



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 – Living Well update

Date of Meeting: 12 November 2024

Report of: Interim Director of Public Health

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Wards 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 Living Well strategy focus.

The Board will be asked to note the Living Well update and services in place to deliver the strategic aims. There will be a focus on the cardiovascular disease prevention plan and Workplace Health Champions as elements to showcase the Living Well initiatives to deliver the strategic aims

Glossary of Terms

CIPFA - Chartered Institute of Public Finance and Accountancy, Nearest Statistical Neighbour Model

Brighton & Hove statistical neighbours are Bournemouth, Christchurch and Poole, Bristol, Coventry, Leeds, Leicester, Liverpool, Manchester, Newcastle upon Tyne, North Tyneside, Plymouth, Portsmouth, Salford, Sheffield, Southampton, Southend-on-Sea

CVD – Cardiovascular Disease

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 Living 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 states our overarching ambition that by 2030:
- People will live more years in good health (reversing the current falling trend in healthy life expectancy) and
 - The gap in healthy life expectancy between people living in the most and least disadvantaged areas of the city will be reduced.
- 2.6 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 an increasing proportion of older people.
- 2.7 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.
- 2.8 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

- 2.9 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.
- 2.10 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.
- 2.11 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

- 2.12 The outcome measures are ideally presented to reflect the status and trend of the measure i.e. whether the trend is worsening or improving.
- 2.13 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.

Outcome 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 'Living Well'. The figure below summarises the current status of Living Well outcomes and identifies where they are significantly better than, worse than, or similar to England.
- 2.17 The Living Well outcome measures are reflected in the table below and 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).

Table 1
Summary of Health and Wellbeing Outcomes Living Well Indicators

Indicator	Period	Metric	B&H %	England average %	B&H compared to England	B&H compared to previous period	South East average %	Sussex average %	CIPFA neighbour average %
Healthy life expectancy at birth Male	2018-20	Years	65.6	63.1	Similar	Improved	65.5	64.2	61.7
Healthy life expectancy at birth Female	2018-20	Years	65.3	63.9	Similar	Improved	65.9	64.2	61.3
Inequality in healthy life expectancy at birth LA Male	2009-13	Years	14	No data	Not able to compare (statistically)	No previous data	No data	13.2	15.2
Inequality in healthy life expectancy at birth LA Female	2009-13	Years	12.5	No data	Not able to compare (statistically)	No previous data	No data	12.4	15
Gap in the employment rate between those with a physical or mental long-term health condition (aged 16 to 64) and the overall employment rate	2022/23	%	8.8	10.4	Similar	Worsened	9.4	10	10.1
Gap in the employment rate between those who are in receipt of long-term support for a learning disability (aged 18 to 64) and the overall employment rate	2022/23	%	66.4	70.9	Similar	Improved	71.4	70	69.5

Indicator	Period	Metric	B&H %	England average %	B&H compared to England	B&H compared to previous period	South East average %	Sussex average %	CIPFA neighbour average %
Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate	2020/21	%	66.3	66.1	Similar	Improved	66.7	65.2	67.5
Self-reported wellbeing: people with a low happiness score	2022/23	%	9.4	8.8	Similar	Worsened	8.6	11.2	9.2
Self-reported wellbeing: people with a high anxiety score	2022/23	%	26.7	23.3	Similar	Improved	24	25.1	23.4
Smoking prevalence in adults (aged 15 and over) - current smokers (QOF)	2022/23	%	18.2	14.7	Worse	Improved	No data	15.3	16.5
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2023	%	28.1	19.5	Similar	Worsened	18.4	22.6	21.1
Admission episodes for alcohol-related conditions (Narrow)	2022/23	per 100,000	390	475	Better	Improved	376	412	542
Percentage of physically active adults	2022/23	%	80.4	67.1	Better	Improved	70.2	74.3	68.3
Overweight (including obesity) prevalence in adults	2022/23	%	57.3	64	Better	Improved	62.8	60.6	65.2
Percentage of adults walking for travel at least three days	2019/20	%	33.4	15.1	Better	Worsened	14.9	20.6	20.1

Indicator	Period	Metric	B&H %	England average %	B&H compared to England	B&H compared to previous period	South East average %	Sussex average %	CIPFA neighbour average %
per week									
Percentage of adults cycling for travel at least three days per week	2019/20	%	5.2	2.3	Better	Improved	2.4	3	3.4
Percentage of physically inactive adults	2022/23	%	10.9	22.6	Better	Improved	19.3	16	21.7
Emergency Hospital Admissions for Intentional Self-Harm	2022/23	per 100,000	174.4	126.3	Worse	Improved	138.3	173.4	174.7
All new STI diagnoses rate per 100,000	2023	per 100,000	1610	704	Higher	Worsened	511	817	900
Deaths from drug misuse	2020-22	per 100,000	12.7	5.2	Worse	Worsened	4.1	6.8	8.8
Domestic abuse related incidents and crimes	2022/23	per 1,000	20.1	30.6	Not able to compare (statistically)	Improved	25.6	20.1	32.4
Percentage of cancers diagnosed at stages 1 and 2	2021	%	53.8	54.4	Similar	Improved	56.2	54.9	53.2
Suicide rate	2021-23	per 100,000	16.5	10.7	Worse	Worsened	10.4	13.3	11.9
HIV testing rate per 100,000 population	2023	per 100,000	3839	2771	Better	Improved	2272	2665	2935
Prompt antiretroviral therapy (ART) initiation in people newly diagnosed with HIV	2021-23	%	89.2	84.4	Similar	No previous data	87.4	91.5	84.5
Virological success in adults accessing HIV care	2023	%	98.8	97.7	Similar	No previous data	98.4	98.7	97.9

Indicator	Period	Metric	B&H %	England average %	B&H compared to England	B&H compared to previous period	South East average %	Sussex average %	CIPFA neighbour average %
Percentage having enough money to live after bills	2018	%	66	Local indicator	NA	Improved	No data	No data	No data

CIPFA - Nearest Statistical Neighbour Model

Brighton & Hove statistical neighbours are Bournemouth, Christchurch and Poole, Bristol, Coventry, Leeds, Leicester, Liverpool, Manchester, Newcastle upon Tyne, North Tyneside, Plymouth, Portsmouth, Salford, Sheffield, Southampton, Southend-on-Sea

Sussex average has been calculated using data for Brighton and Hove, East Sussex and West Sussex

- 2.18 The Living Well section of the joint health and wellbeing strategy is the longest section and a number of the metrics and programmes that are included here are part of a programme of annual reporting to the Health and Wellbeing Board, separate to the update on the JHWS, so will not be showcased at this session for selected HWB Living Well Indicators:
- 2.19 As table 1 shows, where possible to calculate, Brighton and Hove have statistically similar or better rates than England in all measures except drug deaths, deaths by suicide and hospital admissions for self harm.
- 2.20 An update on drug deaths data will be presented to the Health and Wellbeing Board in 2025 alongside the Reducing Harms from Drugs and Alcohol Strategy. The recent Drug Deaths Audit has led to a programme of development of multi-agency recommendations and these are being refined alongside the strategy action planning.
- 2.21 The Health and Wellbeing Board in March 2025 is scheduled to receive an update on progress against the city's three-year suicide prevention action plan.¹ which sets of city and Sussex wide work to reduce deaths by suicide. .
- 2.22 Data from the national Active Lives Survey published in April 2024 shows Brighton and Hove to be the most active city nationally with 79% of the adult population physically active for 150 minutes per week. Public Health Outcomes Framework data shows Brighton and Hove a close second place to Bath and SE Somerset with 80.4 and 80.5% of adults physically active (this data includes a slightly different age range and gardening activity). More importantly for health and wellbeing benefits Brighton and Hove is the least inactive local authority area in the country. Underneath this extremely positive headline result are significant inequalities, with those living in more deprived areas, those with health conditions and disabilities, and those from some ethnic groups more like to be inactive.
- 2.23 BHCC are delivering multiple programmes with the aim of improving health and quality of life for residents. The sections below describe two key local initiatives which contribute to the aims of the Living Well strategy. These elements will be a focus of discussion at the Health and Wellbeing Board.

Cardiovascular Disease Prevention Plan for the City

- 2.24 Developing a cardiovascular disease (CVD) prevention plan was a year-1 Shared Delivery Plan (SDP) milestone for Brighton and Hove. In March 2024, a list of the activities being delivered to reduce the impact of CVD in Brighton and Hove was taken to the Health and Wellbeing Board. Based on feedback from the board, NHS Sussex and Brighton and Hove City Council Public Health have worked together to develop a CVD prevention plan.

¹ [BH suicide prevention Action Plan 2024-2027 - final.pdf](#)

- 2.25 The plan sets out the actions we will take as a system to prevent cardiovascular disease (CVD) and premature mortality from it, with the overarching aims of Increasing life expectancy and healthy life expectancy and reducing the inequalities gap that exists in these.
- 2.26 Delivery of the actions will be aligned with the Core20Plus5 approach, targeting our most disadvantaged communities and the plus groups that have been agreed for Brighton and Hove wherever appropriate. We'll also take into account the needs of inclusion health groups.
- 2.27 We have identified five priority areas of action, where we may have the biggest impact on population health outcomes and health inequalities. These are:
- NHS Health Checks
 - Tier 2 Weight management
 - Smoking cessation
 - Hypertension and hyperlipidaemia
 - Healthy communities
- 2.28 To address these issues, a number of local actions have been agreed, working together with local partners. Short/medium and long term outcomes have been agreed and these can be found in the detailed action plan which will be included with this paper.

Workplace Health Champion Scheme

- 2.29 To support organisations in Brighton & Hove to improve the health of their workforce, Brighton & Hove City Council's Public Health team created a Workplace Health Champion Scheme which launched in January 2021.
- 2.30 The scheme recruits staff members as volunteers from businesses across the city. With a proportion of workplaces coming from priority areas: Education, manual workers / construction, health and care, public service, and public administration/defence. We use the Health Champions expert knowledge of their organisation to ensure a tailored offer that is effective. Combined with our expert knowledge on health improvement we work together to achieve the best health outcomes for staff.
- 2.31 This scheme acts as an umbrella for a range of public health and wider health determinant related priorities to be implemented across our adult working age population and their wider families and peers. It encompasses a very effective 'community development' model, whereby people in the workplace are trained followed by acting as Health Champions in the workplace. And brings together a network of interested businesses and provides them with evidence-based information and interventions on health and well-being.

- 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 Living Well.

3. Important considerations and implications

Legal:

- 3.1 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.
- 3.2 The report updates the Board on the outcome measures and activity for the Strategy area 'Living Well'.

Lawyer consulted: Natasha Watson

Date: 04.11.2024

Finance:

- 3.3 The Health and Wellbeing Strategy informs priorities, budget development and the Medium-Term Financial strategy of the Council, Health and other partners. There are no direct financial implications from this report. The strategies operate within the resources available.

Finance Officer consulted: Jamiu Ibrahim

Date: 30.10.24

Equalities:

- 3.4 The strategy, and the outcomes measures set out within this paper, includes a strong focus on reducing health 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:

Supporting information:

Brighton Health & Wellbeing Strategy 2019-2030



<https://www.brighton-hove.gov.uk/health-and-wellbeing/about-public-health/brighton-hove-joint-health-and-wellbeing-strategy-2019-2030>