

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 13th July 2021

By: Director of Public Health

Title: Improving Population Health - East Sussex Alcohol Strategy and Healthy Weight Partnership

Purpose: To seek the board's endorsement of the East Sussex Healthy Weight Plan for 2021-2026, and the East Sussex Alcohol Strategy 2021-2026

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

- 1) Endorse the East Sussex Whole-system Healthy Weight Plan for 2021-2026 (Appendix 1);
 - 2) Endorse the East Sussex Alcohol Strategy 2021-2026 (Appendix 2); and
 - 3) Note the approach taken in the development of the whole-system healthy weight plan and the East Sussex Alcohol Strategy, and their priority areas for action.
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1. Background

1.1. The East Sussex Healthy Weight Partnership was established in 2014, with the aim of increasing healthy weight and physical activity across the population of East Sussex. The partnership is led by Public Health and includes representation from East Sussex County Council; Surrey County Council; Clinical Commissioning Groups (CCG); Health services; East Sussex Fire and Rescue Services (ESFRS); Voluntary, Community and Social Enterprise orgs; District and Borough Councils; and private providers.

1.2. Data from the Public Health England [Obesity Profile](#) shows that, in 2019, just under two thirds of adults (62.5%) and around one quarter of children (23.4% in reception year and 28.2% in year 6) in East Sussex were classified as overweight or obese. At the same time, just under half of children and young people (47.8%), and just under one third of adults (32.2%) were not completing the recommended level of physical activity.

1.3. Annual spend on the treatment of obesity and diabetes is greater than the amount spent on the police, the fire service and the judicial system combined, and it is estimated that the NHS spent £6.1 billion on overweight and obesity-related ill-health in 2014 to 2015.

1.4. The East Sussex Alcohol Harm Reduction Strategy is a partnership strategy and the wide range of organisations involved in developing the strategy including the East Sussex CCG; East Sussex Healthcare NHS Trust (ESHT); Sussex Police; Trading Standards; ESFRS; District and Borough Councils; and housing organisations are essential to its implementation.

1.5. Alcohol can be a positive part of our community. People can enjoy each other's company over a drink and the industry supports many jobs across the county. However, it also causes harm to the individual and those around them. The recent report from the commission on alcohol harm¹ says; *'the harm from alcohol - physical, mental, social and economic - is everywhere, hidden in plain sight and often endured privately.'* The latest data shows over of quarter of the 16+

¹ The report of the Commission on Alcohol Harm: It's everywhere' – alcohol's public face and private harm, 2020

population (around 120,000 people) in East Sussex are drinking at risky levels. In addition, over 5,000 local people are dependent on alcohol. The economic harm results in lost productivity costing the UK economy £7 billion each year. The Chartered Institute of Personnel and Development identified that 40% of employers mention alcohol as a significant cause of low productivity. A recent survey in East Sussex identified that residents have been consuming more alcohol and drinking more often during lockdown.

1.6. Unhealthy weight and alcohol harm are complex issues and are driven by multiple causal factors. As a result, they cannot be addressed through traditional linear approaches with pre-determined inputs, outputs, and outcomes which are focused on treatment. Instead, a whole system approach is needed. A whole system approach responds to complexity through an ongoing, dynamic, and flexible way of working, focused on tackling the causes of the causes, whilst ensuring that treatment and support are available to those in need. It involves stakeholders from across the system agreeing actions and deciding as a network how to work together in an integrated way to generate sustainable system change.

2. Supporting information

Development of the East Sussex whole-system healthy weight plan (2021-2026)

2.1. The new whole-system healthy weight plan has been developed using the model created by Public Health England (PHE) and Leeds Beckett University²

2.2. The development process began in February 2019, with an event attended by over 70 stakeholders. The event was an opportunity for stakeholders to come together to celebrate the work of the partnership and to create a [system map](#). The system map describes the reality of the challenge we face in moving from an obesogenic system to a system which favours a healthy weight. It identifies 122 local causal factors associated with healthy weight across eight thematic areas:

- Physical activity
- Individual and social factors
- Workforce
- Education and training
- Food
- Information and marketing
- Environment
- Travel

2.3. Over the following year, the map was reviewed, updated, and used to identify gaps and opportunities to change the system and improve outcomes.

2.4. This information was used to agree three priority areas for action, alongside overarching actions, which the partnership would focus on during the lifespan of the plan. These are described below together with the main objectives for each area:

² PHE (2019). Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight. Available at [Whole systems approach to obesity: A guide to support local approaches \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/421111/whole-systems-approach-to-obesity-a-guide-to-support-local-approaches.pdf)

Priority areas for action

Priority area for action	Main objectives
Physical activity	<p>To work with the sport and physical activity workforce to ensure that physical activity is for all and to create a wide range of opportunities that people can engage with, allowing the population of East Sussex to find an option which best suits their personal preference and needs.</p> <p>To work with organisations beyond the partnership to promote the benefits of providing an offer which supports inactive individuals to become more active.</p> <p>To make walking and cycling the easier choice for short journeys or part of longer journeys wherever possible.</p> <p>To work with health and social care organisations across the system to embed physical activity into policies and processes.</p>
Food	<p>To work with partners to improve diet and nutrition for new-born and young children.</p> <p>To create an environment where healthy food is the preferred choice, whether eating in or out of the home.</p> <p>To tackle food poverty and build food security across the county.</p> <p>To ensure people living with a Long-Term Condition have the knowledge, skills, confidence, and opportunity to improve their diet and nutrition.</p>
Environment	<p>To work with educational sector partners to embed healthy weight activity within education settings.</p> <p>To ensure that healthy weight and physical activity is prioritised within local planning and development processes.</p> <p>To improve access, promotion, and safety of public outdoor spaces, and encourage a sense of shared ownership by those who use them.</p> <p>To work with employees and employers to improve the role of the workplace in increasing physical activity and improving diet and nutrition.</p>

2.6. In order to achieve these objectives, actions described within the detailed action plan (**Appendix 1**), will be taken across the four different levels at which a system functions – events; system structures; system goals and system beliefs. Actions need to be taken at all four levels to achieve sustainable system change. The following table describes these different levels:

Events	System structures	System goals	System beliefs
<p>These are the things that we can see around us in our day to day lives, the things that arise from how the system functions. Actions in this area are focused on individuals. They usually require additional investment and will have limited impact on system change on their own.</p>	<p>This relates to how the system is organised: The structures, the processes, and the relationships between the parts. Actions in this area focus on enabling event-level actions to happen at scale.</p>	<p>These are the targets that the system, or a part of the system, is working to achieve. Actions in this area focus on ensuring targets across the system are aligned rather than in conflict with each other</p>	<p>These are the deeply held beliefs, norms, attitudes and values of the individuals and organisations which cause the system to function and keep functioning as it does. Actions in this area do not tend to require investment but will have the most significant impact on system change.</p>

2.7. The new whole system healthy weight plan was due to be published in April 2020. However, because of the coronavirus pandemic, the decision was made to delay publication until 2021. This delay was used as an opportunity to review the map and strengthen elements in light of the impact of COVID-19 (e.g. food security), further expand the membership, and review and amend actions with partners, including our new partners, which brought fresh perspectives and fresh areas of action (e.g. supporting people living with long term conditions).

2.8. The plan has been approved by all healthy weight partnership members and is available on the East Sussex County Council website at [East Sussex whole-system healthy weight plan 2021-2026 | East Sussex County Council](#) (as well as Appendix 1). It has been endorsed by the CCG and will be included within the Sussex Health and Care Partnership's Health and Care plan.

Development of the East Sussex Alcohol Strategy (2021-2026)

2.9. The new alcohol strategy (see **Appendix 2**) is informed by the CLear (Challenge services, Leadership, and Results) improvement tool. CLear is an evidence-based approach to system improvement, which can help to prevent and reduce alcohol-related harm at a local level.

2.10. There were two phases to the strategy development process.

2.11. Phase 1 began at the end of 2019 and start of 2020, when a small working group was convened to undertake a self-assessment using the CLear tool. Local stakeholders were engaged to review the local alcohol harm reduction system against objective quality criteria informed by National Institute of Health and Care Excellence (NICE) guidance.

2.12. In addition, over 20 local stakeholders participated in a peer assessment day where the invited peers from two local authorities and PHE interviewed local stakeholders across relevant sectors to build a comprehensive picture of the local system. A final report was submitted to the East Sussex Alcohol lead.

2.13. In summer of 2020 a local survey was undertaken with residents and experts by experience of local services to ensure views of East Sussex residents informed the strategy development process.

2.14. Gaps and issues identified in the CLear report were cross referenced with local need and local strategies from several areas in England were reviewed for best practice.

2.15. In the second phase: strategy drafting began informed by the CLear report and on-going engagement with 25 local stakeholders. Drafts of the strategy have been tabled at the East Sussex Alcohol Partnership and the Safer Communities Board.

2.16. The strategy outlines the causes and complexity of alcohol harm and an approach to address it. A summary is as follows:

- Alcohol harm is determined by consumption levels at individual and population level.
- The levels of alcohol people consume is determined by access.
- Alcohol harms caused by consumption are to the individual and those around them.
- Paradoxically, consumption is higher in less deprived areas, but harm is highest in most deprived areas leading to inequality within the county³.

³ The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review, PHE, 2016 (reviewed 2018).

2.17. To address this the alcohol strategy has five ambitions for 2026:

Ambition one:	Reduce number of people drinking above Chief Medical Officers recommendation 14 units per week (risky drinking population)
Ambition two:	Improve access to treatment services for people who could be benefiting (reduce those who are dependent on alcohol with unmet need of 84% to 75% by 2026)
Ambition three:	Reduce the 5,224 people who are dependant drinkers by a quarter to 4,000 by 2026
Ambition four:	Increase holistic support for parents and children, addressing parental dependence and therefore reducing the number of children living with an alcohol dependant adult by 25% from 1,960 to 1,470 by 2026
Ambition five:	Reduce alcohol related harm in Hastings: <ul style="list-style-type: none"> • Hospital admissions (narrow measure) to be similar to national average by 2026⁴ • Alcohol specific mortality in Hastings to be similar to the East Sussex average⁵

2.18. To achieve the ambitions there are four guiding priority areas for action:

1. Encouraging a healthy relationship with alcohol
2. Protecting children, young people, and their families
3. Making effective treatment and recovery accessible to all who need it
4. Creating safe environments in East Sussex

3. Conclusion and reasons for recommendations

3.1. The new East Sussex Whole-system Healthy Weight Plan (2021-2026) and the East Sussex Alcohol Harm Reduction Strategy (2021-2026) are an opportunity for us to work with partners across health and care, using a whole-system approach in order to address all the many local causal factors associated with unhealthy weight and alcohol harm, and to work as a unified system in improving outcomes for our residents.

3.2. The two pieces of systems working have been co-produced with partners, using a robust approach. And, although publication was delayed because of the coronavirus pandemic, this delay has resulted in East Sussex having a much stronger whole-system healthy weight plan and alcohol strategy in place.

3.3. The Health and Wellbeing Board are therefore asked to:

- Endorse the East Sussex whole-system healthy weight plan and the East Sussex alcohol strategy.
- Note the approach taken in their development.

DARRELL GALE
Director of Public Health

Contact Officers: Peter Aston and Colin Brown

Tel. No. 078 2408 5359 / 01273 35353

Email: peter.aston@eastsussex.gov.uk colin.brown@eastsussex.gov.uk

⁴ Provisional 2019-20 data is 911 per 100,000 (directly age standardised rate) in Hastings (664 per 100,000 in England 2018-19) (source: HES, NHS Digital, accessed Sept.2020)

⁵ 12.2 per 100,000 (directly age standardised rate) in Hastings and 8.4 per 100,000 East Sussex, 2017-19 (source LAPE, PHE)

BACKGROUND DOCUMENTS

None

APPENDICES

Appendix 1: East Sussex Healthy Weight Plan for 2021-2026

Appendix 2: East Sussex Alcohol Strategy 2021-2026