

Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

| Title: | Joint Health and Wellbeing Strategy – Ageing Well update | | | | |
|------------------|---|-------------------|--|--|--|
| Date of Meeting: | 7 November 2023 | | | | |
| Report of: | Alistair Hill, Director of Public Health | | | | |
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| Wards Affected: | All | | | | |
| | ards Affected: All | | | | |

FOR GENERAL RELEASE

Executive Summary

Health and Wellbeing Boards have a duty to prepare a Joint Health and Wellbeing Strategy to describe the vision and strategic aims to address the population needs identified in the Joint Strategic Needs Assessment (JSNA).

The Brighton & Hove Health and Wellbeing Strategy 2019-30 was approved by the Board in March 2019. It sets out the vision: 'Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life'.

To deliver the ambition, the strategy identifies a number of outcomes for local people that are reflected under four key areas or themes in the Strategy known as the 'Wells': starting well, living well, ageing well, and dying well.

The Health and Wellbeing Board has chosen to receive updates on a specific strategy theme at each Board meeting. This will enable the Board to receive a rich picture of health and social care activity in Brighton & Hove relating to the specific 'Well'.



This paper aims to provide the Board with an overview of the Ageing Well strategy focus.

The Board will be asked to note the Ageing Well update and services in place to deliver the strategic aims.

Glossary of Terms JHWS - Joint Health and Wellbeing Strategy JSNA - Joint Strategic Needs Assessment

1. Decisions, recommendations and any options

1.1 That the Board notes the current status of the Joint Health and Wellbeing Strategy outcome measures and activity relating to Ageing Well.

2. Relevant information

The Joint Health and Wellbeing Strategy

- 2.1 Health and Wellbeing Boards have a duty to prepare a Joint Health and Wellbeing Strategy (JHWS) to describe the vision and strategic aims to address the population needs identified in the Joint Strategic Needs Assessment (JSNA).
- 2.2 The Brighton & Hove JHWS was approved by the Health and Wellbeing Board in March 2019. It is a high-level strategy that sets out the vision of the Board for improving health and wellbeing and reducing health inequalities in Brighton & Hove.
- 2.3 The JHWS was developed by a panel nominated from the Health and Wellbeing Board and, in addition to Board representative, included representation from voluntary and community services, Brighton & Hove Chamber of Commerce, and the Brighton & Hove economic partnership. The views of local people and organisations were instrumental in developing the strategy.
- 2.4 The vision of the Board as set out in the JHWS is that: 'Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life'.
- 2.5 The strategy details the challenges and health and wellbeing needs faced by the city: the growing population, and the predicted change to the age profile with greater proportion of older people.
- 2.6 It considers the health and wellbeing needs of the population and the corresponding health and care services and focuses on improving health and wellbeing outcomes for local residents across the key stages of life reflected as the four 'Wells': starting well, living well, ageing well, and dying well.



2.7 The strategy provides a bridge between local health and care services' plans and strategies which will impact on health and wellbeing, where partners across the city understand that we all have a part to play in ensuring that everyone in Brighton & Hove has the best opportunity to live a healthy, happy and fulfilling life.

Development of the outcome measures

- 2.8 The Board agreed an initial set of outcome measures against which to monitor the delivery and impact of the strategy. These were updated in July 2021 with minor amendments in October 2022.
- 2.9 The criteria for inclusion as an outcome measure are:
 - where they are population level outcomes (not system or process indicators)
 - where Brighton & Hove performs poorly against defined comparators
 - where there are significant inequalities within the city, and
 - now also where the Covid-19 pandemic response is likely to have had a significant impact eg: physical activity.
- 2.10 The outcome measures are predominantly taken from: the Public Health Outcomes Framework; NHS Outcomes Framework; Adult Social Care Outcomes Framework; and Office for Health Improvement and Disparities (OHID) Wider Impacts of Covid-19 dashboard.

Monitoring the outcome measures

- 2.11 The outcome measures are ideally presented to reflect the status and trend of the measure i.e.: whether the trend is worsening or improving.
- 2.12 For this report it is not possible to reflect trends for all indicators. This is due to the re-basing of Office of National Statistics (ONS) mid-year population estimates following the 2021 Census. The current data points use the new ONS population estimates to provide current rates, but the historic population data has not yet been updated to enable comparable assessments over time. When the historic population data are updated trend data will be reinstated.
- 2.13 Trends are shown where the denominator is not based upon an ONS population figure, for example for flu immunisation where the denominator is those eligible for immunisation recorded on GP practice records. Where cohorts are sampled, for example adult social care survey data, then the denominator data will not be affected by the ONS changes and so these outcomes will continue to show trend data.



Outcomes measures update

- 2.14 At the Health and Wellbeing Board in November 2022, the Board opted to receive updates on the JHWS outcome measures at each Board meeting, rather than as a single annual update. This would take the form of focussing on one of the 'Wells' at each meeting.
- 2.15 The rationale for this was to enable the inclusion of a brief narrative of the specific 'Well' theme to provide a more integrated city-wide understanding of the outcomes and the actions in place. This will provide assurance to the Board that local programmes such as the Shared Delivery Plan and other local services are addressing the outcomes where there is the greatest need for improvement.
- 2.16 This report reflects the outcome measures and activity updates for the Strategy area 'Ageing Well'. The figure below summarises the current status of Ageing Well outcomes and identifies where they are significantly better than, worse than, or similar to England.
- 2.17 More depth information is available in Appendix 1, which compares Brighton & Hove data with England, South East local authorities and our 'CIPFA' neighbours (local authorities which are statistically similar in their characteristics to Brighton & Hove).
- 2.18 The Ageing Well outcome measures (including the desired direction of travel) are:
 - An increase in the percentage of adult social care users with as much social contact as they would like.
 - An increase in the percentage of adult carers with as much social contact as they would like.
 - Repeated admission to hospital is reduced.
 - Hospital admissions due to falls in people aged 65 or over are reduced.
 - Permanent admissions to residential and nursing homes are reduced.
 - Flu vaccination rate for those aged 65 years or over is increased.
 - Flu vaccination rate for those at risk is increased.
 - Under 75 years mortality rate from cancer considered preventable is reduced.
 - Under 75 years mortality rate from cancer is reduced.
 - Under 75 years mortality rate from cardiovascular diseases is reduced.
 - Under 75 years mortality rate from cardiovascular diseases considered preventable is reduced.
- 2.19 It should be noted that the outcome measures in the Living Well strategy theme are also relevant for the ageing population as these apply to all ages.
- 2.20 This report focuses on the health and social care activity in place to:



- increase social contact and reduce isolation;
- prevent falls and reduce hospital admissions and re-admissions; and
- reduce permanent admissions to residential and care homes
- 2.21 Updates on increasing Flu vaccination uptake and reducing mortality from cardiovascular disease (CVD) and cancer are planned for subsequent Board meetings so are not included in the discussion of the Ageing Well activity in this report or the presentation to the Board.

Figure 1: Summary of HWBS Ageing Well Indicators: Brighton & Hove compared with South East England and England

| Recent trends: - Could not be No significant foreasing & Increasing & Decreasing & Decreasing & Calculated change getting worse getting better getting worse getting better | | | | | | | | | | | |
|---|--|-----------------|--------|---------|-------|-------|-------|----------|-------|--|--|
| Indicator | | Brig & Hov | | England | | | | | | | |
| | | Recent Trend | | Value | Value | Worst | Range | Best | | | |
| Population vaccination coverage: Flu (at risk individuals) (Persons, 6 months-64 yrs) <55% ≥55% | | | 18,841 | 46.6% | 49.1% | 32.7% | | | | | |
| Population vaccination coverage: Flu (aged 65 and over) (Persons, 65+ yrs) <75% ≥75% | | + | 32,093 | 75.1% | 79.9% | 59.6% | (| | 86.8% | | |
| Social Isolation: percentage of adult carers who have as much social contact as they would like (Persons, 18+ yrs) | | - | 190 | 32.3% | 28.0% | 16.0% | | (| 0 | | |
| Social Isolation: percentage of adult social care users who have as much social contact as they would like (Persons, 18+ yrs) | | - | - | 37.5% | 40.6% | 24.3% | | 0 | | | |
| Under 75 mortality rate from cancer (Persons, <75 yrs) | | - | 292 | 139.6 | 121.5 | 189.8 | | | | | |
| Under 75 mortality rate from cancer considered preventable (Persons, <75 yrs) | | - | 116 | 56.8 | 50.1 | 100.7 | | 0 | 4.5 | | |
| Under 75 mortality rate from all cardiovascular diseases (Persons, <75 yrs) | | - | 173 | 81.0 | 76.0 | 133.9 | | 0 | | | |
| Under 75 mortality rate from cardiovascular diseases considered preventable (Persons, <75 yrs) | | - | 67 | 31.1 | 30.2 | 54.3 | | 0 | 18.9 | | |
| Emergency readmissions within 30 days of discharge from hospital (Persons, All ages) | | - | - | 13.7% | 15.5% | 20.0% | | |) | | |
| Emergency hospital admissions due to falls in people aged 65 and over (Persons, 65+ yrs) | | - | 1,050 | 2,574 | 2,100 | 3,272 | • | | 4 | | |
| Permanent admissions to residential and nursing care homes per 100,000 aged 65+ (Persons, 65+ yrs) | | + | 171 | 438 | 539 | 4,052 | | þ | 0 | | |

2.22 Figure 1. shows that:

- The proportion of adult carers in Brighton & Hove who have as much social contact as they would like is statistically better than the England average, and the proportion of adult social care users who have as much contact as they would like is similar to the England average. However, this represents a minority of carers and adult social care users overall and responding to this need is still an important area of focus for the Ageing Well service and the Carers Hub.
- The rate of emergency hospital admissions due to falls is statistically worse than England.
- The rate of emergency readmissions to hospital is statistically better than England.

For the indicators not considered in more detail in this report and presentation:

- The coverage of flu vaccination in over 65s exceeds the national threshold for of 65% (green performance), although is lower than the England rate
- The under 75 mortality rates for: cancer with causes considered preventable; cardiovascular disease (CVD) and CVD causes considered



preventable are similar to England; the rate for mortality from cancer overall is worse than England.

- 2.23 The sections below describe some of the key local health and care services and initiatives that aim to reduce social isolation and prevent falls. Additional information will be provided in a presentation for the Health and Wellbeing Board.
- 2.24 The **Brighton & Hove Ageing Well Service** delivers on the strategic aims of Ageing Well to keep people well as they age by: reducing isolation and loneliness, promoting good health and wellbeing, and enabling people to remain independent.
- 2.25 The Service is jointly funded between the NHS and BHCC and delivered in partnership with 10 community and voluntary organisations.
- 2.26 The Brighton & Hove Ageing Well Services highlights in this 4th year of the service (2022/23) include:
 - 12,950 contacts with older people 3,594 were new to Ageing Well
 - 1,288 people linked in with services and activities via the single point of contact, a 49% increase from year 3
 - 2,423 group activities delivered
 - Over 200 people received support with food and nutrition
 - 748 people accessed information and advice
 - 440 people in receipt of befriending services
 - 281 people living with Dementia accessed psychosocial activities
 - Over 4,000 people attended 113 events at the Ageing Well festival.
- 2.27 The Service launched the Age and Dementia friendly business recognition scheme in June 2023 in partnership with local business in Brighton & Hove, where businesses are supported in developing Age and Dementia friendly initiatives.
- 2.28 The **Public Health Falls Prevention programme** delivers a range of activities and health promotion campaigns aimed at reducing falls and keeping people independent. Initiatives include:
 - Standing Tall physio led postural stability classes
 - Brighton & Hove Community Screening Tool for Falls Risk
 - Staying Active to Prevent Falls training for professionals
 - Short online falls prevention modules open to all
- 2.29 The Falls Prevention Programme works alongside **Sussex Community NHS Foundation Trust (SCFT)** which has introduced a falls related referral process to engage with a range of services and provide support to reduce falls.



- 2.30 NHS Sussex and BHCC jointly fund and commission a service for carers in the City, known as the **Carers Hub**. This is a partnership of carers services providing information, advice, assessment, support, and dedicated services offering a single point of contact (SPOC) to enable unpaid carers to access a wide range of services to support them in their care giving role. This includes the 'Carers Assessment Service' which is a conduit between the Carers Hub and the Health and Adult Social Care duty system.
- 2.31 There is a symbiotic working relationship between the Carers Hub and Ageing Well - Isolated/lonely older carers are referred/signposted to Ageing Well services including to befriending, and Ageing Well will refer/signpost carers who need specialist support to the Carers Hub.
- 2.32 To conclude, there is considerable health and care partnership and collaboration working across the NHS, BHCC, with voluntary and community services to support the strategic aims and outcomes measures associated with Ageing Well.

3. Important considerations and implications

Legal:

3.1 The Health and Wellbeing Board has a duty to prepare and oversee the Health and Wellbeing Strategy

Lawyer consulted: Sandra O'Brien Date 23 October 2023

Finance:

- 3.2 The Ageing Well Service is joint funded by Health and the ring-fenced Public Health grant (Health & Adult Social Care directorate).
- 3.3 The budget for financial year 2023/24 is £0.806m funded by the Public Health grant and £0.305m funded by NHS Sussex.
- 3.4 The Public Health grant allocation has not been confirmed beyond the financial year 2023/24.

Finance Officer consulted: Sophie Warburton Date: 24/10/2023

Equalities:

3.5 The strategy, and the outcomes measures set out within this paper, includes a strong focus on reducing heath inequalities. The strategy and its delivery is underpinned by the data within our Joint Strategic Needs Assessment which takes the life course approach identifying specific actions for children and young people; adults of working age and older people; and key areas for action that reflect specific equalities issues including inclusive growth and



supporting disabled people and people with long-term conditions into work. An Equalities Impact Assessment is not required for the strategy itself but should be completed for specific projects, programmes and commissioning and investment decisions taking forward the strategy, as indicated within this delivery plan.

Supporting documents and information

Appendix 1: JHWB strategy indicators Ageing Well 29082023

Supporting information:

Brighton Health & Wellbeing Strategy 2019-2030 https://www.brighton-hove.gov.uk/health-and-wellbeing/about-public-health/brightonhove-joint-health-and-wellbeing-strategy-2019-2030

