A photograph of two women laughing together. The woman on the left has long brown hair and is wearing a pink tank top. The woman on the right has dark hair, wears glasses, and a grey t-shirt. They are both smiling broadly. The background is slightly blurred, showing other people in a social setting.

# Brighton & Hove Joint Health & Wellbeing Strategy 2019-2030

  
*Brighton and Hove  
Clinical Commissioning Group*

  
**Brighton & Hove  
City Council**

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This strategy sets out **our vision** for improving the health and wellbeing of local people and reducing health inequalities.

## **Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life**

### **What is the purpose of the strategy?**

This strategy sets out our vision for the health and wellbeing of people and communities in Brighton & Hove, together with the core principles which will guide local action to deliver the vision. It presents a shared view of where we are and of the challenges and opportunities that we face.

We want to make health and wellbeing everyone's business. Therefore local organisations and communities should use the strategy to develop actions that will contribute to improving health and wellbeing.

### **Who developed the strategy?**

This is a refreshed strategy that builds on the Health & Wellbeing Strategy which was approved by the Health & Wellbeing Board in December 2015.

The strategy was developed by a policy panel that reported to the Brighton & Hove Health & Wellbeing Board. The panel included members nominated from the board plus representatives of Community Works (representing the community and voluntary sector), Brighton & Hove Chamber of Commerce and the Brighton & Hove Economic Partnership.

## How were local people involved?

The views of local people and organisations have been instrumental in the development of this strategy. These were gathered through the following means:

- More than 2,000 people took part in the Brighton & Hove Big Health and Care Conversation in 2017, which aimed to find out more about what local people need to keep them healthy
- Engagement on the draft strategy was conducted from December 2018 to January 2019, culminating in an event attended by more than 100 people.

## OUR PRINCIPLES

## Our principles

Eight principles will guide the delivery of our strategy:

<b>Partnership and collaboration</b>	Individuals, communities and organisations across the city will work together to deliver our shared vision.
<b>Health is everyone's business</b>	Services and plans will reflect the contributions that factors such as education and learning, housing, employment, environment, leisure and culture, and transport make to improving health and wellbeing.
<b>Health and work</b>	Fulfilling work, including volunteering, contributes to good health and wellbeing – and local employers, communities and the economy will benefit from healthy workplaces and a healthy workforce.
<b>Prevention and empowerment</b>	Communities will be supported to develop networks and local solutions that lessen social isolation and improve wellbeing, and reduce the need for more specialist services. People will be encouraged and empowered to take responsibility for their health and wellbeing where they can. Early action will help people to live well for longer and to remain independent.
<b>Reducing health inequalities</b>	The physical and mental health of those with the poorest outcomes will improve the fastest. Services will be accessible to those who need them in all parts of the city, including people with learning and physical disabilities and those who are socially isolated.
<b>The right care, in the right place, at the right time</b>	Health and care services will provide high quality care, feel more joined up and will be delivered in the most appropriate place. Often, this will mean that more services are delivered in or close to people's homes.
<b>Engagement and involvement</b>	Local people of all ages will be active partners in the design, development and delivery of health and care services and supported to manage their health.
<b>Keeping people safe</b>	We want everyone to be safe from avoidable harm, taking particular care of our most vulnerable residents.

## Our challenges

### A growing population

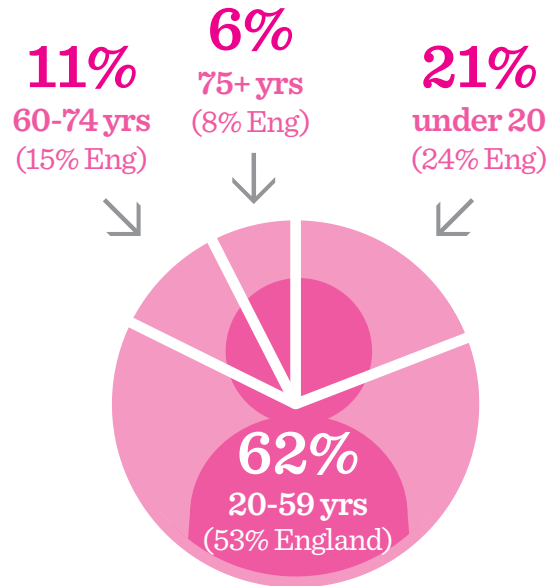
There are currently around 288,000 people living in the city. Our population profile is younger than England.

Our population is predicted to increase at a faster rate than the South East and England by 2030 (by 23,300 people or 8%).

By 2030, Brighton & Hove's age profile is predicted to get older. There will be 29% more people aged 75 or older (5,200 people) compared with 2017, including 400 more people aged 90 or over.

The number of children in Brighton & Hove will increase slightly. It is predicted there will be 800 more children (6%) aged 0-4, with more than half of the increase (500 people) happening by 2020. The number of 5-14 years old is expected to remain around the same (100 fewer children). There are projected to be 4,800 more young people (a 10% increase) aged 15-24 years by 2030.

**288,155**  
residents (2017)

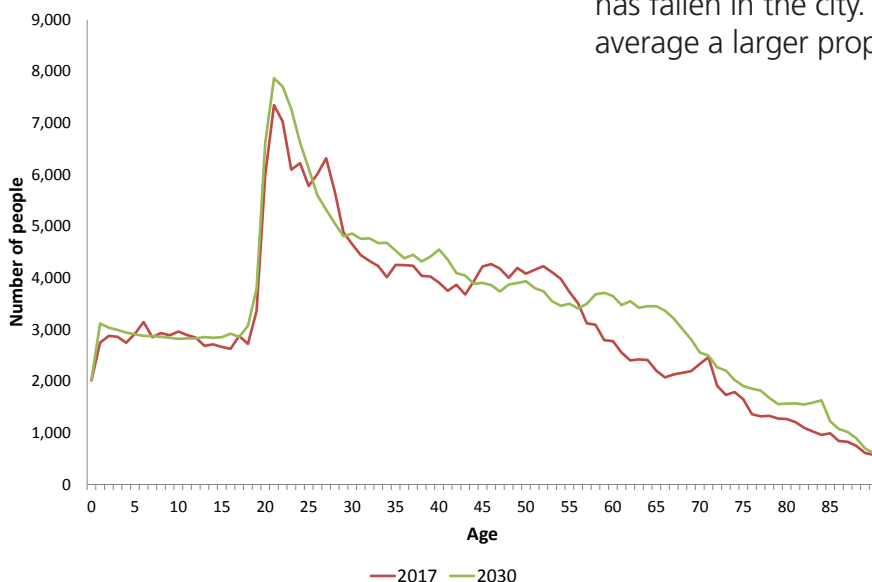


### Health and wellbeing needs

Life expectancy in Brighton & Hove was 83.0 for women and 79.1 for men in 2015-17. It has increased over recent decades; however data suggests that this trend may have stalled in the last five years (nationally, life expectancy began to plateau in 2010).

Healthy life expectancy (a measure of how many years of life are lived in good health) has fallen in the city. This means that on average a larger proportion of life is now

### Brighton & Hove population profile 2017 and 2030





## OUR CHALLENGES

spent in poor health, increasingly with multiple long-term health conditions. In Brighton & Hove women can expect to live 25% of their life in poor health (23% in England), while males in Brighton & Hove can expect 22% of their life to be lived in poor health (20% in England).

In addition, there are significant health inequalities across our population. For example, there is a gap in life expectancy of 10 years in men and six years in women between the most and least disadvantaged areas in the city. The gap in healthy life expectancy is greater still, highlighting that people living in our more disadvantaged communities spend more years living in poor health.

Local data highlights relatively good health and wellbeing in younger children. However, we have high rates of smoking, substance misuse and mental health needs in young people. In adults, some of our health outcomes, for example relating to mental health, are worse than average. For older people, there is a higher than average rate of falls.

Research suggests that most people would prefer to die at home and few wish to die in hospital. More than 9 out of 10 bereaved relatives believed that when their loved ones had died at home or in a hospice it was the right place for them (compared with 3 out of 4 in the case of hospitals).

### Health and care services

Healthcare is often organised around individual health conditions and does not always meet the needs of those who have multiple long-term conditions.

Some people are being treated in hospital when they could receive better care provided by services in their own home or their neighbourhood.

Challenges for delivering local services include the capacity and resilience of GP practice services and recruitment to the health and care workforce.

In January 2019, the NHS Long Term Plan was published, which describes how:

- the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal setting
- the contribution the NHS makes to preventing ill health and reducing health inequalities will be strengthened
- NHS organisations and local authorities will work more closely together as part of Integrated Care Partnerships to deliver health and care services
- Local health services will come together into geographical networks (called Primary Care Networks) covering populations of 30,000 to 50,000 to provide better coordinated care closer to patients' homes.

The next steps in developing more joined-up services locally include:

- a local five year delivery plan for the NHS Long Term Plan will be published in Autumn 2019
- the role and membership of the Health & Wellbeing Board will be reviewed by Autumn 2019
- the NHS Clinical Commissioning Group and city council will develop a joint medium term financial strategy by 2020.

## OUR OUTCOMES

## Our high level outcomes: starting, living, ageing and dying well

We want everyone in Brighton & Hove to have the best opportunity to live a healthy, happy and fulfilling life.

This strategy focuses on improving health and wellbeing outcomes for the city and across the key life stages of local residents: starting well, living well, ageing well and dying well.

Our ambition for Brighton & Hove in 2030 is that:

People will live more years in good health (reversing the current falling trend in healthy life expectancy).

The gap in healthy life expectancy between people living in the most and least disadvantaged areas of the city will be reduced.

### Our city

Our health and wellbeing is influenced by social, economic and environmental factors:

**102nd** most deprived local authority (of 326) (2015)



**64** rough sleepers (street count 2018)



**5.8%** of adult mortality is attributable to particulate air pollution (2017)



Those on the lowest 25% of earnings need **12 times** their earnings to afford the lowest 25% of house prices (2017)



**11%** (14,600 people) are estimated to be in fuel poverty (2016)



**56 per 100,000** people are killed or seriously injured on the roads in the city (2015 to 2017)



**4.8%** (7,700 people) in the city are unemployed (2017).



Employment rates are lower for those with: **long-term health conditions; a learning disability; and people in contact with secondary mental health services** (2017/18)

**4%** of 16-64 year olds are out of work due to long-term sickness (October 2017 to September 2018)



**39 per 100,000** people are admitted to hospital due to violent crime (including sexual assault) (2015/16 to 2017/18)

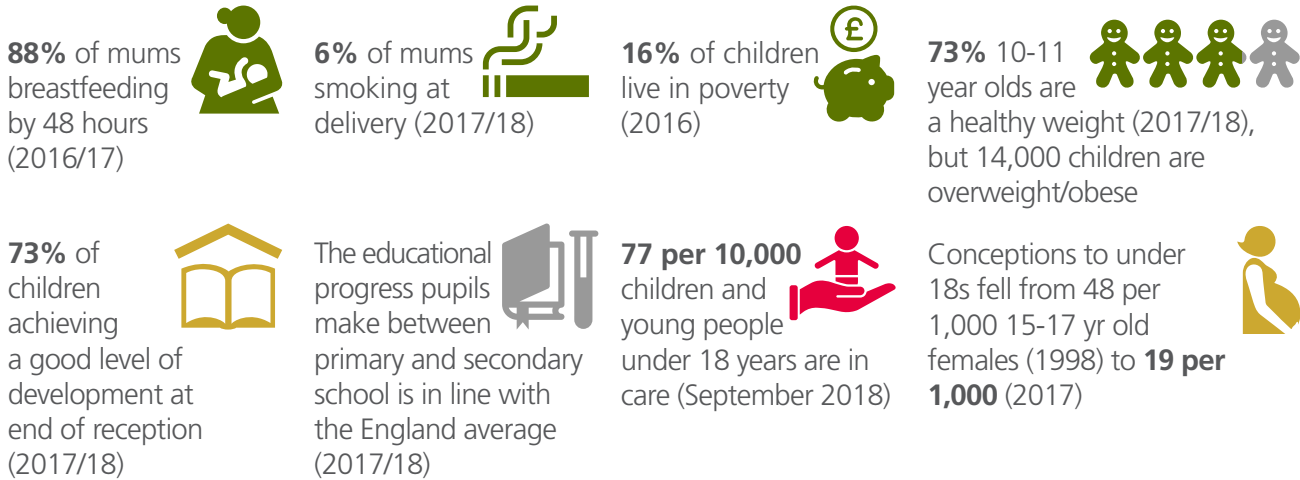




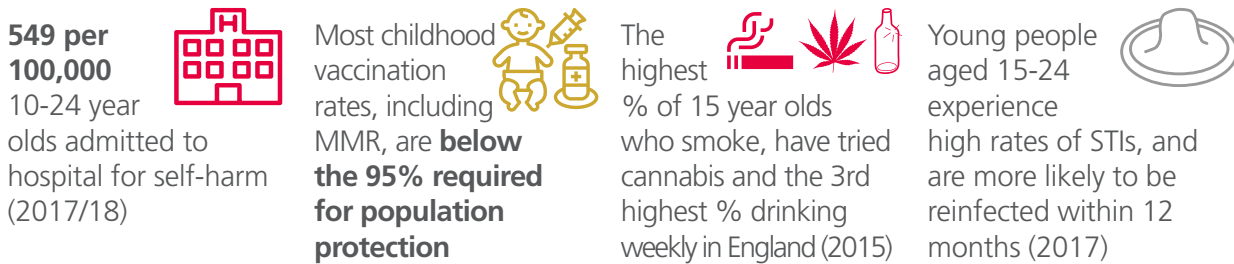
## OUR OUTCOMES

## Starting well

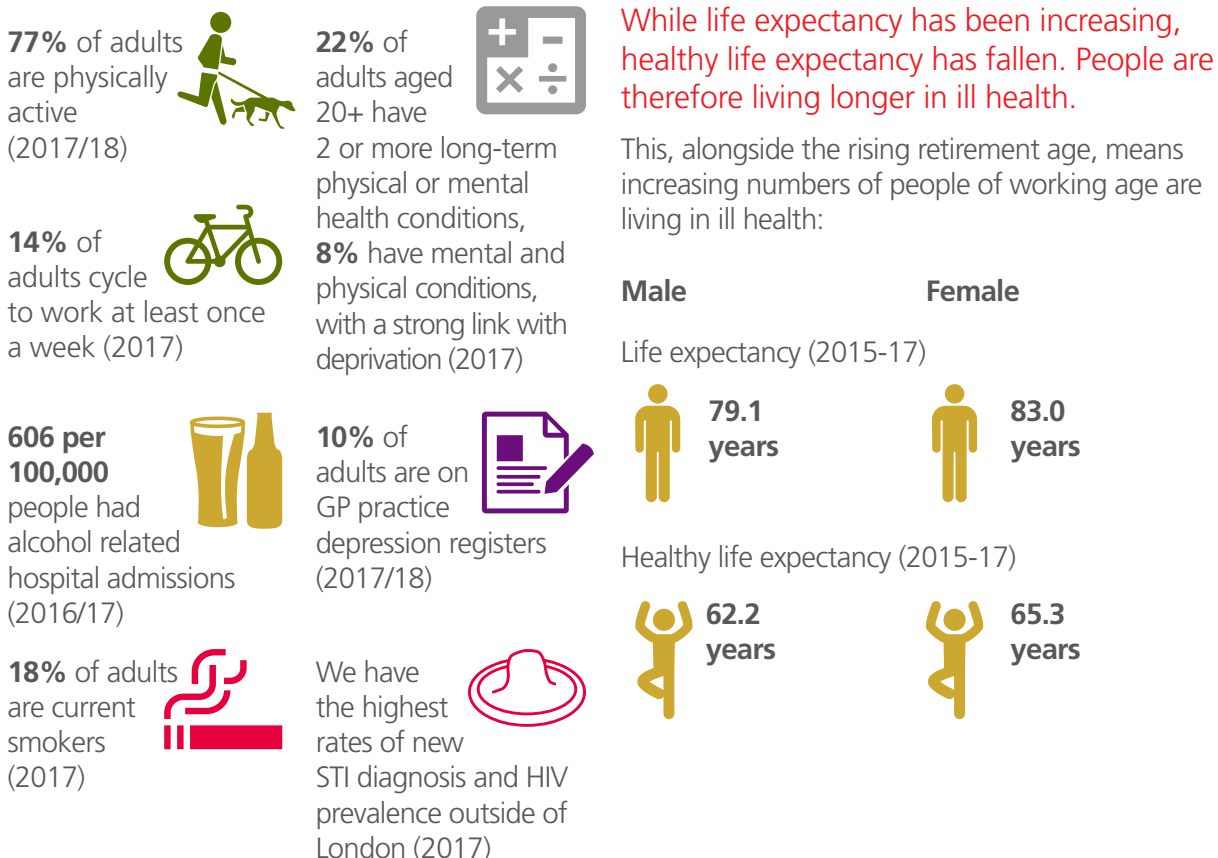
We do well in many areas. Fewer mothers smoke, more breastfeed and more children are a healthy weight:



However, we have worse rates of smoking, drinking and drugs use, sexually transmitted infections (STIs) and poorer emotional wellbeing:



## Living well



## OUR OUTCOMES

## Ageing well

A relatively high proportion of older people live alone and a higher proportion of older people are income deprived:

**58%** of those surveyed receiving adult social care had good quality of life (2017/18)



Carers have a similar quality of life to the rest of England (2016/17)



The risk of loneliness for those 65+ in the city is in the top 20% in England (2011)



**41%** of people aged 65+ live alone (2011)



**20.5%** of older people are income deprived (2015)



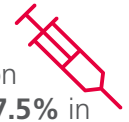
**104** in every 1,000 65+ year olds have age-related macular degeneration (preventable sight loss) (2017/18)



**4.6%** of 65+ year olds have a record of dementia (2018)



Flu immunisation uptake at **67.5%** in 65+ year olds (2017/18) is below the goal of 75%



**2,465 per 100,000** people aged 65+ were admitted as an emergency to hospital due to a fall (2017/18)



**749 per 100,000** people aged 65+ were admitted to permanent residential or nursing care homes (2017/18)



## Dying well

Most people would like to die at home. In almost **half of all deaths (49%)**, people die in their usual residence (2017) This is a higher proportion than England and has increased from 40% in 2006



**38%** of deaths are in hospital



**25%** of deaths are in care homes



**25%** of deaths are at home



**8%** of deaths are in a hospice



**Key** - Based upon statistical significance

- Better than England**
- Not different to England**
- Worse than England**
- Difference cannot be calculated**
- Higher than England**
- Lower than England**

For more details on the health and wellbeing of people in Brighton & Hove please see our Joint Strategic Needs Assessment:

[www.bhconnected.org.uk/content/local-intelligence](http://www.bhconnected.org.uk/content/local-intelligence)

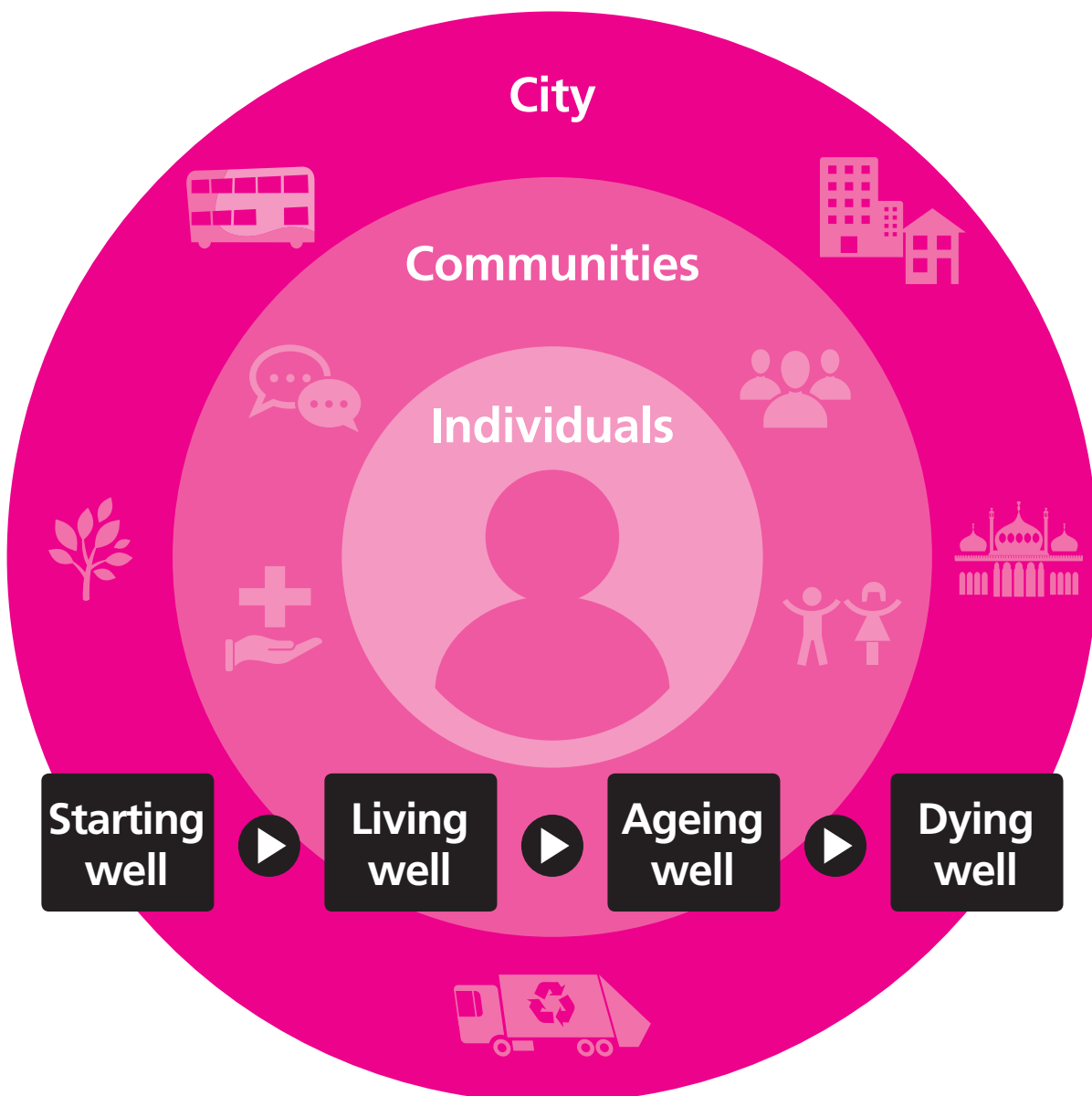
## KEY AREAS FOR ACTION

**Key areas for action****Our approach to improving health and wellbeing**

Social, economic and environmental factors have a major impact on our health and wellbeing.

Therefore, to achieve our vision we need Brighton & Hove to be a city where health and wellbeing is everyone's business.

Partners across the city all have a part to play in ensuring everyone in Brighton & Hove has the best opportunity to live a healthy, happy and fulfilling life. These partners include local communities, the council, NHS, the community and voluntary sector, universities, schools, police, the fire & rescue service and businesses.



## KEY AREAS FOR ACTION

**Our city****Brighton & Hove will be a place which helps people to be healthy.**

- The benefits of economic growth will be reinvested to support greater levels of inclusion. The gap between and within our communities will be narrowed.
- Planning of major developments and transport schemes will promote health and wellbeing.
- More people will travel actively, and walking and cycling will be prioritised, benefitting physical and mental health.
- Air quality will be improved.
- Residents will be supported to be safe, warm and well in their homes.
- The underlying causes of homelessness will be tackled.
- A whole city approach to food and wellbeing will be adopted, prioritising those with the poorest diets or least access to healthy food.
- Green & open spaces and sports & leisure facilities will be used effectively to improve wellbeing.
- Libraries and community spaces will be used to improve wellbeing.
- Arts and culture will benefit our health and wellbeing, including within local health and care services.
- People with caring responsibilities will be supported.
- Partners across the city will work with local residents to challenge the normalisation of substance misuse and excessive alcohol consumption and raise awareness of the detrimental impact they have on individuals and communities, so to reduce the associated harm, including physical and mental health problems and the exploitation of young or vulnerable people.

**Starting well****The health and wellbeing of children and young people in Brighton & Hove will be improved.**

- A focus on early years will maintain our good breastfeeding rates and improve the uptake of childhood immunisation.
- Healthy lifestyles and resilience will be promoted, including in school and other education settings, to reduce the risk of experiencing health problems in later life.
- Risks to good emotional health and wellbeing will be addressed, including parental substance misuse and domestic abuse, and mental health services will be easier to access.
- High quality and joined-up services will consider the whole family and, where appropriate, services will intervene early to provide support to prevent problems escalating.

## KEY AREAS FOR ACTION

## Living well

**The health and wellbeing of working age adults Brighton & Hove will be improved.**

- Information, advice and support will be provided to help people to eat well, move more, drink less and stop smoking to reduce their risk of developing long-term health conditions. Local people and communities will be encouraged to make the most of these opportunities to improve their health and wellbeing.
- Mental health and wellbeing will be improved and easier access to responsive mental health services will be provided.
- Sexual health will be improved, including reducing new HIV infections.
- People will receive support to improve their wellbeing at work.
- People with disabilities and long-term conditions, and the long-term unemployed, will be supported into work.

## Ageing well

**Brighton & Hove will be a place where people can age well.**

- The contribution that people of all ages make to Brighton & Hove will be nurtured and celebrated and we will be both an age friendly city and a dementia friendly city.
- The needs of our ageing population will be considered in the design of the physical environment and in planning new developments.
- People will be supported to reduce loneliness and social isolation and to reduce their risk of falls.
- More people will be helped to live independently in the community by services that connect them with their communities.

## Dying well

**The experiences of those at the end of their life, whatever their age, will be improved.**

- A city wide approach will be developed to improve health and wellbeing at the end of life and to help communities to develop their own approaches to death, dying, loss and caring.
- More people will die at home or in the place that they choose.
- Support for families, carers and the bereaved will be enhanced.

## Delivering the strategy

### How will the strategy be delivered and monitored?

Some of the required action will be incorporated into work already underway while some will require the development of new plans.

The Health & Wellbeing Board will be responsible for monitoring the delivery and impact of the strategy and will agree a set of key indicators.

### Other strategies that support health and wellbeing

This strategy provides a bridge between the plans produced by local health and care services and other plans that impact on health and wellbeing in Brighton & Hove. The content of this strategy will be reflected in the development and delivery of these plans.









For more information visit:  
[www.brighton-hove.gov.uk/health-wellbeing-strategy](http://www.brighton-hove.gov.uk/health-wellbeing-strategy)