Item 22

Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to NHS Sussex, the Local Safeguarding Board for Children and Adults and Healthwatch.

Title:	Joint Health and Wellbeing Strategy – Dying Well update
Date of Meeting:	16 September 2025
Report of:	Caroline Vass, 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 Dying Well strategy focus. The Board will be asked to note the Dying Well update and services in place to deliver the strategic aims.
Glossary of Terms PEoLC - Palliative and End of Life Care ReSPECT - Recommended Summary Plan for Emergency Care and Treatment

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 Dying 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. 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. 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.

Monitoring the outcome measures

2.9 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.

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

2.11 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

2.12 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.

2.13 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.

2.14 This report reflects the key outcome measure and activity updates for the Strategy area 'Dying Well'. The Dying Well outcome measure is reflected in the table below and compares Brighton & Hove data with England, Southeast local authorities and our 'CIPFA' neighbours (local authorities which are statistically similar in their characteristics to Brighton & Hove).

2.15 JHWS Outcome Measure Dying Well - The annual percentage of registered deaths in each area for persons of all ages and where the place of death is recorded as Home.

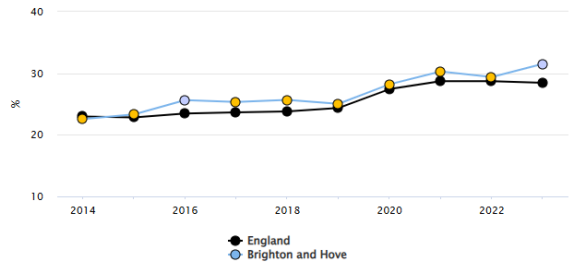
2.15.1 Deaths at home are those that occurred at the usual residence of the deceased (according to the informant and recorded on the death certificate) , where this is not a communal establishment. Neonatal deaths are excluded.

Fingertips data

Percentage of deaths that occur at home (All ages)

Proportion - %

Show confidence intervals Show 99.8% CI values More options



Recent trend: Increasing

Period		Brighton and Hove Count	Value	95% Lower CI	95% Upper CI	England
2014	●	444	22.6%	20.8%	24.5%	23.0%
2015	●	495	23.3%	21.6%	25.2%	22.8%
2016	○	546	25.6%	23.8%	27.5%	23.5%
2017	●	555	25.3%	23.6%	27.2%	23.6%
2018	●	571	25.7%	23.9%	27.5%	23.8%
2019	●	523	25.0%	23.2%	26.9%	24.4%
2020	●	627	28.2%	26.4%	30.1%	27.4%
2021	●	691	30.3%	28.4%	32.2%	28.7%
2022	●	625	29.4%	27.5%	31.4%	28.7%
2023	○	676	31.5%	29.6%	33.5%	28.4%

Source: Office for National Statistics

Source: 'Office for Health Improvement & Disparities. Public Health Profiles. [Date accessed 26/08/2025] https://fingertips.phe.org.uk © Crown copyright [2025].'

Indicator – 2023 data	B&H %	England average %	B&H Compared to England	B&H trend	South East average %	Sussex average %	CIPFA neighbour average %
Percentage of deaths that occur at home	31.5	28.4	Higher	Increasing	27.5	26.8	29.0

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

Dying well JSNA summary - August 2025

Brighton & Hove Place of Death 2023

- 37% of deaths were in hospital (England 43%)
- 32% of deaths were at home (England 28%)
- 26% of deaths were in care homes (England 21%)
- 1% of deaths were in a hospice (England 5%) – this data doesn't capture those that die at home or in a care home with the support of a hospice service (Hospice at Home). Approximately 65% of patients receiving care from Martlets during 2023, received this care at home (including care homes)

People aged 85 or over were least likely to die in their own home (25% of people aged 85+ died at home). Almost four in every ten deaths of those aged 85+ occurred within a care home.

For all age groups, except those aged 75-84, residents in Brighton & Hove are significantly less likely to die in hospital than in other places

As at March 2024, there were 983 patients on GP practice palliative care registers in Brighton & Hove, 0.3% of all patients. Across England 0.5% of patients are on a palliative care register.

2.15.2 Improving end of life care and helping people to die well and with dignity is important for everyone. This involves coordinated efforts across healthcare, social services, and communities to meet diverse needs, focusing on maintaining wellbeing, social connections, and personal preferences for care.

2.15.3 Helping people to have choice and dignity at the end of their lives cannot be delivered by one agency. The NHS plays a key role, as do hospices and other charitable and voluntary groups.

2.15.4 Local authorities also have an important role to play, both in the delivery and commissioning of key services such as social care, providing information and advice home care and care homes, but also through their place-based

leadership and through community inclusion and by ensuring that services are accessible and tailored to the needs of individuals. Additionally, local authorities can support families and carers by providing respite care, counselling, and other forms of assistance. This holistic approach helps to ensure that both the individual and their loved ones are supported throughout the end-of-life journey.

2.15.5 **The following** is a list of key services, initiatives, and actions taking place across Brighton & Hove which support the three Dying Well objectives:

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:

- Dying Matters Awareness Week – every year in May public health coordinate and promote events delivered by partners across the city to support this national campaign and create an open culture in which we're comfortable talking about death, dying and grief.
- **Preparing to say goodbye: guided conversations about the end of life** – BHCC public health fund this half day training aimed at front line workers which can help them to navigate this difficult and sensitive topic with the person they are supporting.
- **Dying to Share** – a monthly 'death café' providing an opportunity for a safe space to have conversations about death, dying, love and loss.
- Ageing Well Brighton & Hove - people who are bereaved in later life are at an increased risk of loneliness, social isolation, and a decline in their mental wellbeing. Ageing well provides access to information and advice, social and health & wellbeing activities, and volunteering opportunities for people in later life.
- **The Grief Project** - monthly informal meetings for LGBTQ+ people provided by Switchboard. The groups explore a particular theme each month, usually using a creative outlet, and are an opportunity to meet with others and explore grief.
- **Community Companion** - Free emotional and practical companionship for people at end of life, and those close to them, provided by Marie Curie.
- End Of Life Care Planning | The Victoria and Stuart Project - a toolkit created together with people with learning disabilities, families, learning disability support staff, and healthcare professionals. It includes resources and approaches to support staff with end-of-life care planning with people with learning disabilities.

More people will die at home or in the place that they choose:

- The work in this section is included in the ICBs commitment to build on its work as outlined in the system strategy "Improving Lives Together" ; 10 Year Health Plan to shift from hospital care to community care, delivered through Integrated Community Teams (ICTs), These teams are made up

of general practice, community pharmacy, dental services, optometrists, community health services teams, community mental health teams, adult social care teams, public health specialists, hospital specialists, hospices, the VCSE and other stakeholders.

- **Pan-Sussex Palliative and End of Life Care (PEoLC) Programme oversight board** – led by the Sussex ICB and established 2022. Meets every two months and has multi-stakeholder representation from across the health and care system to focus on opportunities to improve PEoLC and share learning and best practice.
- **ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)** – aim to embed delivery of ReSPECT plans across all key organsiations within the Sussex system. The ReSPECT process aims to ensure that a person's clinical care wishes are known, so that in a future emergency where they may not have capacity or be able to express their choices these are already known in the person's ReSPECT plan. The ReSPECT process is intended to respect both patient preferences and clinical judgement. There have been a variety of educational and training events regarding ReSPECT. There are resources specifically for patients and their families at: https://www.sussex.ics.nhs.uk/your-care/emergency-care-plan/#h-respect-resources. These pages contain information about the ReSPECT process and how it supports patient. There is a dedicated page relating to ReSPECT on the NHS public facing website which has a number of resources including five easy read resources: https://www.sussex.ics.nhs.uk/your-care/emergency-care-plan/
- Respecting Faith and Culture in End-of-Life Care Handbook **-** a Sussex-wide resource produced by the ICB to support health and care staff in delivering end of life care that is sensitive to the faith, culture and beliefs of individuals and their families.

Support for families, carers and the bereaved will be enhanced:

- **Sussex Bereavement Support Forum** - A forum facilitated by Public Health to promote and encourage collaborative working across Sussex to ensure the bereavement needs of different groups in West Sussex are met and to identify any gaps and reduce inequalities in bereavement support.
- **Bereavement support for adults bereaved by suicide** – this service is provided by Rethink Mental Illness and commissioned by BHCC public health
- **Winstons Wish** - a Sussex-wide support service for children and young people bereaved by suicide, funded by ICB.
- **Cruse Bereavement Support** - support, advice and information to children, young people and adults when someone dies.
- Bereavement support resources**-** A local online resource to find support after the death of a loved one.

- Information for carers: Supporting someone who is approaching the end of life - Leaflet aimed at carers, including information for B&H residents, and has been shared with B&H Carers Hub.

3. Important considerations and implications

Legal:

3.1 The legal requirement for Health and Wellbeing Boards to prepare a Joint Health and Wellbeing Strategy (JHWS) is described in the body of this report; that requirement has been met, and this report provides an update on one aspect of the JHWS for noting only.

Lawyer consulted: Sandra O'Brien Date: 04/09/25

Finance:

3.2 The Dying Well Strategy, which is joint funded with the NHS Sussex Integrated Care Board, provides a wide range of Aging Well and Bereavement services and sits within Public Health.

The TBM budget for 25/26 is £778,090 (£652,640 from BHCC and £125,450 from NHS ICB).

The Public Health grant allocation has not been confirmed for the financial year 2026/27 which may impact on the availability of funding. However, ICB funding has been confirmed for 26/27, and it is anticipated that financial resources will be available to enable the commissioning of the services detailed above up to financial year 2026/27.

There are no further financial implications to consider for this report.

Finance Officer consulted: Jane Stockton Date: 05/09/25

Equalities:

3.3 BHCC's Joint Health and Wellbeing Strategy (JHWS) aims to reduce the gap in healthy life expectancy between the most and least disadvantaged areas of Brighton & Hove, and to reduce structural inequalities in health outcomes, including those experienced at the end of life. Many of the programmes included in this update aim to support diverse, marginalised and vulnerable groups, including information on respecting cultural beliefs, supporting those with learning difficulties, tailored support for LGBTQ+ individuals and those at risk of isolation and mental illness.

Sustainability:

3.2 No implications identified.

Health, social care, children's services and public health:

3.3 This is covered in the paper.