

Report to: **Shadow Health and Wellbeing Board**
Date: **12 June 2012**
By: **Chief Executive**
Title of report: **East Sussex Health and wellbeing Strategy**
Purpose of report: **To present a consultation draft strategy for discussion and approval**

The Shadow Health and Wellbeing Board is recommended to approve the consultation draft, subject to any amendments the Board wishes to make

1. Background

1.1 At its meeting in December 2012 the Board considered and agreed a framework and timetable for developing the first Health and Wellbeing Strategy for East Sussex. At its last meeting on 6 March, the Board received and noted a report on the development process and progress to date.

1.2 The consultation draft at Appendix 1 is intended as the first stage in developing the Health and Wellbeing Strategy.

2. The approach taken

2.1 Over the past few months, overseen by a strategy working group, evidence has been gathered and analysed, existing/planned activity that addresses identified need has been mapped, additionality has been identified and potential strategic priorities and outcomes have been developed.

2.2 The strategy is based on the Joint Strategic Needs Assessment and other data sources, takes a life stage approach, proposes a small number of priorities where the Board could add value to what is already taking place and make a difference and suggests the kind of action the Board would like to support and the kinds of outcomes it would expect to see as a result.

2.3 The areas proposed for the Board to focus on over the next three years are:

- The best start for babies and children
- Safe, resilient parenting for all children and young people
- Reducing the harm caused by alcohol and tobacco
- Enabling people to manage and maintain their mental health and wellbeing
- Supporting those with special educational needs, disabilities and long term conditions
- Preventing and reducing falls, accidents and injuries
- High quality and choice of end of life care

2.4 Alongside the consultation draft, preparation is underway to ensure the widest possible engagement in the strategy consultation process and to undertake an Equalities Impact Assessment.

3. Next steps

3.1 Following approval by the Board, the consultation draft and a supporting document providing more detail on the strategy development process and underlying evidence base will be published on the East Sussex County Council website alongside a consultation survey seeking views on the proposed priorities.

3.2 The consultation will run for 12 weeks and be publicised widely to the public, patients, service users, commissioners and providers. Through consultation the strategic priorities, outcomes and performance measures will be developed further.

3.3 A draft strategy will be presented to the Board in October with a final strategy and action plan presented to the Board for approval in December 2012.

BECKY SHAW

Chief Executive, East Sussex County Council

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East Sussex Health and Wellbeing Board

Healthy Lives, Healthy People

A consultation towards developing the
East Sussex Health and Wellbeing Strategy 2012-15

June 2012

Consultation ends 12 September 2012

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FOREWORD

This consultation document is the first step in developing a Health and Wellbeing Strategy for East Sussex that addresses the health and wellbeing needs of our residents at every stage of their lives.

Our residents generally enjoy a high quality of life and a better life expectancy than the national average but there are differences and inequalities within and between different parts of the county and things that we could do better together to make further improvements and make the best use of the money we have available to us.

At this early stage, we are asking you to tell us if you think the areas we have chosen are the most appropriate for the Health and Wellbeing Board to focus on over the next three years.

There is already a lot of work going on to protect and improve people's health and wellbeing and reduce health inequalities. The Health and Wellbeing Board will take an overview of existing work by partnerships and agencies.

The Board is a partnership between Local Government, the NHS and the people of East Sussex. Members include local GPs, county councillors, the local Healthwatch and senior county council officers overseeing Public Health, Adults and Children services. The Board is supported by an Assembly made up of a wide range of organisations from the public, private and voluntary and community sectors that are all interested and involved in improving local people's health and wellbeing.

This new partnership gives us the opportunity to look across the whole health and care system, make sure it is well connected and to change the way we work where it will improve outcomes, change behaviours and make the delivery of services more effective and efficient.

We believe that this new approach to whole system working focusing on health and wellbeing in the county will have a powerful impact. It will affect how local people support their own quality of life, how commissioners and service providers work together to improve the health and wellbeing of the whole population, and engage a much wider range of partners in our joint mission.

The East Sussex Health and Wellbeing Board members are committed to working with existing commissioning boards, partnership boards, delivery groups and the public in East Sussex to make decisions about health and wellbeing more inclusive and to make sure our efforts are joined up.

That's why it is important to hear from you – residents, patients, service users, carers, commissioners and service providers - about whether we have chosen the best areas on which to concentrate our efforts over the next three years.

Over the coming weeks, we will be listening to your views while we develop plans further. We will then publish a draft strategy in October and the final strategy and action plan in December.

Cllr Sylvia Tidy
Chair
East Sussex Health and Wellbeing Board

SUMMARY

The health and wellbeing of the half a million residents in East Sussex is generally good and most people can expect to live a long life. There are, however, some significant challenges in the county and some people and communities that experience worse health and wellbeing than others.

The Health and Wellbeing Board brings together those involved across the NHS, public health, adult social care and children's services, as well as elected representatives and the local Healthwatch - a new local voice for people who use and need health and social care services. Our vision is to protect and improve health and wellbeing and reduce health inequalities in East Sussex. This consultation is the first step in developing a Health and Wellbeing Strategy that will help deliver that vision through joined up, coordinated and integrated health and wellbeing services.

The Board recognises and aims to add value to the vast amount of partnership work already under way to address people's health and wellbeing needs. The strategy will therefore not be a long list of everything that is already being done to improve health and wellbeing and reduce health inequalities. Instead, based on local evidence, it will focus on the issues that require the greatest attention in East Sussex and where the Health and Wellbeing Board can make a real difference.

The Board will consider how changing the way we all work together can improve the health and wellbeing in East Sussex and deliver efficiency savings that could be re-invested in service improvements. In addition to improving the health and wellbeing of everyone in East Sussex, some actions will be targeted at those groups of people and local areas that are experiencing the worst health in order to 'narrow the gap' and reduce inequalities.

The Board will take a whole life approach by considering people's health and wellbeing from conception to death, and take into account wider factors that affect people's health and wellbeing for example, housing, employment, the environment and community safety. By taking this approach we want to ensure that, in East Sussex, every child has a good start in life; children and young people develop well; adults live healthy lives and have healthier lifestyles; workplaces promote health and wellbeing; older people live healthy and independent lives; high quality and choice of care at the end of life.

The areas we propose to focus on over the next three years are:

- The best start for babies and children
- Safe, resilient parenting for all children and young people
- Reducing the harm caused by alcohol and tobacco
- Enabling people to manage and maintain their mental health and wellbeing
- Supporting those with special educational needs, disabilities and long term conditions
- Preventing and reducing falls, accidents and injuries
- High quality and choice of end of life care

Please let us have your views on the proposed areas for focus help guide the next stage of developing the strategy. Following this consultation, a draft strategy will be published in the autumn with a final strategy and action plan published in December 2012.

INTRODUCTION

The Health and Wellbeing Board's role is to assess the needs of the local population through the Joint Strategic Needs Assessment; produce a health and wellbeing strategy to provide a framework to inform the commissioning of health, social care and public health services in East Sussex and, where relevant, other local services that promote health and wellbeing; and to promote greater integration across health and social care.

This consultation is the first step in developing a Health and Wellbeing Strategy for East Sussex. Using the East Sussex Joint Strategic Needs Assessment and other data sources, the strategy identifies the health and wellbeing needs of East Sussex residents now and in the future, and sets out how those needs will be met through the commissioning of services, joint working and collective action.

The strategy focuses on local outcomes that are significantly worse than the England average, major lifestyle and demographic issues, and where a more joined up approach will help to improve outcomes, reduce inequalities and help to manage demand in future years. The strategy is not therefore a long list of all the health and wellbeing issues in East Sussex, but focuses on a small number of big issues where the Board can make a real difference.

The purpose of this consultation is to test out whether you agree with the areas we propose to focus on over the next three years. For those interested in the evidence base and strategy development process, please see the accompanying Supporting Information Document.

WHERE WE ARE NOW

About East Sussex

With a population of just over half a million, East Sussex covers 1,725 square kilometres (660 square miles) and includes the boroughs and districts of Eastbourne, Hastings, Lewes, Rother and Wealden.

East Sussex is predominantly rural in character, although nearly three quarters of the population live in urban areas (58% live in the coastal urban areas and a further 18% live in market towns). A general impression of prosperity masks the fact that East Sussex is the 7th most deprived county in England, with many people experiencing poverty and deprivation. Whilst the majority of the most deprived areas are in the coastal towns of Hastings and Eastbourne, deprivation also exists in parts of our rural districts.

Whilst 21.6% of our population is aged under-18, one of the biggest challenges we face is a large and ageing population. East Sussex has the highest percentage of very elderly residents of any county in England (those aged over 85). East Sussex also has the additional challenge of high levels of older people aged 65 plus moving into the county from other parts of the country.

Although our population is predominantly white, East Sussex is becoming more culturally diverse as our black and ethnic minority communities continue to grow.

Health and wellbeing in East Sussex

Although the population is relatively prosperous and healthy and most people can expect to live a long life, local evidence shows that there are significant health and wellbeing issues and some significant inequalities between different groups of people and within and between parts of the county for example, average life expectancy is up to 15 years lower in some wards in Hastings than other parts of the county. The rural districts of Lewes, Wealden and Rother experience higher percentages of deaths from cancer in the younger age groups (0-64 years) than Eastbourne and Hastings. However, cancer survival rates for some of the common cancers such as lung cancer are poor across East Sussex. Particular issues of concern are the levels of alcohol misuse in some areas, poor mental health, continuing inequalities in the life chances and wellbeing of children, and a range of issues relating to longer life expectancies and a large and ageing elderly population.

As our older population increases and medical advances enable people to live longer, more and more people will need support to retain their health, independence, quality of life and personal dignity. Increasing life expectancy presents additional demands as it leads to more people living with one or more long term conditions. As a consequence, the amount of health and social care support required and the cost of providing it will increase.

An ageing population and longer life expectancy for those with disabilities and long term conditions means the chance of becoming a carer also increases. We estimate that at least 50,000 people in East Sussex are carers. Carers are more likely than the rest of the population to suffer depression and develop other health problems. Supporting carers of all ages improves both their health and wellbeing and that of those for whom they care. It reduces demand on health and social care services for example by reducing hospital admissions and delays in discharging people from hospital.

The geography of East Sussex poses some particular challenges as a combination of urban and rural localities can result in patchy service delivery and difficulty for rural residents to get to services.

What is already being done to improve health and wellbeing and reduce inequalities

Our vision of joined up, coordinated and integrated health and wellbeing services is not new – the NHS, local public services and the voluntary and community sector have worked together for several years to develop and deliver a “joined up” approach to health and wellbeing services and to improve the experience of patients and service users in East Sussex.

There are a number of well established joint commissioning boards, partnerships and delivery networks in East Sussex that already make a significant contribution to people’s health and wellbeing by tackling the issues we know exist, improving health and wellbeing, treating people when they become ill, and reducing health inequalities. The county also has three recently established Clinical Commissioning Groups who will take over NHS commissioning from Primary Care Trusts from April 2013.

The county is served by East Sussex Healthcare Trust, which provides two hospitals and 5 community hospitals and is the county’s community health services provide; Brighton and Sussex University Hospital and Pembury Hospital. Sussex Partnership Foundation Trust provides specialist NHS mental health, learning disability and substance misuse services. There are also a wide range of public sector organisations that provide invaluable services that contribute to health and wellbeing including county, district and borough councils, police and fire service. A wide variety of voluntary and community sector organisations also provide community based social care and wellbeing services. Private sector employers and workplaces also make a valuable contribution.

This strategy recognises and aims to add value to this work – not just ‘universal’ services that are available to everyone, but also targeted support for particular groups such as older people, children and young people; for people with particular conditions such as dementia or physical disabilities and work to improve and develop more joined up services, for example community based services and greater integration between health and social care.

Maintaining and improving people’s health and wellbeing is not just about good and accessible health, social care and wellbeing services. Social, economic and environmental factors can also have an impact, so we also recognise and want to add value to partnership working within and across the county to improve the social, environmental and economic factors that affect people’s health and wellbeing such as housing, housing support, education, skills, employment opportunities, community safety and the environment.

The East Sussex Health and Wellbeing Board members are committed to working with existing commissioning boards, partnership boards, delivery groups and the public in East Sussex to make decisions about health and wellbeing truly inclusive and to make sure our efforts are truly joined up.

WHERE WE WANT TO BE

Our vision

Our vision is to protect and improve health and wellbeing and reduce health inequalities in East Sussex so that everyone has the opportunity to have a healthy, safe and fulfilling life.

This is part of a broader partnership vision set out in the East Sussex Sustainable Community Strategy, Pride of Place, to create and sustain:

- A vibrant, diverse and sustainable economy;
- Great places to live in, visit and enjoy; and
- Safe, healthy and fulfilling lives

A whole life approach

We will consider health and wellbeing from conception to death and take into account wider factors that can affect people's health and wellbeing, for example the importance of a decent place to live, employment and leisure activities. Although each life stage deserves particular attention, a whole life approach enables links to be made along the life course. By taking this approach we want to ensure that, in East Sussex:

- **Every child has a good start in life:** a safe, healthy and happy childhood provides the foundation for every child to thrive and achieve their potential.
- **Children and young people develop well:** the physical health and mental wellbeing of children and young people coupled with good educational achievement are essential to a good quality of life and good chances in adulthood.
- **Adults live healthy lives and have healthier lifestyles:** alongside other factors such as poor housing and unemployment, unhealthy lifestyles can lead to a range of physical and mental health problems later in life and, in some cases, a shorter life expectancy.
- **Workplaces promote health and wellbeing:** unemployment can affect people's health, healthy employees are more productive and workplaces can be used to promote healthier lifestyle choices.
- **Older people live healthy and independent lives:** as people live longer it is essential that older people have a good level of health and wellbeing to enable them to live fulfilling and independent lives.
- **High quality and choice of care at the end of life:** everyone diagnosed with a terminal illness deserves equal access to the highest quality end of life care and to die in their preferred place of death.

An integrated, whole system approach

We want to build on the work already taking place to close the traditional division between health, social care and other services that affect people's health and wellbeing so that individuals get truly 'joined' up services that address their needs. This involves bringing together and joining up every aspect of designing, commissioning and delivering prevention and early intervention, diagnosis, treatment, care, re-ablement, rehabilitation, health improvement and promotion services to ensure people get the right support, in the right place at the right time.

A 'whole system' is not just about getting different organisations working together – this already happens in East Sussex - it is also about gathering and sharing local intelligence to understand the impact that changes in one part of the system have on everything else, for example the impact of increasing, or reducing, early intervention and prevention on the number of hospital admissions and how one health and wellbeing issue might impact on another for example, alcohol misuse and chronic health conditions.

OUR PRIORITIES

We believe the Health and Wellbeing Board should focus on the following areas over the next three years:

- The best possible start for all babies and young children
- Safe, resilient parenting for all children and young people
- Reducing the harm caused by alcohol and tobacco
- Enabling people to manage and maintain their mental health and wellbeing
- Supporting those with special educational needs, disabilities and long term conditions
- Preventing and reducing falls, accidents and injuries
- Providing high quality and choice of end of life care

1: The best possible start for all babies and young children

We know much more now than we did 10 years ago about the impact on children's long term emotional and intellectual development of not getting a good start in life. The first years, particularly the first 12 months, are a period in which good, loving care is essential both for good mental health and development of key communication and social skills. This is why successive national reports and Government policy statements have emphasised the need to identify vulnerable parents and give them the support they need to nurture their children. Failure to get the care they need in infancy leads to poor outcomes for children not just in education but in their wider health and wellbeing. In East Sussex we know there are significant gaps in outcomes when children are assessed at primary schools at age 5, with only 49% of children in Hastings, for example, reaching the expected benchmark level for language and communication skills.

We want to ensure that monitoring of infant health and development reaches all families so that those with problems are identified early, and to increase the amount of targeted support provided to parents of young children who are struggling. Making sure we support all those who most need it, in a way which is really effective, requires the effort and cooperation of a wide range of organisations and individuals and is crucial to the long term well being of our communities. As a result, over the next three years, we would expect to see an improvement in the development of young children in areas with the lowest levels currently, as measured through the assessments at age 5. We would also be looking for further improvement in the numbers of mothers choosing and able to breastfeed their children given the well researched benefits this brings, and a steady increase in the number of families provided with targeted additional support from health and other professionals, including through local children's centres.

2: Safe, resilient, secure parenting for all children and young people

Good parenting is essential to the health and wellbeing of children of all ages. In the case of some children and young people we know that their parents struggle to keep them safe and to support their mental and physical development. East Sussex has seen a growing number of children and young people requiring support from statutory social care services in recent years, including rising numbers of children who need to be cared for through fostering and adoption. Between 2006 and 2011 the rate of children with a statutory child protection plan rose from 36 to 60 children per 10,000. The number of Looked After Children increased from 445 to 589 in the same time period. The reasons behind poor parenting are complex and vary from family to family. They can include poor mental health of parents, their substance or alcohol use or addiction, the presence of domestic abuse in a household. They can also include for some parents a struggle to manage their child's behaviour, health conditions, or disabilities, a lack of suitable role models or practical help in life, and difficulty understanding how to meet a child's needs consistently. Often families where these things are present also have a range of services trying to address the needs of various family members, making the issues even more complex.

We want to place child safety and wellbeing at the centre of developing our support for parents, and to recognise fully the impact of adult's needs on their children, providing a good menu of earlier help when parents first have difficulties, and assertive and powerful support when things really need to improve for their children to be safe. We also want to provide more joined up support for families through whole family key working services and to build resilience in families so they can support each other when facing difficulties. As a result, over the next three years, we would hope to see an increased number of families receiving early help to tackle problems, an increase in the number of coordinated whole family support plans being led by a family key worker, and a reduction in the number of children and young people who need statutory Child Protection Plans or that need to be removed from their parents.

3: Reducing the harm caused by alcohol and tobacco

Alcohol

Excessive alcohol consumption can lead to a range of health conditions including liver and heart disease. We estimate that 19% of the East Sussex population are drinking at levels likely to cause harm or already causing harm. In some parts of the county the estimated percentage of people drinking at higher risk levels is amongst the highest in the country. The long term effects of excessive alcohol consumption are a major cause of hospital admissions. In 2009/10 alone 6,691 people (all ages) were admitted to hospital with an alcohol attributable condition and 1,538 with an alcohol specific condition. Drinking among young people in some parts of the county is above the national average. Drinking amongst young people can be associated with other issues such as offending, truancy, drug misuse and alcohol related health conditions in later life. Alongside the health impacts and the economic burden of loss of employment and reduced capacity to work, alcohol is also a contributory factor in a number community safety issues. We want to support the development of a more systematic and integrated approach to alcohol misuse. As a result, over the next three years, we would expect to see a reduction in risky drinking behaviour, fewer alcohol related hospital admissions, and a reduction in alcohol related crime.

Smoking

Smoking can lead to a range of health conditions such as heart disease, stroke and cancer and there are over 1,000 smoking related deaths in East Sussex each year - more than the combined total of the six next greatest causes of preventable deaths. Smoking is also linked to other issues such as crime and fires. 90% of smokers begin smoking before the age of 19 and in East Sussex it is estimated that 15% of children aged 14-15 smoke. Smoking in pregnancy can cause miscarriages and perinatal deaths, yet on average 17% of pregnant women in East Sussex smoke, rising to almost 25% in some parts of the county. Smoking is also the biggest cause of health inequalities in the UK accounting for half the difference in life expectancy between richest and poorest. Nationally the proportion of the population who smoke has fallen and this is the case overall for East Sussex with self reported smoking rates falling to around 17% in 2011, although rates of smoking in Hastings and Eastbourne appear to have fallen very little or not at all.

We want to support a systematic and co-ordinated approach to smoking and tobacco control. As a result, over the next three years, we would expect to see a reduction in the rates of smoking in the general population and in pregnancy, fewer young people taking up smoking and a reduction in illegal and illicit tobacco products.

4: Preventing and reducing falls, accidents and injuries

Falls and injuries amongst older people

Falls are the most common cause of accidental injury amongst older people in the UK. In most cases, falls are preventable.

In 2008/09 South East Coast Ambulance Service responded to 14,797 calls for falls in East Sussex, over 70% of these related to people aged over 65. There were more than 5,870 falls related emergency admissions in East Sussex in 2010/11, 75% were people over 65, and 528 admissions due to hip fracture with an average stay in hospital of 8 days. 10% of care home admissions are prompted by hip fractures and up to 20% of patients admitted from home will be moved into residential or nursing care homes as a result of hip fracture. With a large and growing older population coupled with local trend data falls, hip fractures and hospital admissions are expected to increase annually by 2%.

We want to help drive forward a more integrated approach to prevention, treatment, and rehabilitation for older people linking up work in the community, primary care settings such as GP surgeries and hospitals. As a result, over the next three years, we would expect to see fewer older people falling, both for the first time and in the number of repeat fallers, and more joined up support for those who do fall and injure themselves.

Unintentional and deliberate injuries amongst children and young people

Accidents and learning about how to stay safe are part of growing up, but children should not be injured in accidents that can be prevented or be deliberately harmed. During 2009/10 and 2010/11 there were 2,885 admissions to hospital in East Sussex for under-18 year olds who were injured in accidents or deliberately. 41% of these were caused by falls, particularly amongst younger children. 11% were deliberate harm – either assaults or self-harm. Another significant cause of accidental injury was road traffic accidents, with 20% of accidental injuries for 11-16 year olds resulting in this way. Hospital admissions as a result of accidents have a high correlation with deprivation factors in local communities, with significantly higher admission rates for a small number of wards or areas across the county.

We want to make sure that we are following the evidence base produced by the National Institute for Health and Clinical Excellence and others in delivering help – such as home safety equipment schemes and checks – in the most effective way. We also want to join up the personal safety messages that are given in schools and colleges, including by the Police, Fire and Rescue Service, county council and teachers themselves. As a result, over the next three years, we would expect to see a reduction in the admission rate of children and young people to hospital for unintentional and deliberate injuries.

5: Enabling people to manage and maintain their mental health and wellbeing

There are higher than national average levels of depression, psychosis and hospital admissions for self-harm in East Sussex. Many things can increase a person's chance of becoming depressed or developing other mental health conditions - bereavement, substance misuse, isolation, a long term health condition, school bullying, workplace stress and debt for example. Spotting problems early and supporting people before things get worse is therefore everyone's business. Community based and secondary care based mental health services are already working well together and delivering positive outcomes for those diagnosed with a mental health condition. However, more needs to be done to break down the stigma associated with mental health, to identify people at risk earlier and support them and their carers to manage and maintain their mental health in ways that best suits them.

We want to support the development of a 'whole system' approach to early identification, advice, recovery and care planning across the county and a more personalised approach to help people manage their condition better. We also want to ensure that the pathway of support for children and young people with emerging mental health needs is clear so that the best use is made of the different services on offer. As a result, over the next three years, we would expect to see more young people and adults being diagnosed and treated for a mental health condition, more use of community based support for children and young people, more people with a comprehensive care plan, fewer hospital admissions for self-harm and fewer suicides.

6: Supporting those with special educational needs, disabilities and long term conditions

Special educational needs and disabilities

It is estimated that 6% of the population has some form of disability although not all will need intensive help and support. The incidence of disability has risen fastest amongst children and trends indicate increasing numbers of children being reported as having complex needs, Autistic Spectrum Disorders and mental health issues. Of the estimated 4,500 children with disabilities aged 0-19 in East Sussex, about half will have a moderate to severe disability. There are over 2,200 2–19 year olds with a statement of special educational needs (SEN) in East Sussex and around 11,000 young people who do not have a statement but who may require support during transition to adulthood. Over the next seven years it is estimated that 600–800 young people in the county will need ongoing support after leaving full time education as a result of a disability. We estimate that there are more than 2,000 adults with learning disabilities in the county, a number that is predicted to grow by 10% by 2020 in part due to improved health care resulting in an increase in life expectancy. The number of infants with profound and multiple learning disabilities surviving into adulthood and the number of older people with learning disabilities are also expected to increase as life expectancy increases.

There is evidence to suggest that people with disabilities have poorer health outcomes and reduced life expectancy compared to general population. We want to support a more person centred, coordinated approach to supporting the health and wellbeing of those with SEN, physical and learning disabilities and their carers. For disabled children we want to see new personal budgets as well as improving early assessment of their needs successfully implemented. As a result, over the next three years, we would expect to see more children with a coordinated support plan for health, social care and education, better health outcomes and better quality of life for those with SEN, physical and learning disabilities.

Long term conditions

There are a number of conditions that could be classified as long term including epilepsy, diabetes, respiratory disease, heart disease, stroke, asthma, dementia and arthritis. Whilst many are age related some can develop in childhood. It is estimated that there are over 158,000 people in East Sussex living with one or more long term condition and many more who have not yet been diagnosed. Some of those affected will have severe symptoms and be at higher risk of hospital admission, but many will be leading full and active lives with only occasional contact with health and social care professionals. People with long term physical health conditions can also develop a mental health problem or disability as a result of their condition and some people with disabilities, learning disabilities and mental health problems may be more likely to develop a long term condition. Encouraging healthier lifestyles is critical to reducing the likelihood of developing a long term condition and needs to be sustained.

We want to support a more integrated and whole system approach to earlier diagnosis, care planning and joined up services to support patients and their carers to manage their condition better, including greater integration of mental health support with primary care and chronic disease management. As a result, in three years, we would expect to see fewer hospital admissions for long term conditions and improved quality of life for those who are living with them.

7: High quality and choice of end of life care

On average there are 6,526 deaths in East Sussex each year. Most people who are approaching the end of their lives want to be cared for and die at home, for some home is a residential care home or nursing home. Although an increasing number of deaths in East Sussex are taking place in people's usual place of residence, fewer people in Hastings and Rother die in their preferred place of death than other parts of the county, and most people

still die in hospital. Due to an aging population and longer life expectancies, the demand for end of life care will significantly increase over the next 20 years, and there is increasing need for palliative care for disabled children taking in to account medical advances in early life care. Progress has been made to develop the local health and social care workforce to ensure it is structured, skilled and supported to deliver the best care and outcomes for local people approaching end of life and to provide more end of life care at home. It is crucial that this continues so that anyone approaching end of life is well cared for and has a “good death”.

We want to support the development of a more joined up approach to commissioning and delivering end of life care and continued workforce development to build sufficient capacity and skills amongst the health and social care workforce to support high quality end of life care. As a result, over the next three years, we would expect to see more people with a terminal illness to have an advanced care plan and more being cared for and more people dying in their preferred place of death.

DELIVERING AND MEASURING SUCCESS

This consultation document sets out the priorities we propose to focus on over the next three years – and we are asking for your views on whether we have chosen correctly. How we propose to deliver results will be the focus of our attention over the next few months as the strategy is developed in response to your feedback.

In October, once a draft strategy has been published, we will hold further discussions with the key organisations to agree an action plan and their contribution to delivering it. This action plan will be published alongside the final strategy in December 2012.

The action plan will include ‘indicators of success’ to help us monitor and measure our progress. The indicators we choose will be relevant to East Sussex and will give us the information we need to know if we are succeeding.

WHAT HAPPENS NEXT

We want to hear your views on our proposals. We are interested in hearing from you whether as an individual, organisation or partnership group. You can have your say by accessing the online consultation on the ESCC website. The consultation closes on 12 September 2012.

Once the consultation has been completed we will consider all of the feedback, produce a final draft of the strategy in October 2012, discuss this draft with key partners and publish the final strategy and an action plan in December 2012.

FOR MORE INFORMATION

If you would like this document in another format or in larger print, please contact us. For more information on the draft Health and Wellbeing Strategy, please go to the webpage www.eastsussex.gov.uk/healthandwellbeingstrategy (TBC)

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