



*Although a formal committee of the 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 Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.*

## **1. Formal details of the paper**

- 1.1. Update on the development of the health and wellbeing strategy
- 1.2 This paper is available to the general public
- 1.3 Tuesday February 3<sup>rd</sup> 2015
- 1.4 Author of the Paper  
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With thanks to the facilitators and to Barbara Deacon for compiling notes from the Health and Wellbeing Partnership event.

## **2. Summary**

- 2.1 Summary of the paper  
At the Health and Wellbeing Board of October 2014, it was agreed that the Board should develop and adopt a new Joint Health and Wellbeing Strategy. The Board proposed while the new strategy should be in line with national requirements including reflecting the JSNA, rather than focus on specific areas as the previous strategy did, the focus should be on high-level strategic goals.

These would allow the Board to consider wider influences on health and wellbeing such as housing, employment, education, etc. Furthermore, the Board agreed that there should be specific public engagement in developing and adopting these strategic priorities.

This paper summarises the results of this engagement to date and in particular the results of the first Health and Wellbeing Partnership meeting held on Thursday 27<sup>th</sup> November 2014.

### **3. Decisions, recommendations and any options**

The Board is asked to note the progress on developing the new Joint Health and Wellbeing Strategy.

The Board is asked to consider the emerging themes from the Health and Wellbeing Partnership event.

The Board is asked to support a proposal that the Directors of Public Health, Children and Adult Social Care and the Chief Operating Officer of the CCG consider the information from the Partnership event in conjunction with the JSNA and local NHS pressures. They will then present a draft strategy for consideration by the Health and Wellbeing Board in March 2014. If approved, the draft strategy will go out for formal consultation with a view to final Health and Wellbeing Board approval following the May election.

### **4. Relevant information**

The Board has already received several papers on progress with the current Joint Health and Wellbeing Strategy. This Strategy has covered five discreet areas:

- I. Smoking,
- II. Healthy weight,
- III. Cancer and cancer screening,
- IV. Dementia, and
- V. Emotional and mental wellbeing.

In October 2014 the Board provisionally agreed on draft strategic priorities which were further developed in order to facilitate engagement in discussion of a new strategy:

1. Reduce inequalities across Brighton & Hove
2. Give every child in the city the best chance in life
3. Develop healthy and sustainable communities and neighbourhoods
4. Build a resilient population
5. Give every person the best chance of aging well



At the meeting Health and Wellbeing Partnership meeting held on Thursday 27<sup>th</sup> November 2014, the partnership was asked to consider these draft priorities and to suggest any other areas which might be priorities. The partnership was asked to consider these against a framework in facilitated discussion tables. The framework for consideration of draft priorities was as follows:

- Where the system worked well;
- Where the pressure points were;
- Where our knowledge needed improving;
- How we could work together more effectively;
- Financial challenges.

There was a strong attendance at the meeting Health and Wellbeing Partnership, in particular from 3<sup>rd</sup> sector organisations but also from statutory organisations and this is reflected in the themes identified in the feedback on the draft priorities. Recorded feedback was most extensive in the priority areas of ‘inequalities’ and ‘aging well’.

## 1. Reduce inequalities across Brighton & Hove

*What works well:* There has been progress in inclusion of the LGBT community and particularly with the Trans community with the Scrutiny initiative and needs assessment. HIV services were felt to work well and there has been progress within Sussex Partnership Foundation (Mental Health) Trust on addressing BME issues. The Better Care work on frailty and homelessness was promising.

*Pressure points:* Housing pressures were felt to be a real barrier to reducing inequalities as was the availability of jobs in the city with insufficient opportunities for apprenticeships and supported employment. Local businesses were not felt to be addressing this deficit. Language barriers were an increasing issue for many people trying to access services. Increasing numbers of travellers in the city with insufficient traveller sites.

*Knowledge deficit:* Ethnic minority status monitoring was felt to be inadequate with examples of inadequate datasets. Data on travellers was inadequate. Equalities training needs to improve; it should be grounded in practical examples and behaviours, not web-based and aimed at the business community and not just



the statutory sector. More information might be gained from a closer examination of changes in the life expectancy gap.

*Working together more effectively:* There is scope for building on the improving relationship with schools, utilising PHSE more for health and wellbeing priorities. The Patient Participation Groups (PPGs) in general practice were another asset that could be used more. There should be greater collaboration on employment and housing as there is currently on smoking, alcohol and healthy weight. Access to hand held medical records could be useful for certain groups, including travellers. There should be a city-wider approach to the use of interpreting services. There should be a greater connection with the Universities on the issue of inequality. Work on employment development should have a specific inequality focus.

*Financial challenges:* This was not recorded.

#### Emerging Themes:

- The focus on inequality needs to be more on wider determinants such as housing and employment, drawing in businesses and employers more than is currently the case.
- Certain groups in particular, such as travellers and people with English as a second language require more coordinated support.

## **2. Give every child the best chance in life**

*What works well:* There are some good services, such as maternity services and some services targeted at specific groups. There is more preventive work being done by local authorities now that public health sits within the council. Education standards in primary school are generally good.

*Pressure points:* Education standards in secondary schools are not as good as they should be and employment opportunities are often taken up by graduates who are overqualified for that role. Several families are struggling with financial pressures. There are relatively high levels of substance misuse and self-harm in school children.

*Knowledge deficit:* Many children are educated at home and we have little knowledge of their wellbeing. Insufficient is known



about BME and LGBT young people. There is insufficient knowledge about young people's participation which is potentially a strength, but under-utilised.

*Working together more effectively:* The health and wellbeing approach is a good avenue into dealing with many issues that affect young people. There are good partnerships already that can be strengthened. It should not be assumed that the city council should lead on this as there were many 3<sup>rd</sup> sector organisations that might do it better.

*Financial challenges:* There could be a greater connection with private schools to share opportunities. There are many cultural opportunities open to young people but there should be greater support for sporting opportunities.

#### Emerging Themes:

- There are more opportunities within education establishments to improve health and wellbeing.
- Certain groups in particular, such as home educated children may be missing out.
- The health and wellbeing approach used by Public Health in schools could be extended as a platform for tackling a range of health and wellbeing issues.

### **3. Developing Healthy and Sustainable Communities**

*What works well:* There are lots of low cost opportunities such as the city's parks that are made good use of. There are good befriending schemes.

*Pressure points:* Funding of the 3<sup>rd</sup> sector and greater competition between voluntary sector groups. Transport, including an absence of bus routes in certain areas. Housing costs and standards. Food poverty is an increasing issue but receives inadequate consideration.

*Knowledge deficit:* There are problems in mapping the effects of poverty, housing and any interventions, and outcomes over time.

*Working together more effectively:* There should be clearer information and referral pathways for communities into services and opportunities, more open debate and the Health and



Wellbeing Board should be opened up more to the public and 3<sup>rd</sup> sector.

*Financial challenges:* There is a need for more integrated budgets and more strategic thought given to how the 3<sup>rd</sup> sector is funded at a time of budget cuts.

#### Emerging Themes:

- Wider determinant areas were again identified as important and there are some low cost assets such as parks and open spaces which might be exploited more.
- Better communication with communities is required.
- Shared budgets and greater strategic integration with 3<sup>rd</sup> sector organisations could improve outcomes.

#### **4. Build a resilient population**

*What works well:* The city is an attractive place to live and there are lots of good examples of initiatives that build resilience across the city such as Hangelton & Knoll, the Bridge, LGBT switchboard, CAB in GP practices, Healthwalks, various sporting initiatives, and the Level which have sufficient scale and support to make them work.

*Pressure points:* Many people, old and young – such as some ‘transient’ students, live alone in isolation. There are increasingly large numbers of foreign ‘investors’ in housing. The demographic bulge of young people makes cross generation work more difficult. Housing is expensive and limited. There is a culture of expectation in the city. Mental health services, including emotional wellbeing, especially of young people are finding it hard to cope. There is increasing pressure to ‘recover’ from substance misuse.

*Knowledge deficit:* There is a deficit of the impact of innovative and creative ideas. There needs to be better mapping of the wider range of services that support mental wellbeing and resilience.

*Working together more effectively:* There should more cross-generational work. Facilities such as GP surgeries, care homes and sheltered housing could be used more for wellbeing and not just for residence and/or illness treatment. Local initiatives such



as street parties can generate community spirit and resilience. The five ways to mental wellbeing needs to be supported more. We need to develop more of a culture of mutual trust across services.

*Financial challenges:* There is a need for people to take more care of their own health within their own finances. There is no time (or resource) to pilot initiatives and communities should be encouraged to just get on with it.

#### Emerging Themes:

- There are lots of assets available but insufficient knowledge of what is out there. We could deal with more need by utilising what is already in place better.
- Isolation with clear impacts on health and wellbeing is a problem in what is outwardly a vibrant city.
- There is scope for the statutory sector to 'let go' more and pass responsibility onto communities.

### **5. Give every person the best chance of aging well**

*What works well:* There are several good initiatives run by the voluntary sector, statutory sector and faith groups including the Neighbourhood Care Scheme, Befriending Centre, Healthwalks, services for older people living with HIV, BME and LGBT residents. The mental health trust (SPFT) and adult social care worked well on a number of initiatives and there is good care at Patching Lodge and several sheltered housing schemes. The Older People's Council is good but it is not clear how well the information that comes from it is used.

*Pressure points:* It is difficult to recruit appropriately trained, gender specific staff into many services dealing with older people. The high numbers of young people mean that older people may not feature in priorities. The bar to access services can be too high. The geography of the city with its hills makes getting around difficult. There is a lack of public toilets.

*Knowledge deficit:* Information is lacking, such as how to best access benefits, and services – this is particularly difficult for people with health problems such as mental ill health, hearing problems, early dementia. User feedback needs to be captured

better and used better. We should make better use of evidence from abroad, including the Scandinavian countries.

*Working together more effectively:* There needs to be greater coordination to tackle isolation including joint communication and better use of texting, videos and local community groups. Services need to join up better as partnerships, to deal with more than one issue. There should be designated champions of integration. Independent care homes should be opened up more to non-residents. There needs to be greater representation on forums such as the Health and Wellbeing Board.

*Financial challenges:* There should be a pilot of information sharing across services for older people. There should be more investment in the 3<sup>rd</sup> sector to support older people and agencies need to collectively own the 'problem' together.

#### Emerging Themes:

- There are is a feeling that with a high proportion of young people, older people in Brighton & Hove might lose out.
- There could be much greater coordination and integration of services across the 3<sup>rd</sup> and statutory sector to support older people.
- There is an information deficit on services, especially for particularly vulnerable groups.

#### **Possible future Health and Wellbeing themes against the draft strategic priorities**

##### *Inequalities:*

- Initiatives on housing and employment to reduce inequalities
- The impact of inequalities on gypsies and travellers

##### *The best start in life:*

- More coordinated action on wellbeing in education settings
- The health and wellbeing of home educated children

##### *Healthy and sustainable communities:*

- Initiatives to publicise and increase use of current assets
- Strategy to share more budgets across statutory and 3<sup>rd</sup> sector





*Resilient populations:*

- Merge resilience priority with healthy and sustainable community priority
- Add in dealing with isolation

*Aging well:*

- Initiatives to improve and demonstrate better engagement the most vulnerable among elderly people more e.g. people living with dementia, sensory loss or physical disability
- Formally integrate more services for older people
- Improved connection with older people on health and wellbeing

*Further considerations:*

- Since this event took place there have been severe and well documented pressures on national and local NHS services, both in secondary and primary care. The Health and Wellbeing Board may also wish to consider whether the adoption of a separate priority on health service delivery is appropriate.

## **5 Important considerations and implications**

### **5.1 Legal**

This report progresses the development of the Joint health and Wellbeing Strategy which the Health and Wellbeing Board are required to agree and publish under the Health and Social Care Act 2012.

Lawyer consulted: Elizabeth Culbert. Date: 22 January 2015

### **5.2 Finance**

The Joint Health and Wellbeing Strategy will inform the priorities within budget strategy and medium term financial strategy for the Council and partners.

Finance Officer Consulted: Anne Silley. Date: 22 January 2015

### **5.3 Equalities**

This paper is for noting and to stimulate further discussion and as such there are no current equalities considerations.

### **5.4 Sustainability**



This paper is for noting and to stimulate further discussion and as such there are no current sustainability considerations.

- 5.5 Health, social care, children's services and public health  
This paper is for noting and to stimulate further discussion on the relevant health, social care, children's services and public health implications.

**6 Supporting documents and information**

None