



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 - Outcome measures	
Date of Meeting:	17 th July 2021	
Report of:	Alistair Hill, Director of Public Health, Health and Adult Social Care	
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Wards Affected:	All	
FOR GENERAL RELEASE		
Executive Summary		
<p>Health and Wellbeing Boards have a duty to prepare a Joint Health and Wellbeing Strategy for meeting needs identified in the Joint Strategic Needs Assessment (JSNA).</p> <p>The Brighton & Hove Health and Wellbeing Strategy 2019-30 was approved by the Board in March 2019. It sets out the vision that everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life.</p> <p>This paper presents proposed high-level outcomes measures for the strategy, which have been amended in 2021 to reflect the wider impacts of Covid</p>		
Glossary of Terms		
<p>JNSA – Joint Strategic Needs Assessment CCG – Clinical Commissioning Group GPs – General Practitioners NHS Long Term Plan – the new plan for the NHS to improve the quality of patient care and health outcomes.</p>		



1. Decisions, recommendations and any options

- 1.1 That the Board approves the outcome measures for the Joint Health and Wellbeing Strategy.
- 1.2 That the Board agrees the frequency of update on progress against the outcomes measures, suggested six monthly.

2. Relevant information

- 2.1 Health and Wellbeing Boards have a duty to prepare a Joint Health and Wellbeing Strategy for meeting needs identified in the Joint Strategic Needs Assessment (JSNA).
- 2.2 The Brighton & Hove Health and Wellbeing Strategy 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. The vision for the Board and its partners is that Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life.
- 2.3 The strategy states our 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.
- 2.4 Four key outcomes for local people are identified: starting well, living well, ageing well and dying well.
- 2.5 In July 2019 the Board agreed that the Strategy, in addition to the ambitions set out under 2.3, would have a small number of high-level outcome measures for each of the four wells. These measures were due to be taken to the March 2020 Health and Wellbeing Board, but the Covid-19 pandemic meant that this was delayed. The suggested outcomes measures have now been updated in order to reflect the wider impacts of Covid-19.

Development of the outcome measures

- 2.6 Indicators are suggested based upon: the needs set out in the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy; where they are population level outcomes (not system/process indicators); where Brighton & Hove performs poorly against comparators (or England); where there are significant inequalities within the city; where Covid-19 has had a likely significant impact. Where appropriate, indicators have an additional inequalities element to reflect the overarching ambition of the Strategy.
- 2.7 In the main indicators are taken from: the Public Health Outcomes Framework; NHS Outcomes Framework and Adult Social Care Outcomes Framework; PHE Wider Impacts of Covid-19 dashboard.

- 2.8 The outcome measures were also informed by the engagement carried out on the Joint Health and Wellbeing Strategy in 2018/19.
- 2.9 The initial set of proposed indicators were informed by discussions at Families, Children and Learning, Public Health and Health and Adult Social Care Directorate Management Teams (DMTs) within the City Council, the Health & Care the Partnership Board, the Clinical Commissioning Group Local Management Team meeting and the Councillor Performance and Information Group. Further discussion has taken place at the Integrated Care Partnership Board, and Councillor Performance and Information Group in 2021. The Starting Well Outcomes Measures will go to the Early Help Partnership Board and the Dying Well Outcomes Measures to the Dying Well Steering Group in July 2021 for any further amendments.
- 2.10 Once the set of outcome measures is agreed, the Public Health Intelligence team will provide trajectories for possible ambitions by 2030 for approval by the Health and Wellbeing Board.

The proposed outcome measures

- 2.11 Table 1 outlines the set of proposed outcomes measures indicators. These are in addition to the overarching measures set out in section 2.3. It should be noted that some measures cross more than one well, this is particularly the case for some measures within living well, which also span ageing well. In line with the Strategy, they are placed within one well rather than repeated.
- 2.12 Where possible, outcomes measures are included for disadvantaged groups, however data is not always available for all grouped facing inequalities, for example ethnicity recording which makes measuring outcomes for different groups difficult. Workstreams continue to focus on the improvement of this data and we will continue to review and include outcomes by group where possible over time.

Monitoring the outcome measures

- 2.13 It is proposed that The Board will receive a six monthly update on progress, which will enable Board members to maintain oversight of the strategy and identify where they need to take further action as systems leaders.

Table 1: Proposed outcomes measures

Starting well	Living well	Ageing well	Dying well
<ul style="list-style-type: none"> • The gap in having a good level of development at end of reception between pupils eligible for Free School Meals (FSM) and other pupils is reduced • Immunisation rates improved (MMR two doses by five years) • Improvement in good level of development at 2/2½ • Year 6 healthy weight is improved • <i>The rates of smoking, alcohol and drugs use in 15 year olds are reduced</i> • Educational attainment at 16 is improved for all pupils and those from disadvantaged groups • The percentage of pupils who often/sometimes feel happy increases and often/sometimes worry about the future decreases • Reduced hospital admissions self harm 	<ul style="list-style-type: none"> • The gap between the overall employment rate and the rates for those with long-term health conditions, learning disabilities and in contact with mental health services are reduced • <i>People having enough money after bills to live</i> • The percentage of physically active adults (i.e. who undertake a minimum of 150 minutes of moderate physical activity per week) is increased – improvement in adults above a healthy weight, travel by walking and cycling at least 3 days per week • The adults smoking prevalence, and the gap between routine and manual workers and other groups, are reduced • Alcohol related admissions to hospital are reduced • Drug related deaths are reduced • Sexually transmitted infections are reduced • HIV 95 95 95 (95% of all people living with HIV know their HIV status; 95% of people with diagnosed HIV infection receive sustained antiretroviral therapy; 95% of people receiving antiretroviral therapy with have viral suppression) • The percentage of cancers detected at an early stage is increased • Social isolation is reduced • Domestic violence • The percentage of adults with high levels of happiness is increased and with high levels of anxiety is reduced • Admissions for self harm are reduced • Deaths from suicide and undetermined injury are reduced 	<ul style="list-style-type: none"> • Health related quality of life for older people is increased • Good quality of life for carers is increased • Flu vaccination rates are improved • Repeated admission to hospital is reduced • Hospital admissions due to falls are reduced • Permanent admissions to residential and nursing homes are reduced • U75 mortality from CVD and cancer are reduced 	<ul style="list-style-type: none"> • People dying in their usual place of residence <p><i>Further local indicators will be considered by the Dying well Steering Group</i></p> <p><i>Placeholder: Increase in the number of personalised care plans created</i></p>

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3. Important considerations and implications

Legal:

- 3.1 FROM PREVIOUS UPDATE PAPER, To be confirmed: The Health and Wellbeing Board is required to publish a joint Health and Wellbeing Strategy pursuant to the Health and Social Care Act 2012 Section 193. In preparing the Strategy the Local Authority and the CCG must have regard to Guidance and involve local people and the local Healthwatch organisation.

Lawyer consulted:

Date:

Finance:

- 3.2 FROM PREVIOUS UPDATE PAPER, To be confirmed: The Health and Wellbeing Strategy informs priorities, budget development and the Medium Term Financial strategy of the Council, Health and other partners. This will require a joined up process for future budget setting in relation to all local public services where applicable. This will ensure that the Council and CCG have an open, transparent and integrated approach to planning and provision of services. Where applicable organisations will align their budget procedures whilst adhering to individual financial governance and regulations

Finance Officer consulted:

Date:

Equalities:

- 3.3 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.

Sustainability:

- 3.4 Sustainability is at the heart of the health and wellbeing and this is reflected in the inclusion of active travel, improved air quality and use of green and open spaces in the key areas of action.

Supporting documents and information

Brighton & Hove Health and Wellbeing Strategy

<https://new.brighton-hove.gov.uk/sites/default/files/health/brighton-hovehealth-wellbeing-strategy-2019-2030-26-july-19.pdf>

Brighton & Hove Joint Strategic Needs Assessment available at:

<http://www.bhconnected.org.uk/content/needs-assessments>



