



# Brighton & Hove Health & Wellbeing Strategy 2019-2030



## CONTENTS

1

Our vision

2

Our principles

3 - 4

Our challenges

5 - 7

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

8 - 10

Key areas for action

11

Delivering the strategy

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 & 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 engagement event attended by more than 100 people.

## Our principles

Eight principles will guide the delivery of our strategy:

**Partnership  
and  
collaboration**

Individuals, communities and organisations across the city will work collaboratively to deliver our shared vision.

**Health is  
everyone's  
business**

Services and plans will reflect the contributions that factors such as education and learning, housing, employment, environment, leisure & culture, and transport make to improving health and wellbeing.

**Health and work**

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.

**Prevention and  
empowerment**

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.

**Reducing health  
inequalities**

The physical and mental health of those with the poorest outcomes will improve the fastest.

Services will be accessible to those who need them, including people with learning and physical disabilities, those who are socially isolated and those living in different parts of the city.

**The right care, in the  
right place, at the right  
time**

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.

**Engagement and  
involvement**

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.

**Keeping people safe**

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 and 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 population 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.

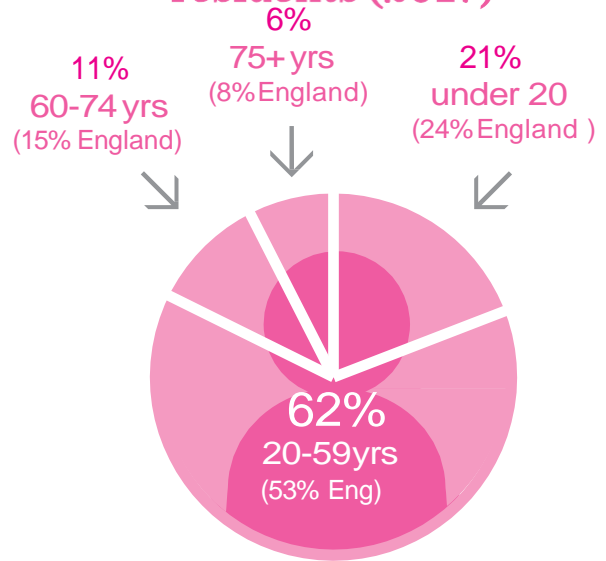
The number of children in Brighton & Hove will increase slightly. It is predicted there will be 800 more children (6%) aged 0-4, with more than half of the increase (500 people) happening by 2020. The number of 5-14 years old is expected to remain around the same (100 fewer children). There are, however,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

### Brighton & Hove population profile 2017 and 2030



# 288,155

residents (2017)



### Health and wellbeing needs

Life expectancy in Brighton & Hove was 83.4 years for women and 79.5 for males in 2014-16. 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 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), whilst males in Brighton & Hove can expect 22% of their life to be lived in poor health (20% in England).

## 4 - OUR CHALLENGES

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 highlight 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, we have worse than average rates of falls.

Research suggests that the majority of 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 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 covering populations of 30,000 to 50,000 to provide better coordinated care closer to patients' homes.
- a local 5 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 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.

Our approach will focus on achieving good health and wellbeing outcomes for the city and for 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:





<p><b>102nd</b> most deprived local authority (of 326) (2015)</p>		<p><b>64</b> rough sleepers (Street count 2018)</p>		<p><b>5.8%</b> of adult mortality is attributable to particulate air pollution (2017)</p>	
<p>Those on the lowest 25% of earnings need <b>12 times</b> their earnings to afford the lowest 25% of house prices (2017)</p>		<p><b>11%</b> 14,600 people estimated to be in fuel poverty (2016)</p>		<p><b>56 per 100,000</b> people killed or seriously injured on the roads in the city (2015 to 2017)</p>	
<p><b>4.8%</b> 7,700 people in the city are unemployed (2017) Employment rates are lower for those with: <b>long-term conditions</b>; a learning disability; and <b>in contact with secondary mental health services</b> (2017/18)</p>		<p><b>4%</b> of 16-64 year olds are out of work due to long-term sickness (Oct 2017 – Sept 2018)</p>		<p><b>37 per 100,000</b> people admitted to hospital due to violent crime (inc sexual assault) (2015/16 - 17/18)</p>	

## Starting well








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

<p><b>88%</b> breastfeeding by 48 hours (2016/17)</p>		<p><b>6%</b> smoking at delivery (2017/18)</p>		<p><b>15%</b> of children live in poverty (2015)</p>		<p><b>73%</b> 10-11 year olds healthy weight (2017/18), but 14,000 children are overweight/obese</p>	
<p><b>73%</b> achieving a good level of development at end of reception (2017/18)</p>		<p>The educational progress pupils make between primary and secondary school is in line with the England average (2017/18)</p>	<p><b>77 per 10,000</b> children and young people under 18 years in care (Sept 2018)</p>		<p>Conceptions to under 18s fell from 48 per 1,000 15-17 yr old females (1998) to <b>18 per 1,000</b> (2016)</p>		

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

<p><b>544 per 100,000</b> 10-24 year olds admitted to hospital for self-harm (2016/17)</p>		<p>Most childhood vaccination rates, including MMR, are <b>below the 95% required for population protection</b></p>		<p>The highest % of 15 year olds who smoke, have tried cannabis and the 3rd highest % drinking weekly in England (2015)</p>		<p>Young people aged 15-24 experience high rates of STIs, and are more likely to be reinfected within 12 months (2017)</p>	
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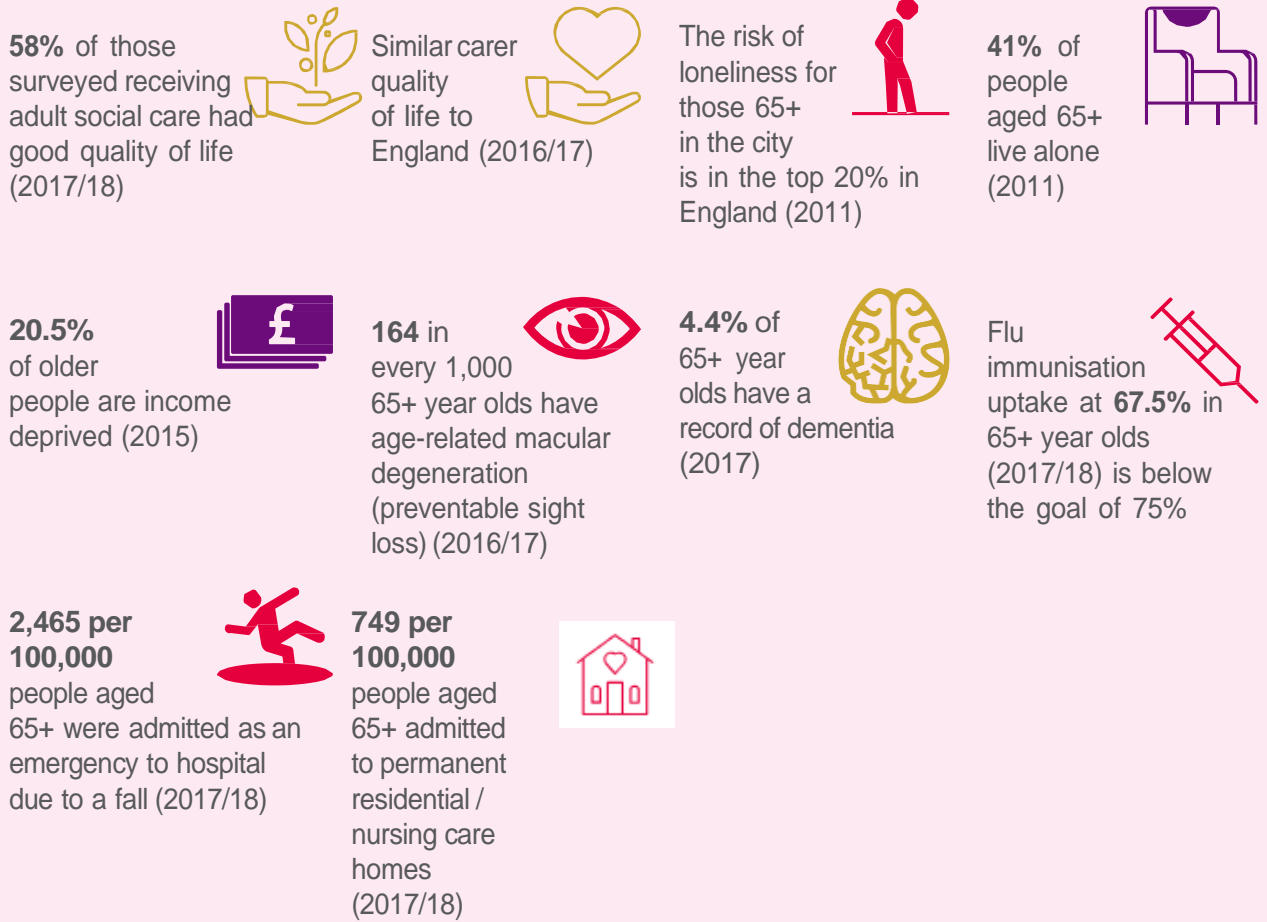
## Living well

<p><b>78%</b> of adults are physically active (2016/17)</p>		<p><b>22%</b> of adults aged 20+ have 2+ long-term physical or mental health conditions, <b>8%</b> have mental <b>and</b> physical conditions, with a strong link with deprivation (2017)</p>		<p>Whilst life expectancy has been increasing, healthy life expectancy has fallen. People are therefore living longer in ill health. This, alongside the rising retirement age, means increasing numbers of people of working age are living in ill-health:</p>		
<p><b>14%</b> of adults cycle to work at least once a week (2017)</p>		<p><b>10%</b> of adults are on GP practice depression registers (2017/18)</p>		<p><b>Male</b></p>	<p><b>Female</b></p>	
<p><b>697 per 100,000</b> people had an alcohol specific hospital admission (2017/18)</p>		<p>The highest rates of new STI diagnosis and HIV prevalence outside of London (2017)</p>		<p>Life expectancy (2015-17)</p>	<p><b>79.1 years</b></p>	<p><b>83.0 years</b></p>
<p><b>18%</b> of adults are current smokers (2017)</p>		<p>Healthy life expectancy (2015-17)</p>	<p><b>62.2 years</b></p>	<p><b>65.3 years</b></p>		



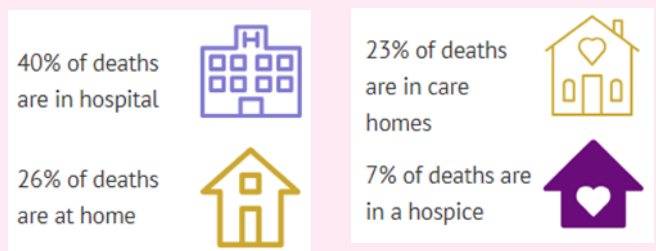
## Ageing well

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









## Dying well

The majority of people would like to die at home. In **half of all deaths**, people die in their usual residence (2016). This is a higher proportion than England and has increased from 40% in 2006



## Key

-  Significantly better than England
-  Not significantly different to England
-  Significantly worse than England
-  Significance cannot be calculated
-  Significantly higher than England
-  Significantly lower than England

Based upon statistical significance

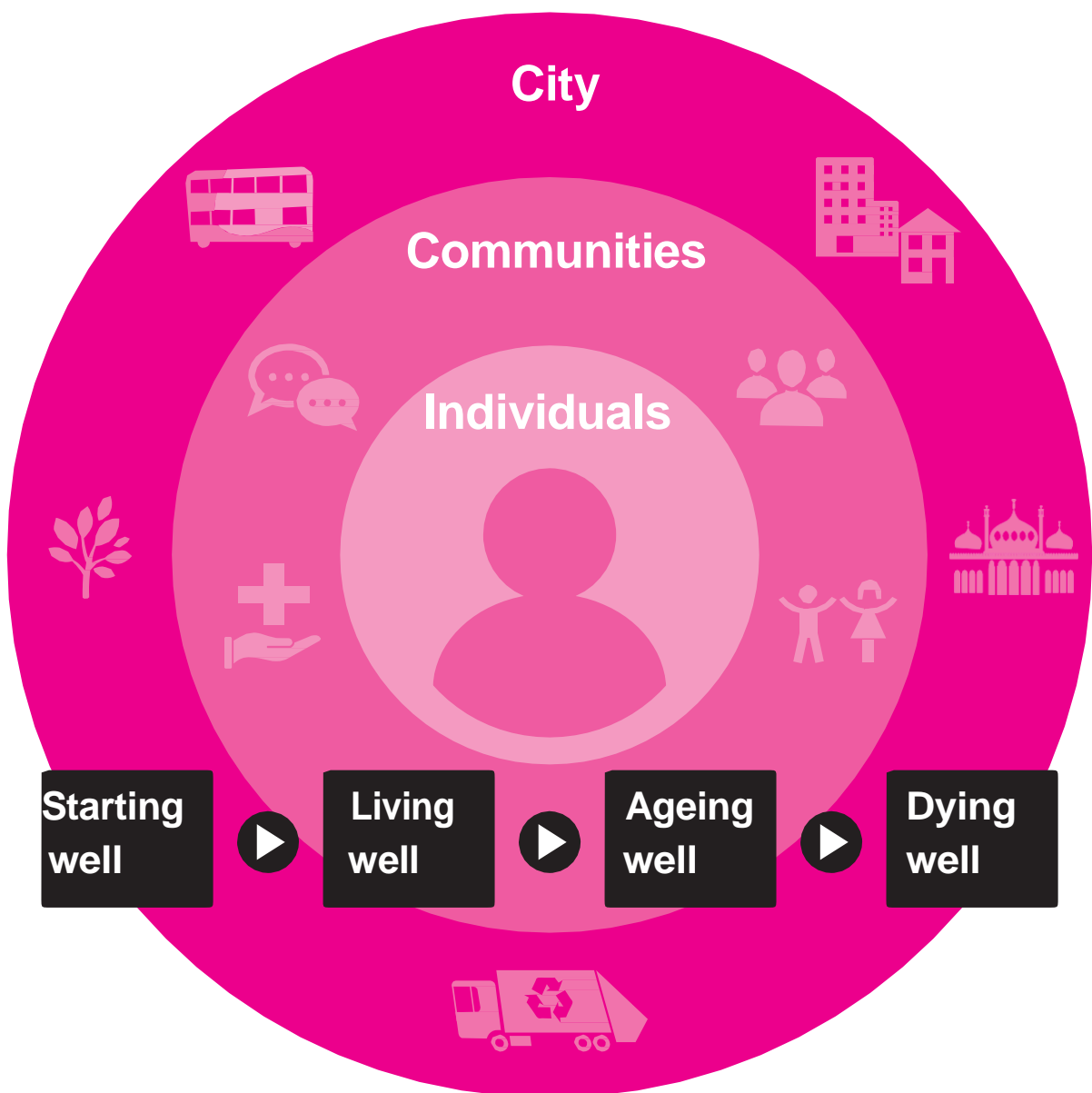
## Key areas for action

### 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, including local communities, the Council, NHS, the community and voluntary sector, universities, schools, police, the fire & rescue service and businesses, all have a part to play in ensuring everyone in Brighton & Hove has the best opportunity to live a healthy, happy and fulfilling life.



### 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.
- 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.
- People with caring responsibilities will be supported.

### 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.

## 10- 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 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 in workplaces, and 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 housing developments.
- People will be supported to reduce loneliness and social isolation and to reduce their risk of falls and fractures.
- 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.

## 11 - DELIVERING THE STRATEGY

### 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 by Autumn 2019.

#### 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.



