Appendix 1

Draft Brighton & Hove Joint Health & Wellbeing Strategy (JHWS)

Contents

Introduction

What is the Joint Health & Wellbeing Strategy?

The 2012 Health & Social Care Act requires all upper-tier local authorities to set up a Health & Wellbeing Board (HWB). HWBs are partnership bodies bringing together Councillors, NHS commissioners, senior council officers and local people. HWBs have a general duty to ensure that health and social care systems in the local area work effectively together; that the care delivered reflects the needs of local people; and that local people are fully involved in designing these services.

More specifically, HWBs have two major duties: to deliver the local Joint Strategic Needs Assessment (JSNA) and to agree a Joint Health & Wellbeing Strategy (JHWS).

Joint Strategic Needs Assessment: JSNA. The JSNA is an ongoing process in which a wide range of data is analysed in order to establish what the health and social care needs of the local population are, how far local services meet these needs, and where any gaps may be. The JSNA, and the data which informs it, provides the key evidence-base for health, public health and social care commissioning across the local area. A summary of JSNA findings is currently published annually, and much more detailed information about each of the 82 JSNA categories is available via the BHLIS web resource.

The JSNA is not a new initiative, although it is currently undergoing a significant revamp at a national level which is likely to give local areas considerably more freedom to make their JSNA fit with local needs. Currently, the JSNA is signed off by the local Directors of Public Health, Adult Social Services and Children's Services, but this duty will pass to the HWB from April 2013.

Joint Health & Wellbeing Strategy: JHWS. Agreeing a local JHWS is a new responsibility. Although the Department of Health has published some guidance, and the Health & Social Care Act lays out some minimal responsibilities, the Government, in line with its commitment to localism, has not been prescriptive: HWBs have a great deal of freedom to design a JHWS that is appropriate for the local area.

This is important, because local areas are very different from one another, and for some areas, particularly those with both a County Council and District Councils, or with several Clinical Commissioning Groups, the JHWS will need to bring together these distinct and potentially competing voices to produce a shared, coherent vision for the local area.

Fortunately, Brighton & Hove has a single political authority – the City Council - and one Clinical Commissioning Group responsible for buying the bulk of NHS services for the whole of the city. There is also a long and successful history of partnership working in Brighton & Hove, with formally shared council/NHS services, close informal partnerships between the council and the NHS, and a thriving strategic partnership structure, with the council, NHS commissioners and providers, city universities, the police, the fire service, voluntary sector organisations and local businesses working together across a variety of themed partnerships.

Therefore, the Brighton & Hove JHWS will not be a grand over-arching document describing the whole of health and social care planning across the city – this is already being done via existing council and NHS commissioning strategies. Nor will it seek to impinge upon the territory of established, successful partnerships working across the city. Instead, the JHWS will focus on a few very high priority areas, where we know that there is a really significant need for better outcomes and where we also know that current partnership working could be made more effective, delivering real and measurable improvement for local people. The JHWS aims to complement existing strategies and partnerships, identifying gaps in partnership networks and pathways. It does not aim to replace existing strategies and partnerships or to duplicate the work that they do.

The areas included in the Brighton & Hove JHWS should be amongst the highest impact issues for the city population, then. They should also be 'core' partnership issues: areas where an effective response demands joined-up partnership working, particularly between the council and the NHS. And additionally, they should be issues where we know that the current partnership structures are not as effective as they might be – i.e. areas where, by improving the ways that the city council and the local NHS (and potentially other partners) work together, we can make real improvements to services.

Given this focused approach to the JHWS it should be clear that the absence of an issue from the JHWS does not imply that it is not a city priority. In some instances it may be that an issue has not been included because, although its impact is high, there are other issues which present an even greater challenge. However, in other instances, a very high priority issue may have been excluded from the JHWS because it is essentially the responsibility of one organisation rather than a true partnership issue. Similarly, even with 'core' partnership issues, it may be the case that there is already a robust partnership in place, and therefore little to be gained from inclusion in the JHWS. This approach is consistent with Government guidance, which stresses both that the JHWS should prioritise local issues rather than attempting to tackle everything, and that the focus of the JHWS should be on driving improvements via better partnership working.

Neither is it necessarily the case that being included as a JHWS priority means that partnership working in a particular area is sub-standard. Rather, it is likely to mean that we have identified an opportunity to improve services by building on and extending current partnership working arrangements.

In summary then, the local JHWS will be a tightly-focused plan, concentrating on the highest impact local issues where effective partnership-working can make a real difference to outcomes, and where, for whatever reasons, the current partnership arrangements offer room for improvement. The JHWS may include targets for improving outcomes, but it is not where the operational detail will be agreed: this will be done via individual NHS and council commissioning plans.

Prioritisation
Government guidance makes it clear that the local JHWS must be based on the evidence gathered through the JSNA process, although it is up to each area to determine the best way of doing this.

Locally, we divided the JSNA data into 82 themed areas, ranging from specific conditions (cancer, diabetes, coronary heart disease etc), through social issues which impact upon health (smoking, obesity, alcohol etc), to the wider determinants of poor health (inadequate housing, childhood poverty, worklessness etc). A team of public health experts, GPs, council and NHS commissioners and voluntary sector representatives then 'scored' each area in terms of a series of criteria, including impact on life expectancy; quality of life; impact on particular groups (e.g. equalities groups); whether we were hitting national/local targets; and whether the local trend was moving in a positive or a negative direction.

This scoring left us with 18 issues which were deemed to have the highest impact upon the local population. Several of these areas related to the 'wider determinants' of health – that is, non-health issues which can be amongst the most important causes of poor health, such as housing, worklessness and child poverty. The local Shadow HWB[1] decided that it would restrict its focus to core health, public health and adult and children's social care matters rather than looking directly at these much broader issues, all of which fall within the remit of other city partnerships. Over time the HWB will seek to build relations with these city partnerships, ensuring that there are no gaps between partners; but there are presently no plans for the HWB to take over responsibility for any of these wider determinants. For these reasons, the wider determinant JSNA areas were not taken forward as JHWS priorities.

This left 13 very high impact issues remaining. This long-list was then assessed against the key criteria of "partnerships": were these core partnership issues, and if so, was there scope to improve outcomes via better partnership working? This second assessment process eventually produced a shortlist of six key priorities, five of which were endorsed by the Shadow HWB (HWB members decided that one issue, flu immunisation, would be better dealt with by other means).

[1] HWBs have been established in shadow form in preparation for assuming statutory respo9nsibilities in April 2013.

The five priorities are:

- cancer and access to cancer screening
- dementia
- emotional health and wellbeing (including mental health)
- healthy weight and good nutrition
- smoking

The Contents of this Report

The following sections of the Strategy explore each of these priority areas: briefly describing the nature of the issue; giving an outline of local services, including where we are already doing well and where we could be doing better; suggesting measures to improve outcomes; and detailing how we will know if things have improved. The focus is fundamentally on partnership working; on how we can work together more effectively and efficiently to deliver better outcomes for local people.

Preceding the action plans for each priority area is a brief explanation of the JSNA process and description of the demographic challenges posed by the population of Brighton & Hove. Following the action plans is a short section on inequalities, explaining how reducing inequalities is a major driver for this strategy. The draft JHWS ends with a table listing the bodies and partnerships which are chiefly responsible for addressing the high impact issues which are not JHWS priorities, and with a note outlining consultation and engagement thus far..

We hope that this introduction has made it clear what the JHWS is and what it is not, and particularly, that people are reassured that the absence of a particular issue from the JHWS priorities does not necessarily indicate that the issue is a non-priority for the city.

Finally, the JHWS prioritisation process is intended to be evidence-based and objective (although we freely acknowledge that it is a work in progress). In seeking to identify the highest impact issues with the most potential to improve outcomes through better partnership working, we did not set out with any preconceptions about the issues we wanted in the JHWS, and we could in theory have ended up with a list of priorities which had little in common with each other.

However, it quickly became obvious to us that the priorities chosen share some very significant common properties, and that improving outcomes in each area may involve some similar strategies: encouraging people to take a little more responsibility for their own lives, and to take a little more interest in the lives of their families, friends and neighbours; enabling local communities to be more supportive of people with health or social care needs; working together to create a city where everyone, but particularly our most vulnerable citizens, feels supported to live safe, secure lives.

Joint Strategic Needs Assessment in Brighton and Hove

The needs assessment process aims to provide a comprehensive analysis of current and future needs of local people to inform commissioning of services that will improve outcomes and reduce inequalities. To do this, needs assessments should gather together local data, evidence from the public, patients, service users and professionals, plus a review of research and best practice. Needs assessments bring these elements together to look at unmet needs, inequalities, and overprovision of services. They also point those who commission or provide services towards how they can improve outcomes for local people. The common name for these needs assessments is Joint Strategic Needs Assessment (JSNA).

In Brighton and Hove there are three elements to the needs assessment resources available:

- Each year, a JSNA summary is published, giving an high level overview of Brighton and Hove's population, and its health and wellbeing needs. It is intended to inform the development of strategic planning and identification of local priorities, including the Joint Health and Wellbeing Strategy;

- A rolling programme of comprehensive needs assessments for the city;

- BHLIS (Brighton and Hove Local Information Service – www.bhlis.org) is the Strategic Partnership data and information resource for those living and working in Brighton and Hove. It provides local data on the population of the city. This data underpins needs assessments across the city.

This section gives some key information on the city from the JSNA – with more information available at www.bhlis.org/jsna2012

The population of Brighton and Hove

Brighton and Hove city is located between the sea and the South Downs. It is known for its easy-going approach to life, quirky shopping, restaurants, festivals and beautiful architecture. Many people choose to come and live in the city for the opportunities it offers.[2] However, Brighton and Hove is one of the most deprived areas in the South East and has a population with significant health needs and inequalities.

The city has an unusual population compared to the national picture. There are relatively large numbers of people aged 20 to 44 years, with fewer children and older people. However, there are relatively more very elderly people (85 years or over), particularly women, who are likely to have an increased need for services.

[2] Brighton and Hove Strategic Partnership, *Creating the City of Opportunities A sustainable community strategy for the City of Brighton & Hove*, 2010. Available at http://www.bandhsp.co.uk/downloads/bandhsp/

According to the 2011 Census there are 273,400 people living in the city. The population is predicted to increase to 291,000 by 2030.[3] With the greatest increases in those aged 25-34 and 50-59. There will be more children under 15 years old and slightly more people aged 75 years or over.

Key population groups in the city:

Gender: Brighton & Hove has a fairly even population split by gender with 51% of the population female & 49% male.

Age: There are 41,700 children aged 0-14 years in the city (15% of the population), 195,700 people aged 15-64 years (72% of the population) and 35,700 people aged 65 years or over (13% of the population).[4]

Migrants: The city is a destination for migrants from outside the UK with 15.1% of the city's population born outside the UK, higher than the South East (11.0%) and England (12.8%).[5]

Black and Minority Ethnic (BME) groups: The most recent estimates for 2009 show that 81% of the city's population are White British and 18% are from a BME group.

LGBT: Local estimates suggest that there may be 40,000 LGBT people living in Brighton and Hove, around 15-16% of the city's population, the largest concentration of LGBT people in England outside London.[6,7]

Carers: In the 2001 Census, 21,800 (9%) residents in Brighton and Hove identified themselves as carers. This is lower than the UK which had 12% of adults caring according to the Census.[8]

Military veterans: Applying national estimates suggests around 17,400 military veterans in the city. A veteran is anyone who has served in Her Majesty's Armed Forces at any time, irrespective of length of service.

Students: Brighton and Hove is a city with a substantial student population with two universities: University of Brighton and University of Sussex. Students represent 13% of the city's total population.[9]

Life expectancy, healthy life expectancy and inequalities

Life expectancy in Brighton and Hove is 77.7 years for males and 83.2 for females. Whilst females in the city can expect to live on average six months longer than nationally, life expectancy for males is almost a year lower than in England (78.6 years for males and 82.6 years for females). Healthy life

[3] ONS sub national population projections (2010 based) http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Sub-national+Population+Projections [Accessed 26/07/2012]
[4] Office for National Statistics. Census 2011. Data available at http://www.statistics.gov.uk/statbase/product.asp?vlnk=15106 [Accessed 08/08/2012]
[5] ONS Migration Statistics Quarterly Report, August 2011 http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-222711 [Accessed 26/07/2012]
[6] Oxford Consultants for Social Inclusion (OSCI), Developing Appropriate Strategies for Reducing Inequality in Brighton and Hove, 2007
[7] Webb, D. and Wright, D. Count Me In: Findings from the lesbian, gay, bisexual and transgender community needs assessment 2000. University of Southampton, Southampton; 2001.
[8] Carers UK. http://www.carersuk.org/media/k2/attachments/Facts_about_Carers_2009.pdf [Accessed 21.04.12]
[9] These figures include students based at other campuses outside the city.

expectancy is 67.9 years for males and 72.9 years for females meaning that, on average, around 10 years of life is spent in ill health.

As has been seen nationally, whilst mortality rates in the city are falling in all groups, they are falling at a faster rate in the least deprived quintile (i.e. the wealthiest 20% of the population) and so inequalities are widening. The gap in life expectancy between the most and least deprived people in the city is 10.6 years for males and 6.6 years for females in Brighton and Hove. These inequalities also exist in healthy life expectancy.

Highest impact health and wellbeing issues

In previous years in the JSNA we have listed the health and wellbeing issues for the city. This year we have tried to more systematically identify the impact on the city's population. This fed into the prioritisation process for the Joint Health and Wellbeing Strategy. The issues with the greatest impact on health and wellbeing in the city, mapped across the life course, are:

Wider determinants which have the greatest impact on health & wellbeing

	Children & young people	Adults	Older people
Child poverty			
Education			
Employment & unemployment	Youth unemployment	Unemployment & long term unemployment	
Housing			
Fuel poverty			

High impact social issues

	Children & young people	Adults	Older people
Alcohol	Alcohol & substance misuse – children & young people	Alcohol (adults & older people)	
Healthy weight & good nutrition	Healthy weight (children & young people)	Healthy weight (adults & older people)	
	Good nutrition & food poverty		
Domestic & sexual violence			
Emotional health & wellbeing – including mental health	Emotional health & wellbeing & mental health		
Smoking	Smoking (children & young people)	Smoking (adults & older people)	
Disability	Children & young people with a disability or complex health need	Adults with a physical disability, sensory impairment & adults with a learning disability	

Further information

Specific conditions

	Children & young people	Adults	Older people
Cancer & access to cancer screening			
HIV & AIDS			
Musculoskeletal conditions			
Diabetes			
Coronary heart disease			
Flu immunisation			
Dementia			

www.bhlis.org/jsna2012

Cancer and Access to Cancer Screening

A Cancer

What is the issue/why is it important for Brighton & Hove?

Cancer is one of the biggest causes of death, and accounts for about 38% of all deaths in the under 75's - 266 premature deaths in 2010.

Around 1150 people in the city are diagnosed with cancer each year; of these, over half are for the four main cancers (210 female breast, 135 prostate, 150 lung and 140 colorectal cancers). These cancers are also responsible for about half the premature deaths (75 from lung cancer, 26 from breast cancer, 23 from colorectal cancer and 6 from prostate cancer).

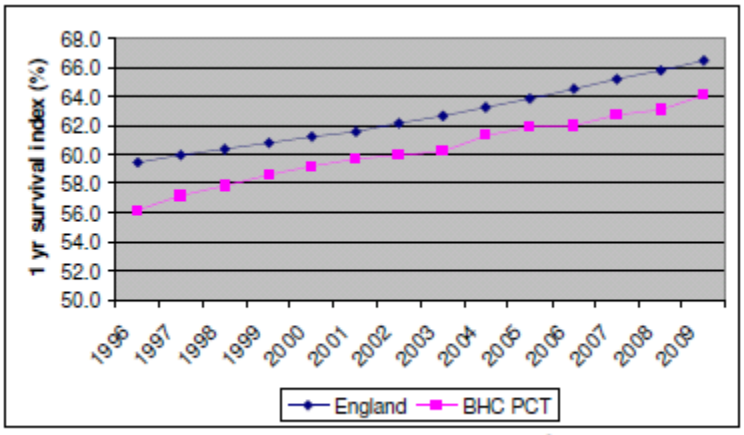
Incidence and mortality from cancer is considerably higher amongst the more deprived groups, largely due to lifestyle factors, such as higher smoking rates. The mortality gap between the poorest groups and the most affluent appears to be widening.

Despite improvements in cancer treatments, and mortality in recent decades, outcomes in the UK are poor compared to the best in Europe.

The death rate amongst the under 75's in the city is higher than the national death rate. At a national level, this rate has been steadily decreasing, but this is not the case in Brighton and Hove, where the decline has been very small.

Using a new index of cancer survival, Brighton and Hove has poorer survival than England, although it is gradually improving. (Graph 1)

1 year survival index (5) for all cancers combined, by calendar year of diagnosis: all adults (15-99), England and Brighton and Hove



Source: ONS Statistical Bulletin, August 2011.[9]

The tables below indicate the relative 1 and 5 year survival rates in Brighton and Hove compared with other areas of Sussex and nationally. These indicate the poorer survival rates across the city – particularly for colorectal and lung cancer.

1 year relative survival for common cancers (2004-8 and alive up to end 2009)

PCT	Breast	Colorectal	Lung	Prostate
Brighton and Hove	95.5	70.8	21.2	93.3
East Sussex, Downs and Weald	95.5	73.3	29.9	94.3
Hastings and Rother	96.4	68.3	21.7	91.5
Sussex Cancer Network	95.8	72.3	21.5	94.6
West Sussex	96.1	74	27.9	96.4
England	95.9	74.2	29.4	95.1

5 year relative survival for common cancers (2000-2004, and alive to end 2009)

PCT	Breast	Colorectal	Lung	Prostate
Brighton and Hove	82.9	47.5	6.8	79.1
East Sussex Downs and Weald	84.7	56.6	6.3	86.4
Hastings and Rother	82.4	52.9	5	71.7
West Sussex	85.5	56.8	7.4	85.1
Sussex Cancer Network	84.3	57.4	6.2	82.8
England	83.7	53	8	82.7

***(Note:** Red indicates significantly worse than national average, and green significantly better).*

Prevention of cancer is as important as treatment. Tobacco smoking remains the single most important avoidable cause of cancer, followed by diet, excess weight and alcohol consumption. Together, these four account for about 34% of all cancers.

In April 2011 the Department of Health published Improving Cancer Outcomes and set a target of '*Saving 5,000 Lives'* per annum nationally by 2014/15.The challenge is to diagnose and treat cancers earlier, and significantly reduce the number of cancers newly diagnosed as emergencies.

What are we doing well already/where are there gaps?

Investment in cancer services has increased over the past three years, allowing for improvements in treatment.

Substantial programmes of work tackling local awareness and early diagnosis have been undertaken including:

- Local public awareness campaigns promoted by the Public Health team and provided by Sussex Community NHS Trust and by Albion in the Community to raise awareness of the symptoms of bowel, lung and breast cancer across the city. The focus has been on training health coordinators and volunteers to promote key messages amongst targeted groups within the community.

- A programme of improvement initiatives including:
  - Participation of half of all local general practices in an audit of cancer cases in 2010, which stimulated a series of practice developments and collaborative work with hospital services to reduce delays in the referral process.
  - 13 local practices took part in the piloting of a primary care risk assessment tool to support practices in diagnosing cancer earlier and making appropriate referrals. Following an evaluation of its effectiveness, the tool has now been made available to all practices nationally.

- Holding regular education events for local GP practice staff to promote early diagnosis initiatives and encourage appropriate use of protocols for 2 week wait referrals

The impact of these initiatives has contributed to a significant rise in referrals to hospital which supports the drive towards earlier diagnosis of cancer. However the increase in diagnostic tests places a pressure on the capacity of some local services to maintain appropriate waiting times – particularly for endoscopy services. The PCT and the Sussex Cancer Network are therefore supporting Brighton and Sussex University Hospitals NHS Trust improvement plans to increase capacity and reduce waiting times for endoscopy investigations. These plans will also enable the age extension of the bowel screening programme to those aged over 70 years of age.

What we can do to make a difference

<u>Continue to invest in reducing the avoidable causes of cancer and support cancer survivors to lead a healthy lifestyle</u>

The lifestyle issues associated with cancer are very similar to those related to heart disease or diabetes. Major campaigns are in hand to identify and support people whose risks are high - e.g. NHS Health Checks, and referral to specific services - such as Stop Smoking or weight management. Many agencies are engaged in helping people exercise, manage weight or reduce alcohol consumption, and this work needs to continue and be strengthened.

Continue to invest in raising awareness of cancer signs and symptoms and providing support to primary care to encourage earlier presentation and referral, particularly in the more deprived parts of the city.

A repeat of the national campaign to raise awareness of the symptoms of bowel cancer will be run during September 2012. This will again focus on encouraging patients with symptoms to present early to their GP and will largely be run through national TV advertising and media.

The local Brighton &Hove lung cancer awareness campaign continues throughout the summer. The Sussex Cancer Network (SCN) also aim to hold events aimed at primary and secondary care clinicians to consider how local referral pathways and survival from lung cancer can be improved.

Support implementation of Sussex Cancer Network's delivery plans

The Sussex Cancer Network is fully engaged in the work on early awareness and delivery. In addition, it has identified a number of specific goals to help tackle other local issues:

- Improve cancer waiting times in the acute sector
- Improve diagnostic capacity, particularly endoscopy
- Increase access to radical treatments (surgery, chemotherapy and radiotherapy) instead of palliative treatments
- Improve access to laparoscopic surgery and enhanced recovery
- Improve access to radiotherapy , including new technologies which can target treatment more precisely and improve outcomes

SCN will also be working with Brighton & Hove CCG to review variations in cancer referrals from GP practices and explore what further measures can be developed to support GPs to achieve appropriate early diagnosis. Furthermore the SCN and CCG are collaborating with Macmillan with the aim of appointing primary care GP and nursing leads to support the coordination of primary care cancer management within the CCG. The intention is to focus on early intervention and preventative measures as well as supporting people living with cancer post-treatment.

Outcomes

From the Public Health Outcomes Framework:

- Reduce age standardised mortality from all cancer for persons aged under 75
- Reduce age standardised preventable mortality from all cancers in people aged under 75
- Increase the number of people diagnosed with cancer at Stage 1 and 2, as a proportion of all cancers diagnosed

From the NHS Outcomes Framework:

- Reduce premature mortality from the major causes of death, including one and five year survival from colorectal cancer, breast cancer and lung cancer; under 75 mortality from all cancers

B Cancer Screening

What is the issue/why is it important for Brighton & Hove?

Cancer screening saves lives. It is estimated that in England every year cervical screening saves 4,500 lives and breast screening 1,400; and that regular bowel cancer screening reduces the risk of dying from bowel cancer by 16%. Despite the introduction of a national target in the mid 1990s the cancer mortality rate in the under 75s in Brighton & Hove has been slow to decline. Increasing the up-take of NHS cancer screening programmes will contribute to reducing cancer mortality.

In 2010/11:

- bowel cancer screening up-take was lower in Brighton and Hove (53%) than in England (57.09%).
- cervical cancer screening coverage (the percentage of eligible women recorded as screened at least once in the previous five years) was lower in Brighton & Hove (76%) than England (79%).
- breast cancer screening coverage (the percentage of eligible women screened in the previous three years) in Brighton and Hove (71%) was lower than England (77%).

What are we doing well already/where are there gaps?

Whilst cervical screening coverage is lower in Brighton & Hove than England it is reported that this is the only area of the country where rates are increasing. Actual rates of cervical cancer are low.

Breast cancer screening coverage rates met the national target in 2010/11 and a recent quality assurance visit praised the local clinical services provided for women requiring treatment for breast cancer.

Bowel cancer screening up-take rates appear to be increasing although final 2011/12 data will not be available until October 2012.

Since 2005-06, the PCT has commissioned a cancer health promotion team - employed by Sussex Community Trust - to increase cancer screening rates. A service specification is in place identifying where efforts should be targeted.

What we can do to make a difference

<u>Bowel cancer</u>

- Publicise the bowel cancer screening programme and encourage people to participate; once people have done so once, the data shows that they are much more likely to do so again.
- Increase up-take particularly amongst men, minority ethnic groups and people living in the more deprived areas of the city where up-take rates tend to be lower.

- Work to reduce endoscopy waiting times, allowing us to extend the offer of bowel screening to people aged over 70 (up to 75).

Breast
- Increase up-take in areas where rates are low or falling, and pro-actively follow-up women who do not attend for screening using the GP lists produced 6 months after the completion of the screening round.

Cervical
- Increase cervical screening up-take in GP practices with the lowest rates and amongst more disadvantaged groups where up-take tends to be lower.
- Focus on increasing rates in both younger (25-34 yrs) and older (50-64 years) women where rates are lower.
- Raise awareness of the need for lesbian women to be screened.
- Ensure HPV testing is introduced into the local NHS screening programme in line with national recommendations

All programmes
- Provide training about screening for primary care practitioners, other key workers and members of the community, and encourage them to promote the screening programmes to their patients, clients and contacts.

Plan for improvement including key actions

- Conduct a literature review to identify effective interventions for increasing screening up-take for the three NHS cancer screening programmes
- Externally evaluate the health promotion service provided by Sussex Community Trust
- Set local improvement targets for the next three years and monitor annually focusing on those populations and groups, and GP practices, where rates are lowest

Outcomes

Increased up-take (and coverage) rates for all three screening programmes, particularly in groups/geographical areas where rates are lowest

Emotional Health and Wellbeing (including Mental Health)

What is the issue/why is it important for Brighton & Hove?

- One in four people experience a mental health problem at some point in their lives. This is of particular importance to Brighton and Hove as the local prevalence of mental illness continues to be generally higher than the average for England for both common mental health problems, such as anxiety and depression and severe mental illness, such as schizophrenia or bi-polar disorder.

- One in 10 children between 5 and 16 has a mental health problem [10] .Taking the Brighton and Hove population of 5-16s to be approximately 31,000 (ONS mid year estimates 2010) this would equate to 3,100 children and young people.

- Levels of self-harm are high: over the last 5 years, the number of children and young people presenting at the Accident and Emergency (A&E) department of the Royal Sussex County Hospital with serious self harm has increased significantly from 63 per year in 2009 to 91 per year in 2011 and with high numbers predicted for 2012. For adults the number of A&E attendances and admissions related to self-harm are also very high. Between 1 April 2011 and 31 March 2012, there were 1703 attendances related to self-harm: the highest number of attendances are from those under 30 years old.

- The cost of mental ill health to the economy in England for adults has been estimated at £105 billion. This includes the cost in terms of sickness absence or unemployment. Where young people experience significant mental health needs there is the cost of the service provision to be considered, but also potential loss of time in education and the subsequent likelihood of poor educational outcomes and thus more difficulty achieving work.

- Poor physical health is a significant risk factor for poor mental health and poor mental health is associated with poor self-management of long term conditions and behaviour that may endanger physical health such as drug and alcohol abuse.

- Mental illness still carries considerable stigma.

[10] No Health without Mental Health: A Cross-Government Mental Health Outcomes strategy for People of all Ages HM Govt 2011 pg27

Inequalities

There are a number of risk factors for poor emotional health and wellbeing, including:

- Deprivation: on average the prevalence rate for mental illness is up to 2.75 times higher for the most deprived quintile of the population than that for the most affluent.

Some groups within the population have a higher risk of developing mental ill-health: homeless people, offenders, certain BME groups, LGB people, veterans, looked after children, transgender people, gypsies and travellers, vulnerable migrants, victims of violence, people approaching the end of life, bereaved people, people with a dual diagnosis or complex needs, and people with learning disabilities have all been identified as at higher risk[11].
Brighton and Hove has relatively high proportions of some of these groups including homeless, LGB and transgender people.

- Count Me in Too found that 79% of the city's LGBT population reported some form of mental health difficulties.

- There is evidence that Brighton and Hove follows the national trend for there to be twice the rate of mental health hospital admissions among people from a BME background and lower uptake of primary care mental health services[12].

- There are high numbers of looked after children and child protection cases (5th highest LA in the country). On average approximately 85 Looked After Children (LAC) are referred to Child and Adolescent Mental Health Services (CAMHS) each year - this is 5% of the total CAMHS population. This is a disproportionate reflection of the number of LAC in the total child population (approximately 1% as of May 2012) and demonstrates the higher propensity of LAC for mental health issues. (CAMHS monitoring data)

Emotional wellbeing and health promotion

The government's strategy, *No Health without Mental Health* defines wellbeing as 'a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.'

The Office for National Statistics has been commissioned to carry out a subjective wellbeing ('happiness') survey. The first local data were published in July 2012[i], and show that the city's residents reported higher average levels of happiness than the national average:

[11] HM Government. No health without mental health: implementation framework. London: July 2012.
[12] Black and minority ethnic health needs analysis, Hazel Henderson, Brighton and Hove City PCT, 2008.

- Proportion with medium or high life satisfaction – Brighton and Hove 81.3% (75.9% in the UK)
- Proportion with medium or high worthwhileness – Brighton and Hove 83.8% (80% UK)
- Proportion with medium or high happiness yesterday – Brighton and Hove 72.5% (71.1% UK)

The City Tracker survey shows a high level of satisfaction with Brighton and Hove, and the local area, as a place to live particularly amongst 25 – 34 year olds.

What are we doing well already/where are there gaps?

Adults:

- We have a jointly agreed mental health strategy for adults focusing on prevention and providing services in community settings. Examples of service redesign that are being progressed include:
  - Development of a new Wellbeing Service providing access to psychological therapies in a range of primary care and community settings. Access to the service has been widened through a new option of self-referral.
  - Recognition of the role and value of the community and voluntary sector. We have consulted on proposals to redesign community mental health support services and are currently inviting bids via a Commissioning Prospectus for a range of services including employment support, and targeted out-reach support for the most vulnerable and at risk groups in Brighton & Hove.
  - Redesign of the supported accommodation pathway – making more flexible use of resources and targeting resources more effectively to those with the most complex needs.

Emotional wellbeing:

- A city mental health promotion strategy has been developed in line with No Health without Mental Health and circulated to key stakeholders for comment.
- A programme of mental health promotion services is commissioned from the voluntary and community sector (value approximately £100,000).
- A small grants scheme to support local mental health promotion projects was established in 2012. So far 19 proposals have been funded across the city ranging from allotment groups to art and photography.
- World Mental Health Day and World Suicide Prevention Day will both be marked within the city.

Children and young people

- Single point of access to tiers 2 and 3 CAMHS[13]
- Provision of duty service and urgent care
- Effective liaison between social care team and CAMHS re young people presenting at A&E with self harming behaviours
- Development of a 14-25 service to bridge the gap between CAMHS and adult services
- There is a well developed and engaged third sector providing a range of services in the community
- Children's centres and parenting programmes (e.g. Triple P) promote resilience and early help
- Right Here project (for young people 16-25) focuses on resilience building and prevention of the escalation of mental health issues

What we can do to make a difference

- Start to think about emotional health and wellbeing in a different way - part of everyone's business and as important as physical health .
- Map the recommended actions in the implementation framework for No Health without Mental Health against current activity and plans in Brighton and Hove.
- Hold a public consultation and public awareness campaign around the 'Five Ways':
  - Connect – with the people around you, family, friends and neighbours
  - Be active – go for a walk or a run, do the gardening, play a game
  - Take notice – be curious and aware of the world around you
  - Keep learning – learn a new recipe or a new language, set yourself a challenge
  - Give – do something nice for someone else, volunteer, join a community group
- Take a broader city wide approach to risk factors for poor mental health.
- Ensure emotional health and mental health wellbeing is integrated as far as possible into service provision rather than being separately provided in a medical model by "specialist mental health" service providers.
- Continue to shift the balance of spend and focus more on providing support to build resilience and maintain mental wellbeing.

[13] CAMHS services are arranged in terms of 'tiers' ranging from Tier 1 (community-based support provided by non-mental health professionals such as school nurses or health visitors); through Tier 2 (community support provided by dedicated CAMHS staff); to Tier 3 (clinic-based services delivered by CAMHS staff); and Tier 4 (specialist services, often in-patient services for people with severe mental illness).

- Work across a care pathway to ensure more effective transition from children and young people's services to adult services.
- Develop more effective links across adult and children's commissioning and services so that the issues of parental mental health, including in the antenatal and post natal phases are well understood and the impact on child development minimised.
- Better understand the profile of self harm in the city and improve awareness of the issues and appropriate responses within universal and specialist services.
- Consider the sustainability of resilience and health promotion projects and how they can be embedded in good practice.
- Extend service-user engagement in service developments
- Extend access to psychological therapies providing evidence based earlier treatment and support to more people
- Develop more holistic care and treatment for both adults and young people with dual needs – both mental health and alcohol/substance misuse.
- Encourage greater uptake of physical activities – linked with improving mental health and wellbeing.
- Promote mental health and wellbeing in the workplace.
- Promote mental health and wellbeing in schools, including a focus on the problem of bullying and its impact upon wellbeing.
- Ensure that the Stronger Families Stronger Communities Partnership addresses issues of mental health and wellbeing as they relate to the city's most vulnerable families.
- Extend partnership approach to mental health beyond Health & Adult Social Care to include partners who can impact in terms of the wider determinants.
- Seek to have an elected member identified as 'mental health champion'.

Achieving these is likely to require a city-wide all ages mental health and wellbeing strategy, and a multi-agency mental health and wellbeing steering group.

Outcomes

- More people in good mental health
- Better mental health for those in high risk groups
- Increase in employment for people with a mental health condition
- Reduction in pre-mature death for people with serious mental illness

Dementia

What is the issue / why is it important for Brighton & Hove?

Dementia is both complex and common, and it requires joint working across many sectors. Timely diagnosis is the key to improving quality of life for people with dementia and their carers. Dementia is a life limiting illness and people can live up to 12 years after diagnosis with increasing disability and need for support. There is evidence that people with dementia have worse clinical outcomes than people with the same conditions without dementia. However, there is also evidence that early information, support and advice at the point of diagnosis enables people to remain independent and in their own homes for longer.

In Brighton and Hove in 2012, it is estimated that there are:

- 3,061 people aged 65 years or over with dementia – projected to increase to 3,858 by 2030
- around 60 younger people with dementia
- 2,300 people who are carers of people with dementia.
- Around one third of people with dementia who actually have a formal diagnosis (among the lowest nationally).

Prevalence increases with age and one in three people over 65 will develop dementia. The age profile in Brighton & Hove differs from the national average (the city has a relatively young population and we are not expecting the rate of increase in terms of an aging population to be as significant as other parts of the country) but an increase of dementia prevalence of about 30% is expected by 2030. Carers of people with dementia are often old and frail themselves, with high levels of depression and physical illness and a diminished quality of life.

Nationally dementia is a priority, with Clinical Commissioning Groups (CCGs) and local authorities expected to implement the National Dementia Strategy (NDS) and the Prime Minister's Challenge on Dementia.

What are we doing well already / where are the gaps?

In 2009 extensive consultation was carried out with people with dementia, their carers and other stakeholders in the city. All plans for improving dementia services in the city stem from this consultation and from the National Dementia Strategy.

Nationally four priorities have been identified from the 17 objectives of the National Dementia Strategy. These are

i. Good quality early diagnosis and intervention for all
ii. Improved quality of care in general hospitals
iii. Living well with dementia in care homes
iv. Reduced use of antipsychotic medication

Sussex-wide system modelling of the cost avoidance enabled by implementing the National Dementia Strategy found that the combined benefit of implementing the four key priorities was greater than the individual benefits alone and that whole system working is necessary to best realise the benefits.

Good quality early diagnosis and intervention for all

- A new integrated memory assessment service will commence in April 2013. We are also exploring the possibility of joint neurology/psychiatry memory clinics.
- We are seeking to improve 'case finding' in primary care as we know that there are people with dementia who are not identified on GP disease registers.

Improved quality of care in general hospitals

- A dementia champion has been appointed at Royal Sussex Country Hospital (RSCH).
- An additional resource has been allocated into Mental Health Liaison at RSCH to support older people with mental health needs when they are in the general hospital.
- Development of a care pathway for dementia.
- Implementation during 2012 of the national requirements to complete a memory screen on all people 75 or over who are admitted to hospital.
- A dementia strategy and steering group established with senior level engagement.

Living well with dementia in care homes

- A Care Home In-Reach team supports person-centred approaches to dementia, in particular identifying alternatives to antipsychotic medication.
- There are measures in place to improve quality of care. From April 2013, contracts for care homes will include a Competency Framework for nurses, and staff in care homes are being offered specific training in working with people with dementia.
- Dementia training is referenced in contracts for all services that accept clients with dementia or memory loss.

Reduced use of antipsychotic medication

- Care Home In-reach Service to support individuals and staff in the care home.
- Enhancing Quality scheme which incentivizes providers to ensure that prescribing is in line with NICE guidance.
- Primary care audits on antipsychotic prescribing.

Other developments

- End of Life and dementia project.
- Brighton & Sussex Medical School and Sussex Partnership NHS Trust are recruiting a Professor of Dementia Studies.

- Increased integration towards 'long-term condition' model for dementia including community short term services and crisis services.
- Carers Strategy for Brighton & Hove.

What can we do to make a difference?

Governance
The Sussex Dementia Partnership (SDP), accountable to NHS Sussex, provides strategic direction for the implementation of the National Dementia Strategy at Sussex level. It includes senior representation from NHS commissioners, voluntary sector, local authorities, mental health, community and acute trusts, and primary care.

Brighton and Hove CCG has a GP Lead for dementia who chairs the dementia implementation group which has membership from the voluntary sector, local authority, mental health, community and acute trusts. The implementation group reports to the SDP. However, currently there is no commissioner-led implementation board for dementia in Brighton and Hove. A joint local authority and CCG board will be established to drive forward improvements for people with dementia and their carers and provide strategic direction and mandate to the implementation group.

PM's Challenge on Dementia Innovation Fund
Brighton and Hove CCG is leading a bid in conjunction with the local authority and other partners in the city for three projects:

- A community development worker to scope out the potential of developing dementia friendly communities, aligned with Age Friendly Cities, community development work and health promotion.
- The promotion of assistive technology to support independence at home for those people with dementia, and to offer reassurance to families
- DementiaWeb information resource on dementia and services for people with dementia in the city.

Needs Assessment
Currently there is limited information about people with dementia in the city, and it is based mostly on national estimates. There is no joint strategic needs assessment for dementia. A needs assessment would assist in commissioning plans going forward.

Carers
A number of organisations are involved in implementing the Carers Strategy for Brighton & Hove. The NHS Sussex-wide target of support for carers of people with dementia needs to align with this local strategy.

Plan for improvement including key actions

Brighton and Hove has a joint dementia action plan published in 2012 which sets out key plans for dementia in the city.

Outcomes

How will we measure success?

- Increased diagnosis rates to achieve 70% of expected prevalence by 2016
- Improved access to information support and advice at point of diagnosis
- Reduced prescribing of antipsychotics for people with dementia
- Accreditation as a Dementia Friendly Community
- Increased numbers of Carers Assessments completed at an early stage
- A Dementia Board to take forward developments

Healthy Weight and Good Nutrition

What is the issue / why is it important for Brighton & Hove?

- In Brighton and Hove an estimated 43,632 adults are obese and 6,500 are morbidly obese. An estimated 14,000 children and young people aged 2-19 years are overweight or obese. This is predicted to increase to 16,400 by 2020.
- Obesity is strongly correlated with inequalities and deprivation.
- The estimated annual cost to the NHS in the city related to overweight and obesity was £78.1 million in 2010. This is predicted to increase to £85 million by 2015.
- Excess weight is a major risk factor for diseases such as type 2 diabetes, cancer and heart disease. Each year in the South East coast area around 3,000 people die from heart disease and stroke attributable to overweight and obesity.

What are we doing well already?

- The local prevalence of overweight and obesity in children aged 10-11 years is below the national prevalence.
- Commissioning a range of weight management support in community and health care setting for both children and adults. These include MEND, Shape Up, and cooking and growing courses.
- Developing and delivering regular, sustainable programmes for children and adults to increase their physical activity levels. These include free swimming, the Active For Life programme, Healthwalks, Bike It, and exercise-referral schemes.
- The interventions currently in place are based on evidence and NICE guidance and on evidence of local needs through the JSNA. Service outcomes and effectiveness of interventions are regularly evaluated using the National Obesity Observatory Standard Evaluation Framework.
- Breastfeeding rates at 6 weeks are consistently much higher than nationally. Targeted work in areas of inequalities in the city shows an increase in breastfeeding rates in these areas. (Children who are breast-fed are less likely to become obese in later life).
- The Healthy School and School Meal teams are working with schools to promote healthy eating through teaching and learning opportunities across the curriculum.
- The local “Spade to Spoon: Digging Deeper” food strategy aims to improve the access of local residents to nutritious, affordable and sustainable food and to support the local population to eat a healthier and more sustainable diet. Brighton and Hove City Council One Planet Living’s Local and Sustainable Food Working Group is taking forward particular actions within the strategy including: procurement through catering contracts (sourcing seasonal local food and promoting good nutrition) both for Local Authority’s premises and NHS Trusts (including

Meals on Wheels, care homes, school meals); reducing food waste; and expanding land used for growing food.

- A recent Embrace audit found that, out of more than 500 community activities supporting vulnerable people talking place in Brighton & Hove every week, over 50 were food related. These included lunch or supper clubs and others focusing on supporting weight loss and or promoting active lifestyles. The activities are provided by voluntary and community based organisations.

- Promoting the Workplace Wellbeing Charter to all local businesses.

What are the gaps?

The current specialist weight management service is very limited and results in people being actively considered for bariatric surgery when alternative intensive support may have a similar successful outcome. There is a gap in the pathway for the weight management programme delivered in primary care for patients with co-morbidities associated with overweight and obesity.

- There are currently no reliable local data on adult obesity.
- Low levels of satisfaction in the community with local sports facilities.
- Low provision of physical activities in some local neighbourhoods – therefore people have to travel to leisure centres/other locations
- Availability and use of local produce by local organisations to provide healthy meals for the local population.

What can we do to make a difference?

The transfer of public health responsibility to the local authority provides a unique opportunity for collaborative working between planners, transport planners, environment health and licensing, healthy school teams and school meal teams to address the influences that contribute towards obesity – the “obesogenic environment”.

- Engagement at a local level from large retailers/supermarkets who have signed up to the national Public Health Responsibility Deal food pledges. In particular engaging local supermarket chains in proximity of schools in the city to promote healthier choices for children.
- Engagement from local take-away outlets in proximity of schools to influence food preparations (for e.g. salt content; use of trans-fats etc).
- Develop community assets to encourage the provision of neighbourhood based physical activities and food production e.g. allotments and gardens. Schools could be the hub for a community.
- Improve the quality of food served to people by public organisations-using local produce whenever possible.
- Explore extending the boundaries of the healthy settings programme to aim for the “ideal” healthy school.
- Improve the quantity and quality of local leisure and sports facilities.
- Work with local employers to make sure the workplace charter is actually being delivered.

Plan for improvement including key actions:

- Establish the Obesity Programme Board to provide the framework to bring together a wide range of organisations from the voluntary, public and private sectors (in particular food retailers).The Board's Action Plan outlines four separate domains with a series of actions for each of the partners, the funding sources and key performance indicators. The key objective is to strengthen local action to prevent overweight and obesity through a life course approach and to address obesity through appropriate treatment and support.
- Ensure the development of a comprehensive weight management service for children and adults from primary through to tertiary care.
- To build on the work with the local community to identify and develop local venues for healthy weight and good nutrition linked programmes.
- To consider the further development of schools as community hubs for promoting physical activity and healthy eating and the development of "stretched" healthy schools outcomes.
- To further develop the partnership with local leisure centre providers to increase local community participation.
- To strengthen the ongoing work with the local economic partnership to promote healthy eating and lifestyle to employees via the workplace.
- To use education initiatives to promote healthy and sustainable food choices and the skills to cook.
- To improve the information for people, particularly vulnerable people, about healthy eating options available in their local area.

Outcomes

- Reduction in prevalence of overweight/obese children from the National Child Measurement Programme dataset for children aged 10-11 years.
- Increase the proportion of children and young people achieving the Chief Medical Officer's recommendation for levels of physical activity including an increase in school based activity.
- Reduction in the prevalence of adults who are overweight or obese (estimated until the national data set is put in place)
- Increase the proportion of adults doing at least 30 minutes of moderate physical activity per week.
- An increase in the number of community assets linked to physical activity, cooking skills and healthy eating.

Smoking

What is the issue / why is it important for Brighton & Hove?

- Smoking is the greatest cause of health inequalities and premature mortality. Smoking rates are much higher amongst routine and manual workers and amongst people from some ethnic groups.
- Estimated that 26% of the Brighton and Hove population smoke compared with 21% for England
- 91% of year 7 pupils report never smoking compared with 38% of year 11 pupils.
- On average a lifelong smoker will lose ten years of their life.
- The three most common causes of death from smoking are lung cancer, chronic obstructive pulmonary disease and cardiovascular disease.

What are we doing already?

- The Brighton and Hove Tobacco Control Alliance has been established with multiagency representation. The Alliance has recently developed an action plan with three main areas; helping communities to stop smoking; maintaining and promoting smoke free environments; stopping the inflow of young people recruited as smokers/tackling cheap and illegal tobacco.
- Smoking cessation services are the most cost-effective life saving intervention provided by the NHS. The local stop smoking specialist service co-ordinates the local smoking cessation services and provides training and support for the intermediate services in primary care (general practices and pharmacies). Over the last ten years local smoking cessation services have helped around 30,000 people to try and stop smoking. In 2011/12 the stop smoking services helped 2,353 people to successfully quit.
- The specialist service provides stop smoking sessions in the most deprived neighbourhoods, and through workplaces helps smokers who are routine and manual workers to quit. There is a well established service within the hospital.
- Working with pregnant women. All pregnant women are now routinely screened with carbon monoxide monitors.
- Working with schools to reduce the number of young people starting smoking and to help those who smoke to quit.
- Linking in with national events such as “No smoking Day”

What are the gaps?

- Lack of regular up to date local smoking prevalence information.
- Involving local neighbourhoods and people in reducing smoking prevalence within their communities. The new Public Health outcome target is about prevalence not quitters which will require a different approach.
- Poor uptake of specialist stop smoking services programme by certain ethnic groups

- The Tobacco Control Alliance needs to become more firmly established.
- There is only limited intelligence about the use of illegal tobacco in the city.
- Future plans to promote more smoke free places

What can we do to make a difference?

- Working with communities to explore how they can help their community to reduce its smoking prevalence.
- Working with the community to understand the needs of all ethnic groups for smoking cessation services.
- Working with environmental health and licensing to use their regular and routine contact with restaurant staff and taxi drivers to reach smokers not accessing services. Link with the GMB union to access manual workers.
- Help more schools to develop smoking policies which include referral to stop-smoking services as an option for children who smoke and to provide staff-led stop smoking sessions within the school.
- Work with parents who smoke to help them understand the issues for their children, and to help them to quit.
- Patients who smoke and who are being referred for surgery should be seen by the stop smoking service to enhance their post-operative recovery.
- Encourage general practices to refer patients being considered for smoking cessation treatment to their own practice based intermediate services to improve clinical effectiveness.
- Further communication work including local websites and the use of viral media. Develop a local communications strategy for our local population, to include the promotion of stop smoking services.
- Promote no smoking in outside areas such as play areas, outside schools and on the beach.

Plan for improvement including key actions

- Work with CVSF/community engagement team to explore a community asset based approach to reducing smoking.
- Work with local ethnic communities and groups to develop suitable services
- Develop a plan for promoting no smoking in certain outdoor areas
- Work with all schools to improve education about tobacco and to help schools develop their smoking policies and in-house stop smoking services

Outcomes

- Reduction in smoking prevalence as per the Public Health outcomes framework
- Reduction in the SAWSS based smoking prevalence data on children and young people

- Increased number of smokers from different ethnic groups being seen by the Stop Smoking team

Inequalities

As the Joint Strategic Needs Assessment clearly demonstrates there are major inequalities within Brighton and Hove. For males living in the parts of the city with the highest levels of deprivation, life expectancy is 71.7 years compared with 81.7 years in the least deprived areas. The equivalent figures for females are 80.0 & 84.4 years respectively.

The Joint Health and Wellbeing Strategy is a key part of addressing local inequalities and the factors that influence them. The Health and Wellbeing Board will consider the impact of inequalities on the health and wellbeing of the city's population and also link with those partnerships with responsibility for directly tackling the wider determinants of health.

Inequalities exist across the city in different areas such as education, employment, housing and income. These social determinants have many consequences including affecting the health and wellbeing of the population and individuals, either directly or through their influence on lifestyle choices or their effect on access to health services. Health inequalities such as the variation in life expectancy across the city are the result of these inequalities. Therefore to improve life expectancy and health and wellbeing across the social gradient, both for communities and for individuals, requires action to address the inequalities in the social determinants of health as well as in preventive and treatment health services. Many of the changes required for social determinants will not have an impact for many years and should be considered as longer term interventions. However, there are also opportunities for short-term such as improvements in the identification and treatment of those people at-risk of serious disease disability and medium-term changes related to lifestyle.

In 2010 the Marmot Review "Fair Society, Healthy Lives" into health inequalities in England provided an evidence based strategy to address the broader determinants of health and reduce inequalities. The report emphasises the impact of social factors on inequalities and the need to tackle such variation across the social gradient in proportion to need ("proportionate universalism"). The report set six key policy and priority objectives:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

The Review provides a framework for approaching inequalities within Brighton and Hove. Tacking Inequality is one of the three priorities in the council's corporate plan for 2011-2015, and is also a duty of the Clinical Commissioning Group. The two other priorities in the council's corporate plan, engaging people who live and work in the city and creating a more sustainable city are also important to addressing inequalities.

Marmot recommendations and the relevant local high-level partnerships.

Key priority and policy objectives	**Examples of recommended interventions**	**Relevant Partnerships**	**Examples of ongoing/planned actions**
1. Give every child the best start in life	Provide good quality early years education and childcare	Learning partnership Health Visitor Implementation Group/Family Nurse Partnership Board Local Safeguarding Children Board Stronger Families Stronger Communities Partnership Board Brighton and Hove Strategic Partnership	Child Poverty Strategy Early Years Strategy Healthy Child programme
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives	Ensure reducing social inequalities in pupil's educational outcomes is a sustained priority.	Learning partnership City Employment and Skills Group City Inclusion Partnership Special Educational Needs Partnership Board Secondary Schools Partnership Adult Learning Group Youth Joint Commissioning Group Stronger Families Stronger Communities Partnership Board	Early Years Strategy City Employment and Skills Plan Equality Standard Special Educational Needs Strategy School Improvement Strategy Adult Learning Strategy Services for young people: joint commissioning strategy. Youth Crime Action Plan
3. Create fair employment and good work for all	Prioritise active labour market programmes to achieve timely interventions to reduce long-term unemployment	City Employment and Skills Group Economic partnership Brighton and Hove Apprenticeship Group	City Employment and Skills Plan Economic Strategy Apprenticeship Strategy

4. Ensure healthy standard of living for all	Develop and implement standards for a minimum income for healthy living.	City Employment and Skills Group Economic partnership Brighton and Hove Strategic Partnership	City Employment and Skills Plan Economic Strategy One Planet Framework
5. Create and develop healthy and sustainable places and communities	Prioritise policies that both reduce inequalities and mitigate climate change.	City Sustainability Partnership Transport Partnership Strategic Housing partnership Economic partnership	One Planet Framework City Plan Local Transport Plan 3 Housing Strategy Economic Strategy Healthy Schools Strategy Equality and Anti-bullying Strategy action Plan
6. Strengthen the role and impact of ill health prevention	Prioritise investment in health prevention and health promotion to reduce the social gradient.	NHS, local authority and voluntary sector partnerships covering issues such as smoking, alcohol, physical activity and healthy eating. Examples include the Alcohol Programme Board, the Sport and Physical Activity Strategy Group and the Tobacco Control Alliance. Youth Joint Commissioning Group	Tobacco Control Alliance Action Plan. CCG working to improve the detection and management of risk factors for premature morbidity and mortality, particularly amongst hard to reach groups. This includes the NHS Health Checks programme. Services for young people: Joint Commissioning Strategy

Local high-level partnerships relevant to the JSNA High impact issues

<table>
<tr><td colspan="5">Social issues</td></tr>
<tr><td></td><td>Children</td><td>Young people</td><td>“Adults”</td><td>Older people</td></tr>
<tr><td rowspan="2">Alcohol</td><td colspan="4">Alcohol programme board
Safe in the City Partnership Board</td></tr>
<tr><td></td><td>Youth Joint Commissioning Board</td><td></td><td></td></tr>
<tr><td>Healthy weight and good nutrition</td><td colspan="4">Physical activity steering group
Transport Partnership</td></tr>
<tr><td>Domestic and sexual violence</td><td colspan="4">Domestic violence working group</td></tr>
<tr><td>Mental health and emotional wellbeing</td><td colspan="2">Emotional Health & Wellbeing Partnership Board (up to25yrs)</td><td colspan="2">Mental health Clinical Reference Group
Suicide prevention group (18+yrs)</td></tr>
<tr><td>Smoking</td><td colspan="4">Tobacco Control Alliance</td></tr>
<tr><td>Disability</td><td colspan="2">Disabled children’s strategic partnership board

Youth Joint Commissioning Board

Transition forum</td><td colspan="2">Learning disability strategy and partnership group
Centre for Independent Living
Carers Group*</td></tr>
<tr><td colspan="5">Specific conditions</td></tr>
<tr><td></td><td>Children</td><td>Young people</td><td>“Adults”</td><td>Older people</td></tr>
<tr><td>Cancer and access to screening</td><td>Sussex Cancer Network</td><td>Sussex Cancer Network</td><td colspan="2">Sussex Cancer Network
Individual cancer screening steering groups for breast, bowel and cervical cancer.</td></tr>
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<tr><td>Flu immunisations</td><td>Local Immunisation & Vaccination</td><td colspan="3">Seasonal flu group</td></tr>
</table>

	Committee			
Dementia				Sussex-wide Dementia Partnership Brighton & Hove Dementia Strategy Implementation Group Carers Strategy Group
Wider determinants				
	Children	**Young people**	**"Adults"**	**Older people**
Child poverty	Child poverty strategy and task group			
Education	The Learning Partnership Secondary Schools Partnership Healthy Settings Programme Panel		Adult Learning Group	
Employment /Unemployment	Economic Partnership City Employment & Skills Steering Group Employer Engagement Group			
Housing	Strategic Housing Partnership.			
Fuel poverty	Overseen by Strategic Housing Partnership			

*The Carers Group is relevant to most of the areas above.

Engagement and Consultation

There has been broad consultation on the JSNA and JHWS, including:

- A gap analysis of JSNA data conducted by Brighton & Hove Community & Voluntary Sector Forum (CVSF) in January 2012.

- Two stakeholder involvement events focusing on the development of a local Health & wellbeing Board, including a focus on developing a local JHWS.

- An involvement event held in March 2012 bringing together stakeholders from the local community and voluntary sector, the city council, the Clinical Commissioning Group, health providers and NHS Sussex to discuss the JSNA and JHWS.

- Community and voluntary sector involvement in the JSNA 'prioritisation' process.

- Engagement with relevant city council, CCG and community and voluntary sector groups in developing the action plans for each of the JHWS priority areas.

- Participation in a July workshop event organised by CVSF – explaining and debating the JSNA and JHWS with CVSF members.

- Public consultation in summer 2012 on the draft JSNA summary and JHWS priorities.

Feedback from all of these engagement activities has informed the development of the JSNA and the JHWS.

Once a draft JHWS is approved by the Brighton & Hove Shadow Health & Wellbeing Board there will be further consultation on the draft with key partners including city strategic partnerships and service providers. A revised draft JHWS will be taken to the statutory Health & Wellbeing Board in or after April 2013 to be approved as the city Joint Health & Wellbeing Strategy.

Sussex Partnership NHS Foundation Trust - Dementia Services

Sussex Partnership is the main NHS provider of mental health services across Sussex. The Trust has recently announced that tackling dementia is one of its key priorities, and this is detailed below:

Improving services for people with dementia, their carers and families is a top priority for Sussex Partnership. The priorities the Trust is working on support those identified in the National Dementia Strategy, which are:

i. Good quality early diagnosis and intervention for all
ii. Improved quality of care in general hospitals
iii. Living well with dementia in care homes
iv. Reduced use of antipsychotic medication
v. Support at home at a time of crisis

Specialist community teams for older people provide follow up and support to people with dementia, their carers and families. These are integrated health and social care teams that aim to ensure people live well with dementia in their own homes for as long as possible and receive optimal evidence based care. Plans have been agreed with the Clinical Commissioning Group to redesign these community teams to ensure they interface with the Memory Assessment Service for the city that is currently being commissioned and is due to commence in April 2013. As part of the redesign we will be reviewing the potential for greater partnership working with the Royal Sussex County Hospital and with the third sector.

The dementia liaison services the Trust provides work with the Elderly Care Physicians at the Royal Sussex County Hospital to improve the care of people with dementia in hospital. We have established a shared care ward for people with dementia at the Princess Royal Hospital, with great success and we would like to develop a similar service at the Royal Sussex.

Our Care Home Inreach Team consisting of several mental health Professionals has input into 13 Residential and Nursing Homes in the area in order to give advice and training to Residential Home Staff on the appropriate management of people with challenging behaviour due to dementia. This includes reducing the inappropriate use of antipsychotic medication and advising on how to develop advance decision-making for people with dementia living in Residential Care together with the Elderly Physical Care Home Inreach Service. The Inreach Team have had an impact in reducing the number of people in Residential Care who require hospital admission and the Team has a continuing impact on quality of care and financial spend within Brighton and Hove. We have plans to

provide an integrated Dementia Crisis Service in collaboration with the Community Rapid Response Service to help avoid hospital admissions and to reduce length of stay in hospital.

Our inpatient services on Brunswick Ward at Nevill Hospital in Hove provide a comprehensive assessment and multidisciplinary management for people with dementia who are exhibiting challenging behavioural and psychological symptoms of dementia.

All of our dementia services are closely linked with the Research and Development Department in Sussex Partnership so that people with dementia within Brighton and Hove can participate in clinical research trials and have access to the latest evidence-based investigations, treatments and interventions for dementia. Sussex Partnership and Brighton and Sussex Medical School have appointed a leading academic to the new post of Professor of Dementia Studies.

At Sussex Partnership we work with a broad range of commissioners and providers of dementia services through the Sussex Dementia Partnership which is currently chaired by Dr Mandy Assin, Clinical Director. The dementia partnership includes representatives from the Alzheimer's Society, care home providers, acute trusts, GPs, commissioners, and Sussex Partnership senior clinicians and managers.