg/m\(^2\))
Obesity - the local situation
The Neighbourhood Statistics Service uses information based on results from the Health Survey for England to produce estimates of obesity prevalence in the ward areas of East & North Hertfordshire. This is shown in Figure 20.

Figure 20: Synthetic estimate of obesity prevalence (%) in East & North Hertfordshire (2000-2002). Ages 16 and over, by ward

The wards with the highest (Table 6) and lowest (Table 7) prevalence of obesity are listed below:

Table 6: Synthetic Estimates of obesity - wards where obesity is most common in East & North Hertfordshire (aged 16 and over), 2000 – 2002

<table>
<thead>
<tr>
<th>Ward Name</th>
<th>Local Authority Area</th>
<th>Obesity Prevalence (percentage) (Upper and Lower 95% confidence intervals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shephall</td>
<td>Stevenage</td>
<td>24.4 (17.2 – 33.3)</td>
</tr>
<tr>
<td>Bedwell</td>
<td>Stevenage</td>
<td>24.2 (17 – 33.1)</td>
</tr>
<tr>
<td>Rosedale</td>
<td>Broxbourne</td>
<td>23.3 (16.4 – 32)</td>
</tr>
<tr>
<td>Waltham Cross</td>
<td>Broxbourne</td>
<td>23.2 (16.3 – 31.9)</td>
</tr>
<tr>
<td>Chells</td>
<td>Stevenage</td>
<td>23.2 (16.3 – 31.9)</td>
</tr>
<tr>
<td>Rye Park</td>
<td>Broxbourne</td>
<td>22.9 (16.1 – 31.4)</td>
</tr>
<tr>
<td>Peartree</td>
<td>Welwyn Hatfield</td>
<td>22.8 (15.9 – 31.4)</td>
</tr>
<tr>
<td>Bury Green</td>
<td>Broxbourne</td>
<td>22.7 (15.9 – 31.3)</td>
</tr>
<tr>
<td>St Nicholas</td>
<td>Stevenage</td>
<td>22.7 (15.8 – 31.1)</td>
</tr>
<tr>
<td>Pin Green</td>
<td>Stevenage</td>
<td>22.6 (15.9 – 31.1)</td>
</tr>
</tbody>
</table>
Table 7: Synthetic Estimates of obesity – wards where obesity is least common in East & North Hertfordshire (aged 16 and over), 2000 – 2002

<table>
<thead>
<tr>
<th>Ward Name</th>
<th>Local Authority Area</th>
<th>Obesity Prevalence (percentage) (Upper and Lower 95% confidence intervals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brookmans Park &amp; Little Heath</td>
<td>Welwyn Hatfield</td>
<td>13 (8.3 – 19.8)</td>
</tr>
<tr>
<td>Hertford Rural North</td>
<td>East Hertfordshire</td>
<td>13.3 (8.6 – 19.8)</td>
</tr>
<tr>
<td>Welwyn North</td>
<td>Welwyn Hatfield</td>
<td>13.9 (9.2 – 20.5)</td>
</tr>
<tr>
<td>Northaw</td>
<td>Welwyn Hatfield</td>
<td>14.2 (9.4 – 21.2)</td>
</tr>
<tr>
<td>Hertford Rural South</td>
<td>East Hertfordshire</td>
<td>14.2 (9.3 – 20.9)</td>
</tr>
<tr>
<td>Datchworth &amp; Aston</td>
<td>East Hertfordshire</td>
<td>14.2 (9.4 – 21)</td>
</tr>
<tr>
<td>Hitchin Priory</td>
<td>North Hertfordshire</td>
<td>14.6 (9.7 – 21)</td>
</tr>
<tr>
<td>Bishop’s Stortford Silverleys</td>
<td>East Hertfordshire</td>
<td>14.6 (9.7 – 21.3)</td>
</tr>
<tr>
<td>Hertford Castle</td>
<td>East Hertfordshire</td>
<td>14.7 (9.8 – 21.5)</td>
</tr>
<tr>
<td>Little Hadham</td>
<td>East Hertfordshire</td>
<td>14.8 (9.8 – 21.6)</td>
</tr>
</tbody>
</table>

There is a wide variation in the prevalence of obesity across East & North Hertfordshire. This ranges from just over one in ten adults being obese in areas such as Brookmans Park and Little Heath ward (Welwyn and Hatfield) and Hertford Rural North ward (East Herts) to nearly a quarter of all adults being obese in areas such as Shephall and Bedwell wards (Stevenage Borough Council). Within any local authority area there can also be considerable variation.

Physical activity - the local situation
We have information on the percentage of adults who are regular participators (3 days a week for 30 minutes at moderate intensity). from the Active People Survey, which was carried out by MORI (the poll organisation) on behalf of Sport England. It is the largest sport and recreation survey ever undertaken. In total 363,724 people from the age of 16 years were interviewed by telephone across England between the period mid October 2005 to mid October 2006. Figure 21 below shows levels of regular participation in moderate intensity sport and active recreation in East & North Hertfordshire (October 2005 – October 2006).
In general East and North Hertfordshire local authorities tend to fall in the bottom 25% in comparison to national, with the exception of East Hertfordshire (top 25%) and North Hertfordshire (middle 50%).

**Examples of local interventions in physical activity and obesity management**

Physical activity and healthy eating have benefits independent of their positive outcomes for weight management. However, considering these two lifestyle factors together, in the context of obesity, illustrates how they are being integrated to address one of the PCT’s and the nation’s biggest health risks. Obesity can usefully be split into adults and young people, and then further split into prevention and treatment.

**Adults**

*Prevention:* considerable work has taken place across the county by the eight former PCTs, through working with partner agencies in their respective Local Strategic Partnerships (LSPs) to provide leisure and community opportunities for people to become more physically active. As well as leisure facility based options, people have been able to choose from an extensive range of healthy walks including led walks through joint work with the County Council’s Countryside Management Service.

*Treatment:* In the East of the county Clinical Exercise Practitioners deliver individual behavioural counselling in primary care, using their technical exercise skills and the ProHealth weight management computer software, giving clients an individual action
plan. Outcomes on a small cohort to date are positive with weight loss being achieved and reported increases in physical activity. Through Local Area Agreement funding it is planned to roll this programme out to further sites in the county.

**Children**

*Prevention:* Much work has taken place in Hertfordshire Schools as part of the Healthy Schools programme. This has included school specific healthy eating and physical activity events, delivered by school nurses, and broader area programmes such as the Activ8 programme in the east of the county: a series of workshops for students which included healthy eating, street dance, fitness testing and discussion groups.

*Treatment:* In the North of the county an innovative programme is being delivered which uses individual behavioural counselling, family support, and the back up of the Child & Adolescent Mental Health Services to deliver a multifaceted intervention for overweight and obese young people aged 11 - 16. The programme is delivered by a clinical exercise practitioner, experienced at working with young people, who recruits young people direct from the GP practice list where she is based. Positive outcomes both in terms of weight loss and changes in family eating behaviour have been recorded.

A challenge for future obesity programmes will be to ensure the programme is sustained long enough for outcomes to be measurable as well as maintain project activity towards those outcomes.

**Diabetic Retinopathy screening in Hertfordshire**

There are an estimated 18,000 patients with diabetes in East & North Hertfordshire. The increase of numbers in the population who are obese as well as increases in life expectancy will further increase these numbers. Diabetes reduces life expectancy and is associated with a number of medical complications including diabetic retinopathy which is the commonest cause of blindness in people aged 30 to 69 years. Treatment can prevent blindness in the majority of cases, so it is essential to identify patients with retinopathy before their vision is affected. This is done by retinopathy screening.

The Primary Care Trust is working with key partners in both East & North Hertfordshire and West Hertfordshire to ensure that the retinopathy screening service continues to meet the needs of our population. It is expected that some changes will be made to existing arrangements wherever that is necessary for the benefit of the screening service as a whole.
Chapter 3 Sexual Health

Key Points

- Chlamydia is the most common sexually transmitted infection (STI) and affects an estimated one in ten sexually active young women.
- Chlamydia infections reported nationally in sexual health clinics increased by 9% to over 89,000 in 2003. If left untreated it can lead to pelvic inflammatory disease, ectopic pregnancy and infertility.
- Other STIs are also increasing. In 2003, cases of genital warts increased by 2% to 70,883 and syphilis increased by 28% to 1,575.
- Delays in access to diagnoses and treatment lead to more people being infected with STIs.
- HIV prevalence in adults increased nationally by 20% to 49,500 in 2002. An estimated 31% of people with HIV in the UK remain undiagnosed.
- New HIV diagnoses among heterosexuals continue to rise (by 27% between 2002 and 2003). New HIV diagnoses in gay men are also increasing.
- At a county level, the focus on young people has resulted in an 8% decline in under-18 conception rate in 2005, with an overall decline of 22.6% from the 1998 baseline rate. Our 2005 conception rate was 24.8 per 1000 girls aged 15-17.

Introduction

‘Choosing health: making healthier choices easier’\(^2\) makes the improvement of the population’s sexual health a priority.

Since young people are at greatest risk of sexually transmitted infections it is necessary to target actions on improving sexual health education and changing risky behaviours.

‘Choosing Health’ sets out key national commitments to sexual health. These include:

- A new national campaign targeted particularly at younger men and women to ensure that they understand the real risk of unprotected sex, and persuade them of the benefits of using condoms to avoid the risk of sexually transmitted infections (STIs) or unplanned pregnancies.
- Funding to support modernisation of the whole range of sexual health services, with emphasis on offering more accessible (including community-based) services for testing and screening for STIs and targeting young people, vulnerable people and black and ethnic minority groups.

- A national Chlamydia screening programme to cover the whole of England by March 2007, including introducing and evaluating the effectiveness of screening in retail pharmacies.

- National review of Genito-urinary Medicine (GUM) services to be followed up with investment in services and infrastructure.

- Goal that by 2008 everyone referred to GUM (including self-referral) should be able to have an appointment within 48 hours.

**Sexual health in Hertfordshire**

The table below shows the rates of diagnosed STIs in the former Hertfordshire and Bedfordshire Strategic Health Authority, the East of England and England as a whole.

<table>
<thead>
<tr>
<th>Country, region and SHA</th>
<th>HIV</th>
<th>Gonorrhoea</th>
<th>Syphilis</th>
<th>Chlamydia</th>
<th>Genital warts</th>
<th>Genital herpes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hertfordshire and Bedfordshire</td>
<td>19</td>
<td>26</td>
<td>1.7</td>
<td>139</td>
<td>107</td>
<td>27</td>
</tr>
<tr>
<td>East of England</td>
<td>13</td>
<td>22</td>
<td>1.6</td>
<td>146</td>
<td>119</td>
<td>28</td>
</tr>
<tr>
<td>England</td>
<td>16</td>
<td>42</td>
<td>4</td>
<td>185</td>
<td>136</td>
<td>34</td>
</tr>
</tbody>
</table>

Source: The UK Collaborative Group for HIV and STI Surveillance 2005

The available data, although not by PCT, indicates that while HIV rates are higher, Hertfordshire has lower levels than England of other STIs. However, the table does highlight the relative high rate of chlamydia and genital warts compared to other infections.

**Genito-urinary Medicine (GUM) services**

‘Choosing Health’ stresses the national commitment that patients can be offered a GUM service appointment within 48 hours.
Service redesign is currently underway in Hertfordshire to improve access to GUM services in order to meet the national target by 2008.

**Prevention**
Outlined below are some of the ways we are aiming to improve the sexual health of our population.

**Focusing on young people**
The national *Condom Essential Wear* campaign focuses on ensuring that young adults have enough information to make informed choices about safer sex, whilst raising awareness of the prevalence and invisibility of STIs. The first phase is a media-led campaign, including public relations, advertising, digital media and partnership engagement, and will deliver a call to action to young people, encouraging them to carry and use condoms.³

This campaign will also aid in addressing the national (PSA)⁴ target to reduce the under-18 conception rate by 50% by 2010 from the 1998 baseline, as part of a broader strategy to improve sexual health.

³ [www.condomessentialwear.co.uk](http://www.condomessentialwear.co.uk) accessed 22/02/07.
⁴ The aim of the Department's Public Service Agreement is to transform the health and social care system so that it produces faster, fairer services that deliver better health and tackle health inequalities.
Local initiatives
At a local level, we are complementing the national focus on young people with a specific scheme aimed at under-25s currently operational in Hertfordshire.

The C-Card Scheme is a confidential service for young people up to 25 years old across East & North Hertfordshire. It provides easy access to free condoms and sexual health information. Two types of outlet are provided: registration and distribution. At registration outlets staff provide a confidential sexual health service before issuing C-cards. Distribution outlets are where young people can be issued condoms after they have been registered on the scheme. A pilot scheme in 2005 was successful and further outlets were added in 2006, bringing the total number to 29.5

Teenage pregnancy
Teenage pregnancy and early motherhood are recognised to be associated with poor health outcomes and social exclusion. For example, babies born to mothers under 18 are at an increased risk of prematurity, more likely to be of a low birth weight and have a higher mortality rate than babies of older mothers. Teenage mothers themselves are at an increased risk of social isolation and post natal depression.

a) Where are we now?
The Hertfordshire wide targets set by the government to address teenage pregnancy were:

- To reduce the rate of conceptions in the under 18s (per 1,000 females aged 15-17 years) by 45% by 2010, from the 1998 baseline, within an interim target of 15% by 2004

- To increase to 60% the participation of teenage parents in education, training or employment to reduce their risk of long term social exclusion by 2010

The PCT as part of the Hertfordshire Teenage Pregnancy Partnership Board continues to drive forward the strategy to meet these goals. The most recent data that is available is presented below. Hertfordshire achieved 14.5% reduction in 2004, 0.5% below the interim target and was assessed as amber/green.

Table 10 shows the most recent data that is available from the Office of National Statistics. It illustrates the progress that Hertfordshire has made and also compares this to the England rate.

---

### Table 9: Under 18 conception rate, 1998-2005

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>46.6</td>
<td>44.8</td>
<td>43.6</td>
<td>42.5</td>
<td>42.6</td>
<td>42.1</td>
<td>41.5</td>
<td>41.1</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>32</td>
<td>31.2</td>
<td>32.3</td>
<td>29.2</td>
<td>29.8</td>
<td>27.9</td>
<td>27.3</td>
<td>24.8</td>
</tr>
</tbody>
</table>

Figure 23: Teenage Pregnancy 'Hotspots': 90% confident that ward has a higher rate than the average of the two Hertfordshire PCTs

Source: Teenage Pregnancy Unit, ward data for 2001/03
*Hotspot ward (PCT) definition: 90% confident that ward has a higher rate than the PCTs average rate.

Figure 23 shows the most recent data that is available by Local Authority in East and North Hertfordshire from the Office of National Statistics

The highest conception rate is in Stevenage, followed by Broxbourne and Welwyn and Hatfield. There are variations in the proportion of the conceptions resulting in a termination with the highest proportion occurring in Stevenage.
Figure 24: Under 18 Conception Rate for East and North Hertfordshire, 2004 by Local Authority

**b) Local actions to reduce teenage pregnancy**
A number of actions to reduce teenage conceptions continue to take place across the PCT. These include specific actions by the PCT and partnership work through the Teenage Pregnancy Board such as:

- School nurse led projects
- Health visitor support to young parents groups
- Multi agency training for professionals

**c) The Future**
New guidance was issued during 2006 which highlighted successful strategies for reducing under 18 conceptions. Such strategies are ‘Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies’ which recommend:

- Active engagement of all key mainstream partners who have a role in reducing teenage pregnancies
- Senior champion to drive forward the strategy
- The availability of young people focused contraceptive and sexual health services including health promotion work
- Strong delivery of personal, social and health education, and sex and relationships education in schools
- Targeted work with at risk groups of young people in particular looked after children and care leavers
- The availability and consistent take up of sex and relationship training for partner agencies
- A well resourced youth service which provides activities as well as addressing key social and health issues.

In the coming year, there will be a focus on strengthening these elements across Hertfordshire. The PCT and its partners will continue to work closely together to ensure that we are in a strong position to meet the challenging 2010 target.

In addition to the Public Service Agreement (PSA) target to reduce under-18 conceptions, the Government has highlighted the need for PCTs to make available a well publicised young person-centered contraceptive and sexual health advice service.⁶

Continuing our Teenage Pregnancy Strategy Action Plan will allow us to work together with young people to help them make informed choices about their sexual health.

**The National Chlamydia Screening Programme**

Genital Chlamydia trachomatis is the commonest STI in England. It is an important reproductive health problem, with 10-30% of infected women developing pelvic inflammatory disease (PID) which is a major contributor to infertility. A significant proportion of cases, particularly in women, are asymptomatic and so are liable to remain undetected, putting women at increased risk of developing PID. Screening for genital chlamydia infection may reduce PID and ectopic pregnancy.⁷ Treatment for Chlamydia is simple, rapid and effective.

The National Chlamydia Screening Programme will begin its local roll out from the 1st April 2007 to 31st March 2008. The service locally is a Bedfordshire and Hertfordshire programme. This programme is aimed at young people aged between 16-24 years who are sexually active. The programme aims to reduce the incidence of chlamydial infection amongst young people and thus the incidence of associated serious complications.

The present screening venues for chlamydia are mainly sexual health clinics and the screening programme is aimed at widening the availability of sites offering chlamydia screening. The programme will be accessible in many health settings, as well as young people’s venues. In East and North Hertfordshire this will start with streaming of patients in the sexual health clinic who may just want a chlamydia screen along with some family planning clinics and some young persons’ venues. It is hoped that in the long-term screening will be available in general practice, colleges and by post.

Results of the screen will be offered by post or text. Any young person who is found to have a positive result will be offered treatment and given support and assistance with contact tracing any previous partners who may have a positive result.

---

⁶ Teenage pregnancy next steps: guidance for local authorities and primary care trusts on effective delivery of local strategies. [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk) accessed 18/02/07.

⁷ The National Chlamydia Screening Programme. [www.dh.gov.uk](http://www.dh.gov.uk) accessed 17/02/07.
Recommendations

- The PCT will work to achieve 48 targets for access to GUM services within 48 hours
- Chlamydia screening will be introduced during the coming year
- Work continues towards the 2010 teenage pregnancy target
Chapter 4 Children and Young People’s Health

Healthy children grow into healthy adults and this chapter describes some of the work we are doing to ensure as many children as possible have a healthy childhood.

Key Facts

- The live birth rate in East and North Hertfordshire is 12.4/1000 population. The area with the highest live birth rate is Stevenage at 13.8/1000 population.
- Infant mortality rates and child death rates for Hertfordshire as a whole are low in comparison with the average rate for England.
- The breastfeeding rate for 2005/6 was 68%.
- Approximately 1 in 5 boys and 1 in 5 girls starting school in Hertfordshire are overweight or obese, based on 2002 data.
- 32% of schools have achieved the new ‘Healthy Schools’ status.
- Incidences of sexually transmitted infections amongst young people in Hertfordshire are increasing in line with national trends (see Sexual Health and Teenage Pregnancy, Chapter 3).

‘Every Child Matters: Change for Children’

The Children’s Act 2004 is the legislative spine on which children’s services are being reformed. It outlines new statutory duties and clarified accountability for children’s services. However legislation by itself is not enough; it needs to be part of a wider process of change. This process is entitled ‘Every Child Matters’.

‘Every Child Matters’ sets out the national framework for local change programmes to build services around the needs of children and young people.

‘Every Child Matters’ defined five key themes (outcomes) which should drive the work of all those involved with services for children.

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic well-being

In order for all children to achieve these, it is important that there is joint working between those agencies dealing with children. The Hertfordshire Children’s Trust Partnership (HCTP) (previously known as the Hertfordshire Children and Young People’s Strategic Partnership) was set up to make sure this happens. The HCTP is made up of key children’s agencies across Hertfordshire, including the Primary Care Trusts, West Hertfordshire Hospitals NHS Trust, Hertfordshire Constabulary, Connexions and the Learning Skills Council. In addition to this county-wide
Children’s Trust Partnership, all ten local councils have their own partnerships with health and other key agencies.

Key Areas for Action
The Hertfordshire Children’s Trust Partnership has set out its key priorities for the next few years in the Hertfordshire Children and Young People’s Plan. The priorities identified in the plan for 2006/09 under the ‘Being Healthy’ outcome are –

- To tackle obesity
- Reduce teenage pregnancy and improve sexual health
- Promote emotional wellbeing (see Chapter 6)
- Promote the physical health of children and young people and reduce health inequalities (see Chapter 2)
- Support children and young people to avoid drugs and alcohol misuse (see Chapter 6).

The PCT is working to achieve better outcomes for children and young people in these priority areas and in addition, the PCT now has a children’s commissioning team to ensure planning for effective services. Further details of local work are included in the Choosing Health, Teenage Pregnancy and Mental Health chapters of this report and below we cover some areas of work that address obesity, health inequalities and support children and young people to avoid substances misuse.

National Child Measurement Programme
We know that obesity is increasing in children and the government is asking that children are measured routinely so that data can be collected to increase public and professional understanding of weight issues in children and also support local planning and delivery of services.

All reception year children have been weighed and measured routinely for many years, and in the summer term 2007 all year 6 pupils in Hertfordshire will also be offered the opportunity to be weighed and measured.

The PCT Public Health team is working closely with the school nurse leads in East and North and West Hertfordshire to develop what will be an annual programme involving 400 schools and approximately 10,000 children in Reception classes and 10,000 children in year 6. The programme will produce a wealth of information that will allow future work to be targeted to the groups most at need.
Programmes to reduce Childhood Obesity

The MEND Programme

**Mind:** understanding and changing unhealthy attitudes and behaviours around food  
**Exercise:** adequate, safe – and above all fun – exercise  
**Nutrition:** enjoyable, practical activities that teach children about healthy eating and daily meal planning to improve the whole family’s diet.

Do It!

One example of how childhood obesity can be tackled is through the MEND programme. The MEND programme focuses on families with overweight or obese children. It has an integrated approach, combining elements known to both treat obesity including increasing physical activity, family involvement, practical education in nutrition and diet and behavioural change. A large trial has shown that children participating in the programme become fitter, less overweight and increase their self esteem. The Public Health Team are working to introduce the MEND programme for children in East and North Hertfordshire.

**Hertfordshire Healthy Schools Programme**

The Healthy Schools Programme also supports children and young people to develop a healthy lifestyle. The National Healthy School Programme was set up by the Department for Education and Skills (DfES) and the Department of Health (DoH) as part of the Government’s drive to reduce inequalities, social inclusion and raise educational standards. The Programme is managed locally by Hertfordshire County Council.

The aims of the National Healthy Schools programme are:

- to support children and young people in developing healthy lifestyles  
- to help raise pupil achievement  
- to help reduce health inequalities  
- to help promote social inclusion

Recently new criteria have been introduced and schools are now asked to demonstrate standards in all four of the core themes using an approach which involves the whole school community:

- Personal Social and Health Education (PSHE) - including sex and relationship education and drug education  
- Healthy Eating  
- Physical Activity  
- Emotional Health and wellbeing (including bullying)

Currently 32% of schools in Hertfordshire have achieved the new ‘Healthy Schools’ status and the programme is working towards achieving the 2009 target of all schools working towards the healthy schools programme.
Breast Feeding

The breastfeeding rate in Hertfordshire for 2005/6 was 68%. This is close to the national average, but lower than comparable areas. Breast milk is the best form of nutrition for infants. The Department of Health recommends exclusive breastfeeding for the first 6 months of life, with breastfeeding continuing after this age, along with other types of solid foods. Although not all mothers will achieve this, even a short period of breastfeeding can benefit the infant, and should be encouraged.

There is a large body of evidence that has shown breastfeeding to be associated with better infant and child health, helping to protect infants against gastroenteritis and respiratory infections, otitis media, urinary tract infection, atopic disease and obesity. Breastfeeding is also beneficial to the mother’s health. Breastfeeding is thus likely to make an important contribution towards meeting the target to reduce inequalities in infant mortality.

West Hertfordshire Hospitals NHS Trust’s Maternity Unit has achieved ‘Baby Friendly’ status. This is a UNICEF award which promotes breastfeeding.

Developments in the Childhood Screening Programme

Newborn Hearing Screening

In 2002 the Newborn Hearing Screening Programme was established. This said that newborn hearing screening should be offered to all babies and should be completed by 4 weeks of age for well babies in hospital based programmes and by 5 weeks of age for babies in community based programmes. This replaced the old distraction test at 8 months which was highly a subjective test.

The new test has been slow to be implemented in Hertfordshire. However, the local services providing neonatal hearing screening have now been evaluated and proposals for PCT provision of a countywide service have been developed. This new service will increase the number of children screened.

Screening for Cystic Fibrosis

Children born in Hertfordshire will be screened for cystic fibrosis from summer 2007. The test will be added to the current Newborn Bloodspot test which is taken at 5-8 days after birth.

About 1 in 2,500 babies born in the UK has cystic fibrosis. Through screening we would expect to identify 4 babies per year in Hertfordshire. This inherited condition can affect the digestion and lungs. Babies with cystic fibrosis may not gain weight well and have frequent chest infections.

Screening means that babies with cystic fibrosis can be treated early with a high-energy diet, medicines and physiotherapy. Although a child with cystic fibrosis may still become ill, early treatment is thought to help them live longer, healthier lives.
Recommendations

- The PCT will work to develop and sustain the Child Measurement Programme
- To continue to work actively with Hertfordshire Children’s Trust Partnership
- Ensure the successful roll-out of new childhood screening programmes
Chapter 5 The Health of Older People (aged 65 years and over)

Key Points
- The population of elderly people is increasing
- The percentage of older people in East and North Hertfordshire who are living at home is slightly higher than the national average
- Accidents are an important cause of mortality in this age group

Introduction
Providing treatment, care and support for people over 65 is a key challenge for the PCT and its partner organisations. Not only are the numbers of ‘older people’ rising but they also account for a large proportion (often over 50%) of health and social care activity and costs. There are now more people aged over 60 than there are children. In 2005 15.4% of East & North Hertfordshire population were over 65 years old, which is the same as the county average and just below the national average of 15.9%. 1.9% of the people are aged over 85 years old, which is the same as the county average and just under the national average of 2.0%. However, the percentage of the population who will be over 65 years old and 85 years old by 2020 is estimated to increase to 17.8% and 2.8% respectively.

To meet this challenge East and North Hertfordshire PCT intends (a) to build on the achievements of its predecessor PCTs and maintain the eight standards of the National Service Framework for Older People (DoH 2001); and (b) to work with its partners in delivering the five key elements identified in A Recipe for Care – not a single ingredient (DoH 2007).

These are:
- Early intervention and assessment
- Management of long-term conditions
- Early supported discharge from hospital
- Acute hospital care plus access to specialist centres
- Partnership built around the needs and wishes of older people

In particular the PCT wishes to help older people remain healthy and independent, preferably in their own homes. Nationally about 99% of pensioners aged under 75 years and almost 92% of those aged over 75 years old live at home (Figure 1) while the percentage of those aged over 75 years and who live at home in East and North Herts is slightly above the national average with the exception of North Herts LA.

The PCT will work with the County Council and others to achieve the Hertfordshire Local Area Agreement ‘Block’ on ‘Healthier Communities and Older People’, which acknowledges that “The key issue for Hertfordshire is the needs of an ageing population. Life expectancy overall is increasing and we need to ensure that health and social care services can respond to changing needs and expectations. Supporting independence and reducing hospitalised care in older people are an
increasing challenge." Many of the targets, including ‘stretch’ targets, are relevant to older people.

The ultimate aim is to provide a comprehensive range of preventive, trust and care, rehabilitation and palliative services as appropriate for the older person.

Most of the diseases that affect the health of older people are the same as those affecting younger adults (cancer, heart disease, etc). However, there are also some conditions that have a greater impact on older people than other parts of the population, such as strokes, falls, and fracture of neck of femur (hip).

Pensioners in Households

The above figure indicates that nationally about 99% of pensioners aged under 75 years and around 92% of those aged over 75 years old live at home. In East and North Hertfordshire PCT the percentage of those who are over 75 years old and live at home is substantially above than the national average with the exception of North Hertfordshire local Authority. One of the main aims of the programme for older people is to give them the appropriate support to lead as independent a life as possible in their own homes.
Trends in mortality of older people

Figure 26: Trend in Male mortality from all causes (DSR) in Hertfordshire 1993-2005, Ages 65 to 74

Figure 27: Trend in Female mortality from all causes (DSR) in Hertfordshire 1993-2005, Ages 65 to 74

Figure 27 shows that although death rates among older people (65 to 74) are improving, this varies between local authority areas. Stevenage in particular fares less well probably reflecting higher social deprivation levels.
The tables below shows the most common causes of death in both females and males in Hertfordshire as a whole.

Table 10: Percentage of deaths and numbers attributed to specific common diseases / causes in people aged over 65 years old in East and North Hertfordshire (2005)

<table>
<thead>
<tr>
<th>Diseases / Causes</th>
<th>Females (%)</th>
<th>Males (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancers (all)</td>
<td>20.4%</td>
<td>27.9%</td>
</tr>
<tr>
<td>CHD</td>
<td>13.6%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Strokes</td>
<td>11.8%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Other Circulatory Disease</td>
<td>10.0%</td>
<td>9.2%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>9.3%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Accidents</td>
<td>1.8%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Suicides/injuries undetermined</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other causes</td>
<td>32.9%</td>
<td>24.6%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>99.9%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The most common cause of death in males and females over 65 years is cancers, followed by CHD and Strokes (see Table 10)

Table 11: Percentage of total deaths for both males and females aged over 65 years old for specific cancers in Hertfordshire (2005)

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Females (%)</th>
<th>Males (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung cancer</td>
<td>17.2</td>
<td>23.0</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>16.6</td>
<td>-</td>
</tr>
<tr>
<td>Prostatic cancer</td>
<td>-</td>
<td>19.3</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>10.0</td>
<td>11.2</td>
</tr>
<tr>
<td>Bladder cancer</td>
<td>2.0</td>
<td>4.5</td>
</tr>
<tr>
<td>Other cancers</td>
<td>53.8</td>
<td>41.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>99.6</strong></td>
<td><strong>99.9</strong></td>
</tr>
</tbody>
</table>

* note not 100% due to rounding adjustments.

Table 11 shows that the most common cause of death from cancer for both males and females is lung cancer. For females the second most common cancer death is breast and for males it is prostatic cancer. Colorectal cancer is the third most common cancer in terms of mortality for both sexes, followed by bladder cancer.
Accidents and Falls

Accidents are more common in older people. Falls and road traffic accidents account for 67% and 13% of deaths resulting from accidental injury. Accidents are also a common cause of hospital admissions.

Figure 28 indicates that deaths from accidents in both males and females in Hertfordshire are higher than both the East of England and the national average. For females this is statistically significantly higher at the county level and in East and North Hertfordshire. The mortality rate for accidents in those aged 65 years and older for females is not statistically higher than either the East of England or the national average. The rate for males for East & North Hertfordshire is lower, but not statistically so, than either the national or East of England average.
Figure 29 indicates that the accident mortality rate for males and females aged over 65 years has been slowly increasing over the past 10 years. The standardised mortality ratios for Hertfordshire county, East and North Hertfordshire and West Hertfordshire have generally been above the national ratio.
Figure 30 shows hospital admission rates for serious accidental injury in people aged 65 years and over, have increased slowly both nationally and locally. Unlike the mortality rates, the local admission rates are lower than both the East of England and national rates.

Falls are a major cause of injury for older people. They are the leading cause of injury-related hospital admissions in people aged 65 years and over. It is estimated that 42 per cent of people aged 65 years and over are injured in an unintentional fall a year. Of the people aged 75 years and over who injure themselves in a fall, the largest percentage (71 per cent) are women. It is estimated that at least one third of people aged 65 years and over fall one or more times a year. Although many of these falls do not result in injury, they can cause hip and wrist fractures, hip and shoulder dislocations, head injuries and abrasions and bruising and sprains.

Additionally, fear of falling can result in loss of confidence and restriction of activities. Overall, older people are almost 12 times more likely to have a fall than a motor vehicle or pedestrian accident.

**Fractured neck of femur (hip fracture)**

One of the most common injuries sustained from an older person falling is a fractured neck of femur.

Figure 31 shows that standardised mortality ratio for fractured neck of femur for East and North Hertfordshire PCT for males is lower than the ratio of either East of England or the national ratio, however the 95% confidence intervals overlap, so we cannot be certain there is a real difference.
Figure 32 indicates that while there is a slight excess mortality experience in fractured neck of femur for both males and females aged 65-84, the excess is not statistically significant. However, Figure 33 indicates that the ratio for people aged over 85 years old, is lower than the national and East of England ratios.
Local Actions
The PCT wishes to promote, continue and expand schemes and services that keep older people as active as they can be and help them avoid falls, such as:

- Falls Prevention Clinic at the Lister Day Hospital; the available evidence suggests that 75% of those referred to the clinic have subsequently not had a fall
- Exercise programmes such as chair-based exercise and BeneFIT training the trainers
- Anchor ‘Staying Put’ small repairs service
- Fall prevention clinics and classes to assist mobility, posture and stability
- Health Walks programme of led-walks

Stroke
Cerebrovascular disease, or stroke, refers to brain disorders caused when the blood supply to the brain is disrupted in some way.

Less disabling strokes can be managed by the GP at home. However, tests may still be needed to understand the underlying cause, and to prevent possible recurrence. Severe strokes or those where there is uncertainty about what has happened may need admission to hospital for investigation, nursing care and rehabilitation.

Figure 34: Trend in Mortality from Stroke (DSR) in Hertfordshire 1993-2005, Ages 65 to 74, All Persons

Figure 34 indicates that the local mortality from strokes for both males and females aged 65-74 years old is lower than the national average and has been declining in line with the national trends.
Mortality from stroke in all persons aged 65-74 in North Herts and Stevenage is lower than that for England, however it has the third highest rate amongst all PCTs in Hertfordshire.

Strokes can be prevented through risk-factor reduction, especially addressing adverse factors such as hypertension (high blood pressure), heart disease and lifestyle factors. Important lifestyle factors include excessive alcohol and cigarette smoking.

Local actions

- The PCT is an active member of the Stroke Services Steering Group, which helps to plan future services in the community.
- PCT is supporting the development of stroke services with East and North Hertfordshire NHS Trust
- GPs are now encouraged to keep a register of patients who have had a stroke or who are at high risk of having a stroke.

Other support for older people
As well as the initiatives described above targeting specific diseases, there are a number of more generic service developments which help to support older people to live as independently as possible. These include single assessment, the equipment service, the pilot community matron project, Telecare, support for carers, enabling home care project, multi-disciplinary Intermediate Care Teams as well as working towards new targets for healthy communities and older people as part of the Local Area Agreements (LAAs).

Other chronic neurological conditions
In addition to strokes, chronic neurological conditions such as Multiple Sclerosis (MS) and Parkinson’s disease can significantly affect the quality of life of sufferers.

Local actions:

- Community specialist nurses who provide education and support through a case management approach for newly diagnosed patients
- There are now a number of therapist posts that support patients with chronic neurological conditions

These posts are now being developed into an Adult Ability Team to support patients with chronic neurological conditions to more proactively manage their disease.

Single Assessment
The single assessment project is a national scheme to ensure information is shared between agencies working with older people, providing their consent is given. North Herts and Stevenage nurses and therapists, mental health team and adult care services team have acted a pilot site for the eastern counties to try out an online electronic tool to collect and share assessment data. It is intended that by sharing electronic records that communication between different staff and disciplines can be improved to ensure the patient gets coordinated effective care.

Disabilities and equipment service
The PCT is a member of the Hertfordshire Equipment Service, which covers health and social care to avoid duplication and to improve efficiency in helping people with disabilities. The service has achieved over 90% of deliveries within seven days of assessment, and a year on year increase in individuals receiving equipment to aid daily living. The PCT is also a member of Hertfordshire Physical Disabilities and Sensory Loss Steering Group, which coordinates service developments for people living with disabilities.

Pilot community matron project
There is now a pilot project where community matrons provide case management for older people to ensure more effective and coordinated care to meet the patient’s needs.

New targets for Healthier Communities and Older People
As part of the Local Area Agreements (LAAs), targets have been negotiated for the next three years to improve the health and care provided to older people. These include:

- In people aged under 75: to reduce health inequalities in mortality from heart disease, stroke and related cardiovascular disease and to reduce premature mortality rates for heart disease, stroke and related cardiovascular disease
- To increase older people’s independence and wellbeing through active participation in sport and physical activity that enables them to lead a healthy lifestyle that will contribute to them keeping fit and well for as long as possible
- To improve the quality of life and independence of all disabled people (including older people) and enable them to remain safely living at home for as long as possible
- To increase the number of older people benefiting from an appropriate range of intermediate care services to enable them to maintain their independence and prevent inappropriate admissions to acute and residential services.

See [http://www.hertslink.org/hertfordshireforward](http://www.hertslink.org/hertfordshireforward) for further details.

Telecare
Telecare (the name given to an array of arrangements such as alarms and detectors linked to call centres and resident carer alerts) is increasingly becoming part of community care packages and is being promoted by the Department of Health
through the Preventive Technology Grant. The scheme is proving popular with users and carers, who have experienced reduced stress and greater freedom, and it greatly improves independent living. The first phase of implementation will be in North Herts from March 1st 2007 and is being targeted at selected households with pre-determined risks. A pilot of ‘wristcare’ devices in intermediate care has been running in Hertsmere since October 2006. These report activity data to a secure website which is monitored by health staff. Early indications are that there is reduced need for ‘check visits’ beyond the treatment period. Community alarm services are beginning to offer the new detectors to users who wish to self-fund. Health and social care staff will ‘signpost’ service users to this option.

Support for carers
The PCT recognises the important contribution unpaid carers make to enable older people to remain independent and to live at home. It will therefore continue to work with carers and their representatives, Adult Care Services and others to refresh and deliver the Hertfordshire Multi-Agency Carers’ Strategy with its current 10 priorities.

The key priorities for the health of older people are:

- To continue to work in partnership with the local authorities and the voluntary sector in reducing premature death from common causes of mortality and morbidity, such as heart disease, strokes and cancers, via national service frameworks and quality and outcome framework initially
- To investigate the higher than national average rates for falls and specifically for mortality from fractured neck of femur in the over 65 year olds and develop clinical pathways to reduce avoidable mortality and morbidity
- To further develop community based services to provide a comprehensive programme of protection, treatment and care, rehabilitation and prevention in order to allow older people to live as independently as possible in the community.
Chapter 6 Mental Health, Drugs and Alcohol

Key Points

- Mental Illness has a major impact on the health and wellbeing of the population
- Increasingly there are very effective interventions for common conditions such as anxiety and depression
- Other agencies such as the voluntary sector play an important role in supporting people with mental illness in East and North Hertfordshire

Mental Health Promotion

Mental health and mental well being are fundamental to the quality of life and productivity of individuals, families, communities and nations, enabling people to experience life as meaningful and to be creative and active citizens (WHO European Declaration on Mental Health, 2005).

Mental health is also linked to better:

- Physical health
- Relationships
- Employment
- Parenting
- Education

Factors that protect mental well being of everyone include:

- Keeping physically active
- Healthy eating
- Drinking in moderation
- Learning new skills
- Caring for others

Local action to improve Mental Health

The PCT has worked in partnership with other agencies to develop evidence-based programmes and projects. Examples of these include:

- School nurses and health visitors (in collaboration with partner agencies) provided parenting courses at different venues; courses for parents of children with a disability have proved particularly popular

- Support to those caring for others (often family members) who are ill, frail or disabled; practices now can identify carers in general practice in order to be aware and provide support as needed.
- Friendship group for isolated mothers – to help prevent post natal depression.
- Extending physical activity programme eg Get Active working with local district councils and leisure centres.
- Taking part in county wide “feeling good week” for adolescents and children.

**Services for Mental Illness**

Services for the treatment and care of those with mental illness are provided in primary care, secondary care, specialist services in tertiary care, the voluntary sector and independent sector.

Services are generally provided by separate teams for children and adolescents, adults of working age and older people. Outlined below are some of the recent developments in local services for these groups.

**a) Child & Adolescent Mental Health Services (CAMH Services)**

Children and adolescents with mental health problems are seen in primary, secondary and tertiary care. Specialised services are provided in seven clinics across Hertfordshire.

During 2006 the CAMHS service had achieved its target of patients being seen in under 13 weeks in most of its clinics. By January 2007 all teams now have no waits longer than 12 weeks. This is in spite of being required to make savings and having some vacancies.

This has been achieved by using the CAPA (Choice and Partnership Approach) approach which was piloted in the East team.

CAPA is a clinical system based on offering choice and working in a partnership with patients/clients and their families over jointly agreed goals.

(For more information on ‘Choices in Mental Health’ see [www.mhchoice.org.uk](http://www.mhchoice.org.uk))

**b) Mental Health of Working Age Mental Health**

As part of the Quality and Outcomes Framework in primary care, all practices are encouraged to maintain a mental health register. By having such a register, practices are better able to offer patients reviews of their care and develop appropriate care plans. On average, practices across England have 1.35% of their patients on a mental health register. In East and North Hertfordshire there are approximately 6,755 patients on a mental health register which is 1.18% of the population. It should be noted that this is a new register for practices to produce and the data is not robust enough for us to say whether any difference in proportion of patients on the register represents a difference in health need.
Patients being cared for in secondary care who have a serious or enduring mental illness are maintained on a Care Programme Approach (CPA) register for as long as appropriate.

The CPA process has four stages:

1. A systematic assessment of the person’s healthcare and social care needs
2. The development of a care plan agreed by all involved, including the person her/himself and any informal carers, as far as this is possible, and addressing the assessed needs
3. Identifying a key worker, to be the main point of contact with the person concerned and to monitor the delivery of the care plan
4. Regular review of the person’s progress and the care plan, with agreed changes to the plan as appropriate.

In Hertfordshire Partnership Trust our local main service provider, adults, older people and some with learning disabilities are on CPA.

Service developments in Hertfordshire include:

- Assertive Outreach teams and Crisis and Treatment teams maintaining people at home.
- Primary care mental health pilot teams
- Books on Prescription. This is a scheme run by Hertfordshire libraries. GPs and other health professionals will be able to ‘prescribe’ from a range of books on self management for anxiety and depression.

- c) MHSOP (Mental Health Services for Older People)
  Mental Health services for Older People are provided within primary care and on a specialist basis in secondary care. Hertfordshire Partnership Trust provides joint health and social care on an inpatient, outpatient and day-care basis.

  As part of the Quality and Outcomes Framework in primary care, patients diagnosed with dementia are included on a register. These registers are in different stages of development across the practices, but will help to co-ordinate and plan care for patients.

  In the Welwyn, Hatfield and Hertford areas local health services along with the Alzheimer’s society run two groups for those caring for people with dementia. These are for carers of people with early onset dementia.

- Learning Disability
  People with learning disabilities can have poorer health than the general population. General practices in East and North Hertfordshire are now producing registers of patients with learning disabilities, which will help to ensure appropriate care is offered to these patients. In addition to this, the learning disability services made particular achievements in 2006 in the following areas:
- Implementing health action plans for individual clients
- Audit and research. For example, an audit of the experiences of people with learning disabilities in Hertfordshire using the breast screening services is currently underway
- There is also now a health liaison nurse to work with acute hospitals
- The video 'Through Barry's eyes' has been extensively used to train staff in hospitals so they can give a good service to people with learning disabilities
- Work with GP practices continues to identify family carers and develop the register of those with learning disabilities in order to provide an improved service.

Suicide Mortality
Nationally the government is committed to a target to reduce deaths from suicide and determined injury by at least 20% by 2010 from the 1995-97 base-line. The available data (figure 36) shows the mortality rate in West Hertfordshire as statistically consistent with the average for England. Figure 37 show the trend in suicide mortality in East and North Hertfordshire between 1993-2005. The small number of cases each year in East and North Hertfordshire means the chart shows wide variation in rates for the PCT, and no clear consistent trend in mortality from suicide and undetermined injury.

Figure 36: Mortality from Suicide and Injury Undetermined (SMR with 95% CI), In East and North Hertfordshire, 2003-05
Pooled, All Ages
There are several examples of local action to reduce suicide:

- The establishment of Assertive Outreach teams
- An Accident and Emergency Department liaison service
- A comprehensive suicide audit was developed to help learn lessons

**Alcohol**

Alcohol is the most popular drug of choice for the majority of the population and is mostly used as a means of celebration, to relax and to socialise. However, alcohol can be damaging both to the individual and to the community through its contribution to crime, anti-social behaviour, illness and premature death.

The Department of Health advises that men should not regularly drink more than 3 - 4 units of alcohol per day, and women should not regularly drink more than 2 - 3 units of alcohol per day. After an episode of heavy drinking it is advisable to refrain from drinking for 48 hours to allow your body to recover. This is a short term measure. People whose pattern of drinking places them at significant risk should seek professional advice.

Excess alcohol damages health and exacerbates health inequalities. Alcohol is a factor in up to 150,000 hospital admissions per year and up to 35% of attendances to Accident and Emergency Departments. It is implicated in 47% of deaths from assaults and in 11% of all deaths from a range of cancers. Men in unskilled work are 20 times more likely to die from alcohol-related causes than men in professional jobs.
It is estimated than only one in eighteen access the treatment they need for alcohol problems.

Death rates (indirectly standardised mortality rates) from chronic liver disease, including cirrhosis, are lower in East and North Hertfordshire than England, but are similar to the rates in West Hertfordshire, Hertfordshire and the East of England. Rates in all areas show a steady increase since 1993.

In East and North Hertfordshire, death rates from alcohol-related conditions are lower than the rates for England in males and females. In Stevenage and Welwyn Hatfield rates are higher for both males and females, and in North Hertfordshire higher for males than in East of England.
In terms of adult admissions to hospital for alcohol-related conditions in East and North Hertfordshire, the rates for males is significantly lower than the rates for England and significantly lower than for East of England, except in Welwyn Hatfield. The admission rates for females are significantly lower than the rate for England and significantly lower than the rate for East of England, except in Welwyn Hatfield.
The picture for admission to hospital for alcohol-specific conditions in young people under 18 is rather different. In both males and females under 18 alcohol-specific hospital admissions were higher in Stevenage and Welwyn Hatfield than the rates for England and higher than the rate for England. In Stevenage and Welwyn Hatfield the rates for alcohol-specific hospital admissions is higher for females than for males, whilst in East Hertfordshire and Broxbourne, where rates are significantly lower than England and East of England, rates are higher in males than females.
The national framework for treatment of alcohol problems is outlined in Models of Care for Alcohol Misusers. It includes a classification of drinking behaviour under four categories:

- **Dependent Drinkers** - diagnosed with three or more symptoms during the previous three months.
- **Harmful Drinkers** - patterns of alcohol consumption which are causing damage to health, either physically or mentally.
- **Hazardous Drinkers** - patterns of drinking behaviour which carry a risk of harmful consequences, including damage to health and social consequences.
- **Low-risk Drinkers** - consumption is within the medical guidelines and is not likely to result in alcohol-related problems.

Currently drug treatment services are mostly provided alongside treatments for drug users, with primary care professionals providing advice, information and referral into services. Those whose drinking behaviour has brought them into contact with criminal justice services may be referred by Probation into the Offender Substance Abuse Accredited Programme (OSAAP) or the Drink Impaired Drivers Programme (DIDP). HAPAS provides Drink Driving Rehabilitation Courses and counselling for individuals and families affected by alcohol problems.
There is scope for further development of alcohol treatment services to increase access to treatment for those with alcohol problems. This may be achieved through earlier identification of alcohol problems and brief interventions in a range of settings.

East and North Hertfordshire PCT is working with other agencies, in partnerships like the Crime and Disorder Reduction Partnerships, Local Area Agreements and Local Strategic Partnerships to raise awareness of the problems associated with alcohol, to monitor demand for alcohol services and alcohol-specific treatment services and to identify gaps in provision.

Through support for the Hertfordshire Alcohol Harm Reduction Plan 2007/8, the Primary Care Trust will develop closer links with Hertfordshire Drugs and Alcohol Team (DAAT) and participate in the development of a brief intervention screening tool and agreement for a county-wide approach to brief interventions for alcohol misuse.

Further work will be undertaken to provide staff with the training and skills to identify alcohol problems and to offer brief interventions or make appropriate referrals, and to extend the capacity of Specialist Alcohol Workers in Accident Emergency Departments across Hertfordshire. Interventions will target the areas of greatest need:

- Under 18s in Stevenage and Welwyn Hatfield
- Adult males in Stevenage, Welwyn Hatfield and North Hertfordshire
- Adult females in Stevenage and Welwyn Hatfield.

Progress will be measured according to performance indicators:

- The number of brief interventions for alcohol delivered.
- The number of individuals referred from brief intervention into specialist treatment
- The number of alcohol-related attendances to Accident and Emergency Departments

and in partnership with Crime and Disorder Reduction Partnerships:

- The number of offenders accessing and completing alcohol-related treatment programmes.

**Recommendations**

- The PCT should support and work with primary care to develop the registers for patients with mental illness, depression, dementia and learning disabilities
- The PCT should support the work with local partners to develop services for people with mental illness
- Increase the number of people receiving routine and specialised interventions for alcohol misuse.
Chapter 7 Oral Health

Dental Public Health
Oral Health is defined as the ‘standard of health of the oral and related tissues which enable an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general well-being’. Oral health is integral to general health and should not be considered in isolation.

Oral Disease and Public Health
Oral diseases affect both physical and psychological mental well-being. Dental caries (or tooth decay) is the most common oral disease and has the largest public health impact of all oral conditions. Other important conditions are periodontal (gum) disease and oral cancers.

Oral diseases are important public health issues as they are among the most common chronic diseases. The impact of oral diseases on the individual and society is considerable with £1.8 billion spent on primary care dental treatment in the UK in 2003-04. Despite significant improvements over the last three decades, prevalence remains high in certain groups. Oral disease varies with gender and between age groups, ethnic groups, socio-economic groups and geographical locations.

Oral Health at a National Level
National Children’s and Adult Dental Health Surveys are carried out every ten years to provide national and regional information on the dental health of children and adults in the UK.

Oral Disease in Adults
For the majority of adults, oral health has improved dramatically over the last fifty years. Many adults can now expect to keep their teeth for life and the average adult now has just over one decayed tooth (Nuttal et al, 2001). However as more adults keep their teeth for life we are likely to see an increase in problems related to an ageing dentition, such as moderate gum disease and tooth wear.

Oral Disease in Children
Dramatic improvements were seen in the dental health of five-year-olds during the 1970’s and 1980’s as the decayed, missing and filled primary teeth (DMTF) halved and the percentage of children without decay (caries-free) doubled. However since 1993 the overall trend in this age group seems to be one of modest worsening following a long plateau. The Department of Health target of 70% of five-year-olds caries free by 2003 has not been reached; the latest ten year Children’s Dental Health Survey (2003) found that 43% of five-year-olds had obvious decay experience.

The oral health of twelve-year-olds has also improved considerably since children’s surveys began in 1973. The Department of Health target, to reach a mean DMFT in twelve-year-olds of 1 by 2003, has been met and the oral health of English twelve-year-olds is now among the best in Europe.
The 2003 Children’s Dental Health Survey suggests that plaque, gum disease and tooth wear is on the increase in all age groups.

**Oral Health in East and North Hertfordshire**

PCTs have a duty to monitor oral health and plan local dental services according to health needs. In many areas there is a lack of local information on adult oral health. For this reason the robust and readily available measures of child dental health are used, in particular DMFT (decayed, missing and filled primary teeth) and DMFT (decayed, missing and filled permanent teeth).

**Dental Decay**

The results of the 2004/2005 BASCD coordinated survey of 11 year old children show very low levels of dental decay experience in East and North Hertfordshire when compared to the national average (Figure 43).

![Figure 43: Average number of Decayed, Missing and Filled teeth at 11 years old, 2004/05](image)

*Source of data:* National Surveys co-ordinated by the British Association for the Study of Community Dentistry

Figure 43 shows results from the 2005/06 survey of 5 year olds were slightly better than the national average. Results are presented by former PCT areas in Figure 44.
The national performance targets for dental health in young children state that by 2003, an average of 70% of children should have no experience of dental decay. This target has not been met by the PCTs in Hertfordshire, or the East of England or England average scores.

Prevention of Oral Disease and Promotion of Oral Health

Choosing Better Oral Health An Oral Health Plan for England\textsuperscript{13} (2005) has identified a number of key areas for action aimed at achieving sustainable improvements in oral health. These key areas, and local actions against them, are summarised in the following sections and tables.

Improving Diet and Reducing Sugar Intake

Frequent consumption of sugar is strongly linked to decay. Therefore dietary advice and behaviour change should focus on reducing the frequency and amount of consumption of sugary foods, particularly between meals\textsuperscript{14}.

Practical steps that can help include:-
- Breastfeeding
- Better food labelling
- Increased sugar-free medicines

The Government suggests that added sugars should make up a maximum 11% of food energy, fruit and vegetable intake should be at least five portions a day and medicines should be sugar free wherever possible\textsuperscript{ix}.
Improving Oral Hygiene
Good oral hygiene is key to preventing oral disease. It is important to encourage good oral hygiene practices in young children and across the population.

Steps include:
- Early tooth brushing (within first year of life)
- Include oral health in school teaching (Personal and Social Education)

Fluoride
Small amounts of fluoride are very effective in preventing tooth decay. Natural fluoridation in water is below the recommended level for prevention of tooth decay (1 part per million) in Hertfordshire. There is however no adjustment to the water supply in Hertfordshire at the moment.

Evidence suggests that fluoridation of drinking water reduces the number of people who have decay and also the amount and severity of decay. Fluoridated water means all the population get the protection without having to do anything.

Brushing with fluoride toothpaste is widely considered to be the major contributor to the decline in caries levels in children over the last thirty years. Brushing twice daily with fluoride toothpaste reduces the risk of developing caries, however clearly it only works if people use it.

Smoking and Oral Health
The association between tobacco use and oral diseases is well recognised. Smoking contributes to both common and rare oral diseases. These range from gum disease to oral cancer.

Dentists can play a key role in helping patients stop smoking, by raising the issue, advising on risk and providing (or referring onwards to) smoking cessation advisory service.

Oral Cancer
Oral cancer is a term used to describe all malignancies of the oral cavity, and surrounding tissues (such as cancer of the lip and tongue). Prevalence of oral cancer had been steadily declining over the last few decades, but it has now begun to rise again\(^9\). In 2001, there were 4,400 new cases in the UK, making up 2% of all cancers. In 2003, approximately 1,600 deaths were attributed to oral cancer. The five-year survival rate in England is around 50% if the patient presents at an advanced stage. Yet early detection improves survival greatly to just less than 90%\(^10\). Unfortunately, due to low awareness among the public and the painless nature of the condition in its early stages, early presentation is rare.

Two areas in East and North Hertfordshire (Royston, Buntingford and Bishops Stortford and Welwyn and Hatfield PCT) exceed the regional average.
Oral cancer is more common in people over 50, and is twice as common in men as women. However the gender difference is becoming less pronounced over time and prevalence is also increasing in younger adults⁶.

It is thought that almost all oral cancers are preventable. An estimated 80% are caused by tobacco, alcohol or a combination of the two. While tobacco and alcohol are independent risk factors, their combined effect is greater than the sum of the risks from exposure to either on its own⁷. An estimated 10 to 15% may be caused by unhealthy diets⁸.

**National Dental Services**

The new dental contract came into effect on the 1⁰ April 2006. The new contract represents a major overhaul of the primary care dental services system in the UK.

This contract promotes preventive dental care and removes the incentive to provide multiple interventions by funding an annual contract, not reimbursing each treatment. At the same time NHS dentists will have greater time and capacity to direct towards prevention and health promotion practices, such as smoking cessation⁹. The new contractual arrangements for NHS dentistry provide a fresh opportunity for dentists and the wider team to advise patients on health issues.
Charges for individual items of treatment have been simplified into three bands for courses, treatment and the maximum patient charge has been reduced from £384 to £194 (07/08 prices).

<table>
<thead>
<tr>
<th>Key messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Tooth decay is entirely preventable</td>
</tr>
<tr>
<td>- Levels of tooth decay in children in West Hertfordshire are on average low, but the disease is polarised into the most disadvantaged children where decay levels remain high</td>
</tr>
<tr>
<td>- The new dental contract increases opportunities for health promotion by the dental team</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>National:</td>
</tr>
<tr>
<td>- reduce the frequency of sugar containing foods</td>
</tr>
<tr>
<td>- improve the consistency of all dietary messages</td>
</tr>
<tr>
<td>- ensure access to fluoridated toothpaste</td>
</tr>
<tr>
<td>- reduce tobacco use and consumption of alcohol</td>
</tr>
<tr>
<td>Local:</td>
</tr>
<tr>
<td>- undertake local oral health needs assessment for whole population</td>
</tr>
</tbody>
</table>
Chapter 8 Health Protection and Infectious Disease

The Health Protection Agency (HPA) was set up on 1st of April 2005.

It's aims are:

- “to protect the community (or any part of the community) against infectious disease and other dangers to health;
- the prevention of the spread of infectious disease;
- the provision of assistance to any other person who exercises function in relation to these matters”

Local health protection units (HPUs) work with regional and national specialist services to effect these functions.

The statutory notifiable infectious diseases

Diseases that have a big public health impact are monitored. Doctors must notify the Hertfordshire HPA if they suspect a patient has one of these infectious diseases.

During 2006 the HPUs in the East of England changed to a better computerised surveillance system. This means it is hard to compare with previous year. However, there was an apparent rise in the numbers of cases of mumps (reported and confirmed by laboratory testing). Numbers of cases of tuberculosis (TB) also rose. Altogether, 93 cases of measles were confirmed in unimmunised children.

Table 12: Cases of communicable illness 2006

<table>
<thead>
<tr>
<th>Disease</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysentery</td>
<td>2</td>
</tr>
<tr>
<td>Food poisoning</td>
<td>1,545</td>
</tr>
<tr>
<td>Malaria</td>
<td>5</td>
</tr>
<tr>
<td>Measles</td>
<td>93</td>
</tr>
<tr>
<td>Meningitis</td>
<td>14</td>
</tr>
<tr>
<td>Meningococcal septicaemia</td>
<td>5</td>
</tr>
<tr>
<td>Mumps</td>
<td>437</td>
</tr>
<tr>
<td>Rubella</td>
<td>23</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td>19</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>155</td>
</tr>
<tr>
<td>Viral hepatitis</td>
<td>43</td>
</tr>
<tr>
<td>Whooping cough</td>
<td>5</td>
</tr>
</tbody>
</table>
Vaccine Preventable Infections

Modern vaccines are highly effective in preventing many serious illnesses. However, vaccines work best when high numbers of the population receive them. This vaccine coverage is monitored.

Measles

The appearance of 93 cases of measles in Hertfordshire is of concern. Two doses of MMR vaccine are required to give good immunity and both local and national uptakes fall short of the target of 95%. However, the uptake of “5 in 1” vaccinations (see Figure 42) exceeded 90% coverage in all PCTs, and the coverage of meningitis C vaccination reached or exceeded the World Health Organisation target of 95% in all regions.

Despite overwhelming evidence for the safety of MMC vaccine, Public debate and a resultant drop in vaccination rates in several countries, persists.

The safety record of MMR is possibly best shown by its almost universal use without evidence of important side effects. As such, MMR vaccine remains an important preventive intervention at local, national and international levels. In particular, measles can lead to pneumonia, brain damage or death whilst rubella can cause handicaps in unborn children.
Mumps
Previously, mumps incidence peaked in winter and spring but has been reported throughout the year during 2006. Mumps was the cause of about 1200 hospital admissions each year in England and Wales before the introduction of MMR in 1988.

Mumps was made a notifiable disease in the UK in October 1988. Notified cases of mumps remained fairly stable from 1995 to 1999, with fewer than 2000 notifications recorded annually. A large increase in both notifications and laboratory confirmed cases was observed in 2003 which has continued. Altogether, 90% of confirmed cases were in people aged 15 years and older. This age group either never received any MMR vaccine as they were too old when it was introduced, or received only one dose. General medical practitioners are offering opportunistic (ad hoc) vaccination of teenagers and targeting those about to enter higher education institutions.

Pneumococcal Disease and Meningitis
When infection with the bacterium “pneumococcus” (*Streptococcus pneumoniae*) enters the bloodstream it can cause serious illnesses such as meningitis, septicaemia (blood poisoning), pneumonia and other invasive pneumococcal diseases (IPD). Prior to this addition to the vaccination programme, around 5,000 cases of IPD occurred annually in England and Wales, around 350 of which were in children under two years and about a third of these led to meningitis. Up to 50 children below the age of two years die annually with IPD.

Two other changes to maximise protection against meningitis caused by the Meningococcus group C and Haemophilus influenzae B bacteria were introduced into the childhood vaccine schedule during 2006.

The new routine vaccination schedule consists of:

- At 2 months DtaP/IPV/Hib* and pneumococcal vaccine
- 3 months DTaP/IPV/Hib and Meningogoccocal C vaccine
- 4 months DTaP/IPV/Hib + MenC + Pneumococcal vaccine
- 12 months Hib/MenC**
- 13 months MMR + pneumococcal vaccine

* a single vaccine that protects against diphtheria, tetanus, pertussis, polio and Hib infection
** a combined vaccine that protects against Hib and Meningits C
Tuberculosis

Tuberculosis (TB) in England has increased by 25 per cent over the last 10 years:

- around 350 people in England die each year from the disease;
- most TB in England occurs among people in inner cities – two in every five cases are in London;
- those who are most at risk of contracting TB are people who have lived or worked in parts of the world where TB is common;
- around seven out of every 10 people with TB come from an ethnic minority group;
- nearly two-thirds of people with TB were born abroad;
- about half of the TB patients who were born abroad are diagnosed with the disease within five years of first entering the UK;
- in England, around six per cent of TB bacteria grown from patients are resistant to one or more drugs and one per cent show multidrug resistance

In October 2004, Chief Medical Officer, Sir Liam Donaldson, announced new interventions to tackle and ultimately eliminate tuberculosis in Britain called ‘The Plan, Stopping Tuberculosis in England’.

The measures being implemented include:

- Providing multi-lingual and culturally relevant information.
- New TB clinical networks.
- Quicker and more effective screening of ‘high risk’ groups
- Named case managers assigned to every TB patient.
- Higher vaccination coverage of babies in high risk groups.
- DNA bacterial fingerprinting to track TB spread in communities.
- Strengthening TB surveillance in prisons.
- Wider use of Digital X-ray vans.
- Research for better drugs and vaccines.

In Hertfordshire the incidence of TB was 14.9/100,000 in 2006. The rate in England, Wales and Northern Ireland was 14.8/100,000 and in London the rate was 45.8/100,000 (42% of the total number of cases).

The Hertfordshire HPA team has worked with the local chest physicians and specialist TB nurses from chest clinics to implement the national recommendation and to set up a TB network.

The national Joint Committee on Vaccination and Immunisation recommends that the following risk groups be offered BCG vaccination:

- all babies living in areas where the incidence of TB is 40/100,000 or greater
- babies and children whose parents or grandparents have lived in a country with a TB prevalence of 40/100,000 or higher
- unvaccinated new immigrants from countries with a high TB prevalence
These recommendations should ensure that vaccination is targeted to those at risk and means it is not needed in Hertfordshire.

**Influenza (flu)**
Influenza is an acute viral infection which usually happens during a six to eight week period during the winter. For most people this 'seasonal' influenza is an unpleasant but self limiting illness which does not endanger life. In some, however, it may be more severe. The very young, the elderly and people with underlying diseases such as heart and chest disease are particularly at risk of serious illness or death from influenza.

**Avian influenza**
Avian influenza is a disease of birds caused by influenza viruses closely related to human influenza viruses. Transmission to humans in close contact with poultry or other birds occurs rarely and only with some strains of avian influenza. The potential for transformation of avian influenza into a form that both causes severe disease in humans and spreads easily from person to person is a great concern for world health.

**Pandemic ‘Flu**

Preparing and Planning for a Flu Pandemic in Hertfordshire

“Most experts believe that it is not a question of whether there will be another severe influenza pandemic but when”

Sir Liam Donaldson, Chief Medical Officer, 2002

Pandemics arise when a new virus emerges against which the human population has little or no immunity and which is capable of spreading in the worldwide population. This can result in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness. Emergence of new highly pathogenic avian influenza (HPAI) with the capacity to infect humans is a concern because it may lead to circumstances where a new strain of influenza can develop that both causes serious disease and can spread from person to person. This is a concern with the currently circulating H5N1 strain of avian influenza that has caused small numbers of deaths in humans in Central, East and South East Asia, Africa and Eastern Europe.

During the past year, the Health Protection Agency has focused on improving UK preparedness for a future influenza pandemic so as to be best able to support the Government, the NHS and the public in responding in the most effective way.

During 2006 the Hertfordshire HPA team has worked to support the PCTs, the Strategic Health Authority and other agencies in compiling contingency plans for pandemic influenza and in testing the plans in various local and national simulation exercises.
Both West Hertfordshire and East and North Hertfordshire PCTs took part in the National ‘Winter Willow 2’ Exercise over a four day period in February 2007. For two days executive members of the Board, as well as senior emergency planning colleagues participated in two days of strategic planning with the relevant agencies of County Council, Emergency Planning Teams as well as Ambulance, Police and Fire services. For a further two days Hertfordshire was nominated as the health economy in the East of England to participate in a two day exercise focusing on both the strategic and operational issues facing services in Hertfordshire. During these two days the PCTs were ably supported by adult care services, acute trust teams and others in responding to the many challenges posed by an influenza pandemic. Many valuable lessons have been learnt locally, in planning for an influenza pandemic in Hertfordshire. As a result of the ‘Winter Willow’ exercise a new Hertfordshire wide Influenza Pandemic Sub-Committee has been set up, as well as several working sub-groups. These sub-groups are reviewing specific issues in the community, acute trust, ambulance services, as well as viewing arrangements for effectively communicating with health professionals, partner agencies and the public during an influenza pandemic. The local arrangements will be informed by the outcome of the national consultation on influenza pandemic guidance which is currently out for consultation.

Prevention and Control of Health Care Associated Infections

The term ‘Health Care Associated Infections’ (HCAI) encompasses any infection by any infectious agent acquired as a consequence of a persons’s treatment by the NHS (The Health Act, 2006). The prevention and control of HCAI is a high priority nationally in all parts of the NHS, and is equally important for health care providers in the voluntary and independent sectors.

The PCTs have a duty to protect patients, staff and others from HCAI, and takes steps to minimise the risk of infections.

This includes

- Making sure that high standards of hygiene are delivered in clinical practice
- Prudent use of antibiotics to reduce the use of broad spectrum antibiotics
- Reducing infection from instruments and medical devices
- Education and training
- Surveillance and monitoring of incidence

The effective prevention and control of HCAI is integral to everyday clinical practice and must be applied consistently. However it is not possible to prevent all infections. High levels of awareness help to ensure early diagnosis and treatment.

Data from April 2006 to September 2006 indicates that both West Hertfordshire Hospitals and East and North Hertfordshire Hospitals NHS Trusts have statistically higher levels of Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile than the average rates in England (Figures 47 and 48).
The PCTs work with the Strategic Health Authority and hospital trusts to ensure there is robust monitoring of cases of MRSA. Working together systematic root cause analysis is undertaken to learn the lessons in terms of future avoidability. The PCT reinforces the requirements for infection prevention and control to clinicians in the community and in secondary care. A similar process is to take place for cases of Clostridium Difficile.
References

Oral Health


http://info.cancerresearchuk.org/healthyliving/openuptomouthcancer/healthprofessionals/statistics/


http://www.opm.co.uk/download/papers/child_dental_reportWEB.pdf

Health Protection

Demicheli V, Jefferson T, Rivetti A, Price D. Vaccines for measles, mumps and rubella in children (Review)
http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004407/frame.html

Easmon C. Strengthening the Front Line, HPA 2005

Explaining Pandemic Flu – a guide from the Chief Medical Officer, Department of Health, 2005

Getting ahead of the curve – a strategy for combating infectious diseases. A report by the Chief Medical Officer, Department of Health, 2002

Immunisation against infectious disease, Department of Health, 2006

Stopping Tuberculosis in England: An action plan from the Chief Medical Officer, HMSO, 2004

The Health Protection Agency Act, HMSO, London 2004
### Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Birth Rate</strong></td>
<td>The birth rate is the number of births in a given year expressed as a proportion (per 1,000) of women of childbearing age (15-44 years).</td>
</tr>
<tr>
<td><strong>Index of multiple deprivation</strong></td>
<td>This index is based on the premise that multiple deprivation is made up of separate dimensions, or ‘domains’ of deprivation. These domains reflect different aspects of deprivation.</td>
</tr>
<tr>
<td></td>
<td>• Income deprivation</td>
</tr>
<tr>
<td></td>
<td>• Employment deprivation</td>
</tr>
<tr>
<td></td>
<td>• Health deprivation and disability</td>
</tr>
<tr>
<td></td>
<td>• Education, skills and training deprivation</td>
</tr>
<tr>
<td></td>
<td>• Barriers to Housing and Services</td>
</tr>
<tr>
<td></td>
<td>• Living Environment deprivation</td>
</tr>
<tr>
<td></td>
<td>• Crime.</td>
</tr>
<tr>
<td></td>
<td>Each domain is made up of a number of indicators. The Overall Index of Multiple Deprivation 2004 was constructed by combining the seven domain scores.</td>
</tr>
<tr>
<td><strong>Infant Mortality Rate</strong></td>
<td>Defined as deaths from the first day up to the first year of life. It is expressed as the number of infant deaths per 1000 live births.</td>
</tr>
<tr>
<td><strong>Life Expectancy</strong></td>
<td>The average number of additional years a person could expect to live if current mortality trends were to continue for the rest of that person's life.</td>
</tr>
<tr>
<td><strong>95% Confidence Intervals</strong></td>
<td>Confidence intervals are used to indicate the level of certainty of a calculation. In this report 95% confidence limits are used and indicate the range in which we are 95% sure that the true value lies.</td>
</tr>
<tr>
<td><strong>Standardised Rates</strong></td>
<td>A method used in adjusting the rates (mortality, fertility, morbidity) so as to take into account differences in age and/or sex profiles when comparing rates for different population groups.</td>
</tr>
<tr>
<td><strong>Standardised Mortality Ratio (SMR)</strong></td>
<td>Standardised Mortality Ratio. Compares the number of deaths occurring in a population with the number expected based on national rates, by means of a ratio. A ratio greater than 100 means there were more deaths than expected and a ratio less than 100 means fewer deaths than expected.</td>
</tr>
<tr>
<td><strong>Directly Standardised Rate (DSR)</strong></td>
<td>The directly age-standardised rate for an indicator is the number of events that would occur in a standard population (per 100,000) if that population had the age-specific rates of the local population of interest.</td>
</tr>
<tr>
<td><strong>Super Output Area (SOA)</strong></td>
<td>SOA are a new statistical geography designed to improve the reporting of small area statistics in England and Wales, published by the Office for National Statistics. Up until recently the standard unit for presenting local statistical information has been the electoral ward. SOA are of a more consistent size than wards and will be less subject to change. The lower level super output areas have an average population size of 1500.</td>
</tr>
</tbody>
</table>
Appendices

Appendix 1: Ward Map of East and North Hertfordshire

Legend

Wards


Crown Copyright 2007
Licence Number 100046639
Hertfordshire Primary Care Trust
<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Ward Code</th>
<th>Ward Name</th>
<th>Label</th>
<th>Local Authority</th>
<th>Ward Code</th>
<th>Ward Name</th>
<th>Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Hertfordshire</td>
<td>26UFGC</td>
<td>Arbury</td>
<td>1</td>
<td>Stevenage</td>
<td>26UHFV</td>
<td>Martins Wood</td>
<td>32</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGD</td>
<td>Baldock East</td>
<td>2</td>
<td>Stevenage</td>
<td>26UHFX</td>
<td>Old Town</td>
<td>33</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGE</td>
<td>Baldock Town</td>
<td>3</td>
<td>Stevenage</td>
<td>26UHFY</td>
<td>Pin Green</td>
<td>34</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGF</td>
<td>Cadwell</td>
<td>4</td>
<td>Stevenage</td>
<td>26UHFZ</td>
<td>Roebeck</td>
<td>35</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGG</td>
<td>Codicote</td>
<td>5</td>
<td>Stevenage</td>
<td>26UHGA</td>
<td>St Nicholas</td>
<td>36</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGH</td>
<td>Ermine</td>
<td>6</td>
<td>Stevenage</td>
<td>26UHGB</td>
<td>Shephall</td>
<td>37</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGJ</td>
<td>Graveley &amp; Wymondley</td>
<td>7</td>
<td>Stevenage</td>
<td>26UHGC</td>
<td>Symonds Green</td>
<td>38</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGK</td>
<td>Hitchin Bearton</td>
<td>8</td>
<td>Stevenage</td>
<td>26UHGD</td>
<td>Woodfield</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Brookmans Park and Little Heath</td>
<td>40</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGL</td>
<td>Hitchin Highbury</td>
<td>9</td>
<td>Welwyn Hatfield</td>
<td>26ULGJ</td>
<td>Hatfield</td>
<td>41</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGM</td>
<td>Hitchin Oughton</td>
<td>10</td>
<td>Welwyn Hatfield</td>
<td>26ULGK</td>
<td>Haldens</td>
<td>42</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGN</td>
<td>Hitchin Priory</td>
<td>11</td>
<td>Welwyn Hatfield</td>
<td>26ULGL</td>
<td>Handside</td>
<td>43</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGP</td>
<td>Hitchin Walsworth</td>
<td>12</td>
<td>Welwyn Hatfield</td>
<td>26ULGM</td>
<td>Hatfield Central</td>
<td>44</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGQ</td>
<td>Hitchwood</td>
<td>13</td>
<td>Welwyn Hatfield</td>
<td>26ULGN</td>
<td>Hatfield East</td>
<td>45</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGR</td>
<td>Hoo</td>
<td>14</td>
<td>Welwyn Hatfield</td>
<td>26ULGP</td>
<td>Hatfield North</td>
<td>46</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGS</td>
<td>Kimpton</td>
<td>15</td>
<td>Welwyn Hatfield</td>
<td>26ULGQ</td>
<td>Hatfield South</td>
<td>47</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGT</td>
<td>Knebworth</td>
<td>16</td>
<td>Welwyn Hatfield</td>
<td>26ULGR</td>
<td>Hatfield West</td>
<td>48</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGU</td>
<td>Letchworth East</td>
<td>17</td>
<td>Welwyn Hatfield</td>
<td>26ULGS</td>
<td>Hollybush</td>
<td>49</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGW</td>
<td>Letchworth Grange</td>
<td>18</td>
<td>Welwyn Hatfield</td>
<td>26ULGT</td>
<td>Howlands</td>
<td>50</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGX</td>
<td>Letchworth South East</td>
<td>19</td>
<td>Welwyn Hatfield</td>
<td>26ULGU</td>
<td>Northaw</td>
<td>51</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGY</td>
<td>Letchworth South West</td>
<td>20</td>
<td>Welwyn Hatfield</td>
<td>26ULGW</td>
<td>Panshanger</td>
<td>52</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFGZ</td>
<td>Letchworth Wilbury</td>
<td>21</td>
<td>Welwyn Hatfield</td>
<td>26ULGX</td>
<td>Peartree</td>
<td>53</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFA</td>
<td>Offa</td>
<td>22</td>
<td>Welwyn Hatfield</td>
<td>26ULGY</td>
<td>Sherrards</td>
<td>54</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFB</td>
<td>Royston Heath</td>
<td>23</td>
<td>Welwyn Hatfield</td>
<td>26ULGZ</td>
<td>Welham Green</td>
<td>55</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFC</td>
<td>Royston Meridian</td>
<td>24</td>
<td>Welwyn Hatfield</td>
<td>26ULHA</td>
<td>Welwyn North</td>
<td>56</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFD</td>
<td>Royston Palace</td>
<td>25</td>
<td>Welwyn Hatfield</td>
<td>26ULHB</td>
<td>Welwyn South</td>
<td>57</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>26UFE</td>
<td>Weston and Sandon</td>
<td>26</td>
<td>East Hertfordshire</td>
<td>26UDGH</td>
<td>Bishop's Stortford All Saints</td>
<td>58</td>
</tr>
<tr>
<td>Stevenage</td>
<td>26UHFQ</td>
<td>Bandley Hill</td>
<td>27</td>
<td>East Hertfordshire</td>
<td>26UDGJ</td>
<td>Bishop's Stortford Central</td>
<td>59</td>
</tr>
<tr>
<td>Stevenage</td>
<td>26UHFR</td>
<td>Bedwell</td>
<td>28</td>
<td>East Hertfordshire</td>
<td>26UDGK</td>
<td>Bishop's Stortford Meads</td>
<td>60</td>
</tr>
<tr>
<td>Stevenage</td>
<td>26UHFS</td>
<td>Chells</td>
<td>29</td>
<td>East Hertfordshire</td>
<td>26UDGL</td>
<td>Bishop's Stortford</td>
<td>61</td>
</tr>
<tr>
<td>Stevenage</td>
<td>26UHT</td>
<td>Longmeadow</td>
<td>30</td>
<td>East Hertfordshire</td>
<td>26UDGM</td>
<td>Bishop's Stortford South</td>
<td>62</td>
</tr>
<tr>
<td>Stevenage</td>
<td>26UHFU</td>
<td>Manor</td>
<td>31</td>
<td>East Hertfordshire</td>
<td>26UDQN</td>
<td>Braughing</td>
<td></td>
</tr>
<tr>
<td>Local Authority</td>
<td>Ward Code</td>
<td>Ward Name</td>
<td>Label</td>
<td>Local Authority</td>
<td>Ward Code</td>
<td>Ward Name</td>
<td>Label</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------</td>
<td>--------------------</td>
<td>-------</td>
<td>-----------------</td>
<td>-----------</td>
<td>--------------------</td>
<td>-------</td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDGP</td>
<td>Buntingford</td>
<td>63</td>
<td>Broxbourne</td>
<td>26UBFT</td>
<td>Cheshunt North</td>
<td>90</td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDGQ</td>
<td>Datchworth &amp; Aston</td>
<td>64</td>
<td>Broxbourne</td>
<td>26UBFU</td>
<td>Flamstead End</td>
<td>91</td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDGR</td>
<td>Great Amwell</td>
<td>65</td>
<td>Broxbourne</td>
<td>26UBFW</td>
<td>Goffs Oak</td>
<td>92</td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDGS</td>
<td>Hertford Bengeo</td>
<td>66</td>
<td>Broxbourne</td>
<td>26UBFX</td>
<td>Hoddesdon North</td>
<td>93</td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDGT</td>
<td>Hertford Castle</td>
<td>67</td>
<td>Broxbourne</td>
<td>26UBFY</td>
<td>Hoddesdon Town</td>
<td>94</td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDGU</td>
<td>Hertford Heath</td>
<td>68</td>
<td>Broxbourne</td>
<td>26UBFZ</td>
<td>Rosedale</td>
<td>95</td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDGW</td>
<td>Hertford Kingsmead</td>
<td>69</td>
<td>Broxbourne</td>
<td>26UBGA</td>
<td>Rye Park</td>
<td>96</td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDGX</td>
<td>Hertford Rural North</td>
<td>70</td>
<td>Broxbourne</td>
<td>26UBGB</td>
<td>Theobalds</td>
<td>97</td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDGY</td>
<td>Hertford Rural South</td>
<td>71</td>
<td>Broxbourne</td>
<td>26UBGC</td>
<td>Waltham Cross</td>
<td>98</td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDGZ</td>
<td>Hertford Sele</td>
<td>72</td>
<td>Broxbourne</td>
<td>26UBGD</td>
<td>Wormley &amp; Turnford</td>
<td>99</td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDHA</td>
<td>Hunsdon</td>
<td>73</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDHB</td>
<td>Little Hadham</td>
<td>74</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDHC</td>
<td>Mundens and Cottered</td>
<td>75</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDHD</td>
<td>Much Hadham</td>
<td>76</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDHE</td>
<td>Puckeridge</td>
<td>77</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDHF</td>
<td>Sawbridgeworth</td>
<td>78</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDHG</td>
<td>Stanstead Abbots</td>
<td>79</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDHH</td>
<td>Thundridge &amp; Standon</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDHJ</td>
<td>Walkern</td>
<td>81</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDHK</td>
<td>Ware Chadwell</td>
<td>82</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDHL</td>
<td>Ware Christchurch</td>
<td>83</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDHM</td>
<td>Ware St Mary's</td>
<td>84</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDHN</td>
<td>Ware Trinity</td>
<td>85</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>26UDHP</td>
<td>Watton-at-Stone</td>
<td>86</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broxbourne</td>
<td>26UBFQ</td>
<td>Broxbourne</td>
<td>87</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broxbourne</td>
<td>26UBFR</td>
<td>Bury Green</td>
<td>88</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broxbourne</td>
<td>26UBFS</td>
<td>Cheshunt Central</td>
<td>89</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>