Agenda Item 7

Report to:	East Sussex Shadow Health and Wellbeing Board
Date:	11 December 2012
By:	Becky Shaw, Chief Executive, East Sussex County Council
Title of report:	A Health and Wellbeing Strategy for East Sussex
Purpose of report:	To present the final East Sussex Health and Wellbeing Strategy and draft action plan for the Boards consideration

The Shadow Health and Wellbeing Board is recommended to:

- **Consider and approve the final strategy subject to any final amendments the Board wishes to make;**
- **Consider the draft action plan and any amendments the Board wishes to make;**
- **Hold a Health and Wellbeing Assembly in the New Year to engage a wide range of partners in discussions around delivering the strategy and action plan over the next three years; and**
- **Receive a final action plan in April 2013.**

1. Background

1.1. At its meeting in October 2012 the Board considered the findings of a 12 week consultation to develop a Health and Wellbeing Strategy for the county, and agreed a number of recommended changes to original proposals that were set out in the consultation document. These were to:

- Retain all the proposed priorities but amend the priority relating to alcohol and tobacco to a broader 'healthy lives, healthier lifestyles' priority with an additional focus on obesity;
- Provide more detail on plans and goals including clear high level actions, outcomes and targets;
- Include a list of existing commissioning and partnership plans;
- In addition to the agreed 'whole life' and 'integrated, whole system' approach, include the following key approaches: reducing inequalities; increasing prevention and early intervention; joining up with services beyond health and wellbeing; building on individual and community strengths;
- Set out more clearly, where data is available, the areas and population groups that are experiencing the worst health and wellbeing currently so that actions can be targeted where necessary to 'narrow the gap' and reduce inequalities.

1.2. A draft Strategy reflecting the changes above was published in November and a period of two weeks was given for further comments from the public, patients, service users, carers, commissioners and providers. Eight responses were received (5 individuals and three organisations). Two meetings were also convened with public sector partners including the district and borough councils, fire and police and with voluntary and community sector health and care representatives to gain their views.

2. The Final Strategy and Draft Action Plan

2.1. A final strategy is appended which contains seven priority areas that the Board will focus on over the next three years:

- The best possible start for all babies and young children;
- Safe, resilient and secure parenting for all children and young people;
- Enabling people of all ages to live healthy lives and have healthy lifestyles;
- Preventing and reducing falls, accidents and injuries;
- Enabling people to manage and maintain their mental health and wellbeing;
- Supporting those with special educational needs, disabilities and long term conditions; and
- High quality and choice of end of life care.

2.2. A draft action plan is appended setting out high level outcomes, actions and targets including those aimed at 'narrowing the gap' between the best and worst performing areas in the county.

BECKY SHAW
Chief Executive, East Sussex County Council
Contact officer: Lisa Schrevel, 01273 481177

East Sussex Health and Wellbeing Board

Healthy Lives, Healthy People

The East Sussex Health and Wellbeing Strategy 2013-2016

November 2012

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FOREWORD

I am delighted to present to you a draft of the first Health and Wellbeing Strategy for East Sussex on behalf of the East Sussex Health and Wellbeing Board.

We believe that everyone in East Sussex has the right to enjoy good health and wellbeing at every stage of their lives. Many of our residents 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.

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

The Health and Wellbeing 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, Adult Social Care and Children's services. The Board will be 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 and the wider factors that can affect this such as housing, employment, community safety and social isolation.

This new partnership gives us the opportunity to look across the whole health and care system, make sure it is well connected and 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 will have a powerful impact – it will affect how individuals, families and communities 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. 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 to ensure our efforts are joined up and that everyone has the opportunity to enjoy a better quality of life.

The East Sussex Health and Wellbeing Board members are committed and look forward to working with the public, patients, service users and carers, other partnerships and with a wide range of partners to deliver this strategy over the next three years.

Cllr Sylvia Tidy
Chairman
Health and Wellbeing Board

EXECUTIVE SUMMARY

This is the first Health and Wellbeing Strategy for East Sussex from the East Sussex Health and Wellbeing Board. It is based on the Joint Strategic Needs Assessment and other data sources such as local joint commissioning strategies and national research to identify the health and wellbeing needs of East Sussex residents now and in the future. For those interested in the evidence base, please see the accompanying Supporting Information Document.

The strategy also recognises the challenges we are facing including demographic and lifestyle changes and the economic climate as well as the opportunities that exist to improve health and wellbeing outcomes in East Sussex.

The strategy focuses on a small number of big issues where a more joined up approach will help to improve outcomes, reduce inequalities and deliver efficiency savings that could be re-invested in service improvements. The strategy is therefore not a long list of all the health and wellbeing issues or activities in East Sussex but focuses on a small number of big issues where the Board can make a real difference and sets out how those needs will be met through the commissioning of services, joint working and collective action.

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 safe, healthy 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.

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

- The best possible start for all babies and young children
- Safe, resilient and secure parenting for all children and young people
- Enabling people of all ages to live healthy lives and have healthy lifestyles
- Preventing and reducing falls, accidents and injuries
- Enabling people to manage and maintain their mental health and wellbeing
- Supporting those with special educational needs, disabilities and long term conditions
- High quality and choice of end of life care

In delivering the vision and our priorities we will:

- Take a whole life approach from conception to death and enable links to be made along the life course and at key life stages;
- Develop an integrated ‘whole system’ so that people get the right care and support at the right time and the best place whether in the community, primary, secondary or specialist care settings;
- Increase prevention and early intervention to improve people’s chances of a healthy life and to help us to manage demand for health and care services in the future;
- Reduce the inequalities in health outcomes that exist within and between different parts of the county and different groups of people, and improve access to information, advice and support;
- Work with public, private and voluntary and community sector partners to join up health, care and other services that affect people’s health and wellbeing; and
- Value and build on the strengths, skills, knowledge and networks that individuals, families and communities have, and can use, to overcome challenges and build positive and healthy futures.

This strategy is a framework for the commissioning of health and wellbeing services in the county. It will not replace existing commissioning plans, which will set out in much more detail the kinds of services being commissioned and where and how they will be delivered. The Health and Wellbeing Board will consider relevant commissioning strategies to ensure that they have taken into account the priorities and approaches set out in the Health and Wellbeing Strategy.

An action plan, setting out in more detail how the strategy will be delivered and how progress will be measured will be published alongside the final strategy in December.

1. A HEALTH AND WELLBEING STRATEGY FOR EAST SUSSEX

This is the first Health and Wellbeing Strategy for East Sussex from the East Sussex Health and Wellbeing Board. It is based on the Joint Strategic Needs Assessment and other data sources such as local joint commissioning strategies and national research to identify the health and wellbeing needs of East Sussex residents now and in the future. It sets out how those needs will be met through the commissioning of services, joint working and collective action.

In choosing which areas to focus on the Board:

- Looked at all the data available to us and identified a number of areas where, in East Sussex, we are statistically significantly worse than the England average;
- Considered the impact of changes to our population, lifestyles and life expectancy to see what kind of issues we might face in the future if we don't take action now;
- Looked at what is already being done to ensure the strategy would add value to – not duplicate – a wide range of other strategies and plans;
- Identified seven areas the Board proposed to focus on over the next three years; and
- Consulted widely on these proposals, listened to what people said, undertook an initial Equalities Impact Assessment and used this to inform the draft strategy. (Please see the accompanying Consultation Report for more detail).

The Board recognises and aims to add value to the vast amount of partnership work already underway to address people's health and wellbeing needs. The strategy is therefore not a long list of all the health and wellbeing issues or activities in East Sussex but focuses on a small number of big issues where the Board can make a real difference. It recognises the challenges we are facing due to demographic and lifestyle changes and other factors such as the economic climate as well as the opportunities that exist to improve health and wellbeing outcomes in East Sussex.

The strategy provides a framework for the commissioning of health and wellbeing services in the county. It will not replace existing commissioning plans, which set out in much more detail the kinds of services being commissioned and where and how they will be delivered, but instead will ensure these plans are aligned and help deliver the priorities and outcomes set out in this strategy.

The Joint Commissioning Board will translate the strategy's priorities into joint commissioning priorities, oversee annual joint commissioning strategies and approve and monitor the deployment of budgets (where they are pooled) and resources outlined in those strategies, ensuring the best use of available resources. Clinical Commissioning Groups' commissioning plans will also be informed by and help deliver this strategy. The Health and Wellbeing Board will consider these commissioning strategies and plans to ensure that they have taken into account the priorities and approaches set out in the Health and Wellbeing Strategy.

Some services will be commissioned and delivered by two newly established national bodies - NHS Commissioning Board will be responsible for commissioning primary care health services. For the period 2013-2015 the Board will also commission the Healthy Child Programme 0-5 years (including health visiting). Public Health England will take the lead for commissioning and providing a range of services such as national behaviour change campaigns, the prevention and control of infectious diseases and emergency preparedness and response.

The Board will work with a range of partners and partnerships across the public, private and voluntary and community sectors to strengthen the links between health, care and other services so that plans that affect health and wellbeing such as housing and housing support, community safety, education and skills, economic development, the environment, culture, leisure and community development help to promote individual, family and community health and wellbeing.

Throughout this document, where we refer to 'partners' we mean organisations in the public, private and voluntary and community sectors that commission and provide a range of services that promote individual, family and community health and wellbeing.

For those interested in the evidence base, please see the accompanying Supporting Information Document. A glossary of terms can be found on page 19 of this document.

2. WHERE WE ARE NOW

a) East Sussex – the place

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 almost 70% of the population live in urban areas (53.7% live in the coastal urban areas and 15.7% live in market towns).

East Sussex is the 5th most deprived county in England and experiences the highest levels of deprivation of all the counties in the South East. Deprivation is most concentrated in our coastal towns whilst also being experienced by some people living in rural areas. Some parts of the county experience:

- Higher rates of child poverty, poverty among older people, free school meals, fuel poverty, long term unemployment and young people not in education, employment or training. In parts of East Sussex 47% of children are living in poverty. Poverty and worklessness are closely linked to poor health outcomes;
- Higher levels of overcrowding – across the county 5.6% of the population live in overcrowded households, this is highest in Eastbourne at 8.6%, significantly worse than the England average. There is evidence that overcrowding, homelessness and living in temporary accommodation are all associated with poorer physical and mental health outcomes and can impair child development and educational attainment;
- Higher rates of violent crime, alcohol related crime, sexual offences and numbers of first time entrants into the youth justice system. Crime and the fear of crime can affect people's overall quality of life and their health and wellbeing. Research shows that between 44% and 50% of crimes in East Sussex are associated with alcohol and drug misuse and 90% of offenders have a mental health condition; and
- Lower GCSE achievement rates and higher rates of primary school exclusions. Acquiring skills and educational achievement enables children to realise their full potential and can impact on a range of outcomes including their employment prospects, income and physical and mental health in later life.

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.

b) East Sussex – the people

In 2011 the population of East Sussex was 526,700. 16% are aged 0-14 years old and 61% are of working age (15-64 years old). Older people make up a significant percentage of the population. 23% was of pensionable age in 2011 compared to 16% in England and Wales and 17% in the South East. Nearly 12% is aged 75+ compared to around 8% regionally and nationally. East Sussex is ranked the third highest of all 35 counties in England for percentage of the population aged 75+ and 85+. At district level, Rother is ranked highest of all districts and unitary authorities in the country for the percentage of the population aged 85+ and 90+ and second highest for the 75+ age group.

The total population of East Sussex increased by 34,400 people (7%) between 2001 and 2011, which is lower than the national and regional average. Growth rates in the districts and boroughs have been more variable: Eastbourne accounted for over a quarter (28%) of the county's population growth, with 9,700 additional residents since 2001, or a growth rate of almost 11%. At 5.8%, Lewes had the smallest growth in population over the period, followed by Rother at 6.1%.

About 36% of the county's households are one person households, higher than the national and regional average. Over half of these households are aged 65+. One person households are likely to rise and couples with children are expected to fall in the future. These figures are due to be updated in December 2012 to reflect the results of the 2011 Census.

Increasing life expectancy presents additional demands as it leads to more people living longer with one or more long term condition. As a consequence, the amount of health and social care support required and the cost of providing it will increase. In 2001, 19% of people in the county had a limiting long term illness (LLTI), a higher proportion than regionally and nationally. By 2026 the LLTI population is projected to increase in East Sussex to about 24% of the total population.

The proportion of people aged 65+ with limiting long term illness may increase to 48% of all people aged 65+. The proportion of people living in East Sussex with at least one type of disability is projected to increase slightly from almost 17% in 2010 to about 20% in 2026. This is mainly due to an ageing population. This data will be updated with the release of results from 2011 Census later in 2012.

According to the 2001 Census almost 10% of our population, nearly 51,000 East Sussex residents, provide unpaid care to family members, friends, neighbours or others because of long term physical or mental health problems, disability or problems relating to old age. Carers are of all ages and circumstances including young carers, working carers and parent carers, but the majority are aged 50-64 and nearly 20% of unpaid carers are providing care for more than 50 hours a week. Results of the 2011 Census, due from November 2012, will provide a more up to date picture. Supporting carers improves their health and wellbeing and those for whom they care. Carers also help reduce demand on health and social care services, for example, by reducing hospital admissions and delays in discharging people from hospital.

East Sussex is less ethnically diverse than the South East region or nationally, with 10.5% of the county's population in Black and Minority Ethnic (BME) groups compared to 14% in the South East and 17% in England. At about 13%, Eastbourne and Hastings have the highest proportion of BME groups compared to the rural districts. Since 2001, BME groups have increased in East Sussex and in all its districts, as well as nationally and regionally. The largest rise occurred in Hastings with an increase of almost 7% since 2001. Among the BME groups, the 'Other White' and 'Asian' ethnic groups show the highest proportions in the county and in all districts, except for Hastings where there is a higher proportion of people in 'Black' ethnic groups. This data will be updated with the second release of data from 2011 Census due in November 2012.

c) East Sussex – health and wellbeing

Whilst many people in East Sussex are relatively healthy and can expect to live a long life, some people do not experience this and there are inequalities across the county. Residents in the poorest parts of East Sussex are not only more likely to die earlier but they will also spend a greater proportion of their shorter lives unwell.

The most recent Local Needs Profiles, published in September 2012, conclude that:

- Many deaths and illnesses can be avoided by enabling people to live healthy lifestyles. Local data clearly shows that there are some significant issues around smoking; alcohol and drug misuse; obesity and physical inactivity; sexual health; vaccinations and immunisations.
- There is a need to improve the identification and treatment of people with chronic diseases and long term conditions where the prevalence is significantly higher than England. Lifestyle factors including smoking, excessive alcohol consumption, physical inactivity and poor diet increase the risks of developing a long term condition. Deprivation is also associated with an increased risk of some long term conditions with the rates and severity of disability being greater in more deprived areas.
- Cancer is a high priority in East Sussex with particular areas in the county showing significantly higher rates than England for specific cancers. Improvements can be achieved by lifestyle changes, improved access to screening and earlier diagnosis to increase the scope for successful treatment.
- The prevalence of depression and dementia are significantly higher than England. The prevalence of psychoses is significantly higher than England in Hastings and Rother. The rate of self-harm admissions is significantly higher than England in Hastings and Lewes, and Eastbourne has a mortality rate from suicide that is significantly worse than England.
- Hastings has significantly worse hospital admission rates for a range of different injuries including the rate of children and young people aged under-18 years admitted to hospital due to injuries. When compared to England, Hastings has a significantly worse admission rate for falls amongst older people. Road injuries and deaths are significantly worse than England in all districts and boroughs except Eastbourne. All districts and boroughs except Lewes have significantly worse admission rates than England for burn injuries.
- Most people approaching the end of life would prefer to be cared for at home. Data shows that the percentage of deaths at a persons own residence is significantly worse than England for all

districts and boroughs except Lewes. It also shows that the percentage of terminal admissions to hospital that are emergency admissions is significantly higher than England.

- Life expectancy is above the national average for both men and women in East Sussex, but there is significant variation across our districts and boroughs. On average men in Lewes live for 3.7 years longer than men in Hastings and women in Lewes live for 4 years longer than women in Hastings. At an electoral ward level in East Sussex, the gap between the two wards with the lowest and highest life expectancy is just over 15 years. Within East Sussex, Hastings has significantly worse life expectancy at birth and at age 65 years compared to England. Hastings also has significantly worse disability free life expectancy compared to England.
- Local data for people with learning disabilities shows that East Sussex is worse than the England average for the proportion of eligible adults with a learning disability having a GP health check; the percentage of emergency hospital admissions and the percentage living in non-settled accommodation.
- National research shows that some groups of people experience worse health and wellbeing than others for example some Black and Minority Ethnic groups have an increased risk of developing diabetes, stroke and renal disease and people who are homeless or are living rough, in hostels or night shelters have significantly higher levels of mental and physical ill health and premature death than the general population. Carers are more likely than the rest of the population to suffer depression and develop other health problems including back injury and high blood pressure.

Local Needs Profile data showing these and other areas where we are statistically significantly worse than the England average can be found in the accompanying Supporting Information Document.

d) East Sussex – the challenges

As a nation and a county, we are living longer. Over the last 30 years, life expectancy has risen significantly and deaths from major illnesses such as heart disease have fallen. However, compared with other parts of the country we continue to perform poorly in some key areas and there are persistent inequalities in life expectancy and healthy life expectancy between some parts of the county - a challenge that is common across England.

Our ageing population means rising numbers of frail older people and people living with one or more long term conditions. Several conditions are becoming more common, in part reflecting lifestyle changes, for example obesity and excessive alcohol consumption are leading to an increase in type 2 diabetes, arthritis and chronic liver disease. The prevalence of mental health has also continued to rise.

At the same time we have had rising numbers of children requiring statutory social care support and there is widespread recognition of the long term impact on children when parents and carers cannot provide a good standard of care, pointing to the importance of effective early intervention to support vulnerable families and young people.

The expectations of patients, service users and the public are rising with more and more of us expecting greater choice, better quality and more tailored services in more convenient locations.

Meanwhile, we are experiencing difficult financial times with far less money to spend on public services than before and a poor economy which is affecting individual and family finances.

All of these pressures combined means that doing the same things in the same way will not be affordable in future. We have to look seriously at how we can continue to protect and improve health and wellbeing and reduce inequalities within the resources available to us. We believe the approaches we have set out in this strategy will help us achieve that.

e) East Sussex – the opportunities

Despite the very real challenges we are facing in the county we have much to build on to improve health and wellbeing outcomes in East Sussex.

Our vision of coordinated and integrated health and wellbeing services is not new – the NHS, local public services providers and the voluntary and community sector have worked together for many years to develop and deliver a ‘joined up’ approach to health and wellbeing 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 individual and community health and wellbeing through preventative services, diagnosis, treating people when they become ill, reducing health inequalities and improving the social, environmental and economic factors that affect people's health and wellbeing.

The county is served by a range of primary care providers such as GP surgeries, dentists and community pharmacies. In terms of secondary and acute care, East Sussex Healthcare NHS Trust provides two district general hospitals in Hastings and Eastbourne, five community hospitals and a range of community health services. Brighton and Sussex University Hospitals NHS Trust provides hospitals in Brighton and Hayward's Heath, and Maidstone and Tunbridge Wells NHS Trust provides Pembury Hospital in Tunbridge Wells. Sussex Partnership NHS Foundation Trust provides specialist NHS mental health, learning disability and substance misuse services.

In April 2013 East Sussex County Council will take over responsibility for a range of public health services, from encouraging healthy lifestyles to commissioning drug misuse and sexual health services. Just as significantly, the reformed public health system gives the council and its partners in the public, private and voluntary and community sectors an unprecedented opportunity to take a far more strategic role in promoting public health and integrating it into a much wider range of services.

A range of public sector organisations provide invaluable services that contribute to health, social care and wellbeing including county, district and borough councils, the police and fire service. Our diverse voluntary and community sector provides a range of invaluable community based health, care and wellbeing services such as hospice care, support for carers, advocacy services and community development, capacity building and representation. The private sector also makes a valuable contribution by providing services, ensuring workplaces are safe and healthy and providing much needed employment for local people.

This strategy recognises and aims to add value to this work – not just 'universal' services that are available to everyone, but also by targeting support for particular groups of people and geographic areas and working to improve and develop more joined up services, for example community based services and greater integration between health, care and wellbeing.

There have been a number of important developments recently such as 'walk in' surgeries in Hastings and Eastbourne and major schemes to help local businesses grow, develop transport links, improve access to broadband and provide more supported housing and extra care housing developments for older people, disabled people and people with mental health conditions. These and other developments contribute to health and wellbeing by making healthcare more accessible, creating jobs, enabling more people to access online information, advice and support and enabling people to live independently.

3. WHERE WE WANT TO BE

a) 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 safe, healthy 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.

b) Our Priorities

This strategy focuses on a small number of big issues and where a more joined up approach will help to improve outcomes, reduce inequalities and help to manage or reduce demand in future years.

The strategy is therefore not 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 areas we propose to focus on over the next three years are:

- The best possible start for all babies and young children;
- Safe, resilient and secure parenting for all children and young people;
- Enabling people of all ages to live healthy lives and have healthy lifestyles;
- Preventing and reducing falls, accidents and injuries;
- Enabling people to manage and maintain their mental health and wellbeing;
- Supporting those with special educational needs, disabilities and long term conditions; and
- High quality and choice of end of life care.

c) Our Approach

We aim to deliver our vision and achieve our goals by:

i) Taking a whole life approach

We will consider health and wellbeing from conception to death. 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 lower 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 who is approaching the end of life deserves equal access to the highest quality end of life care and to die in their preferred place of death.

ii) An integrated, whole system approach to health and wellbeing

We want to build on the work already taking place to close the traditional divide between health, social care and other services that affect people's health and wellbeing so that individuals get 'joined up' services that address their needs. This involves joining up every aspect of designing, commissioning and delivering services from prevention and early intervention through to diagnosis, treatment and care as well as 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 across the public, private and voluntary and community sectors working together to tackle ill-health and reach beyond this to address the social, environmental and economic factors that can affect health and wellbeing – this already happens in East Sussex – it is also about designing a system and gathering and sharing local information and knowledge to understand the effect that services and changes in one part of the system have on others, for example the impact of access to green space, leisure services, transport choices or planning decisions on tackling obesity.

iii) Increasing prevention, early identification and early intervention

Prevention, early identification and early intervention is crucial across all aspects of health and wellbeing from identifying early parents who are likely to need support to enabling people to take action or take up services that help them prevent problems arising or getting worse. There are many reasons why people tend to seek help when they have reached a crisis including the stigma

associated with some health and wellbeing issues, the fear of prejudice, the barriers people face to changing lifestyles or other issues – men, for example, are less likely to seek help than women. We will increase our focus on prevention, earlier diagnosis and early intervention along the life course including identifying those who need support with parenting, working with partners to reduce risks and promote health and wellbeing, intervening as soon as possible to tackle problems that have already emerged and enabling people of all ages to make changes or seek help earlier to avoid or delay the need for higher-dependency care and support.

iv) Reducing inequalities and improving access to information, advice and services

We are committed to helping everyone in East Sussex to maintain and improve their health and wellbeing but we also need to target some of our activity to those individuals, families and communities that are experiencing the worst health and wellbeing outcomes currently and to 'narrow the gap' between the best and worst outcomes in the county. Poverty and deprivation is experienced by some communities in East Sussex, can affect all types of families and households from single parents or large multi-generation households to older people living alone, and is known to have a substantial impact on physical and mental health, wellbeing and life chances. Information and advice is also crucial in giving everyone better choice and control over their health and wellbeing including signposting people to relevant health, care and other services such as housing support, social activities and online resources.

v) Joining up health, care and other services that promote health and wellbeing

A wealth of evidence, most recently presented by The Marmot Review of health inequalities, identifies the impact wider social, economic and environmental factors can have on individual and community health and wellbeing. We recognise the impact and contribution that housing, educational attainment, employment, community safety, transport, culture, leisure and the physical environment has within all seven priorities within this strategy. For example, the relationship between alcohol misuse and crime; the impact housing conditions can have on physical health, falls and injuries; the role supported housing and extra care housing schemes play in providing an alternative to residential care and enabling people to remain independent for longer; and the availability of open spaces, cycle paths and leisure facilities to encourage physical activity. The East Sussex Strategic Partnership (ESSP) already has a strong focus on these areas through its Sustainable Community Strategy, Pride of Place. This strategy is linked to that broader partnership vision and the Health and Wellbeing Board will work with partners and partnerships to strengthen the links between health, care and other services that impact on health and wellbeing and contribute to delivering the priorities in this strategy.

vi) Valuing and building on individual, family and community strengths

Health, care and other professionals have traditionally focused on the needs and problems that individuals, families and communities face. We value and want to help release the strengths, skills, knowledge and networks individuals, families and communities have as these can help them overcome challenges they may face, maximise independence, choice and control and help to build positive, happy and healthy futures. This 'asset based' approach is not new in East Sussex: building individual, family and community capacity and resilience is one of the main aims of many of our local voluntary and community sector organisations and a key objective of the East Sussex Commissioning Grants Prospectus and the Family Key Worker initiative. There has also been an increasing focus on re-ablement which helps people to do things for themselves rather than doing things to or for them, building on what people currently can do and supporting them to regain skills to increase their confidence and independence.

4. OUR PRIORITIES

a) 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 for good physical and mental health and for the 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. A good start in life can also be affected by parents' health, wellbeing and lifestyles. For example, smoking during pregnancy increases the risk of miscarriage, low birth weight and still birth. On average 17% of pregnant women in East Sussex smoke rising to 23% in some parts of the county – significantly higher than the England average.

What we plan to do: Over the next three years we will ensure sufficient capacity is identified within midwifery, health visiting and children's centre services to provide high quality targeted support to all vulnerable parents who need it. We will roll out across the county an integrated approach to identifying those who need extra support and coordinating that support with regular meetings between all relevant services in local areas to plan and review support to the parents and families who most need it. We will ensure that all pregnant women who smoke are offered support to give up, targeting our efforts particularly towards those areas of the county with high levels of smoking during pregnancy. We will also increase breastfeeding support for women in the first five days after birth, particularly young women in more deprived areas where breastfeeding rates are currently lower. Families whose babies have special educational needs or disabilities will have coordinated, personalised specialist support planned through a "single plan". Making sure we support 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 in health, care and other services. This more joined up and integrated approach is crucial to the long term health and wellbeing of children, families and communities.

What we aim to achieve: We want babies and young children to develop well and be safe and healthy. To achieve this outcome we want to see more families with babies given targeted "early help" support, improved rates of infant immunisation and vaccination, a reduction in the rate of referral to children's social care, and a narrowing of the gap in the skills development of young children across the county measured through the Early Years Assessment of personal, social and emotional development and communication, language and literacy skills at age 5. We would be looking for further improvement in the proportion of mothers choosing and able to breastfeed their babies given the well researched health benefits this brings for mother and baby and for fewer women smoking in pregnancy.

b) Safe, resilient and secure parenting for all children and young people

Good parenting is essential to the health, safety and wellbeing of children of all ages. The vast majority of parents in East Sussex are good parents providing a warm, safe and secure home life. However, 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 physical or mental health of parents, substance or alcohol misuse or addiction, or 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.

What we plan to do: Over the next three years we will enhance the capacity and leadership of targeted early help services for parents who are struggling to parent effectively and ensure quick decisions and actions are taken where it is clear that parents do not have and cannot develop the capacity to provide good enough care for their children. We will invest in high quality training for all those who work with vulnerable families and ensure that support is streamlined and coordinated including through family key workers where appropriate. Our approach will be one which is designed

to build on the strengths of families and their wider networks, developing resilience and independence.

What we aim to achieve: We want parents to be confident, able and supported to nurture their child's development. To achieve this outcome we expect to see more families given targeted early help support, fewer referrals to children's social care and fewer young people entering the criminal justice system. We aim to improve outcomes across the board for the children and young people in families supported, including in educational attainment, economic wellbeing and health outcomes.

c) Enabling people of all ages to live healthy lives and have healthy lifestyles

Unhealthy lifestyles such as excessive alcohol consumption, smoking, poor diets or a lack of exercise can lead to a range of health conditions including liver and heart disease, hypertension, type 2 diabetes, stroke and cancer and are a major cause of hospital admissions and preventable death.

It is estimated that 23% of the East Sussex adult population are drinking at increasing or higher risk levels. In 2010/11 alone 7,483 people (all ages) were admitted to hospital with an alcohol attributable condition and 1,563 with an alcohol specific condition. East Sussex is significantly worse than England for the percentage of children and young people using alcohol. Drinking amongst young people can be associated with issues such as offending, truancy, drug misuse and alcohol related health conditions in later life. Alongside the health and wellbeing impacts and the economic burden of loss of employment and reduced capacity to work, there is a strong link between alcohol misuse and crime and the harm caused to individuals, families and communities from alcohol consumption is considerable. In East Sussex it is estimated that between 44% and 50% of violent and acquisitive crime, such as burglary, is associated with alcohol or drug misuse.

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 around 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 23% 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.

Across East Sussex it is estimated that almost 25% of adults are obese and this rises to 27% in Hastings which has significantly higher rates of obesity than the England and East Sussex average. In 2011 1/5th of 4-5 year olds and almost 1/3 (31%) of 10/11 year olds were obese or overweight. Despite actions to address obesity, levels of physical activity amongst children, young people and adults in some parts of the county have not significantly increased and there has not been a significant increase in people eating at least 5 portions of fruit and vegetables per day. Obesity increases the risk of a number of physical health conditions which can ultimately curtail life expectancy and can also lead to social stigmatisation and bullying. A major benefit of weight loss is that it improves not just one risk factor but the entire risk-factor profile. Even modest weight loss (5-10% of body weight) can have significant benefits. Severely obese individuals are likely to die on average 11 years earlier than those with a healthy weight, (13 years for a severely obese man between 20 and 30 years of age). This is comparable to the reduction in life expectancy from smoking.

For this first strategy we have chosen to focus on alcohol misuse, smoking and obesity. This does not mean that other issues are not important. In particular the Board recognises the need to maintain effective multi-agency partnership work to reduce the demand and supply of illegal drugs, to build recovery and support people to live a drug free life. It is also important that sexual health services continue to be planned effectively.

What we plan to do: Over the next three years we will support the development of a more joined up, integrated and multi-agency approach to alcohol misuse, tobacco control and obesity. This includes an enhanced alcohol care pathway - from prevention through to recovery and involving a wide range of partners; developing new cross-sector multi-agency plans for Tobacco Control and Obesity Prevention. We will work with partners to strengthen the links between health, care and other services and develop systems that enable those who have a contact with people to have the

knowledge and skills to provide brief advice and refer them to appropriate services or encourage lifestyle changes. We will ensure that all of our health improvement services are underpinned by knowledge of what works best in supporting people to change their behaviour.

What we aim to achieve: We want more people to have healthy lifestyles to improve their prospect of a longer, healthier life. To achieve this outcome we would expect to see a reduction in the proportion of adults drinking at increasing and higher risk; a reduction in the proportion of the population who smoke; increased rates of physical activity; more people eating healthy diets; and a reduction in alcohol related crime. Over the longer term we would expect to see a reduction in alcohol, smoking and obesity related preventable deaths and an increase in healthy life expectancy. We expect to see improvement across the county, but faster improvement in those areas currently experiencing the worst outcomes.

d) Preventing and reducing falls, accidents and injuries

Children and young people

Accidents and learning how to play safely and stay safe are part of growing up, but children should not be injured in accidents that can be prevented or be deliberately harmed. Between 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 in local communities with significantly higher admission rates in some of the more deprived wards in Hastings and Rother.

What we plan to do: Over the next three years we will carry out more research and analysis to better understand the causes of falls, accidents and injuries amongst children and young people so that interventions can be targeted at those at greatest risk of harm. Based on good intelligence and best practice we also want to see a more integrated, evidence based approach to preventing and reducing falls, accidents and injuries amongst children and young people such as coordinated accident prevention activity and campaigns, home safety checks and equipment schemes and parenting support. This requires a multi-agency approach including health, care, housing, road safety, schools, the police, fire service and family support services.

What we aim to achieve: We want fewer children and young people to have preventable accidents or suffer deliberate harm by others or themselves. To achieve this outcome we would expect to see a reduction in the admission rate of children and young people to hospital for unintentional and deliberate injuries and self-harm.

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 aged over 65 and 528 admissions were 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%.

What we plan to do: Over the next three years we would expect to see a greater focus on prevention and early intervention and more joined up support 'closer to home' for those who do fall or suffer an injury and require rehabilitation, re-ablement or other services to help them lead an active, safe and independent life. We want to drive forward work in progress to develop a fully integrated falls prevention, treatment, rehabilitation and education service for older people by enhancing the current falls and bone care pathway with stronger links between community based support, primary care and secondary care settings as well as between health, care and other services.

What we aim to achieve: We want fewer older people to fall and injure themselves for the first or subsequent times. To achieve this outcome we would expect to see fewer first and preventable

second fractures in over 65's; fewer over 65's using secondary care due to a fall; and fewer over 65's using emergency ambulance services due to a fall.

e) 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 some areas in East Sussex. Many things can increase a person's chance of becoming depressed or developing other mental health conditions – bereavement, substance misuse, isolation, school bullying, workplace stress or debt for example. Carers and people with chronic or long term health conditions or disabilities are also at greater risk of developing mental health conditions, and people with mental health conditions are also more likely to experience poorer physical health outcomes. Spotting problems early and supporting people before things get worse is therefore of critical importance and 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 to help prevent their condition becoming more severe, and to support them and their carers to manage and maintain their mental health in ways that best suits them.

What we plan to do: Over the next three years we want to see the support pathway for children, young people and young carers with emerging mental health needs developed to ensure it is clear and that the best use is made of the different services and community based support on offer. We want to see an acceleration of work underway to develop an integrated and 'whole system' approach to mental health care for adults, older people and their carers by enhancing the mental health care pathway from prevention, early identification and advice through to care planning and recovery. We also want to see a more personalised approach within all care settings. To support physical health, this enhanced care pathway needs to be aligned with care pathways for long term conditions and have clearer links to other services such as supported housing and housing support.

What we aim to achieve: We want people of all ages to experience good mental health and wellbeing and ensure those with mental health conditions and their carers are able to manage their condition better and maintain their physical health. To achieve this outcome we would expect to see more people of all ages who have, or are at risk of developing, a mental health condition being identified, diagnosed, supported and treated earlier; more people, especially children and young people, using community based support; more people with more severe needs having a comprehensive care plan; fewer hospital admissions for self-harm ; fewer suicides; and improved physical health for people with mental health support needs.

f) 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. We estimate that there are 14,229 disabled children aged 0-19 in East Sussex. 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 their life expectancy increases. There is evidence to suggest that disabled people have poorer health outcomes and reduced life expectancy compared to the general population.

What we plan to do: Over the next three years we want to see a more person centred, coordinated approach to supporting the health and wellbeing of those with SEN, physical and learning disabilities

and their parents and carers. We want to see more children with a coordinated support plan for health, social care and education and personal budgets, as well as earlier assessment of their needs.

What we aim to achieve: We want those with special educational needs, physical and learning disabilities to enjoy better health and wellbeing and a longer life expectancy. To achieve this outcome we would expect to see more children with a coordinated support plan for health, social care and education and 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, arthritis and dementia. 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. Although not usually referred to as a long term condition, we are including dementia within this priority as some areas within East Sussex have the highest dementia prevalence in the UK and this is projected to rise significantly over the next decade. People with long term physical health conditions can also develop a mental health condition or disability as a result of their condition and some disabled people, people with learning disabilities and mental health problems may be more likely to develop a long term condition. As our population ages the number of people with one or more long term condition is likely to rise. We therefore need to achieve more with the resources we have so that we can meet expectations and future demand. Encouraging healthy lifestyles from an early age is critical to reducing the likelihood of developing long term conditions. However, diagnosis also needs to be made earlier so that people can be supported onto the best care pathway as quickly as possible before their condition becomes more severe.

What we plan to do: Over the next three years we will support the development of a more holistic, integrated and 'whole system' approach to long term conditions with earlier diagnosis and care planning and more joined up services to support patients and their carers to manage their condition better. We want to see mental health support integrated into primary care and chronic disease management care pathways and the roll out of multi-disciplinary Neighbourhood Support Teams across the county. We also want to see integrated health and social care workforce development sustained to ensure patients and their carers are supported to understand and manage their condition better, including through maintaining healthy lifestyles.

What we aim to achieve: We want people with chronic or long term conditions to be diagnosed earlier and provided with more personalised care in the community or at home. To achieve this outcome we would expect to see fewer hospital admissions for long term conditions and improved quality of life for those who are living with them and their carers.

g) High quality and choice of end of life care

On average there are 6,526 deaths in East Sussex each year. Most people approaching the end of their lives want to be cared for and die at home, which for some is a residential care home or nursing home, or to be cared for and die in a hospice. Although an increasing number of deaths in East Sussex are taking place in people's usual place of residence or in hospices, 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 ageing population and longer life expectancies, the demand for end of life care will significantly increase over the next 20 years, and there is also increasing need for palliative care for disabled children and adults taking in to account medical advances in early life care and longer life expectancies for people with learning disabilities. 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, in nursing and care homes or in hospices. It is crucial that this continues so that anyone approaching end of life is well cared for and has a "good death".

What we plan to do: Over the next three years we will support the development of a more consistent and joined up approach to End of Life Care by encouraging the End of Life Care pathway (from advanced care planning to bereavement support) to be rolled out and delivered through all public,

private and voluntary and community sector health and care providers. We also want to see continued End of Life Care training and workforce development for health and care staff and volunteers working in community, health and care settings to build sufficient capacity and skills to provide the highest quality of end of life care.

What we aim to achieve: We want more people who are approaching the end of life to be cared for and die in their preferred place of care and death and to receive the highest standards of end of life care in any setting. To achieve this outcome we would expect to see more people identified as approaching end of life to have an advanced care plan; fewer dying in hospital; more being cared for and dying in their preferred place of death; and staff who provide End of Life Care in community, health and care settings meeting the national End of Life Care core competencies and occupational standards.

5. DELIVERING AND MEASURING SUCCESS

a) Action plan

We are developing an action plan to deliver the strategy. This plan will set out the actions that the Board and other partners will take to deliver the priorities along with 'indicators of success' to help us monitor and measure progress.

In addition to the already agreed 'whole life' and 'integrated, whole system' approach the Board has agreed to include the following as key approaches to delivering the strategy: reducing inequalities; increasing prevention, early identification and early intervention; joining up with services beyond health and wellbeing; and building on individual and community strengths. Actions and targets relating to these approaches will, where appropriate, be included in the action plan.

The action plan will also include, where data is available, the areas and population groups that are experiencing the worst health and wellbeing currently to inform where actions may need to be targeted to reduce inequalities and 'narrow the gap'.

We will choose indicators that are relevant to East Sussex and will give us the information we need to know if we are succeeding. These will include indicators drawn from the national outcomes frameworks for the NHS, adult social care, children and public health.

b) Links to other strategies and plans

The following are key strategies, partnership plans and initiatives that this strategy aims to inform, complement and add value to (in alphabetical order):

- Adult Learning and Skills Strategy
- Carers Commissioning Strategy
- Children and Young People's Plan
- Clinical Commissioning Group plans
- Commissioning Grants Prospectus
- Community Safety Plan
- Dementia Care Delivery Plan
- Economic Development Strategy
- End of Life Care Joint Commissioning Strategy
- Environment and Climate Change Strategy
- Falls Prevention Strategy (Older People)
- Family Key Working multi-agency initiative
- Financial Inclusion Strategy
- Improving Life Chances Joint Commissioning Strategy for People with Physical Disabilities, Sensory Impairment and Long Term Conditions
- Integrated Local Area Workforce Development Strategy
- Learning Disability Joint Commissioning Strategy
- Living Longer Living Well Commissioning Strategy for Adults in Later Life and their Carers
- Local Transport Plan
- Mental Health Joint Commissioning Strategy
- Pathways to Independence and Support – Supported Housing and Housing Support Strategy
- Pride of Place, the East Sussex Sustainable Community Strategy

- Special Educational Needs Pathfinder Programme
- Substance Misuse Strategy

c) Finances

We are not in a position to provide information on local health and wellbeing budgets until:

- Government has confirmed the amount of funding being devolved for Public Health activities;
- Clinical Commissioning Groups have achieved authorisation; and
- Public sector bodies have finalised their budgets for 2012/13 and beyond.

It is important to note that many organisations will have to meet challenging savings targets over the next few years. Whatever money is available will need to be used more effectively to commission and deliver better outcomes whilst also ensuring health and care services are more efficient and affordable in the future.

d) Governance arrangements

This strategy is a framework for the commissioning of health and wellbeing services in the county. It will not replace existing commissioning plans, which will set out in much more detail the kinds of services being commissioned and where and how they will be delivered, but instead ensure that these plans are aligned with and help deliver the priorities set out in this strategy.

The Joint Commissioning Board will translate the strategy's priorities into joint commissioning priorities, oversee annual joint commissioning strategies and approve and monitor the deployment of the budgets (where they are pooled) and resources outlined in those strategies, ensuring the best use of available resources. The Health and Wellbeing Board will consider these joint commissioning strategies to ensure that they have taken into account the priorities and approaches set out in the Health and Wellbeing Strategy.

The Board will work with partners and partnerships across the public, private and voluntary and community sectors to strengthen the links between health, care and other services so that plans that affect health and wellbeing such as housing and housing support, community safety, education and skills, economic development, the environment, culture, leisure and community development help to promote individual, family and community wellbeing.

e) Monitoring, review and updates

The Health and Wellbeing Board will review progress against the outcome indicators and targets in the action plan each quarter. Our progress, the evidence base, the strategy and the action plan will be reviewed and refreshed each year to ensure that the Board can address any significant changes or developments. The annual review will be scheduled to inform the development of annual commissioning plans, business plans and budget setting.

The Joint Commissioning Board will oversee joint commissioning strategies and monitor the deployment of budgets (where they are pooled) and resources outlined in those strategies.

GLOSSARY OF TERMS

Clinical Commissioning Groups (CCG): Groups of GP practices and other representatives from health and the local community who will take on responsibility for commissioning healthcare services for patients and the general population in their area from April 2013 after Primary Care Trusts are abolished. In East Sussex, three CCGs have been established to commission health services in their local area, and are working towards being 'authorised' to carry out their duties.

Commissioning: Is the cycle of assessing the needs of local people, establishing priorities and strategic outcomes, specifying services, securing and delivering appropriate services and reviewing outcomes.

Community wellbeing: the extent to which local people, local services and infrastructure have the capacity to support or reduce wellbeing for everyone regardless of age, background or circumstances by creating and sustaining places that have decent and affordable homes, local shops, transport, jobs and opportunities to get a good education, and feel welcome, safe and have plenty going on so that people don't feel scared, lonely or isolated.

Health inequalities: The differences in health, life chances and life expectancy between different geographical areas and different groups of people.

Health and Wellbeing Board (HWB): The East Sussex Health and Wellbeing Board brings together Local Government, the NHS and the people of East Sussex. Members include local GPs, county councillors, senior County Council officers overseeing Public Health, Adult Social Care and Children's Services and the local Healthwatch. It will take on its statutory role in April 2013. Its main roles are to assess the needs of the local population through the Joint Strategic Needs Assessment; to produce a Health and Wellbeing Strategy to inform the commissioning of health, social care and public health services in East Sussex; and to promote greater integration across health and social care.

Health and Wellbeing Strategy: The high level, overarching framework within which commissioning plans for the NHS, social care, public health and other relevant and agreed services are developed.

Integrated care pathway: Is a multi-disciplinary plan to help a patient with a specific condition or set of symptoms to get the right care at the right time to achieve positive outcomes. Pathways are designed to reduce variation in practice and allow the same quality of care to be delivered to patients across multi-disciplinary and multi-agency teams and in different care settings.

Key worker: A professional practitioner who may be based in a range of services (from the Family Outreach Service to Probation or CRI substance misuse service) who leads and coordinates work to support an individual or family that needs coordinated support to tackle a range of health, care or other needs.

Local Healthwatch: Will assume the functions of Local Involvement Networks. It will act as the local consumer voice for people who use and need health and social care services, to provide information about health and care services, and support people to make choices.

Joint Commissioning Board: Oversees all joint commissioning activity across the NHS and East Sussex County Council for services where pooled budgets and/or other joint commissioning arrangements are in place. Members include representatives of the Clinical Commissioning Groups and senior County Council officers overseeing Public Health, Adult Social Care and Children's Services.

Joint Strategic Needs Assessment (JSNA): The JSNA provides an objective analysis of local, current and future health needs for adults and children. By assembling a wide range of quantitative and qualitative data, including the views of service users, it supports strategic planning and the commissioning of services. The East Sussex JSNA is available at http://www.eastsussexjsna.org.uk/

Local Government: Administrative authorities for local areas within England, with different arrangements in different areas. East Sussex is a 'three tier' area with a county council ('upper tier') responsible for, for example, schools, social services and public transport; five district and borough councils ('lower-tier') responsible for, for example, leisure services, recycling, etc.; and town and parish councils responsible for, for example, allotments, war memorials, local halls and community centres.

Looked After Children: Children and young people looked after by the state in accordance with relevant rules and regulations. This includes those who are subject to a Care Order or temporarily classed as looked after on a planned basis for short breaks or respite care.

Outcomes: The benefits a service user gains through a service, as distinct from activities and outputs which relate to more direct or immediate objectives. Thus, the outcome of training staff in end of life care will be that those approaching end of life and their carers feel more in control, involved and satisfied with the services they receive, whilst one of the outputs would be the number of staff trained.

Palliative care: Is an approach that improves the quality of life of patients, their families and carers facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Person centred (also referred to as 'personalised'): Sees patients, service users and their carers as equal partners in planning, developing and assessing their health and care to make sure services are most appropriate for their needs. It involves putting patients, their families and carers at the heart of all decisions.

Personal Budgets: The funding given to someone to meet their needs once they have been assessed as being eligible for social care support. They can have the money as a direct payment or can choose to manage it in different ways. Personal budgets are also being developed for health services.

Primary care: Services provided by GP practices, dental practices, community pharmacies and high street optometrists.

Primary Care Trusts (PCTs): The NHS body currently responsible for commissioning healthcare services for a local area. PCTs are being abolished under the Health and Social Care Bill and will cease to operate in April 2013 when Clinical Commissioning Groups will take over the commissioning of healthcare services.

Public Health: The protection and promotion of health and wellbeing outcomes and the reduction of health inequalities through the prevention of ill health and the prolonging of life through the organised efforts of society. From April 2013, the responsibility for many Public Health functions will move from Primary Care Trusts to 'upper tier' Local Government.

Re-ablement: Re-ablement is about helping people to do things for themselves rather than doing things to or doing things for people. It builds on what people currently can do, and supports them to regain skills to increase their confidence and independence.

Secondary care: Health care services provided by medical specialists and other health professionals who generally do not have first contact with patients, for example, cardiologists, urologists and dermatologists. Secondary care includes hospitals.

Special Educational Needs (SEN): Is a legal definition referring to children who have learning difficulties or disabilities that make it harder for them to learn or access education than most children of the same age.

FOR MORE INFORMATION

For more information on the Health and Wellbeing Strategy and Health and Wellbeing Board please go to the webpage **http://www.eastsussex.gov.uk/yourcouncil/about/committees/meetings/healthwellbeing.htm** or contact Lisa Schrevel on:

Email: healthandwellbeing@eastsussex.gov.uk

Phone: 01273 481177

By post: Health and Wellbeing Strategy, East Sussex County Council, East - C Floor, County Hall, St Anne's Crescent, Lewes, East Sussex, BN7 1UE

OUTCOMES	ACTIONS AND OUTPUTS	OBJECTIVES	STRATEGIC OUTCOME INDICATORS
Priority 1: ALL BABIES AND YOUNG CHILDREN HAVE THE BEST POSSIBLE START IN LIFE			
Babies and young children develop well and are safe and healthy	• Ensure sufficient capacity is identified within midwifery, health visiting and children's centre services to provide high quality targeted support to all vulnerable parents who need it • Roll out across the county an integrated partnership approach to identifying those who need extra support and coordinating support with regular meetings between all relevant services in local areas • Increase breastfeeding support for women in the first five days after birth • Ensure that all pregnant women who smoke are identified and offered support to give up • Provide coordinated, personalised specialist support through a "single plan" for parents whose babies have special educational needs or disabilities	• Fewer referrals to children's social care • More families with babies given targeted "early help" support • Further improvement in the proportion of mothers choosing and able to breastfeed their babies • Fewer women smoking in pregnancy • Improved rates of infant immunisation and vaccination • More babies and young children with special educational needs or disabilities have a single plan for health, care and education	**1.1 Improving women and their families' experience of maternity services** Indicator: Women's experience of maternity services (NHSOF) i) East Sussex Healthcare NHS Trust ii) Brighton & Hove University Hospitals NHS Trust iii) Maidstone & Tunbridge Wells NHS Trust Baselines: TBC Targets by 2016: TBC **1.2 Reduce the gap in skills development of young children at age 5 between the best and worst performing areas within the county** Indicator: Percentage of children achieving at least 78 points with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy of the Early Years Foundation Stage resident-based (PHOF) Baseline: TBC Target by 2016: TBC
Priority 2: SAFE, RESILIENT AND SECURE PARENTING FOR ALL CHILDREN AND YOUNG PEOPLE			
Parents are confident, able and supported to nurture their child's development	• Enhance the capacity and leadership of targeted early help services for parents who are struggling • Ensure quick decisions and actions are taken where it is clear that parents do not have and cannot develop the capacity to provide good enough care for their children • Invest in high quality training for all those	• More families given targeted early help support • Improved rates of immunisation and vaccination	**2.1 Reduce the rate of referrals to children's social care** Indicator: Rate of referral to children's social care (CS) Baseline: 1549 referrals per 10,000 0-17 year olds (2012 out-turn) Target by 2016: TBC **2.2 Reduce the number of young people**

OUTCOMES	ACTIONS AND OUTPUTS	OBJECTIVES	STRATEGIC OUTCOME INDICATORS
	who work with vulnerable families and ensure that support is streamlined and coordinated		**entering the criminal justice system** Indicator: First Time Entrants to the criminal justice system (PHOF) Baseline: TBC Target by 2016: TBC
Priority 3: ENABLE PEOPLE OF ALL AGES TO LIVE HEALTHY LIVES AND HAVE HEALTHY LIFESTYLES			
More people will have healthy lifestyles to improve their prospect of a longer, healthier life	• Enhance the alcohol care pathway - from prevention through to recovery and involving a range of health, care and other partners • Develop and implement a cross-sector multi-agency Tobacco Control Plan • Develop and implement a cross-sector multi-agency Obesity Prevention Plan • Enable frontline staff to offer residents brief advice and signposting to relevant services	• Fewer young people and adults drinking at increasing and higher risk levels • Lower rates of smoking amongst young people, pregnant women and others in the general population • Increase in the proportion of the population achieving the minimum recommended rates of physical activity (all ages) • More people of all ages eating 5 portions of fruit and vegetables a day • Reduction in alcohol related crime	**3.1 Reduce premature mortality from the major causes of death** ((NHSOF/PHOF) Indicators: Under 75 mortality rate from iv) cardiovascular disease; v) respiratory disease; vi) liver disease; vii) cancer Baselines: TBC Targets by 2016: TBC **3.2 Reduce inequalities in life expectancy at birth within the county** Indicator: In development Baseline: TBC Target by 2016: TBC
Priority 4: PREVENTING AND REDUCING FALLS, ACCIDENTS AND INJURIES			
Fewer children, young people and older people have preventable falls, accidents or suffer deliberate harm by others or themselves	• Further research and analysis to better understand the causes of falls, accidents and injuries amongst children and young people so that interventions can be targeted at those at greatest risk of harm • Develop a more integrated, evidence based approach to preventing and reducing falls, accidents and injuries such as coordinated accident prevention activity and campaigns, home safety checks and equipment schemes, and parenting support	• Fewer children and young people being admitted to hospital for unintentional and deliberate injuries (including falls, accidents, assaults) • Fewer over 65's use secondary care due to a fall • Fewer over 65's use emergency ambulance services due to a fall • Fewer over 65's with first or preventable second fractures	**4.1 Reduce emergency hospital admissions amongst children and young people for accidents and injuries and narrow the gap between the best and worst performing districts and boroughs** Indicator: Emergency hospital admissions caused by unintentional and deliberate injuries for persons aged under 18 years, rate per 10,000 population (JSNA/PHOF) Baseline: 2010/11 Best rate 111 (Wealden); worst rates 211 (Hastings), 148 (Rother) and 134 (Eastbourne)

OUTCOMES	ACTIONS AND OUTPUTS	OBJECTIVES	STRATEGIC OUTCOME INDICATORS
	• Enhance the falls and bone care pathway with stronger links between community based, primary and secondary care settings and health, care and wider services		Target by 2016: Reduce rates across the county with faster improvement in Hastings, Rother and Eastbourne targeting wards with the highest rates (% reduction to be agreed) **4.2 Reduce the number of older people admitted to hospital due to falls and accidents in the districts and boroughs where rates are above the county average** Indicator: Emergency hospital admissions for injuries due to falls in persons aged 65+ (PHOF) i) people aged 65-79 ii) people aged 80+ Baselines: TBC Target by 2016: TBC
Priority 5: ENABLING PEOPLE TO MANAGE AND MAINTAIN THEIR MENTAL HEALTH AND WELLBEING			
People of all ages to experience good mental health and wellbeing and those with mental health conditions and their carers are able to manage their condition better and maintain their physical health	• Develop the support pathway for children and young people with emerging mental health needs • Enhance the mental health care pathway for adults, older people and their carers from prevention through to care planning and recovery with a more personalised approach within all care settings • Align the mental health care pathway with care pathways for long term conditions and strengthen links with wider services	• Earlier identification, diagnosis, support and treatment (all ages) • More people (all ages) using community based support • More people with more severe mental health needs having a comprehensive care plan • Fewer incidences of self harm and suicide • Improved physical health for people with mental health support needs • Better mental health outcomes and quality of life for carers (all ages)	**5.1 Improve the experience of healthcare for people with mental health conditions** Indicator: Patient experience of community mental health services (NHSOF) i) adults ii) children and young people Baselines: TBC Targets by 2016: TBC **5.2 Reduce rates of hospital admissions for self-harm across the county to match the best rate and at a faster rate in the worst performing districts and boroughs** Indicator: Hospital admissions for self-harm per 100,000 population (JSNA) Baseline: 2010/11 Best rate 137 (Wealden), worst rates 264 Hastings and 255 Lewes Target by 2016: Reduce rates in Eastbourne and Rother (% reduction to be agreed)

OUTCOMES	ACTIONS AND OUTPUTS	OBJECTIVES	STRATEGIC OUTCOME INDICATORS
Priority 6: SUPPORTING THOSE WITH SPECIAL EDUCATIONAL NEEDS, DISABILITIES AND LONG TERM CONDITIONS			
Those with SEN, disabilities and long term conditions have a better quality of life and longer life expectancy	• Develop a more person centred, coordinated approach to supporting the health and wellbeing of those with SEN, physical and learning disabilities, their parents and carers • More children have a coordinated support plan for health, social care and education and personal budgets • Develop an integrated 'whole system' approach to long term conditions with earlier diagnosis, care planning and joined up support for patients and carers • Integrate mental health support into primary care and chronic disease management care pathways • Roll out multi-disciplinary Neighbourhood Support Teams across the county	• Earlier diagnosis and provision of personalised care in the community or at home • More people feel supported to manage their condition better • Better health outcomes for those with SEN, disabilities and long term conditions (all ages) • Better quality of life for those with SEN, disabilities and long term conditions (all ages) • Better physical health outcomes and quality of life for carers (all ages)	**6.1 Reduce emergency hospital admissions for people with learning disabilities** Indicator: Emergency hospital admissions as % of total (JSNA) Baseline: 2008/09, 63% East Sussex Target by 2016: % reduction to be agreed **6.2 Reduce the time that people with long term conditions spend in hospital** Indicators: (NHSOF) i) Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults); ii) Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s Baselines: TBC Targets by 2016: TBC
Priority 7: HIGH QUALITY AND CHOICE OF END OF LIFE CARE			
More people who are approaching the end of life being cared for and dying in their preferred place of care and death and to receive the highest standards of end of life care in any setting	• Roll out the delivery of the end of life care pathway (from advanced care planning to bereavement support) throughout all public, private and voluntary and community sector health and care providers • Continue End of Life Care training and workforce development for health and care staff and volunteers working in community, health and care settings	• More people identified as approaching end of life have an advanced care plan • Fewer people identified as approaching end of life dying in hospital • Staff providing end of life care in community, health and care settings meet the national end of life care core competencies and occupational standards	**7.1 More people identified as approaching end of life are cared for and die in their preferred place of care** Indicator: Number of patients with an expected death who die in their preferred place of care (Local) Baseline: TBC Target by 2016: TBC **7.2 Improving the experience of care for people at the end of their lives** Indicator: To be developed Baseline: TBC Target by 2016: TBC