Brighton & Hove Joint Health & Wellbeing Strategy (JHWS)

Contents

Introduction

What is the Joint Health & Wellbeing Strategy?

The 2012 Health & Social Care Act required all upper-tier local authorities to set up a Health & Wellbeing Board (HWB). HWBs are to be partnership bodies bringing together NHS commissioners, local Councillors, senior council officers, and local people. HWBs have a general duty to ensure that health and social care systems in the local area work effectively together; that the care delivered reflects the needs of local people; and that local people are fully involved in designing these services.

More specifically, HWBs have two major duties: to deliver the local Joint Strategic Needs Assessment (JSNA) and to agree a Joint Health & Wellbeing Strategy (JHWS).

Joint Strategic Needs Assessment: JSNA The JSNA is an ongoing process in which a wide range of data is analysed in order to establish what the health and social care needs of the local population are, how far local services meet these needs, and where any gaps may be. The JSNA, and the data which informs it, provides the key evidence-base for health, public health and social care commissioning across the local area. In Brighton & Hove, a summary of JSNA findings is published annually, and much more detailed information about each of the 82 JSNA categories is available via the BHLIS web resource.

The JSNA is not a new initiative, although it is currently undergoing a significant revamp at a national level which is likely to give local areas considerably more freedom to make their JSNA fit with local needs. From April 2013 local HWBs have been responsible for approving and publishing a JSNA for their area.

Joint Health & Wellbeing Strategy: JHWS Agreeing a local JHWS is a new responsibility. Although the Department of Health has published some guidance, and the Health & Social Care Act lays out some minimal responsibilities; the Government, in line with its commitment to localism, has not been prescriptive: HWBs have a great deal of freedom to design a JHWS that is appropriate for the local area.

This is important, because local areas are very different from one another; and for some areas, particularly those with both a County Council and District Councils, or with several Clinical Commissioning Groups (CCGs), the JHWS will need to bring together these distinct and potentially competing voices to produce a shared, coherent vision for the local area.

Fortunately, Brighton & Hove has a single political authority – the City Council - and one Clinical Commissioning Group responsible for buying the bulk of

NHS services for the whole of the city. There is also a long and successful history of partnership working in Brighton & Hove, with formally shared council/NHS services; close informal partnerships between the council and the NHS; and a thriving strategic partnership structure, with the council, NHS commissioners and providers, city universities, the police, the fire service, voluntary sector organisations and local businesses working together across a variety of themed partnerships.

Therefore, the Brighton & Hove JHWS will not be a grand over-arching document describing the whole of health and social care planning across the city – this is already being done via existing council and NHS commissioning strategies. Nor will it seek to impinge upon the territory of established, successful partnerships working across the city. Instead, the JHWS will focus on a few very high priority areas, where we know that there is a really significant need for better outcomes and where we also know that current partnership working could be made more effective, delivering real and measurable improvement for local people. The JHWS aims to complement existing strategies and partnerships, identifying gaps in partnership networks and pathways. It does not aim to replace existing strategies and partnerships or to duplicate the work that they do.

The areas included in the Brighton & Hove JHWS should be amongst the highest impact issues for the city population, then. They should also be 'core' partnership issues: areas where an effective response demands joined-up working, particularly between the council and the NHS. And additionally, they should be issues where we know that the current partnership structures are not as effective as they might be – i.e. areas where, by improving the ways that the city council and the local NHS (and potentially other partners) work together, we can make real improvements to services.

Given this focused approach to the JHWS it should be clear that the absence of an issue from the JHWS does not imply that it is *not* a city priority. In some instances it may be that an issue has not been included because, although its impact is high, there are other issues which present an even greater challenge. However, in other instances, a very high priority issue may have been excluded from the JHWS because it is essentially the responsibility of one organisation rather than a true partnership issue. Similarly, even with 'core' partnership issues, it may be the case that there is already a robust partnership in place, and therefore little to be gained from inclusion in the JHWS. This approach is consistent with Government guidance, which stresses both that the JHWS should prioritise issues rather than attempting to tackle everything, and that the focus of the JHWS should be on driving improvement via better partnership working.

Neither is it necessarily the case that being included as a JHWS priority means that partnership working in a particular area is sub-standard. Rather, it is likely to mean that we have identified an opportunity to improve services by building on and extending current partnership working arrangements.

In summary then, the local JHWS will be a tightly-focused plan, concentrating on the highest impact local issues where effective partnership-working can make a real difference to outcomes, and where, for whatever reasons, the current partnership arrangements offer room for improvement. The JHWS may include targets for improving outcomes, but it is not where the operational detail will be agreed: this will be done via individual NHS and council commissioning plans.

Remit of the HWB The core focus of the Brighton & Hove HWB will therefore be on the priorities identified via the JSNA and embodied in the JHWS. However, it is becoming increasingly apparent that Government departments have adopted a maximalist approach to HWBs, effectively assuming that the local HWB is *the* key health and social care partnership for the area, and consequently requiring various plans, strategies and bids for funding/support to be signed off by HWBs. This will require the HWB to take on responsibilities additional to those identified in the JHWS, although the degree and range of these responsibilities is not yet clear.

In addition the development of HWBs gives us an opportunity to involve elected members of the local authority, the CCG and representatives of the public in the work of key city bodies: the programme boards that are responsible for co-ordinating services for issues such as alcohol, healthy weight, tobacco control and our World Health Organisation obligations. Therefore the HWB will also seek to build a relationship with these wellbeing partnership bodies, which will include each programme board 'reporting' regularly to the HWB.

Prioritisation

Government guidance makes it clear that the local JHWS must be based on the evidence gathered through the JSNA process, although it is up to each area to determine the best way of doing this.

Locally, we divided the JSNA data into 82 themed areas, ranging from specific conditions (cancer, diabetes, coronary heart disease etc), through social issues which impact upon health (e.g. smoking, obesity, alcohol), to the wider determinants of poor health (inadequate housing, childhood poverty, worklessness etc). A team of public health experts, GPs, council and NHS commissioners and voluntary sector representatives then 'scored' each area against a series of criteria, including impact on life expectancy; quality of life; impact on particular groups (e.g. equalities groups); whether we were hitting national/local targets; and whether the local trend was moving in a positive or a negative direction.

This assessment process identified 18 issues with poor scores across several domains – e.g. the issues which have the highest impact upon the local population. Several of these areas related to the 'wider determinants' of health – that is, non-health issues which can be amongst the most important causes of poor health, such as housing, worklessness and child poverty. The shadow HWB decided that it would restrict its focus to core health, public health and

adult and children's social care matters rather than looking directly at these much broader issues, all of which fall within the remit of other city partnerships. Over time the HWB will seek to build relations with these city partnerships, ensuring that there are no gaps between partners; but there are no immediate plans for the HWB to take over responsibility for these wider determinants. For these reasons, the wider determinant JSNA areas were not taken forward as JHWS priorities.

This left 13 very high impact issues remaining. This long-list was then further assessed against the key criteria of "partnerships": were these core partnership issues, and if so, was there scope to improve outcomes via better partnership working, or was improvement essentially in the hands of one partner? This second assessment process eventually produced a shortlist of six key priorities, five of which were endorsed by the Shadow HWB (HWB members decided that one issue, flu immunisation, would be better dealt with by other means).

The five priorities are:

- cancer and access to cancer screening
- dementia
- emotional health and wellbeing (including mental health)
- healthy weight and good nutrition
- smoking

Whilst the benefits of having a really rigorous and objective prioritisation process are clear, it is important that the local HWB is also able to focus on local wellbeing issues that do not necessarily form part of the JHWS. These may be emerging issues, where we do not yet have definitive evidence but where we know there is a major impact. They may also include problems experienced by relatively small groups of people, such that they are never going to be picked up by a population-based prioritisation process, but where there are particularly severe impacts, wholly disproportionate to the numbers of people involved (such as the health needs of rough sleepers). Therefore, although the main focus of the Brighton & Hove HWB will be on the major issues identified via the JHWS process, the HWB reserves the right to engage with other issues, particularly when they have a major impact upon health inequalities across the city.

The Contents of this Report

The following sections of the Strategy explore each of these priority areas: briefly describing the nature of the issue; giving an outline of local services, including where we are already doing well and where we could be doing better; suggesting measures to improve outcomes; and detailing how we will know if things have improved. The focus is fundamentally on partnership working: on how we can work together more effectively and efficiently to deliver better outcomes for local people.

Preceding the JHWS action plans is a brief explanation of the JSNA process and description of the demographic challenges facing Brighton & Hove. Following the action plans is a short section on inequalities, explaining how reducing inequalities is a major driver for this strategy. The draft JHWS ends with a table listing the bodies and partnerships which are chiefly responsible for addressing the high impact issues which are not JHWS priorities, and with a note outlining consultation and engagement on the Strategy to date.
.
Health and wellbeing services are rapidly evolving in reaction to changes in NHS and local authority structures and funding and to changing demographic challenges. In this environment of flux there is an obvious danger that a strategy becomes a snapshot of services at a particular time, which quickly goes out of date. We trust that this will not be the case with the JHWS. The strategy will be posted on the Council's website, and key elements of the JHWS (including links to city strategic partnerships responsible for key elements of wellbeing, and to the development of equalities work around the JHWS priorities) will be 'dynamic' – being updated periodically to reflect changes to partnership structures, new data etc. The HWB will also regularly review progress against the JHWS targets, holding council and CCG commissioners to account to ensure that the promised improvements to services are actually followed through.

We hope that this introduction has made it clear what the JHWS is and what it is not, and particularly, that people are reassured that the absence of a particular issue from the JHWS priorities does not necessarily indicate that the issue is a non-priority for the city.

Finally, the JHWS prioritisation process is intended to be evidence-based and objective (although we freely acknowledge that it is a work in progress). In seeking to identify the highest impact issues with the most potential to improve outcomes through better partnership working, we did not set out with any preconceptions about the issues we wanted in the JHWS, and we could in theory have ended up with a list of priorities which had little in common with each other. However, it quickly became apparent that the priorities chosen share some very significant common properties, and that improving outcomes in each area may involve some similar strategies: encouraging people to take a little more responsibility for their own lives, and to take a little more interest in the lives of their families, friends and neighbours; enabling local communities to be more supportive of people with health or social care needs; working together to create a city where everyone, but particularly our most vulnerable citizens, feels supported to live safe, secure lives.

Joint Strategic Needs Assessment (JSNA) in Brighton and Hove

The JSNA is an ongoing process that provides a comprehensive analysis of current and future needs of local people to inform commissioning of services that will improve outcomes and reduce inequalities. To do this, needs assessments gather together local data, evidence from the public, patients, service users and professionals, plus a review of research and best practice.

In Brighton & Hove there are three elements to the needs assessment resources available:

- An annual JSNA summary, which gives a high level overview of Brighton & Hove's population, and its health and wellbeing needs;
- A rolling programme of comprehensive needs assessments for the city;
- Brighton & Hove Local Information Service (BHLIS), which is a health data and information resource for those living and working in Brighton & Hove.

This section gives some key information on the city from the JSNA – with more information available at www.bhlis.org/jsna2012

The population of Brighton & Hove

The latest mid year population estimates for 2011 show there are 273,000 people resident in the city and this is predicted to increase to 291,000 by 2030. Our population differs in distinctive ways to that of the South East and England. There is a much higher proportion of people aged 16-64 years, with lower proportions of children and older people aged 65-74. However, a similar proportion of the population are aged 85 years or over in Brighton & Hove as in England (2.2% of the population) and this group is likely to need more services.

Some key population groups within the city include:

- **Gender** – The 2011 Census indicated a fairly even proportion of male and female residents. However, the Census did not quantify the trans population and the 2013 Brighton & Hove Trans Equality Scrutiny Panel concluded that there is not a reliable local or national estimate of the size of the trans population.
- **Black and Minority Ethnic (BME) groups -** The most recent population estimates (2011) show that 80.5% of the city's population are White British and 19.5% are from a BME group. This is a lower proportion than England (20.2%), but higher than the South East (14.8%).

- **LGB** - Estimates suggest that there may be 40,000 people from Lesbian, Gay, Bisexual (LGB) communities living in Brighton & Hove, around 15% of the city's population.
- **Carers** - 9% of the population (approximately 24,000 people) identify themselves as carers.
- **Migrants** - the city is a common destination for migrants from outside the UK, 2010 figures show that 15% of the city's population was born abroad.
- **Students** - there has been an increase in the numbers of students in the city to more than 35,200 in 2011/12. This is approximately 13% of the total population. Many students choose to stay on after university.
- **Military veterans** – an estimated 17,400 military veterans live in the city. A veteran is anyone who has served in Her Majesty's Armed Forces at any time, irrespective of length of service.

Life expectancy, healthy life expectancy and inequalities

Life expectancy in Brighton & Hove is 77.7 years for males and 83.2 for females. Whilst females in the city can expect to live on average six months longer than nationally, life expectancy for males is almost one year lower. Healthy life expectancy is 67.9 years for males and 72.9 years for females meaning that, on average, around 10 years of life is spent in ill health.

As has been seen nationally, whilst mortality rates in the city are falling in all groups, they are falling at a faster rate in the wealthiest 20% of the population meaning inequalities are widening. The gap in life expectancy between the most and least deprived people in the city is now over 10 years for males and over 6 years for females and similar inequalities also exist in healthy life expectancy.

Highest impact health and wellbeing issues

For the 2012 JSNA we aimed to systematically identify the impact of different factors on the health and wellbeing of the city's population. This fed into the prioritisation process for the Joint Health and Wellbeing Strategy. The issues with the greatest impact on health and wellbeing in the city, mapped across the life course, are:

Wider determinants which have the greatest impact on health & wellbeing

	Children & young people	Adults	Older people
Child poverty			
Education			
Employment & unemployment	Youth unemployment	Unemployment & long term unemployment	
Housing			
Fuel poverty			

High impact social issues

	Children & young people	Adults	Older people
Alcohol	Alcohol & substance misuse – children & young people	Alcohol (adults & older people)	
Healthy weight & good nutrition	Healthy weight (children & young people)	Healthy weight (adults & older people)	
	Good nutrition & food poverty		
Domestic & sexual violence			
Emotional health & wellbeing – including mental health	Emotional health & wellbeing & mental health		
Smoking	Smoking (children & young people)	Smoking (adults & older people)	
Disability	Children & young people with a disability or complex health need	Adults with a physical disability, sensory impairment & adults with a learning disability	

Specific conditions

	Children & young people	Adults	Older people
Cancer & access to cancer screening			
HIV & AIDS			
Musculoskeletal conditions			
Diabetes			
Coronary heart disease			
Flu immunisation			
Dementia			

Wider determinants of health

The health and wellbeing of our population is greatly influenced by a wide variety of social, economic and environmental factors and action to address these wider determinants is the most effective way to make improvements in health outcomes. This section sets out some of the issues that are considered key to Brighton & Hove.

Child poverty: National data for 2010 suggests that approximately one in five children in Brighton & Hove live in poverty which is similar to the national average and to levels in some other nearby cities. However, it is significantly

higher than the South East Coast average which has the lowest regional rate in the country.

Employment and unemployment: In 2012 the employment rate in the city was 71% of people of working age, which is similar to the national rate but lower than the South East Coast. In total there are estimated to be 11,800 unemployed people in the city.

Education: In 2012 56.4% of pupils achieved 5 A*-C grades including English and Maths in Brighton & Hove (compared with 59.4% for England). However, provisional figures for 2013 suggest that local performance improved to 62% (final confirmed local data and comparative data for England will be published in 2014).

Housing and homelessness: Housing pressures have seen homelessness increase by nearly 40% over the last three years with the most common reasons being eviction by parents, family or friends (38%) and loss of private rented accommodation (30%). A third of the city's housing stock (up to 40,000 homes) is considered to be non-decent with the vast majority (92%) being in the private sector; 42.5% of all vulnerable households in the private sector are living in non-decent accommodation

Fuel poverty: In 2011, 12.2% (14,500) of households in the city were estimated to be fuel poor (defined as a household needing to spend more than 10% of its income to maintain an adequate level of warmth). People living in cold homes during the winter months are at increased risk of ill health and death. In Brighton & Hove from 2008-11 there was an average of 135 'excess winter deaths' per year (equivalent to a similar rate to the South East but slightly higher than England).

Improving Health

This section summarises the key health and wellbeing issues currently facing Brighton & Hove including health related behaviours and specific conditions that contribute to both early mortality and reduced quality of life.

Alcohol: 18% of adults in the city are believed to engage in increasing or higher risk drinking. Rates of alcohol-related A&E attendance and hospital admissions have increased in recent years, and in the recent Big Alcohol Debate, 36% of respondents were worried about the effect alcohol has on people in the city. In addition, the city faces challenges from substance misuse and there were 1,582 clients in drug treatment during 2012. A third of this client group had been in treatment for over four years.

Healthy weight: Overweight and obesity are major risk factors for diseases such as Type 2 diabetes, cancer and coronary heart disease. In terms of children in the city, in 2011/12, 15% of Year 6 pupils in the city were obese which is lower than England at 19% while almost 8% of reception children were obese which is also lower than England at 9.5%. For adults, data suggest that in Brighton & Hove, 20% of adults are obese compared to 24% nationally, and an estimated 3% are morbidly obese which is similar to national levels.

In terms of healthy eating, the 2012 Health Profile for Brighton & Hove indicates that 30% of adults are eating a healthy diet, which is similar to the England average of 29% and between 2003 and 2012 there was a significant increase in the proportion of residents eating 5 portions of fruit and vegetables a day – from 43% to 52%.

Domestic and sexual violence: In 2012/13, almost three and a half thousand domestic violence incidents were reported to the police in Brighton & Hove, a slight increase from the previous year. There were also 373 police recorded sexual offences, an increase of 12% compared with the previous year although these figures are likely to be underestimates since many people do not report such violence to the police.

Emotional health and wellbeing: Nationally one in ten children aged 5-16 years are thought to have a mental health problem which would equate to nearly 4,000 children in Brighton & Hove. In adults, 13% have a common mental health disorder while 1% have a more severe disorder. Both of these figures are higher than across the country as a whole. Despite this, local surveys have suggested that a large proportion of people are emotionally well with over 70% of adults indicating that they are happy with their lives and feel that the things they do are worthwhile.

Smoking: In Brighton & Hove, prevalence of smoking is 23% which is higher than the national figure of 20%. On average there are 381 smoking related deaths per year in Brighton & Hove, which again is higher than the national average. However, the city did have a significantly higher rate of successful quitters in NHS Stop Smoking Services than the England average.

Disability: People with physical and sensory disabilities are more likely to suffer discrimination, poor access to some health services and worse employment prospects, each of which can impact negatively on health. It is estimated that in Brighton & Hove in 2012 there were almost 17,000 people aged 18-64 with a moderate or severe physical disability, approximately 3,500 people with a moderate or severe visual impairment and approximately 23,000 people with a hearing impairment.

Specific health issues

Cancer and screening access: Mortality from all cancers in people under 75 years of age is significantly higher in Brighton & Hove than England and the South East. There are three NHS cancer screening programmes in England: breast, cervical and bowel. In Brighton & Hove, screening uptake rates are generally lower than both regional and national figures.

HIV/AIDS: In 2011 Brighton & Hove had the ninth highest HIV prevalence in England at 7.6 per 1,000 15-59 year olds compared with 1.7 in England as a whole. This was the highest prevalence anywhere outside of London. Brighton & Hove also has the highest rates of common sexually transmitted infections outside London.

Diabetes: The prevalence of diabetes is increasing nationally due to increased obesity, an aging population and increasing numbers of South Asian people, who are at greater risk of developing diabetes. In Brighton &

Hove numbers have also increased with 3.3% of people aged 17 years or over registered with GPs having diabetes in 2012 compared with 2.9% in 2008.

Coronary heart disease: In 2011/12 2.3% of all patients registered with GPs in the City had coronary heart disease. Despite reductions over recent decades, it remains the most common cause of death nationally and in Brighton & Hove. It was the main cause of death for 218 people in Brighton & Hove in 2011 which was approximately 10% of all deaths with rates higher in the most deprived areas.

Influenza immunisation: Influenza is a highly contagious viral infection that can cause serious illness and death, especially in vulnerable groups including very young and elderly people. Immunisation is available for people in these groups including everyone over the age of 65. In 2012/13, uptake in Brighton & Hove among those eligible was just under 70%, which is a slight decrease from the previous year and lower than England as a whole and the national target of 75%.

Dementia: It is estimated that there are currently almost three thousand people aged 65 years or over with dementia in Brighton & Hove and in 2011 it was the main cause of death for 112 people, approximately 5% of all deaths.

Musculoskeletal conditions: Musculoskeletal conditions include a range of conditions including back pain, shoulder pain, hip and knee pain which can limit mobility in older people and make them vulnerable to falls. In each year it is estimated that about 40% of the adult population have low back pain, 5% have hip pain and 60% of over 65s severe knee pain.

Cancer and Access to Cancer Screening

A Cancer

What is the issue/why is it important for Brighton & Hove?

Cancer is one of the biggest causes of death, and accounts for about 38% of all deaths in the under 75's - 266 premature deaths in 2010.

Around 1150 people in the city are diagnosed with cancer each year; of these, over half are for the four main cancers (210 female breast, 135 prostate, 150 lung and 140 colorectal cancers). These cancers are also responsible for about half the premature deaths (75 from lung cancer, 26 from breast cancer, 23 from colorectal cancer and 6 from prostate cancer).

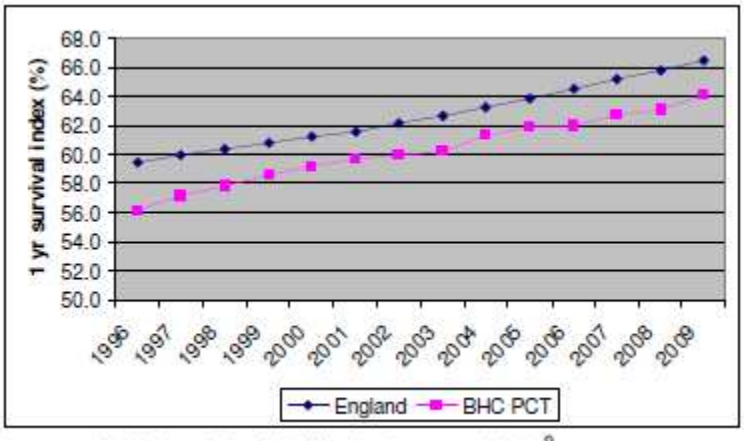
Incidence and mortality from cancer is considerably higher amongst the more deprived groups, largely due to lifestyle factors, such as higher smoking rates. The mortality gap between the poorest groups and the most affluent appears to be widening.

Despite improvements in cancer treatments, and mortality in recent decades, outcomes in the UK are poor compared to the best in Europe.

The death rate amongst the under 75's in the city is higher than the national death rate. At a national level, this rate has been steadily decreasing, but this is not the case in Brighton and Hove, where the decline has been very small.

Using a new index of cancer survival, Brighton and Hove has poorer survival than England, although it is gradually improving. (Graph 1)

1 year survival index (5) for all cancers combined, by calendar year of diagnosis: all adults (15-99), England and Brighton and Hove



Source: ONS Statistical Bulletin, August 2011.[9]

The tables below indicate the relative 1 and 5 year survival rates in Brighton and Hove compared with other areas of Sussex and nationally. These indicate the poorer survival rates across the city – particularly for colorectal and lung cancer.

1 year relative survival for common cancers (2004-8 and alive up to end 2009)

PCT	Breast	Colorectal	Lung	Prostate
Brighton and Hove	95.5	70.8	21.2	93.3
East Sussex, Downs and Weald	95.5	73.3	29.9	94.3
Hastings and Rother	96.4	68.3	21.7	91.5
Sussex Cancer Network	95.8	72.3	21.5	94.6
West Sussex	96.1	74	27.9	96.4
England	95.9	74.2	29.4	95.1

5 year relative survival for common cancers (2000-2004, and alive to end 2009)

PCT	Breast	Colorectal	Lung	Prostate
Brighton and Hove	82.9	47.5	6.8	79.1
East Sussex Downs and Weald	84.7	56.6	6.3	86.4
Hastings and Rother	82.4	52.9	5	71.7
West Sussex	85.5	56.8	7.4	85.1
Sussex Cancer Network	84.3	57.4	6.2	82.8
England	83.7	53	8	82.7

***(Note:** Red indicates significantly worse than national average, and green significantly better).*

Prevention of cancer is as important as treatment. Tobacco smoking remains the single most important avoidable cause of cancer, followed by diet, excess weight and alcohol consumption. Together, these four account for about 34% of all cancers.

In April 2011 the Department of Health published Improving Cancer Outcomes and set a target of '*Saving 5,000 Lives'* per annum nationally by 2014/15.The challenge is to diagnose and treat cancers earlier, and significantly reduce the number of cancers newly diagnosed as emergencies.

What are we doing well already/where are there gaps?

Investment in cancer services has increased over the past three years, allowing for improvements in treatment.

Substantial programmes of work tackling local awareness and early diagnosis have been undertaken including:

- Local public awareness campaigns promoted by the Public Health team and provided by Sussex Community NHS Trust and by Albion in the Community to raise awareness of the symptoms of bowel, lung and breast cancer across the city. The focus has been on training health coordinators and volunteers to promote key messages amongst targeted groups within the community.

- A programme of improvement initiatives including:
  Participation of half of all local general practices in an audit of cancer cases in 2010, which stimulated a series of practice developments and collaborative work with hospital services to reduce delays in the referral process.
  13 local practices took part in the piloting of a primary care risk assessment tool to support practices in diagnosing cancer earlier and making appropriate referrals. Following an evaluation of its effectiveness, the tool has now been made available to all practices nationally.

- Holding regular education events for local GP practice staff to promote early diagnosis initiatives and encourage appropriate use of protocols for 2 week wait referrals

The impact of these initiatives has contributed to a significant rise in referrals to hospital which supports the drive towards earlier diagnosis of cancer. However the increase in diagnostic tests places a pressure on the capacity of some local services to maintain appropriate waiting times – particularly for endoscopy services. The CCG and the Sussex Cancer Network are therefore supporting Brighton and Sussex University Hospitals NHS Trust improvement plans to increase capacity and reduce waiting times for endoscopy investigations. These plans will also enable the age extension of the bowel screening programme to those aged over 70 years of age.

What we can do to make a difference

Continue to invest in reducing the avoidable causes of cancer and support cancer survivors to lead a healthy lifestyle

The lifestyle issues associated with cancer are very similar to those related to heart disease or diabetes. Major campaigns are in hand to identify and support people whose risks are high - e.g. NHS Health Checks, and referral to specific services - such as Stop Smoking or weight management. Many agencies are engaged in helping people exercise, manage weight or reduce alcohol consumption, and this work needs to continue and be strengthened. With the move of responsibility for this area over to Brighton and Hove City Council, additional efforts will need to be made to ensure a seamless and coordinated approach across agencies.

There is a cancer health promotion team based within Sussex Community Trust, currently focussing on improving uptake of screening, and this service will be reviewed to see if it's remit can be widened.

Continue to invest in raising awareness of cancer signs and symptoms and providing support to primary care to encourage earlier presentation and referral, particularly in the more deprived parts of the city.

The local Brighton &Hove lung cancer awareness campaign continues to be active. The Sussex Cancer Network (SCN) has now been disbanded, and the area wide overview is now held the South East Coast Cancer Strategic Clinical Network (SCN), as part of the changes under the Health and Social Care Act. Ensuring strong engagement with the SCN to help focus its work on these areas is important.

Maintain continued implementation of former Sussex Cancer Network's delivery plans

The former Sussex Cancer Network identified a number of specific goals to help tackle other local issues:

- Improve cancer waiting times in the acute sector
- Improve diagnostic capacity, particularly endoscopy
- Increase access to radical treatments (surgery, chemotherapy and radiotherapy) instead of palliative treatments
- Improve access to laparoscopic surgery and enhanced recovery
- Improve access to radiotherapy , including new technologies which can target treatment more precisely and improve outcomes

The responsibility for continued delivery of these actions has now passed to the NHS England Area Team, and it will be important to ensure full engagement of NHS England in the Boards strategic plans.

Work was previously set in train to review variations in cancer referrals from GP practices and explore what further measures can be developed to support GPs to achieve appropriate early diagnosis.

With the support of Macmillan, a primary care GP and nursing lead have been appointed by the CCG,. to support the coordination of primary care cancer management across Brighton and Hove The intention is to focus on early intervention and preventative measures as well as supporting people living with cancer post-treatment.

Outcomes

From the Public Health Outcomes Framework:

- Reduce age standardised mortality from all cancer for persons aged under 75
- Reduce age standardised preventable mortality from all cancers in people aged under 75
- Increase the number of people diagnosed with cancer at Stage 1 and 2, as a proportion of all cancers diagnosed

From the NHS Outcomes Framework:

- Reduce premature mortality from the major causes of death, including one and five year survival from colorectal cancer, breast cancer and lung cancer; under 75 mortality from all cancers

B Cancer Screening

What is the issue/why is it important for Brighton & Hove?

Cancer screening saves lives. It is estimated that in England every year cervical screening saves 4,500 lives and breast screening 1,400; and that regular bowel cancer screening reduces the risk of dying from bowel cancer by 16%. Despite the introduction of a national target in the mid 1990s the cancer mortality rate in the under 75s in Brighton & Hove has been slow to decline. Increasing the up-take of NHS cancer screening programmes will contribute to reducing cancer mortality.

In 2010/11:

- bowel cancer screening up-take was lower in Brighton and Hove (53%) than in England (57.09%).
- cervical cancer screening coverage (the percentage of eligible women recorded as screened at least once in the previous five years) was lower in Brighton & Hove (76%) than England (79%).
- breast cancer screening coverage (the percentage of eligible women screened in the previous three years) in Brighton and Hove (71%) was lower than England (77%).

What are we doing well already/where are there gaps?

Whilst cervical screening coverage is lower in Brighton & Hove than England it is reported that this is the only area of the country where rates are increasing. Actual rates of cervical cancer are low.

Breast cancer screening coverage rates met the national target in 2010/11 and a recent quality assurance visit praised the local clinical services provided for women requiring treatment for breast cancer.

Bowel cancer screening up-take rates appear to be increasing although final 2011/12 data is not yet available.

Since 2005-06, the PCT has commissioned a cancer health promotion team - employed by Sussex Community Trust - to increase cancer screening rates. A service specification is in place identifying where efforts should be targeted. This service will be reviewed and ways explored to widen its remit and maximise its effectiveness

The responsibility for commissioning cancer screening programmes has passed to NHS England Area team, and it will be important to ensure full engagement of NHS England in the Board's strategic plans. However, there remains a degree of uncertainty about different agencies roles in encouraging increased screening uptake.

What we can do to make a difference

Bowel cancer

- Publicise the bowel cancer screening programme and encourage people to participate; once people have done so once, the data shows that they are much more likely to do so again.

- Increase up-take particularly amongst men, minority ethnic groups and people living in the more deprived areas of the city where up-take rates tend to be lower.
- Work to reduce endoscopy waiting times, allowing us to extend the offer of bowel screening to people aged over 70 (up to 75).

Breast

- Increase up-take in areas where rates are low or falling, and pro-actively follow-up women who do not attend for screening using the GP lists produced 6 months after the completion of the screening round.

Cervical

- Increase cervical screening up-take in GP practices with the lowest rates and amongst more disadvantaged groups where up-take tends to be lower.
- Focus on increasing rates in both younger (25-34 yrs) and older (50-64 years) women where rates are lower.
- Raise awareness of the need for lesbian women to be screened.
- Ensure HPV testing is introduced into the local NHS screening programme in line with national recommendations

All programmes

- Provide training about screening for primary care practitioners, other key workers and members of the community, and encourage them to promote the screening programmes to their patients, clients and contacts.

Plan for improvement including key actions

- Work with NHS England to explore options for increasing screening up-take for the three NHS cancer screening programmes
- Evaluate and review the health promotion service provided by Sussex Community Trust
- Work with NHS England to set local improvement targets for the next three years and monitor annually focusing on those populations and groups, and GP practices, where rates are lowest

Outcomes

Increased up-take (and coverage) rates for all three screening programmes, particularly in groups/geographical areas where rates are lowest

Emotional Health and Wellbeing (including Mental Health)

What is the issue/ why is it important in Brighton & Hove?

- The government's strategy, *No Health without Mental Health* defines wellbeing as 'a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.'[1]

- A national survey carried out by the Office for National Statistics shows that some groups report higher levels of self-reported wellbeing.[2] These include people who are employed, live with a partner/spouse, are in good health, or are aged under 35 or over 55 years.

- One in four people experience a mental health problem at some point in their lives.

- One in 10 children between 5 and 16 has a mental health problem.[3]

- The cost of mental ill health to the economy in England for adults has been estimated at £105 billion. This includes the cost in terms of sickness absence or unemployment.

- Where young people experience significant mental health needs they may miss time in education and risk poorer educational outcomes.

- Poor physical health is a significant risk factor for poor mental health and poor mental health is associated with poor self-management of long term conditions and behaviour that may endanger physical health such as drug and alcohol abuse.

- Mental illness still carries considerable stigma.

<u>Brighton and Hove</u>

- The first local data from the ONS subjective wellbeing survey were published in July 2012.[4] Brighton and Hove residents reported higher average levels of happiness than the national average:

[1] HM Government. No health without mental health: A Cross-Government Mental Health Outcomes strategy for People of all Ages. London, 2011.
[2] Office for National Statistics. First Annual ONS Experimental Subjective Well-being Results. July 2012.
[3] No Health without Mental Health, as above.
[4] Office for National Statistics. First Annual Report on Measuring National Well-being Release. London, 2012.

    - Proportion with medium or high life satisfaction – Brighton and Hove 81.3% (75.9% in the UK)
    - Proportion with medium or high worthwhileness – Brighton and Hove 83.8% (80% UK)
    - Proportion with medium or high happiness yesterday – Brighton and Hove 72.5% (71.1% UK)

- The City Tracker survey[5] shows a high level of satisfaction with Brighton and Hove, and the local area, as a place to live particularly amongst 25 – 34 year olds.

- Despite higher levels of self-reported wellbeing across the city, local prevalence of mental illness continues to be generally higher than the average for England for both common mental health problems, such as anxiety and depression and severe mental illness, such as schizophrenia or bipolar disorder.

- If 10% of those aged 5 – 16 have a mental health problem, this would equate to 3,199 children and young people in Brighton and Hove.

- Over the last 5 years, the number of children and young people presenting at the Accident and Emergency Department of the Royal Sussex County Hospital with serious self harm has increased significantly from 63 per year in 2009 to 91 per year in 2011 and with high numbers predicted for 2012[6]. For adults the numbers of A&E attendances and admissions related to self-harm are also very high.[7] Between 1 April 2011 and 31 March 2012, there were 1703 attendances related to self-harm: the highest number of attendances is from those under 30 years old.[8]

<u>Inequalities</u>

There are a number of risk factors for poor mental health and wellbeing, including:

- Deprivation: on average the prevalence rate for mental illness is up to 2.75 times higher for the most deprived quintile of the population than that for the most affluent.
- Some groups within the population have a higher risk of developing mental ill-health: homeless people, offenders, certain BME groups, LGB people, veterans, looked after children, transgender people, gypsies and travellers, vulnerable migrants, victims of violence, people approaching the end of life, bereaved people, people with a dual

[5] Brighton and Hove City Council. City tracker survey, 2012.
[6] Reporting from Social Work Team, Brighton and Sussex University Hospitals.
[7] Public Health Observatories. Brighton and Hove health profile. 2012.
[8] HES data.

diagnosis or complex needs, and people with learning disabilities have all been identified as at higher risk[9].
Brighton and Hove has relatively high proportions of some of these groups including homeless, LGB and transgender people. The Count Me in Too survey found that 79% of the city's LGBT population reported some form of mental health difficulties.

- Recent data on local hospital admissions for mental ill-health do not reflect previous findings that rates were higher than expected among BME groups; nationally, BME groups are more likely to be diagnosed with a mental illness than those who are White British, with new psychosis diagnoses up to seven times higher in Black Caribbean groups. [10]

- Brighton and Hove has high numbers of looked after children and child protection cases .Numbers of Looked after children in 2012 was above statistical neighbours and considerably above the England average [11]On average approximately 85 Looked After Children (LAC) are referred to Child and Adolescent Mental Health Services (CAMHS) each year - this is 5% of the total CAMHS population. This is a disproportionate reflection of the number of LAC in the total child population (approximately 1% as of May 2012) and demonstrates the higher propensity of LAC for mental health issues[12].

What are we doing well already/where are there gaps?

<u>What we are doing well already</u>

Recognition of the role and value of the community and voluntary sector is a strong theme, both in preventive and treatment services, across all ages.

1. Promoting wellbeing working in partnership with the local community and voluntary sector:

During 2012, NHS Brighton and Hove and Brighton and Hove City council consulted on proposals to redesign community mental health support services via the Commissioning Prospectus and have commissioned a new range of services to start in April 2013 including employment support, and targeted out-reach support for the most vulnerable and at risk groups in Brighton & Hove.
Emotional wellbeing has been included in the One Planet Living Health and Happiness action plan.

[9] HM Government. No health without mental health: implementation framework. London: July 2012.
[10] Raleigh VS, Irons R, Hawe E, et al. Ethnic variations in the experience of mental health service users in England: results of a national patient survey programme. Br J Psychiatry. 2007;191:304-312.
[11] http://media.education.gov.uk/assets/files/xls/l/la%20summary.xls
[12] CAMHS monitoring data

A programme of mental health promotion services is commissioned from the voluntary and community sector by the public health team (value approximately £100,000).
A small grants scheme to support local mental health promotion projects was established in 2012. So far 19 proposals have been funded across the city ranging from allotment groups to art and photography.
World Mental Health Day and World Suicide Prevention Day are both celebrated annually.
Children's centres and parenting programmes (e.g. Triple P) promote resilience and early help.
Right Here project for young people 16 – 25 focuses on resilience building and prevention of the escalation of mental health issues.

2. Support and treatment for those with emerging or existing mental health problems:

A new Wellbeing Service has been developed to provide access to psychological therapies in a range of primary care and community settings. Access to the service has been widened through a new option of self-referral.
The supported accommodation pathway has been redesigned – making more flexible use of resources and targeting resources more effectively to those with the most complex needs.
A single point of access to tiers 2 and 3 CAMHS[13] has been established.
A 14-25 service has been developed to bridge the gap between CAMHS and adult services.
Provision of duty service and urgent care for CAMHS services.
A strategy is in development to promote effective liaison between social care team and CAMHS when young people present at A&E with self harming behaviours.
The care pathway for responding to adults with urgent mental health needs has been redesigned. In January 2013 the Brighton Urgent Response Service was launched which provides an improved 24/7 crisis response service for adults with mental health needs. The new arrangements will be evaluated during 2013.

<u>Where are the gaps?</u>

- Both the adult mental health commissioning strategy and the mental health promotion strategy are in need of review and update and a

[13] CAMHS services are arranged in terms of 'tiers' ranging from Tier 1 (community-based support provided by non-mental health professionals such as school nurses or health visitors); through Tier 2 (community support provided by dedicated CAMHS staff); to Tier 3 (clinic-based services delivered by CAMHS staff); and Tier 4 (specialist services, often in-patient services for people with severe mental illness).

commissioning strategy for children and young people needs development.

- We have information about self reported wellbeing from the national ONS survey for the whole city, but need further work on the Health Counts survey to understand the distribution of emotional wellbeing across different neighbourhoods, communities of interest and demographic groups.
- Treatment services for people with complex needs or dual diagnosis need review to ensure better coordination.
- Better understanding of the profile of self harm in the city and improved awareness of the issues and appropriate responses within universal and specialist services.
- Waiting times for psychological services are still too long.

What we can do to make a difference

- Start to think about emotional health and wellbeing in a different way – as part of everyone's business and as important as physical health.
- Continue to shift the balance of spend between prevention and treatment and focus more on providing support to build resilience and maintain mental wellbeing.
- Take a city-wide approach to improving the wider determinants for good mental health including:
    - Encourage greater uptake of physical activities;
    - Promote mental health and wellbeing in the workplace;
    - Promote mental health and wellbeing in schools, including a focus on the problem of bullying and its impact upon wellbeing;
    - Ensure that the Stronger Families Stronger Communities Partnership addresses issues of mental health and wellbeing as they relate to the city's most vulnerable families.
- Develop more holistic care and treatment for both adults and young people with dual needs – both mental health and alcohol/substance misuse.
- Work across a care pathway to ensure more effective transition from children & young people's services to adult services. Develop more effective links across adult and children's commissioning and services so that the issues of parental mental health, including in the antenatal and post natal phases, are well understood and the impact on child development minimised.
- Ensure emotional health and mental health wellbeing is integrated as far as possible into service provision rather than being separately provided in a medical model by "specialist mental health" service providers.
- Extend access to psychological therapies providing evidence based earlier treatment and support to more people.
- Continue to engage service users in service developments.

Plans for improvement including key actions

- Map current activity and plans in Brighton and Hove against the recommended actions in the implementation framework for No Health without Mental Health.
- Develop an all-ages mental health and wellbeing commissioning strategy.
- Engage local people about happiness and wellbeing, focusing on the 'Five Ways':

  Connect – with the people around you, family, friends and neighbours;
  Be active – go for a walk or a run, do the gardening, play a game;
  Take notice – be curious and aware of the world around you;
  Keep learning – learn a new recipe or a new language, set yourself a challenge;
  Give – do something nice for someone else, volunteer, join a community group.

Outcomes

- Improved ONS subjective wellbeing scores (PHOF)
- Better emotional well-being of looked after children (PHOF)
- Reduced hospital admissions for self-harm (PHOF)
- Increased employment for people with a mental illness(PHOF & NHSOF)/ proportion of adults in contact with secondary mental health services in paid employment (ASCOF)
- Reduction in proportion of people in prison with mental illness (PHOF)
- Increased settled accommodation for people with mental illness (PHOF)/ proportion of adults in contact with secondary mental health services living independently without the need for support (ASCOF)
- Improving outcomes for planned procedures – psychological therapies (NHSOF)
- Reduction in premature death for people with serious mental illness - under 75 mortality rate (PHOF)/ under 75 mortality rate in people with serious mental illness (NHSOF)
- Reduction in the suicide rate (PHOF)
- Patient experience of community mental health services (NHSOF)

Dementia

What is the issue / why is it important for Brighton & Hove?

Dementia is both complex and common, and it requires joint working across many sectors. Timely diagnosis is the key to improving quality of life for people with dementia and their carers. Dementia is a life limiting illness and people can live up to 12 years after diagnosis with increasing disability and need for support. There is evidence that people with dementia have worse clinical outcomes than people with the same conditions without dementia. However, there is also evidence that early information, support and advice at the point of diagnosis enables people to remain independent and in their own homes for longer.

In Brighton and Hove in 2012, it is estimated that there are:

- 3,061 people aged 65 years or over with dementia – projected to increase to 3,858 by 2030
- around 60 younger people with dementia
- 2,300 people who are carers of people with dementia.
- Around one third of people with dementia who actually have a formal diagnosis (among the lowest nationally).

Prevalence increases with age and one in three people over 65 will develop dementia. The age profile in Brighton & Hove differs from the national average (the city has a relatively young population and we are not expecting the rate of increase in terms of an aging population to be as significant as other parts of the country) but an increase of dementia prevalence of about 30% is expected by 2030. Carers of people with dementia are often old and frail themselves, with high levels of depression and physical illness and a diminished quality of life.

Nationally dementia is a priority, with Clinical Commissioning Groups (CCGs) and local authorities expected to implement the National Dementia Strategy (NDS) and the Prime Minister's Challenge on Dementia.

What are we doing well already / where are the gaps?

In 2009 extensive consultation was carried out with people with dementia, their carers and other stakeholders in the city. All plans for improving dementia services in the city stem from this consultation and from the National Dementia Strategy.

Nationally four priorities have been identified from the 17 objectives of the National Dementia Strategy. These are

i. Good quality early diagnosis and intervention for all
ii. Improved quality of care in general hospitals
iii. Living well with dementia in care homes
iv. Reduced use of antipsychotic medication

Sussex-wide system modelling of the cost avoidance enabled by implementing the National Dementia Strategy found that the combined benefit of implementing the four key priorities was greater than the individual benefits alone and that whole system working is necessary to best realise the benefits.

Good quality early diagnosis and intervention for all

- A new integrated memory assessment service was opened in April 2013. We are also exploring the possibility of joint neurology/psychiatry memory clinics.
- We are seeking to improve 'case finding' in primary care as we know that there are people with dementia who are not identified on GP disease registers.

Improved quality of care in general hospitals

- A dementia champion has been appointed at Royal Sussex Country Hospital (RSCH).
- An additional resource has been allocated into Mental Health Liaison at RSCH to support older people with mental health needs when they are in the general hospital.
- Development of a care pathway for dementia.
- Implementation during 2012 of the national requirements to complete a memory screen on all people 75 or over who are admitted to hospital.
- A dementia strategy and steering group established with senior level engagement.

Living well with dementia in care homes

- A Care Home In-Reach team supports person-centred approaches to dementia, in particular identifying alternatives to antipsychotic medication.
- There are measures in place to improve quality of care. From April 2013, contracts for care homes have included a Competency Framework for nurses, and staff in care homes are being offered specific training in working with people with dementia.
- Dementia training is referenced in contracts for all services that accept clients with dementia or memory loss.

Reduced use of antipsychotic medication

- Care Home In-reach Service to support individuals and staff in the care home.
- Enhancing Quality scheme which incentivizes providers to ensure that prescribing is in line with NICE guidance.
- Primary care audits on antipsychotic prescribing.

Other developments

- End of Life and dementia project.
- Brighton & Sussex Medical School and Sussex Partnership NHS Trust are recruiting a Professor of Dementia Studies.

- Increased integration towards 'long-term condition' model for dementia including community short term services and crisis services.
- Carers Strategy for Brighton & Hove.

What can we do to make a difference?

Governance
The Sussex Dementia Partnership (SDP), accountable to the NHS England Surrey & Sussex Area Team, provides strategic direction for the implementation of the National Dementia Strategy at Sussex level. It includes senior representation from NHS commissioners, voluntary sector, local authorities, mental health, community and acute trusts, and primary care.

Brighton and Hove CCG has a GP Lead for dementia who chairs the dementia implementation group which has membership from the voluntary sector, local authority, mental health, community and acute trusts. The implementation group reports to the SDP. However, currently there is no commissioner-led implementation board for dementia in Brighton and Hove. A joint local authority and CCG board will be established to drive forward improvements for people with dementia and their carers and provide strategic direction and mandate to the implementation group.

PM's Challenge on Dementia Innovation Fund
Brighton and Hove CCG is leading a bid in conjunction with the local authority and other partners in the city for three projects:

- A community development worker to scope out the potential of developing dementia friendly communities, aligned with Age Friendly Cities, community development work and health promotion.
- The promotion of assistive technology to support independence at home for those people with dementia, and to offer reassurance to families
- DementiaWeb information resource on dementia and services for people with dementia in the city.

Needs Assessment
Currently there is limited information about people with dementia in the city, and it is based mostly on national estimates. There is no joint strategic needs assessment for dementia. A needs assessment would assist in commissioning plans going forward, and the rolling programme of JSNA needs assessments for 2013-14 includes a commitment to a dementia needs assessment.

Carers
A number of organisations are involved in implementing the Carers Strategy for Brighton & Hove. The NHS Sussex-wide target of support for carers of people with dementia needs to align with this local strategy.

Plan for improvement including key actions

Brighton and Hove has a joint dementia action plan published in 2012 which sets out key plans for dementia in the city.

Outcomes

How will we measure success?

- Increased diagnosis rates to achieve 70% of expected prevalence by 2016
- Improved access to information support and advice at point of diagnosis
- Reduced prescribing of antipsychotics for people with dementia
- Accreditation as a Dementia Friendly Community
- Increased numbers of Carers Assessments completed at an early stage
- A Dementia Board to take forward developments

Healthy Weight and Good Nutrition

What is the issue / why is it important for Brighton & Hove?

- In Brighton and Hove an estimated 43,632 adults are obese and 6,500 are morbidly obese. An estimated 14,000 children and young people aged 2-19 years are overweight or obese. This is predicted to increase to 16,400 by 2020.
- Obesity is strongly correlated with inequalities and deprivation.
- The estimated annual cost to the NHS in the city related to overweight and obesity was £78.1 million in 2010. This is predicted to increase to £85 million by 2015.
- Excess weight is a major risk factor for diseases such as type 2 diabetes, cancer and heart disease. Each year in the South East coast area around 3,000 people die from heart disease and stroke attributable to overweight and obesity.

What are we doing well already?

- The local prevalence of overweight and obesity in children aged 10-11 years is below the national prevalence..

- Commissioning a range of weight management support in community and health care setting for both children and adults. These include MEND, Shape Up, and cooking and growing courses.
- Developing and delivering regular, sustainable programmes for children and adults to increase their physical activity levels. These include free swimming, the Active For Life programme, Healthwalks, Bike It, and exercise-referral schemes.
- The interventions currently in place are based on evidence and NICE guidance and on evidence of local needs through the JSNA. Service outcomes and effectiveness of interventions are regularly evaluated using the National Obesity Observatory Standard Evaluation Framework.
- Breastfeeding rates at 6 weeks are consistently much higher than nationally. Targeted work in areas of inequalities in the city shows an increase in breastfeeding rates in these areas. (Children who are breast-fed are less likely to become obese in later life.)
- The Healthy School and School Meal teams are working with schools to promote healthy eating through teaching and learning opportunities across the curriculum.
- The local “Spade to Spoon: Digging Deeper” food strategy aims to improve the access of local residents to nutritious, affordable and sustainable food and to support the local population to eat a healthier and more sustainable diet. Brighton and Hove City Council One Planet Living’s Local and Sustainable Food Working Group is taking forward particular actions within the strategy including: procurement through catering contracts (sourcing seasonal local food and promoting good

nutrition) both for Local Authority's premises and NHS Trusts (including Meals on Wheels, care homes, school meals); reducing food waste; and expanding land used for growing food.

- A recent Embrace audit found that, out of more than 500 community activities supporting vulnerable people taking place in Brighton & Hove every week, over 50 were food related. These included lunch or supper clubs and others focusing on supporting weight loss and or promoting active lifestyles. The activities are provided by voluntary and community based organisations.

- Promoting the Workplace Wellbeing Charter to all local businesses.

What are the gaps?

- The current specialist weight management service is very limited and results in people being actively considered for bariatric surgery when alternative intensive support may have a similar successful outcome.
- There is a gap in the pathway for the weight management programme delivered in primary care for patients with co-morbidities associated with overweight and obesity.
- There are currently no community weight management services and/or sufficient health promotion of healthy weight, good nutrition and physical activities for young people aged 13-25 years..
- There are currently no reliable local data on adult obesity.
- Low levels of satisfaction in the community with local sports facilities.
- Low provision of physical activities in some local neighbourhoods – therefore people have to travel to leisure centres/other locations.
- Availability and use of local produce by local organisations to provide healthy meals for the local population.

What can we do to make a difference?

The transfer of public health responsibility to the local authority provides a unique opportunity for collaborative working between planners, transport planners, environment health and licensing, healthy school teams and school meal teams to address the influences that contribute towards obesity – the "obesogenic environment".

- Work more closely with local communities to identify their needs and priorities in relation to weight issues and develop services that respond to these needs.
- Identify the needs of young people aged 13-15 years in relation to weight issues.
- Engagement at a local level from large retailers/supermarkets who have signed up to the national Public Health Responsibility Deal food pledges. In particular engaging local supermarket chains in proximity of schools in the city to promote healthier choices for children.
- Engagement from local take-away outlets in proximity of schools to influence food preparations (for e.g. salt content; use of trans-fats etc).

- Develop community assets to encourage the provision of neighbourhood based physical activities and food production e.g. allotments and gardens. Schools could be the hub for a community.
- Improve the quality of food served to people by public organisations- using local produce whenever possible.
- Continue to support a Healthy Settings Programme which promotes healthy eating and physical activity in early years settings, schools and Further Education colleges.
- Improve the quantity and quality of local leisure and sports facilities.
- Work with local employers to make sure the workplace charter is actually being delivered.

Plan for improvement including key actions:

- Establish the Healthy Weight Programme Board to provide the framework to bring together a wide range of organisations from the voluntary, public and private sectors (in particular food retailers).The Board's Action Plan outlines four separate domains with a series of actions for each of the partners, the funding sources and key performance indicators. The key objective is to strengthen local action to promote healthy weight and to prevent overweight and obesity through a life course approach and to address obesity through appropriate treatment and support.
- Ensure the development of a comprehensive weight management service for children and adults from primary through to tertiary care.
- Development and evaluation of the local GP Champions project for young people aged 13-25 years. The aim of the project is to engage young people in the development of health promotion services relating to healthy weight, good nutrition and an active lifestyle.
- Develop a network of Community Health Champions to work directly with the community to encourage greater participation and access to services including physical activities by specific groups including older people and people with learning disabilities.
- To consider the further development of schools as community hubs for promoting physical activity and healthy eating and support schools to achieve outcomes for children under the healthy weight priorities within the healthy settings programme. This will include greater engagement with parents and pupils through the increased provision of school based healthy lifestyles programmes outside school hours.
- To further develop the partnership with local leisure centre providers to increase local community participation.
- Strengthen the ongoing work with the local economic partnership to promote healthy eating and active lifestyles to employees via the workplace.
- To use education initiatives to promote healthy and sustainable food choices and the skills to cook, including for those in care support roles.
- To improve the information for people, particularly vulnerable people, about the importance of good nutrition for health and wellbeing as well as the healthy eating options available in their local area.

- Increase the number of overweight and obese children referred to community weight management services, through closer working with primary care.

- Ensure local community weight management services include cognitive behaviour skills to address the emotional issues linked to weight issues.

Outcomes

- Public Health Outcomes framework includes:
    - Excess weight in 4-5 and 10-11 year olds
    - Excess weight in adults.
    - Proportion of physically active and inactive adults
- Reduction in prevalence of overweight/obese children from the National Child Measurement Programme dataset for children aged 10-11 years.
- Increase the proportion of children and young people achieving the Chief Medical Officer's recommendation for levels of physical activity including an increase in school based activity.
- Reduction in the prevalence of adults who are overweight or obese (estimated until the national data set is put in place).
- Increase the proportion of adults doing at least 30 minutes of moderate physical activity per week.
- An increase in the number of community assets linked to physical activity, cooking skills and healthy eating.

Smoking

What is the issue / why is it important for Brighton & Hove?

- Smoking is the greatest cause of health inequalities and premature mortality. Smoking rates are much higher amongst routine and manual workers and amongst people from some ethnic groups.
- Estimated that 23% of the Brighton and Hove population smoke compared with 20% for England
- 85% of year 7 to 9 pupils report never smoking compared with 50% of year 10 and 11 pupils.
- On average a lifelong smoker will lose ten years of their life.
- The three most common causes of death from smoking are lung cancer, chronic obstructive pulmonary disease and cardiovascular disease.

What are we doing already?

- The Brighton and Hove Tobacco Control Alliance has been established with multiagency representation. The Alliance has an action plan with four main areas: helping communities to stop smoking; maintaining and promoting smoke free environments; tackling cheap and illegal tobacco; stopping the inflow of young people recruited as smokers..
- Smoking cessation services are the most cost-effective life saving intervention provided by the NHS. The local stop smoking specialist service co-ordinates the local smoking cessation services and provides training and support for the intermediate services in primary care (general practices and pharmacies). Over the last ten years local smoking cessation services have helped around 30,000 people to try and stop smoking. In 2012/13 the stop smoking services helped 2,042 people to successfully quit.
- The specialist service provides stop smoking sessions in the most deprived neighbourhoods, and through workplaces helps smokers who are routine and manual workers to quit. There is a well established service within the hospital.
- Working with pregnant women. All pregnant women are now routinely screened with carbon monoxide monitors.
- Working with schools to reduce the number of young people starting smoking and to help those who smoke to quit.
- Linking in with national events such as “No smoking Day.”

What are the gaps?

- Lack of regular up to date local smoking prevalence information.
- Involving local neighbourhoods and people in reducing smoking prevalence within their communities. The new Public Health outcome target is about prevalence not quitters which will require a different approach.
- Poor uptake of specialist stop smoking services programme by certain ethnic groups.

- The Tobacco Control Alliance needs to become more firmly established.
- There is only limited intelligence about the use of illegal tobacco in the city.
- Future plans to promote more smoke free places.

What can we do to make a difference?

- Working with the Brighton and Hove Community Development Team and the local community to reduce the local smoking prevalence.
- Working with the community to understand the needs of all ethnic groups for smoking cessation services.
- Working with environmental health and licensing to use their regular and routine contact with restaurant staff and taxi drivers to reach smokers not accessing services. Link with the GMB union to access manual workers.
- Support work in schools to ensure smoke free sites, effective tobacco education and delivery of or referral to smoking cessation services as part of the Healthy Schools programme.
- Work with parents who smoke to help them understand the issues for their children, and to help them to quit.
- Patients who smoke and who are being referred for surgery should be seen by the stop smoking service to enhance their post-operative recovery.
- Encourage general practices to refer patients being considered for smoking cessation treatment to their own practice based intermediate services to improve clinical effectiveness.
- Further communication work including local websites and the use of viral media. Develop a local communications strategy for our local population, to include the promotion of stop smoking services.
- Promote no smoking in outside areas such as play areas, outside schools and on the beach.
- Support young people in youth settings, colleges and universities to stop smoking.

Plan for improvement including key actions

- Work with CVSF/community engagement team to explore a community asset based approach to reducing smoking.
- Work with local ethnic communities and groups to develop suitable services.
- Develop a plan for promoting no smoking in certain outdoor areas.
- Support the review and development of effective tobacco education, as part of drug, alcohol and tobacco education in schools and Healthy Schools.
- Ensure secondary school staff are able to refer students to smoking cessation services or can deliver smoking cessation sessions in school.

Outcomes

- Reduction in smoking prevalence as per the Public Health outcomes framework:
    - Smoking prevalence – adults (over 18s)
    - Smoking prevalence – 15 year olds
    - Smoking status at time of delivery.
- Reduction in the SAWSS based smoking prevalence data on children and young people:
    - Percentage of young people who have never smoked at ages 11-14 and 14-16 years.
- Increased number of smokers from different ethnic groups being seen by the Stop Smoking team.

Inequalities

As the Joint Strategic Needs Assessment clearly demonstrates there are major inequalities within Brighton and Hove. For males living in the parts of the city with the highest levels of deprivation, life expectancy is 71.7 years compared with 81.7 years in the least deprived areas. The equivalent figures for females are 80.0 & 84.4 years respectively.

The Joint Health and Wellbeing Strategy is a key part of addressing local inequalities and the factors that influence them. The Health and Wellbeing Board will consider the impact of inequalities on the health and wellbeing of the city's population and also link with those partnerships with responsibility for directly tackling the wider determinants of health. In addition to work being undertaken by the HWB, the CCG is developing a new primary care development strategy which will contribute to reducing health inequalities through a strategic approach to reduce exception reporting and a premature mortality audit.

Inequalities exist across the city in different areas such as education, employment, housing and income. These social determinants have many consequences including affecting the health and wellbeing of the population and individuals, either directly or through their influence on lifestyle choices or their effect on access to health services. Health inequalities such as the variation in life expectancy across the city are the result of these inequalities. Therefore to improve life expectancy and health and wellbeing across the social gradient, both for communities and for individuals, requires action to address the inequalities in the social determinants of health as well as in preventive and treatment health services. Many of the changes required for social determinants will not have an impact for many years and should be considered as longer term interventions. However, there are also opportunities for the short-term such as improvements in the identification and treatment of those people at-risk of serious disease, disability and medium-term changes related to lifestyle.

In 2010 the Marmot Review "Fair Society, Healthy Lives" into health inequalities in England provided an evidence based strategy to address the broader determinants of health and reduce inequalities. The report emphasises the impact of social factors on inequalities and the need to tackle such variation across the social gradient in proportion to need ("proportionate universalism"). The report set six key policy and priority objectives:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

The Review provides a framework for approaching inequalities within Brighton and Hove. Tacking Inequality is one of the three priorities in the council's

corporate plan for 2011-2015, and is also a duty of the Clinical Commissioning Group. The two other priorities in the council's corporate plan: engaging people who live and work in the city and creating a more sustainable city are also important to addressing inequalities.

Marmot recommendations and the relevant local high-level partnerships.

Key priority and policy objectives	**Examples of recommended interventions**	**Relevant Partnerships**	**Examples of ongoing/planned actions**
1. Give every child the best start in life	Provide good quality early years education and childcare	Learning partnership Health Visitor Implementation Group/Family Nurse Partnership Board Local Safeguarding Children Board Stronger Families Stronger Communities Partnership Board Brighton and Hove Strategic Partnership	Child Poverty Strategy Early Years Strategy Healthy Child Programme
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives	Ensure reducing social inequalities in pupil's educational outcomes is a sustained priority.	Learning partnership City Employment and Skills Group City Inclusion Partnership Special Educational Needs Partnership Board Secondary Schools Partnership Adult Learning Group Youth Joint Commissioning Group Stronger Families Stronger Communities Partnership Board	Early Years Strategy City Employment and Skills Plan Equality Standard Special Educational Needs Strategy School Improvement Strategy Adult Learning Strategy Services for young people: joint commissioning strategy. Youth Crime Action Plan
3. Create fair employment and good work for all	Prioritise active labour market programmes to achieve timely interventions to reduce long-term unemployment	City Employment and Skills Group Economic partnership Brighton and Hove Apprenticeship Group	City Employment and Skills Plan Economic Strategy Apprenticeship Strategy

4. Ensure healthy standard of living for all	Develop and implement standards for a minimum income for healthy living.	City Employment and Skills Group Economic partnership Brighton and Hove Strategic Partnership	City Employment and Skills Plan Economic Strategy One Planet Framework
5. Create and develop healthy and sustainable places and communities	Prioritise policies that both reduce inequalities and mitigate climate change.	City Sustainability Partnership Transport Partnership Strategic Housing partnership Economic partnership	One Planet Living Framework City Plan Local Transport Plan 3 Housing Strategy Economic Strategy Healthy Schools Strategy Equality and Anti-bullying Strategy action plan
6. Strengthen the role and impact of ill health prevention	Prioritise investment in health prevention and health promotion to reduce the social gradient.	NHS, local authority and voluntary sector partnerships covering issues such as smoking, alcohol, physical activity and healthy eating. Examples include the Alcohol Programme Board, the Sport and Physical Activity Strategy Group and the Tobacco Control Alliance. Youth Joint Commissioning Group	Tobacco Control Alliance Action Plan. CCG working to improve the detection and management of risk factors for premature morbidity and mortality, particularly amongst hard to reach groups. This includes the NHS Health Checks programme. Services for young people: Joint Commissioning Strategy

Local high-level partnerships relevant to the JSNA High impact issues

Social issues				
	Children	**Young people**	**"Adults"**	**Older people**
Alcohol	Alcohol programme board Safe in the City Partnership Board Dual diagnosis steering group			
		Youth Joint Commissioning Board		
Healthy weight and good nutrition	Healthy weight programme board Physical activity steering group Transport Partnership			
Domestic and sexual violence	Domestic violence programme board			
Mental health and emotional wellbeing	Emotional Health & Wellbeing Partnership Board (up to25yrs)		Mental health Clinical Reference Group Dual diagnosis steering group Suicide prevention group (18+yrs)	
Smoking	Tobacco Control Alliance			
Disability	Disabled children's strategic partnership board Youth Joint Commissioning Board SEN partnership board		Learning disability strategy and partnership group Centre for Independent Living Carers Group*	
Specific conditions				
	Children	**Young people**	**"Adults"**	**Older people**
Cancer and access to screening	South East Coast Strategic Clinical network for cancer	South East Coast Strategic Clinical network for cancer	South East Coast Strategic Clinical network for cancer Individual screening steering groups for breast, bowel and cervical cancer.	
HIV & AIDS		Sussex HIV Network Sexual health programme board		
Musculoskeletal		Ongoing Sussex-wide review group		
Diabetes	Diabetes Clinical Reference Group			

Coronary Heart Disease			SEC Strategic Clinical Cardiovascular Network	
Flu immunisations	Local Immunisation & Vaccination Committee	Seasonal flu group		
Dementia				Sussex-wide Dementia Partnership Brighton & Hove Dementia Strategy Implementation Group Carers Strategy Group
Wider determinants				
	Children	**Young people**	**"Adults"**	**Older people**
Child poverty	Child poverty strategy and task group			
Education	The Learning Partnership Secondary Schools Partnership Healthy Settings Programme Panel Behaviour and attendance partnership Stronger families stronger communities programme board		Adult Learning Group	
Employment /Unemployment	Economic Partnership City Employment & Skills Steering Group Employer Engagement Group			
Housing	Strategic Housing Partnership.			
Fuel poverty	Overseen by Strategic Housing Partnership			

*The Carers Group is relevant to most of the areas above.

Engagement and Consultation

There has been broad consultation on the JSNA and JHWS, including:

- A gap analysis of JSNA data conducted by Brighton & Hove Community & Voluntary Sector Forum (CVSF) in January 2012.

- Two stakeholder involvement events focusing on the development of a local Health & wellbeing Board, including a focus on developing a local JHWS.

- An involvement event held in March 2012 bringing together stakeholders from the local community and voluntary sector, the city council, the Clinical Commissioning Group, health providers and NHS Sussex to discuss the JSNA and JHWS.

- Community and voluntary sector involvement in the JSNA 'prioritisation' process.

- Engagement with relevant city council, CCG and community and voluntary sector groups in developing the action plans for each of the JHWS priority areas.

- Participation in a July 2012 workshop event organised by CVSF – explaining and debating the JSNA and JHWS with CVSF members.

- Public consultation in summer 2012 on the draft JSNA summary and JHWS priorities.

Feedback from all of these engagement activities has informed the development of the JSNA and the JHWS.

Subsequent to this engagement, a draft JHWS was endorsed by the shadow HWB in September 2012. This draft was shared with a number of bodies, including local NHS providers. In particular, there was an extensive piece of engagement with local community and voluntary sector organisations, facilitated by the Brighton & Hove Community & Voluntary Sector Forum (CVSF). More than 80 CVSF member organisations attended themed workshops with the relevant JHWC commissioners on the JHWS priorities or responded to survey questions about the JHWS.

The eventual product of this engagement was a detailed sector response to the draft JHWS, which included many valuable suggestions for improving outcomes across the JHWS priority areas. Where possible, CVSF recommendations have been incorporated into the final strategy. However, the JHWS is intended as a high-level document, and many of the suggestions we received are focused upon operational matters rather than strategic ones. In consequence, in the majority of instances a response to/implantation of

CVSF recommendations will be via specific commissioning plans and strategies rather than the JHWS.

We would like to thank CVSF for all the work they have done in this respect. A detailed response to CVSF recommendations, including information on how each recommendation will be advanced, will be compiled and circulated in due course.