



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 update	
Date of Meeting:	18 July 2023	
Report of:	Alistair Hill, Director of Public Health	
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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 to describe the vision and strategic aims to address the population 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: ‘Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life’.</p> <p>To deliver the ambition, the strategy identifies a number of outcomes for local people that are reflected under four key areas in the Strategy known as the ‘Wells’: starting well, living well, ageing well, and dying well.</p> <p>This paper aims to provide the Board with:</p> <ul style="list-style-type: none"> • A brief overview of the Joint Health and Wellbeing Strategy • A routine update on the outcome measures, including how the measures were agreed • An update on the agreed way forward for the Board to receive a report at 		

each Health and Wellbeing Board meeting which will focus on one of the 'Wells', including more narrative on that strategy area, rather than a single annual update.

The Board will be asked to note the update and consider the revised approach to receiving updates.

Glossary of Terms

JHWS - Joint Health and Wellbeing Strategy

JSNA - Joint Strategic Needs Assessment

1. Decisions, recommendations and any options

- 1.1 That the Board notes the current status of the Joint Health and Wellbeing Strategy outcome measures.
- 1.2 That the Board agrees the approach supported in a previous Health and Wellbeing Board for regular updates by 'Well' area to support a more integrated city-wide understanding of the outcomes and the action in place to improve them.

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 JHWS was developed by a panel nominated from the Health and Wellbeing Board and in addition included representation from voluntary and community services, Brighton & Hove Chamber of Commerce, and the Brighton & Hove economic partnership.
- 2.3 The views of local people and organisations were instrumental in developing the strategy.
- 2.4 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. (Appendix 1)
- 2.5 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'.
- 2.6 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.

2.7 The strategy is underpinned by eight principles:

- Partnership and collaboration
- Health is everyone's business
- Health and Work
- Prevention and empowerment
- Reducing health inequalities
- The right care in the right place at the right time

2.8 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 greater proportion of older people.

2.9 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

2.10 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

2.11 The Board agreed an initial set of outcome measures against which to monitor the delivery and impact of the strategy.

2.12 These were updated in July 2021 with minor amendments in October 2022.

2.13 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, and
- now also include where the Covid-19 pandemic response is likely to have had a significant impact eg: physical activity.

2.14 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.

- 2.15 The choice of outcome measures was informed by the engagement carried out on the Joint Health and Wellbeing Strategy in 2018/19 and by discussions across Public Health, Adult Social Care, Families Children and Learning and the NHS.

Monitoring the outcome measures

- 2.16 The outcome measures are presented to reflect the trend of that indicator, i.e: whether the trend is worsening or improving, and the progress of the strategy should be considered by preferred 'direction of travel', for example, that year 6 healthy weights are increased.
- 2.17 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.
- 2.18 The current data use the new ONS population estimates to understand the rates of outcomes, but the historic population data has not yet been updated. When the historic population data are updated trend data will be reinstated.
- 2.19 Where cohorts are sampled, for example where data are taken from the Safe and Well at School Survey, then the denominator data will not be affected by the ONS changes and so these outcomes will continue to show trend data.

Outcomes measures update

- 2.20 Appendix 2 presents the key outcome measures dashboard reflecting the overarching ambition and for the four 'Wells'. Where possible the trend data are also shown, noting that for a number of measures historic trend data are not currently available.
- 2.21 Tables 1-4 below summarises the current status of all agreed outcomes and identifies where they are significantly better than, worse than, or similar to England. The appendix compares Brighton & Hove not only with England, but also our local neighbours in the South East and our 'CIPFA' neighbours (ie: localities which are statistically similar in their characteristics).

2.22 Table 1 – overarching outcomes

	Improving trend	Static trend	Worsening trend	Trend cannot be calculated
Better than England				
Similar to England				<ul style="list-style-type: none"> • Healthy life expectancy at birth – males • Healthy life expectancy at birth - females
Worse than England				
Comparison not available				<ul style="list-style-type: none"> • Inequality in healthy life expectancy at birth – males • Inequality in healthy life expectancy at birth - females

Table 2 – Starting Well

	Improving trend	Static trend	Worsening trend	Trend cannot be calculated
Better than England			<ul style="list-style-type: none"> • Increase in good level of development at 2/2½ years • Year 6 healthy weight is increased 	
Similar to England		<ul style="list-style-type: none"> • School readiness: % of children with a good level of development at end of reception - all pupils 		<ul style="list-style-type: none"> • Physical activity in children and young people is increased
Worse than England		<ul style="list-style-type: none"> • Immunisation rates increased (MMR two doses by five years) 		<ul style="list-style-type: none"> • School readiness: % of children eligible for Free School Meals with a good level of development at end of reception • Hospital admissions for self-harm (10-24 year olds) are reduced
Comparison not available				<ul style="list-style-type: none"> • Educational attainment at 16 is increased for all pupils • Educational attainment at 16 is increased for children in care

LOCAL MEASURES for which there is no national comparison:

Improving trend: The percentage of pupils in years 10-11 who have ever tried alcohol; The percentage of pupils in years 10-11 who smoke

Worsening trend: Percentage of pupils who often/sometimes feel happy

Static trend: Having tried cannabis (Year 10-11)

Table 3 – Living Well

	Improving trend	Static trend	Worsening trend	Trend cannot be calculated
Better than England	<ul style="list-style-type: none"> Alcohol related admissions to hospital are reduced 			<ul style="list-style-type: none"> Increase the percentage of adults who travel by walking and cycling at least 3 days per week Reduction in adults who are overweight or obese Virological success in adults accessing HIV care
Similar to England		<ul style="list-style-type: none"> The percentage of cancers detected at an early stage (Stage 1 or 2) is increased Increase the percentage of physically active adults and reduce the percentage of physically inactive adults Adult smoking prevalence is reduced – all adults and routine and manual workers Prompt antiretroviral therapy initiation in people newly diagnosed with HIV 		<ul style="list-style-type: none"> Gap in overall employment and rate for those with: long-term health conditions; learning disabilities or in contact with mental health services The percentage of adults with low levels of happiness is reduced
Worse than England	<ul style="list-style-type: none"> Sexually transmitted infections are reduced 		<ul style="list-style-type: none"> HIV testing coverage 	<ul style="list-style-type: none"> The percentage of adults with high levels of anxiety is reduced Emergency hospital admissions for self harm (all ages) are reduced Deaths from suicide and undetermined injury are reduced Drug related deaths are reduced
Comparison not available				<ul style="list-style-type: none"> Domestic abuse related incidents are reduced

Table 4 – Ageing and Dying Well

	Improving trend	Static trend	Worsening trend	Trend cannot be calculated
Better than England				<ul style="list-style-type: none"> Percentage of adult carers with as much social contact as they would like is increased Emergency readmission to hospital is reduced
Similar to England	<ul style="list-style-type: none"> Percentage of deaths occurring at home is increased 			<ul style="list-style-type: none"> Under 75 years mortality rate from cancer considered preventable is reduced Under 75 years mortality rate from cardiovascular diseases is reduced Under 75 years mortality rate from cardiovascular diseases considered preventable is reduced Percentage of adult social care users with as much social contact as they would like is increased
Worse than England	<ul style="list-style-type: none"> Flu vaccination rate for those aged 65 years or over is increased Flu vaccination rate for those at risk is increased 			<ul style="list-style-type: none"> Under 75 years mortality rate from cancer is reduced Hospital admissions due to falls in people aged 65 or over are reduced
Comparison not available	<ul style="list-style-type: none"> Permanent admissions to residential and nursing homes are reduced 			

2.23 To summarise:

- Our overarching ambition for healthy life expectancy is statistically similar to England.
- Our ambition to reduce inequality across Brighton & Hove is not reflected as a trend because we are waiting for ONS population data, and there is no comparator to England as this reflects local inequalities.

Starting Well

- For the indicators where we can compare to England, we compare poorly for: school readiness and a good level of development at the end of reception for children eligible for free school meals; MMR immunisation rates; and, hospital admissions for self harm in 10-24 year olds.
- We perform significantly better than England for a good level of development at 2½ years, and year 6 healthy weight, however, we can see a worsening trend in these indicators.
- In our local indicators, for which there is no England comparison, we have: improving trends in the percentage of pupils who are smoking or trying alcohol; we show no improvement reducing the percentage of pupils who try cannabis; and, we have a reduction in the percentage of pupils who feel happy.

Living Well

- For most indicators in this section it is not possible to provide trend data.
- In comparison to England, we are performing well in: reducing alcohol related admissions to hospital; reducing percent of adults who are overweight or obese; increasing active travel (walking and cycling); and, virological success for HIV treatment.
- We are improving our sexually transmitted infection rate but are still performing poorly compared to England.
- The data suggest that we have a worsening trend for HIV testing coverage at our sexual health service. However, it should be noted that this is affected by including all presentations to the sexual health service, not just the eligible population. Where data are broken down by gender and men who have sex with men (MSM) we compare very favourably to England rates.

Ageing Well and Dying Well

- It is not possible to show trend data in all cases, but we compare well to England for both the percentage of adult carers increasing social contact, and reducing emergency readmissions to hospital.
- Hospital admissions due to falls, and under 75 mortality from cancer compares poorly to England rates.
- Although our flu vaccination rates also compare less well to England rates, we are improving uptake and meet the threshold targets for vaccination coverage in over 65 year olds.

City-wide approach to monitoring the JHWS and receiving updates on the outcome measures.

2.22 At the Health and Wellbeing Board in November, 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 4 'Wells' areas at each meeting.

- 2.23 The rationale for this was to enable the inclusion of a brief narrative of the specific 'Well' area to provide a more integrated city-wide understanding of the outcomes and the action in place to improve them. This will provide assurance to the Board that local programmes such as the Shared Delivery Plan and other local strategies are addressing the outcomes where there is the greatest need for improvement. It will also provide an opportunity for Board members to consider if more needs to be done in these areas.
- 2.24 In recognition of the revised membership of the Health and Wellbeing Board this paper supplies an overview of all four 'Wells' to introduce the JHWS and outcome measures. The Board is now asked to advise if they would like to receive reports on a more regular basis going forward, as stated in 2.22, starting with Starting Well in November 2023.

3. Important considerations and implications

Legal:

- 3.1 The Health and Wellbeing Board has a duty to prepare and oversee the Health and Wellbeing Strategy

Lawyer consulted: Sandra O'Brien Date 30 June 2023

Finance:

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

Finance Officer consulted: Sophie Warburton Date: 30/06/2023

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.

Supporting documents and information

Appendix 1: [Brighton Hove Health Wellbeing Strategy 2019-2030.pdf](#)

Appendix 2:



JHWS indicators
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