



**Start Well, Live well, Age well**  
West Sussex Joint Health and Wellbeing Strategy  
2019 – 2024

**CONSULTATION DRAFT**

# INTRODUCTION

## The West Sussex Health and Wellbeing Board

The West Sussex Health and Wellbeing Board (HWB) brings together elected members, senior leaders from NHS, local authorities, voluntary sector and other partners to work together to:

Improve the health and wellbeing of the residents of West Sussex

Reduce the health inequalities gap by improving the health and wellbeing of the most disadvantaged

Promote joined up working to ensure better quality of services for all

Membership includes councillors, senior officers from Adults Services, Children's Services, Public Health, GPs and senior officers from Clinical Commissioning Groups, as well as representatives from district and borough councils, voluntary sector, and Healthwatch.

## Our Vision

*'West Sussex is a great place in which to grow up, achieve, raise a family and grow old, in strong, safe and sustainable communities – it is a place where improved health and wellbeing is experienced by all our residents, and the health and wellbeing gap between communities is reducing.'*

## Purpose of the Joint Health and Wellbeing Strategy (JHWS)

The strategy is a tool to enable the HWB to set out the plan for action by the County Council, CCGs, NHS providers, district and borough councils, voluntary sector and other partners to inform their planning, commissioning and provision of services. Therefore the strategy aims to be concise and purposeful rather than a comprehensive review of work across the health and social care system. Each chapter incorporates carefully selected priorities that the Board feels can have significant impact to achieve our vision.

The purpose of the strategy is to:

- Provide a context, vision and overall focus for improving the health and wellbeing of local people and reduce health inequalities at every stage of people's lives.
- Identify shared priorities and clear outcomes for improving health and wellbeing and reducing inequalities based on our [Joint Strategic Needs Assessment](#) (JSNA).
- Support effective partnership working that delivers health improvements for all.
- Set out a way to support and drive the innovation required to enable change.
- Support board members to embed these priorities within their own organisations and reflect these in their commissioning and delivery plans.

## Audience for the strategy

The primary audience for this strategy is the Health and Wellbeing Board, local leaders, officers, commissioners and providers who are responsible for its delivery. However care has been taken to make the strategy as accessible as possible to be useful for residents and partners in understanding priorities and how all partners can contribute to health and wellbeing.

## How the Board operates

### Championing priorities

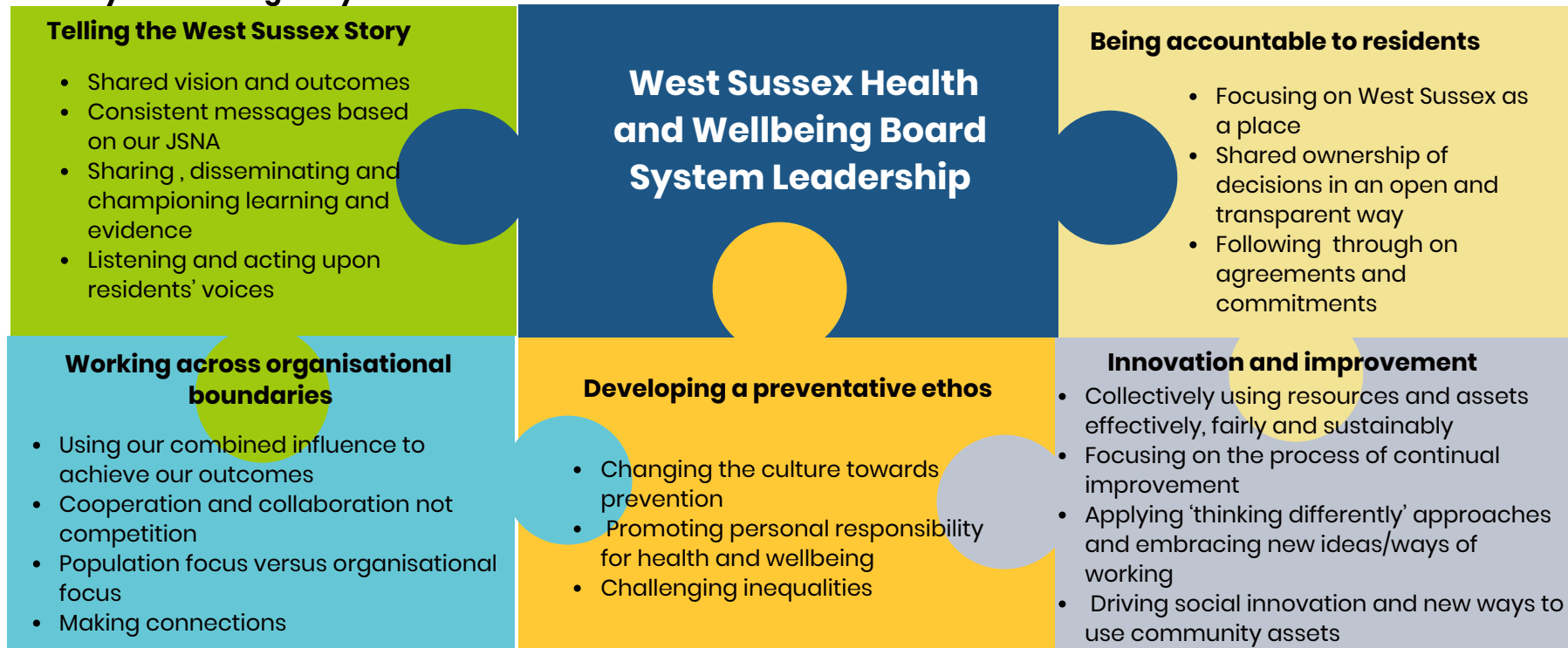
The HWB has committed to championing the priorities outlined in this strategy, and in the model of system leadership (below). HWB members have a collective and individual responsibility to ensure that these are reflected in the business of their own and partner organisations, are heard in other groups and committees, and become embedded in the strategies, commissioning and delivery of health and social care services.

This is a two way process and board members also have a role to play in feeding back insights and learning from their own and partner organisations to further inform the work and priorities of the board. As a result, local people should experience better health, reduced health inequalities, and higher quality, more joined up, health and social care services.

### Co-production and insight

The HWB understands the contribution that residents, service-users and carers have in shaping the design and delivery of local services. The board have a role to play in ensuring their voices are included co-productively at all levels within the operations of its own and partner organisations. The HWB recognises the role of HealthWatch in supporting the HWB in hearing local voice, and this year the HWB has produced a Voice Summary as part of our [JSNA](#)

### Our ways of working as system leaders



## How we work with other boards and partners

The HWB works with other strategic boards such as West Sussex Safeguarding Children's Board (WSSCB), Safeguarding Adults Board (WSSAB) and the Safer West Sussex Partnership (SWSP). The Board also works closely with district and borough health and wellbeing partnerships to ensure a coordinated and joined up approach to improving health and wellbeing. (See appendix for details).

The HWB is currently developing a protocol which sets out the relationships between the various boards. The purpose of the protocol is to ensure a coordinated approach and joint working across the health, social care and wellbeing system to improve outcomes for residents and safeguard vulnerable people.

## District and Borough Health and Wellbeing Partnerships

The HWB is working to strengthen its relationship with the six District and Borough Health and Wellbeing Partnership to harness our collective efforts to improve the health and wellbeing of our communities. The HWBs public meetings are now held at accessible venues throughout the county, inviting partnerships to share priorities, achievements and discuss opportunities for more joined up working with the HWB.

## The JHWS development

As part of the Board's development, the Board took a 'learn by doing' approach in developing the strategy. This approach involved Board members participating in a series of facilitated seminars to review the JSNA and identify themes and outcome priorities.

Following the identification of the overarching themes:- **Starting Well; Living and Working Well; Ageing Well**, Board members were identified as theme champions. The champions' ongoing role is to act as strategic leads for their JHWS theme through the life of the strategy.

## Engagement in JHWS development

In developing the strategy, the Board engaged with various stakeholders and partners for their input on issues that affect them and their local communities. The JSNA, including the JSNA 'Voice' summary, was instrumental in capturing the West Sussex story by bringing forward the voices of the residents, communities and service users. In addition, partner engagement events and meetings were used to engage with members of the public and other stakeholders to inform the development of the strategy.

## Strategy development process



**Publication date April 2019**

## West Sussex Context

West Sussex is one of the least deprived areas in the country, with a relatively high life expectancy, low unemployment, low child poverty rates and an outstanding natural environment and cultural assets. However, this masks the health inequalities across the county, with some areas ranking amongst the 10% poorest neighbourhoods in England. We know that the environment in which people are born, grow, live, work and age has a profound effect on the quality of their health and wellbeing. Many of the strongest predictors of health and wellbeing, such as social, economic and environmental factors, fall outside the healthcare setting. These wider determinants of health, have a significant impact on people's health and wellbeing. The poorest and most deprived people are more likely to be in poor health, have lower life expectancy and likely to have a limiting long-term condition.

### Challenges

The Health and Wellbeing Board operates in a complex and challenging environment. Nationally, three challenges have been identified which require action. These challenges, which are also pertinent to West Sussex, are:

**The health and wellbeing gap:** if we fail to get serious about prevention the health and wellbeing gap will continue to grow, widening inequalities and resulting in increased spending on avoidable treatment.

**The care and quality gap:** unless we reshape care delivery, harness technology, and drive down variations in quality and safety of care, then residents' changing needs will go unmet, people will be harmed who should have been cured, and unacceptable variations in outcomes will persist across the county.

**The funding and efficiency gap:** if we fail to make efficiencies and use resources in an efficient way, we will fail to deliver services within the money available.

Longer life expectancy has been a considerable public health success story. People are living longer but spend around 20% of their lives in poor health, often with multiple complex conditions. This presents challenges and pressures. It means we cannot continue with the current way of doing things.

The HWB recognises that these challenges require innovative and joined up working, with a focus on prevention and early intervention to ensure the sustainability of services and wellbeing. This strategy, therefore, serves as a **call to action** for commissioners and providers across the county.

### Opportunities and enablers

**Whole system approach:** Through our strategy, we will focus on a whole system approach to prioritise prevention, deliver person centred care, and tackle health inequalities. As a Board, we will use our influence and collective leadership to provide strategic direction for the West Sussex in order to promote integration and to achieve our vision.

**Harnessing the assets and strengths of local communities:** What makes us healthy often lies outside the remit of healthcare and formal public health programmes. As leaders of local services, there is a huge potential to use our collective influence and powers to work with communities to improve health and wellbeing, for example, using planning and regulatory powers to create safe, sustainable environments that promote healthy living. The informal acts of neighbourliness are community assets that keep people well and engaged. By building upon our residents' strengths and assets, we believe improvements in health and wellbeing in our local population will happen.

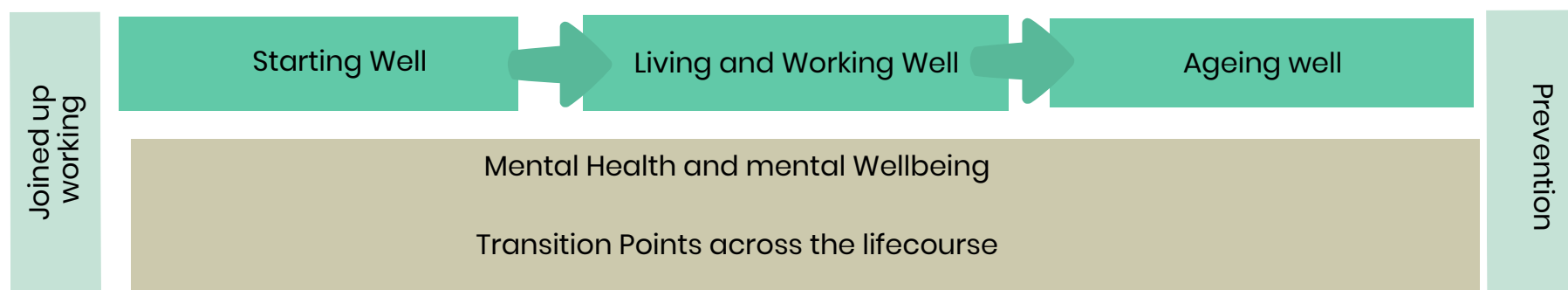
**Prioritising prevention:** the recent policy document '**Prevention is better than cure**' sets out a call to action for prevention to be at the heart of everything we do. This, we anticipate, to be followed through into the NHS long term plan and social care green paper.

# The Lifecourse Approach

To achieve our vision, and reduce health inequalities, this strategy builds on existing work and sets the direction of travel for health and wellbeing across the county. Divided into three major themes **Starting Well; Living and Working Well; and Ageing Well**, the strategy takes a lifecourse approach to improving health and wellbeing.

- **Starting Well:** This theme covers the early years of life from pregnancy, birth, childhood, schooldays to young adulthood.
- **Living and Working Well:** This theme covers adulthood, the 'middle years', from leaving school/university to retiring, including working life,
- **Ageing Well:** This theme covers the later life, from retirement, approximately 65 years and above, to end of life,

These themes are not mutually exclusive as some key issues spread across the lifecourse. Transitions between lifestages (such as leaving home, becoming a parent), mental health and mental wellbeing are cross-cutting themes across the lifecourse and are reflected as such below. Underpinning these overarching themes is the Board's commitment to prevention and joined up working



## Chapter outline

The outline of each theme is as follows:

Each chapter identifies the overarching theme and the outline for each theme is as follows:

- **Theme overview**
- **Key issues and challenges** (highlighting why this is of strategic importance)
- **Our goals, What We Mean**
- **Key initiatives** highlighting some of the key local initiatives across West Sussex
- **Monitoring progress**
- **Case study**
- **Key JSNA data**



### Residents 852,400

There has been a 10% increase in the last 10 years, due, in the main to net inward migration from elsewhere in the UK.



**Births**  
8,630



**Deaths**  
9,375



### Best Quartile

West Sussex is amongst the best 25% of all LAs on a range of measures, known to have an impact on longer term health and wellbeing including.....



### Employment Rate (16-64 years)

79.5% of working age adults are in employment, 5% higher than England

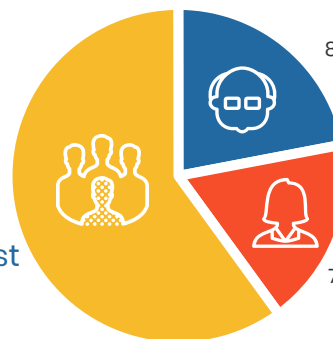


### First Time Entrants to the Youth Justice System

This has been falling over the last 5 years and at 167.5 per 100,000 is well below the national rate (292.5 per 100,000)

### Age Structure

The county has an older age structure compared with SE and England, 22% of residents are 65+ years compared with 19% in South East and 18% in England)



### Getting Better All The Time



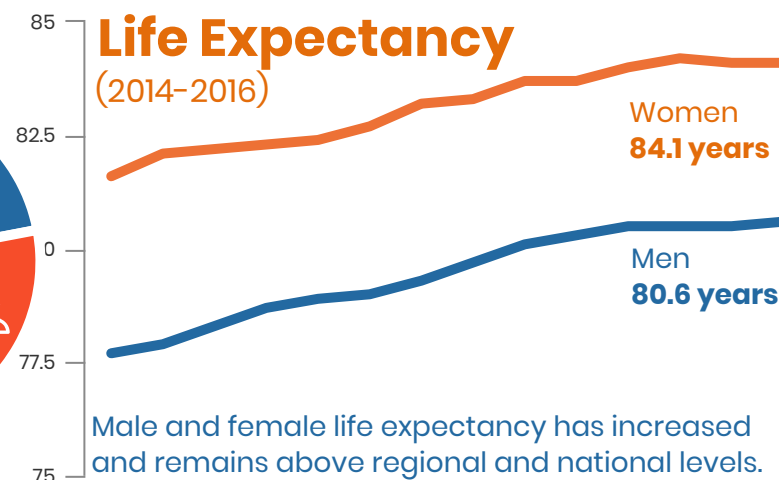
Teenage Pregnancy has more than halved over the last 10 years, from 31.3 per 1,000 15-17 yr olds in 2005 to 12.2 per 1,000 in 2016



Deaths (under 75 years) from cardiovascular disease (including heart disease and stroke) have fallen dramatically over the last 10 years from 88.6 per 100,000 in 2004-2006 to 62.7 in 2014-2016.

### Life Expectancy

(2014-2016)



### Top Places to Live, Work & Retire

Towns in West Sussex are frequently featured in national surveys and rated as top places people chose to live, retire or work..... and the county has some of the sunniest places in the UK!



*Greetings from...*

### A county rich in natural, cultural and historical assets.....

Seaside resorts, market towns, villages, theatres, festivals, historic houses, castles, South Downs National Park, woodland and coastal paths and cycle ways.....



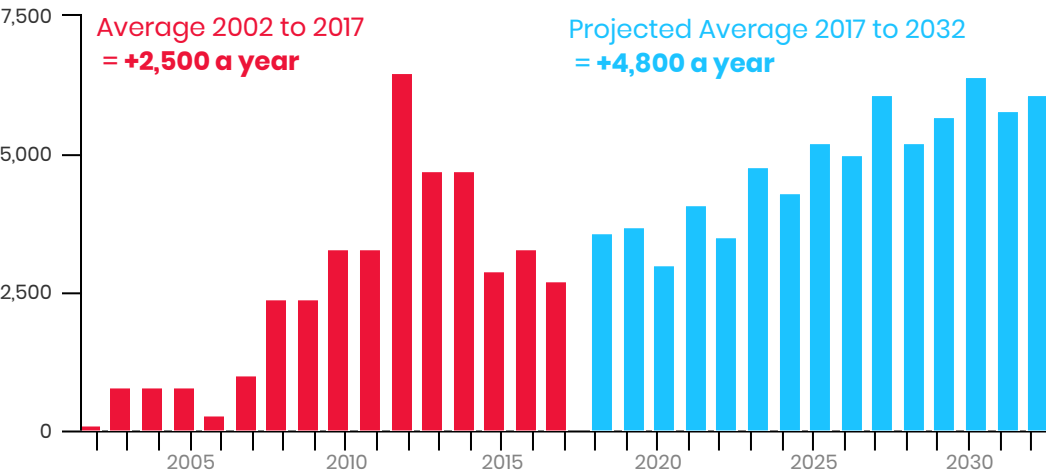
# The West Sussex Story from the JSNA

## Ageing Population and.....pressures on the working age population

### 192,900 people aged 65+ and rising

We have already experienced increases in the older age groups, for the past 15 years we have had, on average 2,500 more people aged 65 years each year. The pace of change is set to increase.....

#### Year-on-year Change in 65+ Population



## Life expectancy has increased but considerable inequalities persist



### Life Expectancy at birth

84.1 years

80.6 years

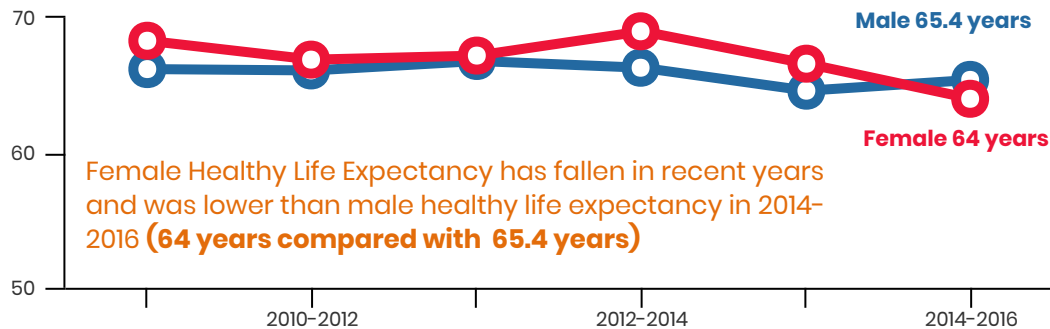
### Gap Between Richest and poorest

6.4 years

7.6 years

Life expectancy is considerably lower for people with mental health problems and people with learning disabilities.

## ....and Healthy Life Expectancy may be stalling



## Need to reduce harms & threats to health



### Immunisation rates have fallen

We need to sustain efforts to ensure uptake of childhood vaccinations



### Screening rates

Overall West Sussex has relatively good take up, but there is lower take up in some areas, such as Crawley.



### Road safety

West Sussex has a high rate of people killed or seriously injured in road accidents.



### Flooding

Many areas of West Sussex are susceptible to flooding, we need to ensure risks to health mitigated

## Maximise prevention opportunities

### Obese or overweight



60% Adults, 29% 10/11 yr olds are overweight (including obese)

### Alcohol



23.7% of adults drink above the lower risk limits 7,000 adults with an alcohol dependency.

### Smoking rates



Still more than 1 in 10 adults smoke and approx 1 in 4 routine and manual workers



### Physical Activity



In 2016/17 in West Sussex 68.3% of adults estimated to be physically active, 19.3% physically inactive.



# STARTING WELL

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## Overview

The first few years of life are a key period in which the actions of our parents, carers and those around us influence our physical, emotional and mental health in later life. Our earliest experiences of life, starting in the womb, through pregnancy and birth and into our early years, are vital in laying the foundations for our health and wellbeing into the future. Research consistently shows that even short term improvements in physical development (i.e. obesity and physical activity), cognitive development (i.e. school achievement), behavioural development (i.e. antisocial behaviour) and social/emotional development can lead to benefits throughout childhood and later life.





In West Sussex, the proportion of children and young people has remained relatively stable over the years, certainly in comparison to older people, and a similar trend is projected for the coming years. However, what has changed rapidly is the sort of society and problems that children and young people face, the increase in children being referred to agencies, and the complexity of the children that our services are working with. Our challenge is to adapt to this growing complexity and support parents, carers and families, providing universal services but also targeting resources at those most in need, and those at risk of poorer outcomes and narrowing the gap. This requires systematic approaches to prevention, good communication, appropriate data sharing, working with a range of partners, at all stages of childhood, and in a range of settings.

## Key Issues and Challenges

There are a range of challenges facing children and young people across the ages, for example:

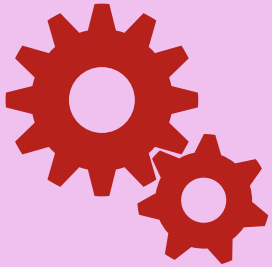
- Although the child poverty rates are amongst the best in the country, there are 15,500 under 16s living in poverty in West Sussex.
- Unhealthy behaviours amongst 15 year olds (smoking, cannabis use, alcohol) are relatively poor, compared with England, and require focused interventions.
- Only half of children receiving free school meals achieve a good level of development at the end of reception.
- The number of referrals to children's social care has risen consistently for the past four years: there were nearly 2,000 more referrals last year than in 2015.
- More than half of our 15 year olds report having been bullied.
- The rate of hospital admission for self-harm in young people is far higher than the national rate.
- Whilst West Sussex as a whole compares well with the rest of England on issues such as obesity and infant mortality, there is much variation across the county.
- Social mobility is a significant issue in parts of West Sussex: Crawley has amongst the lowest levels of social mobility in school age children in the country. Gatwick Airport is a major local employer of people; on-going automation of routine jobs may have major implications without work to encourage aspiration and resilience in this area in particular.
- Adverse childhood experiences, such as living in a household where domestic violence, alcohol or substance misuse is taking place, can have significant health impacts later in life.
- Outcomes of looked after children and children leaving care are poorer than other children.

# STARTING WELL

				
Our goals	<b>Children, young people and families have good emotional wellbeing and mental health</b>	<b>Improved infant and maternal outcomes especially in most deprived areas</b>	<b>Children grow in a safe and healthy home environment with supportive and nurturing parents and carers</b>	<b>Children and young people leaving care are healthy and independent</b>
What we mean	<p>Mental wellbeing in early years protects against poor mental health in later life. Parental/maternal mental health also has a significant impact on a child.</p> <p>We will support children, parents/carers and schools to achieve and maintain good mental wellbeing and to reduce mental health problems. This includes helping our children to thrive, encouraging healthy lifestyles such as physical activity and a good diet.</p>	<p>We can help ensure the best start in life for babies by working to reduce smoking in pregnancy and to address the causes of low birth weight, infant mortality and poor maternal mental health.</p> <p>We will work to interrupt the cycle of vulnerability by addressing the risk factors and intervening early to support families to achieve progressive improvements in their child/children's development</p>	<p>Parenting is critical to children's experience of early years and their life chances. We will work to support parents in creating a healthy and safe home and learning environment that nurtures their children, to ensure strong parent-child attachment and positive child development, as part of our parenting offer.</p> <p>Strong, effective safeguarding underpins all of our work.</p>	<p>The transition to adulthood can be difficult for young people in care. As with all young people, those leaving care value being able to move to independence at their own pace. We will work to ensure comprehensive pathways and care packages are available to support care leavers.</p>
Key initiatives	<p><b>Sussex and East Surrey Local Maternity System</b> Transformation Plan– WSCC is leading the prevention workstream, including ensure good support for parents</p> <p><b>1001 Critical Days</b> Vulnerable Pregnancy Pathway – Delivering a connected multi-agency vulnerable pregnancy pathway and new guidance</p> <p><b>Whole schools approach</b> including parenting– to build resilience and improve health and wellbeing outcomes for all pupils</p> <p><b>Healthy Child Programme –</b></p> <p><b>Family Assist</b> Digital support for families pre-birth to 19 years (25 years SEND). Current focus – pregnancy to 2 years</p> <p><b>Corporate parenting</b> – everyone working with or representing the interests of children and young people in care is a corporate parent. All local authority staff, elected members and relevant partner agencies share this duty.</p> <p><b>Apprenticeship scheme</b> – support the development of an apprenticeship for care leavers.</p>			

## STARTING WELL

### Monitoring progress



To monitor progress on these priorities, the HWB will use various local and national indicators, for example:

- Percentage of women who are smokers at time of delivery
- Percentage of infants partially or exclusively breastfed at 6 to 8 weeks.
- Percentage of children born with low birth weight
- Perinatal and maternal mental health
- Childhood poverty
- Percentage of children ready for school (as assessed at the end of reception).
- Percentage of Reception and Year 6 children overweight or obese
- Rate of hospital admissions for self-harm amongst children and young people
- Local authority ranking on the social mobility index

### Case Study

The Family Wellbeing programme provides a family based intervention for children who have been identified as above a healthy weight. This model has been tested in two areas of West Sussex – one with high levels of inequalities and the other more affluent but with rural access issues. The programme – which won the community impact category of the Active Sussex awards – has seen excellent outcomes both in increasing levels of physical activity, increasing parenting skills in areas such as basic cooking and food preparation and stabilising the weight of children (important as children are growing) but also in building self-esteem and supporting families more broadly with school attendance. This has been achieved through working with partners as part of a multidisciplinary team and considering local placed-based assets.

## Children and young people



**Births:** 8,630



**0-19 yr olds:** 190,390

22.3% of the resident population in West Sussex are children and young people aged 0-19.



**29.8%** of births were by caesarean

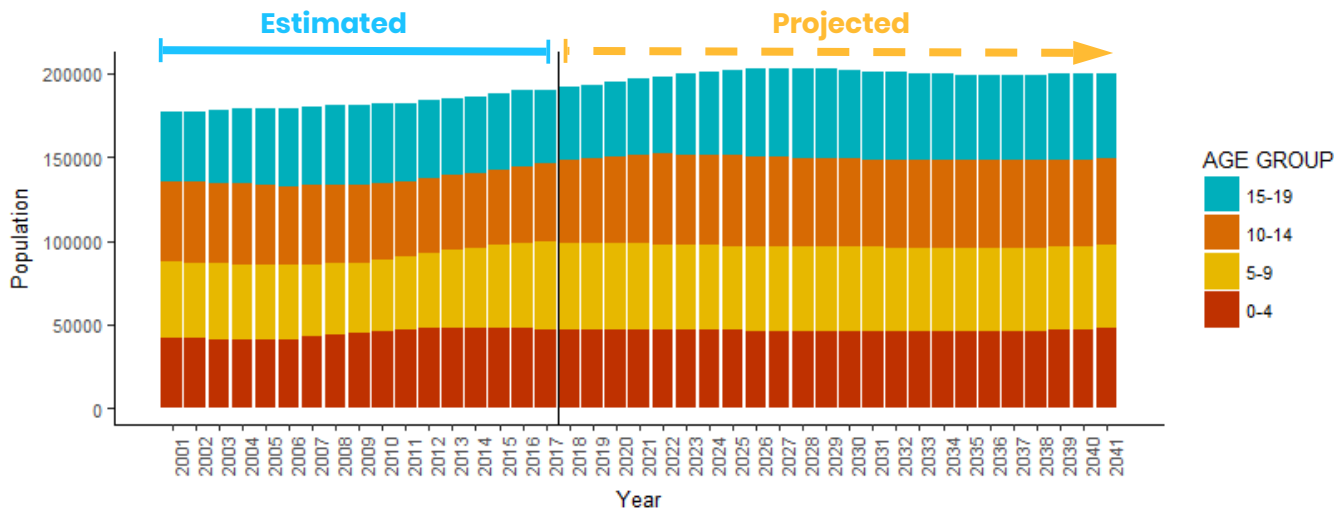


**8.4%** of women are smoking at the time of delivery.



**Less than half of mothers** are still breastfeeding 6-8 weeks after birth

Population estimates and projections for children and young people aged 0-19 in West Sussex



- Recent population projections suggest that if current trends continue, the population of children and young people in West Sussex will see a **small increase** in the coming years

## A diverse community



The rate of looked after children has been consistently below England. There has been a **steady increase** in the number of unaccompanied asylum seeking children

### Social care referrals



The rate of referrals to children's social services has increased year on year from 2014

### Children with complex health needs



3.8% of children and young people have a **long term health condition or disability** that limits their day-to-day activity

### Child Poverty

1 in 10 children aged under 16 are living in **poverty**. Crawley has the highest proportion (14.8%) of child poverty of the local authorities in West Sussex



### Homelessness

In Q4 2017, 724 children were living in temporary accommodation



Shelter, DataBank

## Educational attainment



**Educational attainment** in West Sussex lags behind similar areas. This is most notable during the early years, with gains made in assessments taken later in school (GCSEs)



The proportion of reception children who were ready for school has improved in recent years, rising from 58.8% in 2013/14 to 70.6% in 2016/17. **However,** improvements of a similar magnitude have not been seen among children from disadvantaged backgrounds.

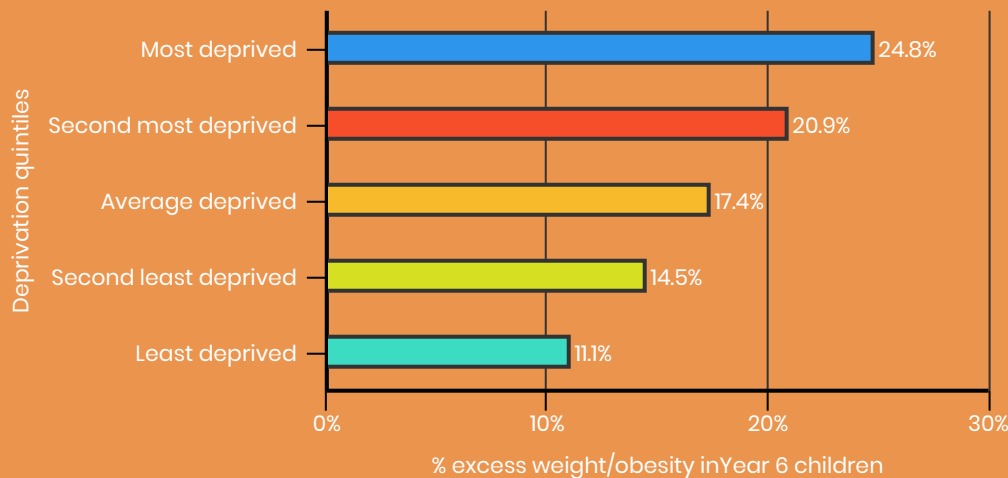
## Inequalities

There are significant inequalities in the health and wellbeing of children and young people in West Sussex. Improvements made in the Early Years of life will reap the greatest benefits.

West Sussex is one of the **least deprived** areas of England, however, small pockets of deprivation do exist within the county. Four small areas in Arun are among the **10% most deprived** in England.



Year 6 children resident in areas of west Sussex that are among the most deprived 20% nationally were more than twice as likely to be overweight or obese than those in the 20% least deprived



## Year 6 Health and Happiness survey

### Health



1 in 3 reported eating 5 or more portions of fruit and veg each day



1 in 10 year 6 pupils were physically active for at least 60 minutes every day of the week (meeting the recommended level)

### Happiness

**4/5**

of year 6 pupils in West Sussex were 'thriving'

**14%**

of respondents said that they often felt lonely

**16%**

said they often felt sad

**3/4**

said they talked to parents or teachers if they had problems or worries

## Social Mobility

The social mobility index ranks local authorities on the prospects of disadvantaged young people in their areas.

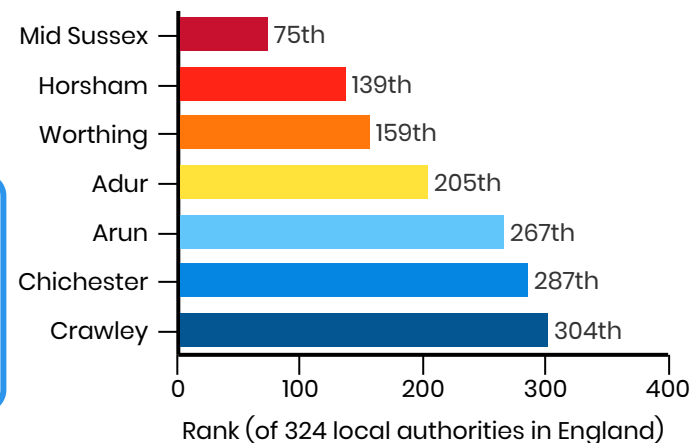


**Hotspots** are areas scoring well



**Coldspots** are areas scoring badly

### Overall rank of social mobility



### Of West Sussex local authorities:



- Chichester had the lowest rank for **early years** in West Sussex (275th of 324 local authorities in England)
- Crawley was the **7th worst in the country** for **school-age** children (ranked 318th)
- Crawley also had the lowest rank of West Sussex local authorities for **young people**
- Overall**, Arun, Chichester and Crawley were identified as social mobility **coldspots** (among the lowest 20% of authorities in England). Crawley was among the **bottom 10%** of areas in England

## Emotional wellbeing and mental health

### Self-harm admissions



Rates of admissions for self-harm are **significantly higher** among young people in West Sussex than England

### Bullying



**59%** of 15 year olds in West Sussex reported being bullied

What about YOUTH? survey 2014/15

### Mental Health



**8%** of children aged 5 to 16 were estimated to have a mental health condition in West Sussex

ONS survey 2004; national data applied to West Sussex population

### Transition

The transition from child to adult mental health services is known to be an important stage to get right



# LIVING AND WORKING WELL

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## Overview

Good health is important at any age. West Sussex, in line with the national trend, has seen a greater increase in the older population. In the last ten years there has been a year-on-year increase of approximately 3 – 4,000 people aged 65 years or over. This increase is set to double by the end of the next decade, as the high number of people born in the 1950s and early 1960s enter the older age groups.





Action is needed now to deal with the considerable expansion in older people and to improve mid-life. Setting up the conditions to enable people to enter older age healthier, will be increasingly important. This is not just to reduce pressure on health and social care services but to also sustain the ability to work, as the age-dependency ratio increases. There are some concerns that this age group is more likely to be engaged in unhealthy behaviours, (smoking, poor diet, inactive lifestyle and higher levels of alcohol consumption) than previous generations, this may attribute to the stalling recently observed in healthy life expectancy.

Lifestyle is important, but housing and employment are also key determinants of health, we know that there are considerable pressures relating to housing supply and affordability. The public sector in West Sussex is a major employer, and as such the workplace presents a considerable opportunity to reach large numbers of people and improve the health and wellbeing of our local residents.

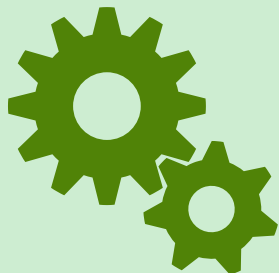
## Key Issues and Challenges

- The working age range is changing with an increasing number of people working past retirement age and with retirement age itself increasing.
- Enterprising and entrepreneurial communities are needed to create the flourishing county we seek; health is an intrinsic part of that. The organisations within the health and wellbeing system will need to adapt to enable this, for example flexible working practices.
- Networks of families, friends and communities are rich sources of solutions to the problems working age people face. Transition points in people's lives (e.g. starting a family) should be a focal point for intervention and action.
- There are personal, economic and societal benefits from preventative lifestyle approaches, which should be co-ordinated across individual, community and population levels.
- The proposed priorities recognise that the environment we live and work in can have positive and negative impacts on wellbeing e.g. access to good green spaces, high densities of alcohol and fast food outlets, the emphasis on driving and screen time at work and home.
- There has been a greater strategic focus on the very young and the very old in recent years. This new emphasis on the working age population breaks new ground.
- There are also issues for working age people of balancing working and caring responsibilities. This includes people caring for their children and also their parents, the so called sandwich carers.

# LIVING AND WORKING WELL

				
Our goals	<b>Individuals, families, friends and communities are connected</b>	<b>People are able to look after their own health and and wellbeing</b>	<b>People have access to good quality homes providing a secure place for families to thrive and promote good health, wellbeing and independent living</b>	<b>People live, work and play in environments that promote health and wellbeing</b>
What we mean	<p>Communities have a vital contribution to make to health and wellbeing. Community life, social connections and having a voice in local decisions are all factors that underpin good health.</p> <p>We will work with our communities and partners to empower and support networks of families, friends and communities to find solutions to local problems.</p>	<p>Many causes of ill health and early death are preventable. We know that some of the most significant risks to health come from behaviours such as smoking, poor diet, physical inactivity and alcohol use. Good work is good for wellbeing.</p> <p>We will focus on prevention to 'make prevention everyone's business' at the individual family, community, neighbourhood and county levels. We will champion workplace health.</p>	<p>Adequate housing, where people can live in security, peace and dignity, is a basic human right. The quality of housing plays a critical role in creating and maintaining good health, as well as helping individuals to recover from illness and remain independent. We will champion prevention and support targeted action towards those at risk of homelessness, including those in contact with mental health services</p>	<p>The built and natural environment in which we live, work and play is strongly linked to our health. Our surrounding environment can enable or hinder the opportunities to make healthy choices. This has a direct influence through the resources we have available, like access to a green space.</p> <p>We will influence the design and planning of housing developments, high streets, our towns and villages for sustainable futures.</p>
Key initiatives	<ul style="list-style-type: none"> <li>• <b>Health in all policies:</b> is an approach to public policies across sectors (including housing, planning, transport etc) that systematically takes into account the health implications of decisions, seeks synergies, and avoids negative impacts on health</li> <li>• <b>Empowering and supporting communities</b> through initiatives such as social prescribing, volunteering and community development initiatives such as local area co-ordination.</li> <li>• <b>Wellbeing programmes and wellbeing deals:</b> which are partnership arrangements between the county council and districts and boroughs. These programmes deliver lifestyle support to people in a local setting.</li> <li>• <b>Workplace health</b> – using workplace as setting to deliver lifestyle interventions and change social norms</li> <li>• <b>Preventing homelessness</b> – working with frontline staff to identify risk factors and intervene early</li> </ul>			

## Monitoring progress



To monitor progress on these priorities, the HWB will use various local and national indicators, including;






- The proportion of people in contact with mental health services who are in stable housing.
- Lifestyle-related public health outcome indicators e.g. smoking prevalence, alcohol related admissions etc.
- Making Every Contact Count (MECC) activity (measures in development)
- Developing mechanisms for monitoring health in all policies
- Percentage of housing benefit claimants
- Foodbank usage (by area and reason)
- Employment gap of those in contact with secondary mental health services (compared to the overall population)
- Households who are homeless but not in priority need
- Statutory organisations implementing healthy workplace programmes

## Case Study

Sue (aged 56) was having sickness absences and feelings of anxiety so her GP referred her to her local Wellbeing team. The initial session revealed she'd recently had surgery, been diagnosed with a long term condition, had been bereaved (losing a friend and a close relative). She felt overwhelmed and unable to address her problems; her most pressing concern was her housing and financial situation. Losing some of her benefits and unable to work through illness, she was worried that she would not be able to pay the rent. The Wellbeing Advisor supported her to meet the local Housing Needs Service, make an appointment with her GP to discuss her on-going sickness and to contact the Child Benefits Team. She secured an affordable place to live and was also signposted to financial and advocacy support and support for bereavement.


# Living and Working Well

## Inequality Overall West Sussex is a relatively wealthy and healthy county but....


-  Adur, Worthing and Arun have neighbourhoods in the 30% most deprived in England, with **Arun having some neighbourhoods in the most 10% deprived in England.**
-  Weekly full time wage varies over £150 across the districts, from £652 in Mid Sussex to £478 in Adur. **All three coastal districts have the lowest weekly wages.**
-  **Routine and manual workers are over twice as likely to smoke** than the general population.
-  **Growing concerns about healthy life expectancy.** Healthy life expectancy for women has fallen for the last two years, indicating that women now spend over 20 years in "poor" health, 5 more years than men
-  **For those living in the poorest areas, men and women live on average 7.6 and 6.4 years less** (respectively) compared to their counterparts living in the least deprived areas of the county

## Healthier Lifestyles – the 4 key behaviours


### Smoking

-  Still more than **1 in 10 adults smoke** and approx 1 in 4 routine and manual workers


### Alcohol

-  **23.7% of adults** drink above the lower risk limits **7,000 adults** with an alcohol dependency.

### Diet

-  **60% Adults** are overweight (including obese)

### Physical Activity

-  In 2016/17 in West Sussex 68.3% of adults estimated to be **physically active**, 19.3% **physically inactive.**

## ....and "Clustering" of unhealthy behaviours

1 in 6 adults do 3 or more , this has reduced over the years, but the reduction is greatest amongst higher socio-economic groups, so this acts to widen health inequalities (especially amongst men)

## Drugs and treatment outcomes


- **123 drug related deaths in 2015-17** (of these 82 deaths from drug misuse),
- **In terms of treatment outcomes** published by Public Health England , West Sussex currently ranks 142nd of 149 local authorities

## We need environments that promote health

### Alcohol Premises

-  Coastal districts have **higher densities of alcohol selling premises** in comparison to England

### Fast Food

-  Similarly coastal districts have **higher densities of fast food outlets**, with Worthing having the highest density in West Sussex

### Road safety

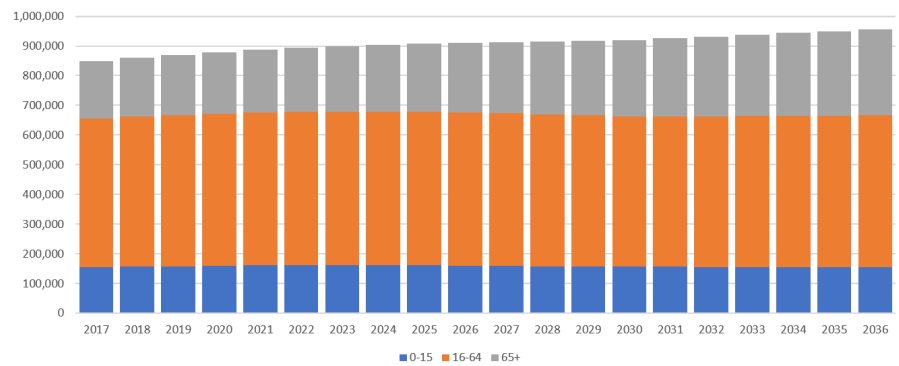
-  West Sussex has a high rate of people killed or seriously injured in road accidents.


## Mental Health

- There is a 73% gap in employment between the general population and those in contact with secondary mental health services
- 1 in 3 of those in contact with specialist mental health services did not live in stable accommodation
- People with mental health problems are more likely to smoke, drink and exercise less and may need additional support to access public health interventions and universal services (such as cancer screening programmes)

**Working age Residents**   
**505,000** 3 in 5 residents are aged between 16-64

The working age population is predicted to increase by 10,000 over the next 5 years, but from then on it is expected to fall back




  
**Employment Rate**  
**79.9% of working age adults are in employment**, 5% higher than England. Employment rates are far lower for people with mental health problems


  
**Dependency Ratio**  
**145 Working age people for 100 dependents** (children and older people).....


This is projected to go down to 120 within the next 15 years

  
**Older People in the Workforce**

  
18,700 of the workforce in West Sussex are over 65 (4.7%). (1 in 20).

  
**Carers**  
1 in 4 women and 1 in 6 men aged 50-64 have caring responsibilities

  
Women have a 50:50 chance of providing care by the time they are 59; compared with men who have the same chance by the time they are 75 years old.

  
**Mental wellbeing**  
At any one time it is estimated that 1 in 6 adults have a common mental health problem (including depression, anxiety)

There are also over **7,500 adults in West Sussex on primary care registers of severe mental illness.**

**Housing**  
**Getting on the ladder**

The ratio of lower quartile house prices to lower quartile earnings stands at 12.2:1 in Horsham. In Adur the ratio was over 14:1

**Affordable Rent?**  
**Rent is still increasing**, now with the average one-bed property costing over £700 a month

Those living in private rented properties are likely to experience worse living standards.

**Almost 45,000 households are currently claiming housing benefit**, at a median of £106 per week

**Social and Affordable Housing**

**7,900 currently sit on council house waiting lists**

**750 affordable houses delivered last year**, below the yearly average for the previous 10 years



## Overview

The population of West Sussex, like the rest of the country, is getting older. Part of this is due to increases in life expectancy amongst people living in the county, but West Sussex is also a popular retirement destination. There were just under 193,000 residents aged 65 and over in 2017, with an additional 101,000 older residents expected by 2038 including 27,000 aged 85 and over.

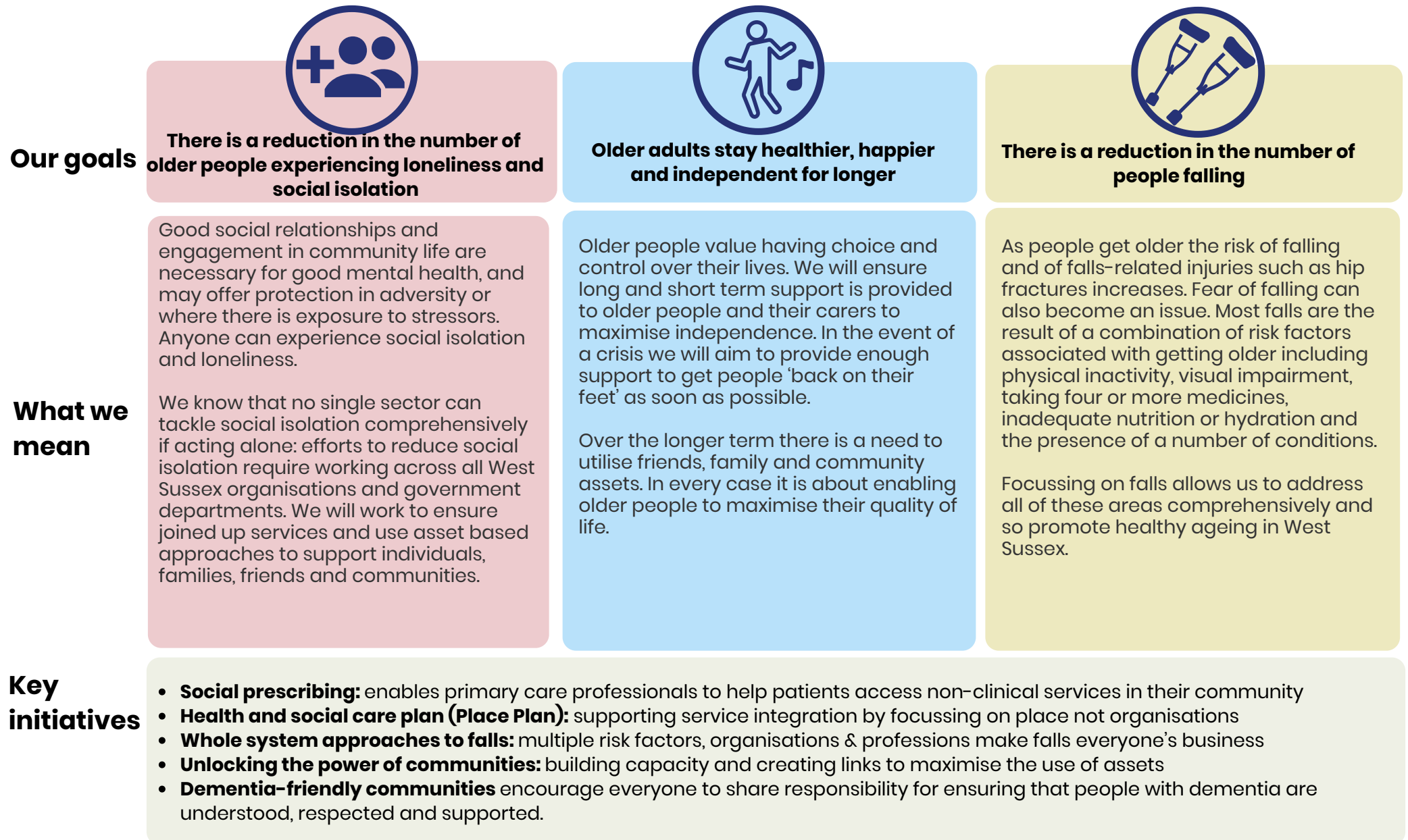
Currently an estimated 38% of older people live alone, and we know that older people are particularly vulnerable to social isolation and/or loneliness owing to loss of friends and extended families, loss of mobility or income

Overall older people in the county are relatively healthy and find the county a great place to live. They play a vital role in contributing to the life of their communities and there is an increase in the numbers continuing in paid employment well past the "traditional" retirement age. Around one in seven provide unpaid care to a family member or friends.

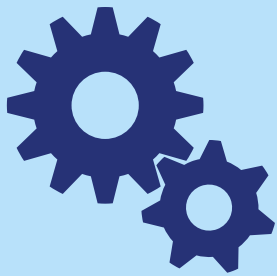
However, with age comes the increased likelihood of living with one or more long term health conditions such as diabetes and arthritis, or sensory impairment, older people are also at increased risk of a fall. In terms of mental wellbeing, although there is an understandable focus on dementia and the increased support people with dementia need, large numbers of older people suffer from depression. All of these result in a reduced quality of life and increased use of services.

## Key Issues and Challenges

- Ageing well needs to focus on families as well as individuals and communities; carers have an important positive role to play, but are also at increased risk of loneliness.
- Ageing requires an asset based approach enabling older people's abilities to continue to learn, build relationships, and contribute.
- Supporting independence is a priority including the use of assistive technologies.
- Effective responses to crises are equally important – providing a proportionate level of support to restore independence as quickly as possible.
- Falls and fractures are a key issue. Tackling risk factors such as physical inactivity, poor hydration and nutrition, sensory impairment and home hazards provides a good focus for healthy ageing activity.
- Loneliness and social isolation are very real problems. There is a great deal of activity taking place across west Sussex that can impact on this, what is needed are ways to access information / navigate the system.
- Preparing for a good death is as important as a good birth and there needs to be a focus on end of life care and support for bereavement.



**Monitoring progress** To monitor progress on these priorities, the HWB will use various local and national indicators, including:



- Proportion of older people moderately, or very, lonely
- Dementia – prevalence rate, depression – diagnosis rate
- Emergency admissions for those aged 65+ and 80+ including numbers from residential and nursing homes and admissions for falls
- Numbers living in a residential or nursing homes (Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population)
- Proportion of people dying at their usual place of residence

## Case study

Dementia Friendly Crawley has worked on a number of initiatives with partners from Crawley Dementia Alliance, including creating over 2,000 Dementia Friends across the town.

This has included around 200 Dementia Friends at Crawley Borough Council and the majority of staff at K2 Crawley Leisure Centre. Metrobus have embedded Dementia Friends into its induction process for all new staff as well as ensuring that all existing staff have taken part in the one hour awareness session. In addition, Metrobus have introduced the Helping Hand card scheme, adapted their buses to be more dementia friendly and created a dementia safe haven at the Metrobus Travel Shop in Crawley.

This aims to support people living with dementia to be able to continue to live their life independently and to access local shops and services.

# Ageing Well

**192,900**

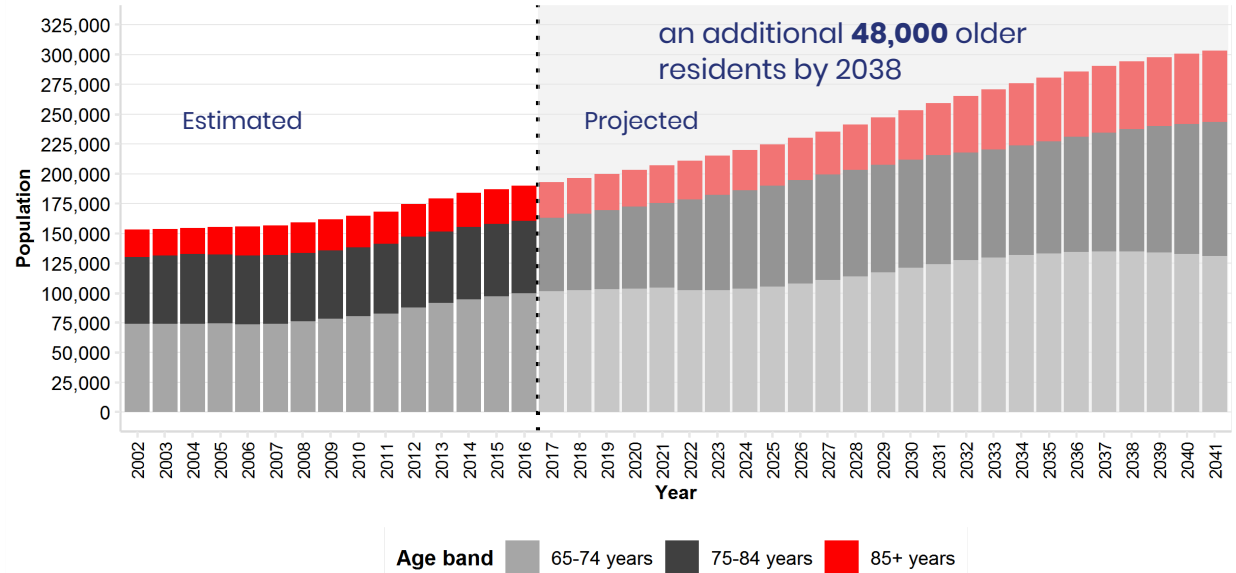
people aged 65+ living in West Sussex in 2017.



**388** residents aged 65+ for every 1,000 working age (16-64) residents in 2018.

by 2038, this is anticipated to increase to **562** older people per 1,000.

That's two working aged residents for every older person in the next 20 years.



## Living arrangements

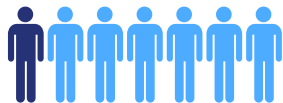


More than **72,500** aged 65+ estimated to be living alone in 2017

Estimated **7,500** living in a residential or nursing home

## Older people as carers

Approximately **27,000** aged 65+ provide unpaid care to a family member, friend or neighbour in 2017.



**1 in 7** older people provides some unpaid care to family or friends.

**A third of unpaid carers aged 65+ provide 50 or more hours of care per week;** this is 4.5% of all those aged 65+.

**1 in 20 women aged 85+ provide some unpaid care.** This rises to more than **1 in 7** males in the same age group.



## Living with long term conditions

### Co-morbidities

**Almost two thirds of those aged 65-84 estimated to live with two or more long term health conditions.**



**This rises to four in five of those aged 85+**

That is **112,500** aged 65+ estimated to have two or more long term health conditions\*

**31,700** aged 65+ estimated to have physical and mental health co-morbidity\*

**9,148** aged 65+ currently on disease registers for dementia (August 2018)



### Sensory impairment

**5,800** people aged 75+ predicted to have registrable eye conditions.



**2,615** aged 65+ registered as blind/severely sight impaired in 2016/17



**82,900** people aged 65+ predicted to have moderate or severe hearing loss

\* 2011 estimates

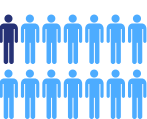
## Social isolation

### Overall risk

The Office for National Statistics, alongside Age UK used various data from the Census and research to identify areas that are more or less likely to be at risk of loneliness among over 65's.

**Overall, districts in West Sussex were predicted to have relatively lower risk of loneliness** although some neighbourhoods in the county were ranked among the most at risk in England.

### Social Care Users

 **The 2017/18 Adult Social Care survey identified that 1 in 14 people (all ages) in receipt of care felt socially isolated** and had little social contact.

### Local West Sussex Survey

A West Sussex survey of older people in 2013 found:

- **1 in 4 respondents reported being moderately or severely lonely.**
- Contact with neighbours and participation in groups were highlighted as factors that could buffer the risk of loneliness.
- **Loneliness was common among carers,** particularly if they lived with the person being cared for.

## Support with Long Term Conditions

 The GP patient survey (of all ages) indicates that **68% of patients in NHS Horsham and Mid Sussex GP practice felt supported to manage their long term conditions.**

However, this drops to **58% among patients registered to GPs in NHS Crawley CCG and NHS Coastal West Sussex CCG.**

## Emergency hospital admissions



(Using provisional data) In 2017/18, there were more than **47,600 emergency admissions (all cause) among those aged 65+ in West Sussex.**



This is **23,549 emergency admissions per 100,000 population aged 65+**

The rate of admissions increased significantly between 2015/16 and 2016/17 but has remained similar in the last year.

## Falls ...and fractures

**4,495** emergency admissions for falls in 2016/17 among those aged 65+

**3,221** among those aged 80+

**West Sussex has higher rates of emergency falls and hip fracture admissions among those aged 80+ compared with England.**



**1,240** emergency admissions for hip fractures in 2016/17 among those aged 65+

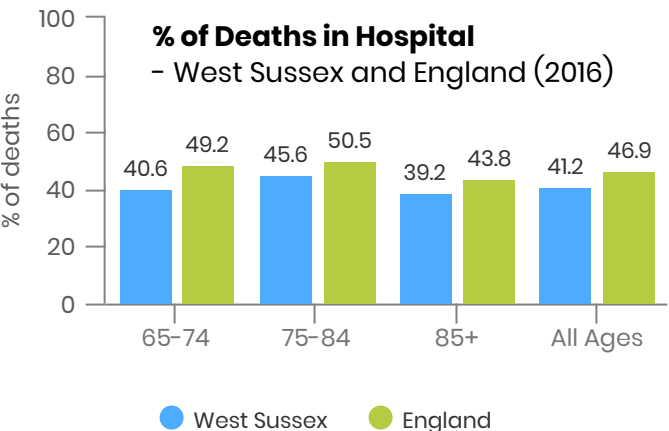
**964** among those aged 80+



**One in three older people who have a hip fracture moving into to long-term residential or nursing care.**

## End of life

**Hospital deaths in West Sussex are lower compared to England, and among 65-74 year old's is lowest compared to CIPFA comparators,**



Hospital deaths are highest among those aged 75-84 years in West Sussex.

**But there are some local challenges.**

The number of over 65's dying in hospital rises to more than one in two among residents in **Crawley.**





## Monitoring Delivery and Impact Across the System

The Joint Health and Wellbeing Strategy sets out the vision, strategic goals and outcomes that the West Sussex system must mobilise to meet. A **Place Plan** will be developed to set out how these aspirations will be delivered. The Board will maintain oversight of the delivery of the Place Plan.

**As system leaders, the Board will champion the priorities for joint action and monitor these through a set of indicators.** The intention is to develop these indicators based on the national framework indicators such as [Public Health Outcomes Framework](#), [Adult Social Care Outcomes Framework](#); [NHS Outcomes Framework](#).

In addition local indicators to measure progress towards improving health and wellbeing outcomes and reducing health inequalities will be identified as part of the strategy.

**The Board proposes to review, annually, the progress made on the strategic priorities** and identify any bottlenecks or problematic areas where the Board can take action, as systems leaders, to ensure progress. Annual progress reports will be made available to partners and the public through our HWB website and the JSNA website.

**The Board also has a duty to review NHS and local authority commissioning strategies** and plans to ensure that they take into account this Strategy and the identified priorities. This provides an opportunity to monitor and ensure that commissioning strategies and plans address the agreed priorities to achieve our vision.

### Next Steps

This consultation is running from Monday 3 December to Sunday 27 January 2019. Its purpose is to obtain feedback on the draft strategy from a wide range of partners and stakeholders, including residents and service users.

Following the consultation, all feedback will be considered for the final JHWS.

**The strategy will be launched in April 2019**

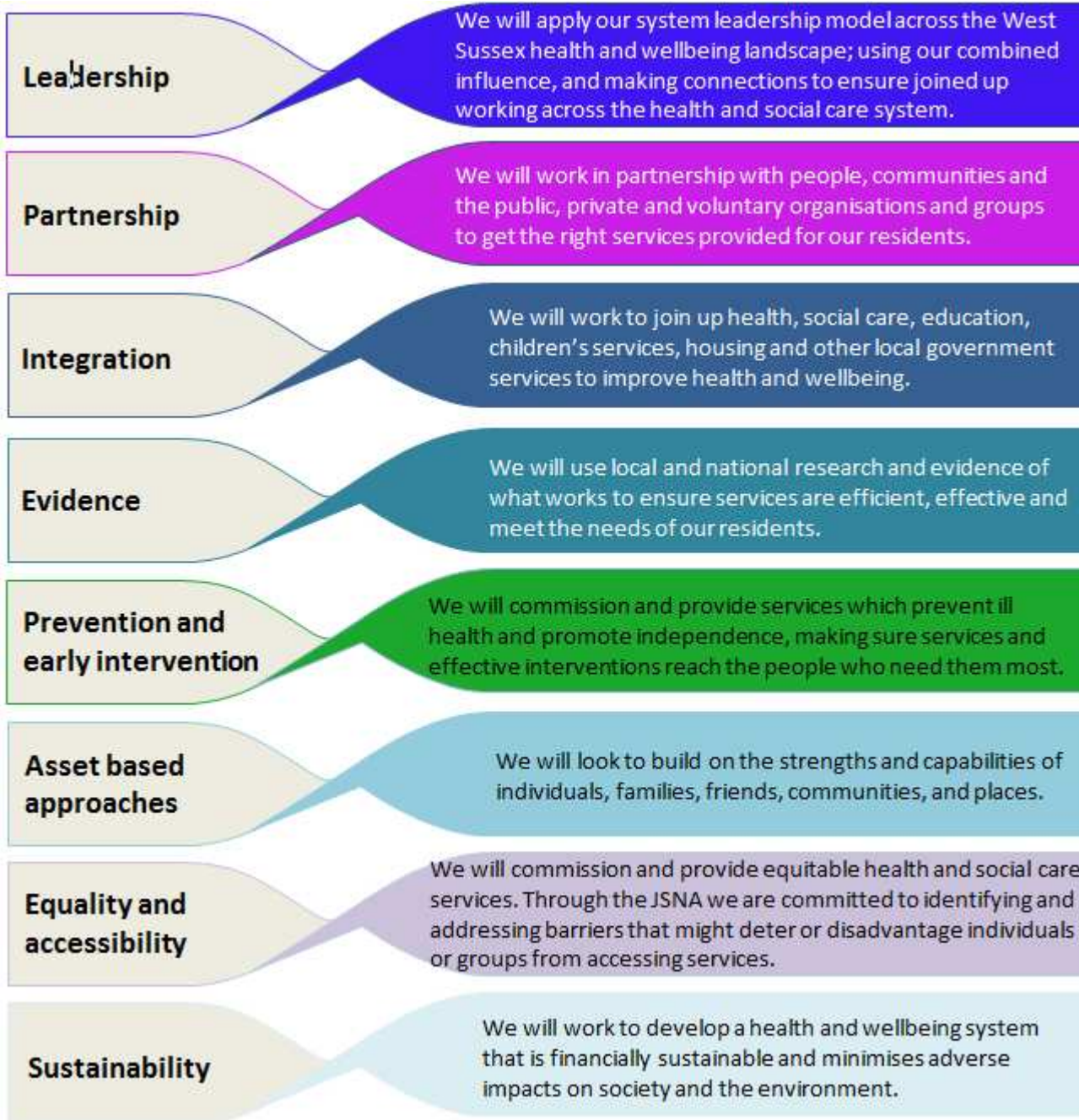


## **Appendices**

## Our Guiding Principles

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To achieve the agreed vision, the West Sussex HWB worked together to develop the following principles to inform and guide how we will work together as system leaders:



## Working with partners and other Boards

As highlighted previously, the HWB works with various strategic boards, particularly the West Sussex Safeguarding Children's Board (WSSCB), West Sussex Safeguarding Adults Board (WSSAB) and Safer West Sussex Partnership (SWSP).

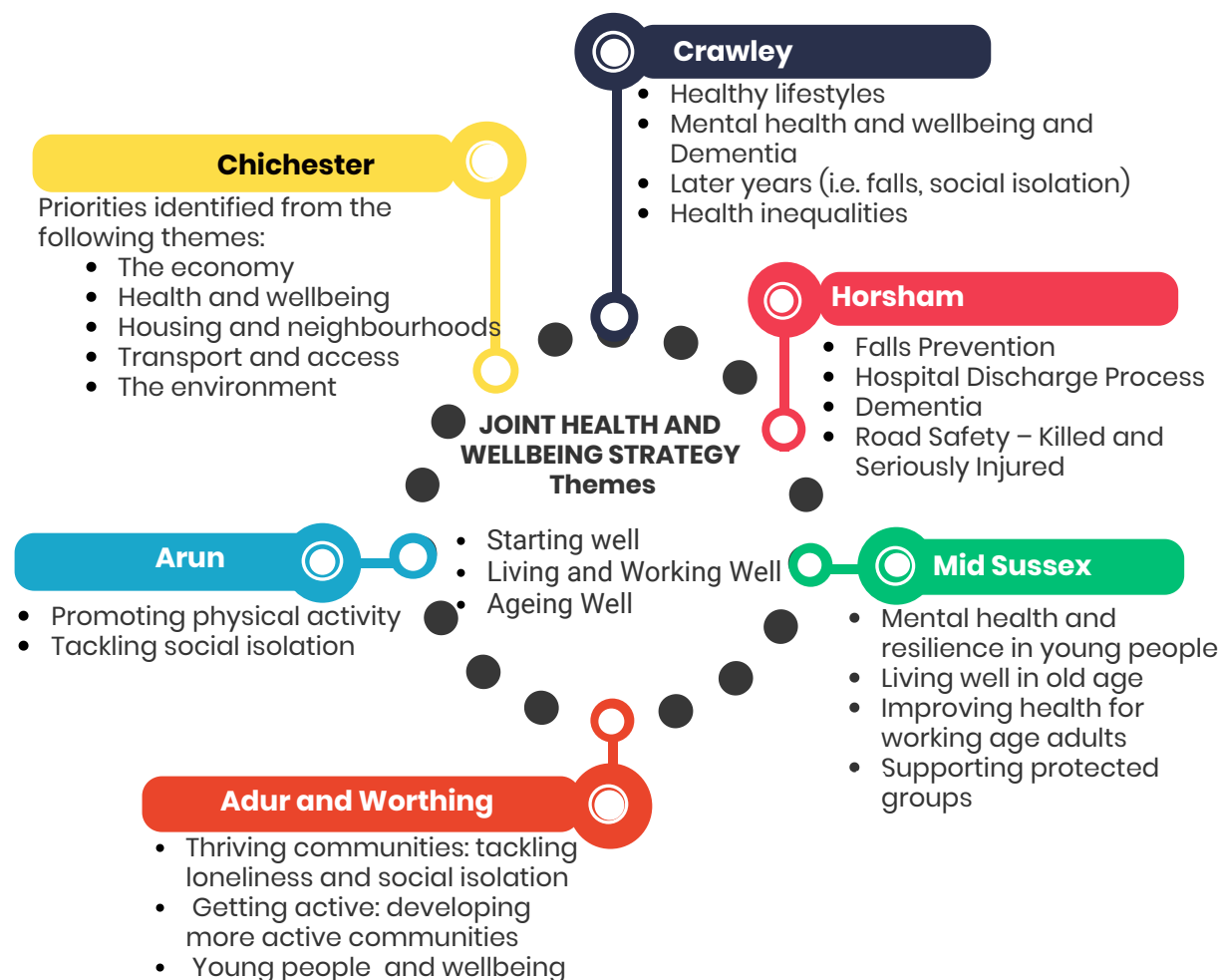
The **WSSCB and WSSAB** are strategic partnerships responsible for co-ordinating and ensuring the effectiveness of safeguarding arrangements across agencies to safeguard children, young people and adults.

The **Safer West Sussex Partnership** brings together various key agencies to provide a coordinated approach to reducing crime and anti-social behaviour in West Sussex.

### District and borough partnerships and priorities

District and Boroughs have local health and wellbeing partnerships, providing them opportunities to work with their partners in delivering better health outcomes for their residents. Each partnership has its own health and wellbeing priorities, which are also linked to the Joint Health and Wellbeing Strategy priorities.

### District and borough partnerships and priorities



## Strategic Links

This JHWS aims to harness the system and align local plans and strategies in-order to ensure a coherent and coordinated approach to meeting the needs of our residents and a more efficient use of resources.

Outlined below are some of the key strategies and plans across the life-course that provide links with JHWS, including the Place plan, which will be the delivery mechanism for this strategy.

### National

- NHS Five Year Forward view
- NHS Five Year Forward View for Mental Health
- Carers Action Plan 2018 – 2020

### Regional: Sustainable Transformation Partnerships (STP)

- Mental health in Sussex and East Surrey Strategic Framework and delivery roadmap

## Joint Health and Wellbeing Strategy

### Starting Well

- West Sussex Partnership Families Strategic Plan
- West Sussex Safeguarding Children's Board Business Plan (2017–2019)
- SEND Pathways to Adulthood Strategy
- School Effectiveness Strategy (2018–2022)
- West Sussex Local Transformation Plan for Children and Young People's Mental Health and Wellbeing

### Living and Working Well

- Suicide Prevention Strategy
- Sustainable Community strategy for West Sussex
- Sustainability strategy 2015–2019
- West Sussex Local transport Plan 2011–2026
- WSCC Economic Growth plan 2018–2023
- Safeguarding Adults Board Strategic Plan
- District and Borough Council Housing and Homelessness Strategies
- West Sussex Walking and Cycling Strategy (2016 – 2026)
- Tobacco Control Operational Plan (under review)

### Ageing well

- West Sussex Joint Commitment to Family, Friends and Carers 2015–2020
- Life pathways
- Dementia Strategy (forthcoming)
- Vision and Strategy for Adult Services

### Across the Lifecourse

- Health and Social Care Plan
- West Sussex Plan
- CCG Commissioning Strategies/Plans
- West Sussex Better Care Fund Plan
- District and Borough Council Local Plans

- Strategic Framework for Mental Health Commissioning in West Sussex
- Wellbeing and Resilience framework
- West Sussex Air Quality strategy (in progress)