HEALTH

Improving Health & Wellbeing

Our Aim

A place where there is a shared vision to improve health, care and wellbeing for everyone living and working in the city and for generations to come, by improving the conditions which influence our health, and by promoting healthy lifestyles, treating illnesses, providing care and support and reducing inequalities in health.

Introduction

Many factors combine to affect the health and wellbeing of individuals and communities. Whether people are healthy or not is influenced by their circumstances and environment. Factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health and wellbeing. However, when people think about health, they tend to think about illness and access to specific healthcare facilities, such as the local doctor's surgery or the nearest hospital. While these services are important, they are just a part of the range of things that influence health. Improving health and wellbeing requires action to address the wider determinants of health, 'lifestyle factors', such as diet, exercise, smoking, and misusing alcohol and drugs as well as access to health and social care services.

Health Inequalities in Brighton & Hove

Our latest Joint Strategy Needs Assessment (www.bhlis.org/jsna2013) highlights that life expectancy in Brighton & Hove is 77.7 years for males and 83.2 for females. Whilst females can expect to live, on average, six months longer than nationally, life expectancy for males is almost one year lower. Healthy life expectancy is 67.9 years for males and 72.9 for females, meaning that, on average, around 10 years of life are spent in ill health.

As has been seen nationally, whilst mortality rates in the city are falling in all groups, they are falling at a faster rate in the in the wealthiest 20% of the population, meaning that health inequalities are widening. The gap in life expectancy between the most and least deprived people in the city is now more than 10 years for males and six years for females, and similar inequalities also exist in healthy life expectancy.

Inequalities exist across the city in different areas such as education, employment, housing and income. These social determinants have many consequences including affecting the health and wellbeing of the population and individuals, either directly or through their influence on lifestyle choices or their effect on access to health services. Health inequalities such as the variation in life expectancy across the city are the result of these inequalities.

Therefore to improve life expectancy and health and wellbeing and to reduce health inequalities requires action to address the inequalities in the social determinants of health, as well as in preventive and treatment health services. Action to tackle these determinants of health and wellbeing are led within the partnerships covering these areas, for example the Strategic Housing Partnership and Transport Partnership. The respective chapters in the Sustainable Community Strategy will reflect action to influence health and wellbeing.

There are opportunities for short-term impact, such as improvements in the identification and treatment of those people at-risk of serious disease, and medium-term changes related to lifestyle. Many of the changes required for social determinants will have an impact in the future and should be considered as longer term interventions.

In 2010 the Marmot Review "Fair Society, Healthy Lives" into health inequalities in England provided an evidence based strategy to address the broader determinants of health and reduce inequalities. The report set six key policy and priority objectives:

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

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

The Health & Wellbeing Board, the Joint Health & Wellbeing Strategy and the Better Care Plan

The 2012 Health & Social Care Act required all upper-tier local authorities to set up a **Health & Wellbeing Board** (HWB). These are partnership bodies bringing together local Councillors, NHS commissioners, senior council officers and local people.

One of the main duties of the Health and Wellbeing Board is to publish a **Joint Health & Wellbeing Strategy**. In 2013 the Brighton & Hove Health and Wellbeing Board published its strategy, which focused on five priority areas where it could make the greatest impact. These are:

- Smoking

- Emotional health and wellbeing (including mental health)
- Healthy weight and good nutrition
- Cancer and access to cancer screening
- Dementia

This section summarises the actions set out in the strategy and highlights action planned in five additional areas:

- Alcohol
- Substance misuse
- Sexual health
- Teenage pregnancy
- Healthy ageing

Looking ahead, from 2014/15 the Health and Wellbeing Board will be overseeing the development of the **Better Care Plan** for Brighton and Hove. It will transform how local health and social care services for some of our most vulnerable residents are delivered so that people are provided with better integrated care and support. The plan will concentrate on delivering an integrated model of care for people who are 'frail', including both older people who are frail and other people who have complex needs (e.g. people with mental health needs). There will also be a specific focus on addressing the needs of homeless people, many of whom experience very poor health and wellbeing outcomes.

The vision is to support them stay healthy and well by providing "whole person care", promoting independence and enabling people to fulfil their potential. Key elements of the plan include:

- The community & voluntary sector will play an active role in supporting people to stay well
- There will be an emphasis on reabling care, including the use of assistive technology to support people to maximise their independence.
- Individuals will be empowered to direct & personalise their care and support based on their individual needs.
- GP Practices will be at the heart of co-ordinating a person's care with support from a multi-disciplinary team
- The independent care sector and the local community and voluntary sector will be encouraged to be active partners in service delivery
- Care will be co-ordinated in a single place to ensure service users and carers only need to tell their story once.
- Care Co-ordinators will take responsibility for active co-ordination of care for the full range of support (from lifestyle support to acute care)
- Service users and their carers will be listened to and drive the model of care
- More people will be supported in a community setting
- Access to professional support will be available 24/7

Smoking

Issues of concern and current position

Smoking is the greatest cause of health inequalities and premature mortality. Smoking rates are much higher amongst routine and manual workers and amongst people from some ethnic groups. On average a lifelong smoker will lose ten years of their life. The three most common causes of death from smoking are lung cancer, chronic obstructive pulmonary disease and cardiovascular disease.

It is estimated that 23% of the Brighton and Hove population smoke compared with 20% for England. 85% of 11-14 year old pupils report never smoking compared with 50% of 14-16 year old pupils.

What has happened over the last three years

- The multiagency Brighton and Hove Tobacco Control Alliance has been established. The Alliance has recently developed an action plan with four main areas:
    1. Helping communities to stop smoking;
    2. Maintaining and promoting smoke free environments;
    3. Stopping the inflow of young people recruited as smokers
    4. Tackling cheap and illicit tobacco.
- Smoking cessation services are the most cost-effective life saving intervention provided by the NHS. A local stop smoking specialist service co-ordinates local smoking cessation services and provides training and support for intermediate services delivered by general practices and pharmacies. Over the last ten years local smoking cessation services have helped around 30,000 people to try and stop smoking. In 2012/13 the stop smoking services helped 2,042 people to successfully quit.
- The specialist service provides stop smoking sessions in the most deprived neighbourhoods, and through workplaces helps smokers who are routine and manual workers to quit. There is a well established service within the hospital.
- All pregnant women are now routinely screened for smoking using carbon monoxide monitors.
- Support is provided in schools to reduce the number of young people starting smoking and to help those who smoke to quit.

What we plan to do

- Working with the Brighton and Hove Community Development Team and the local community to reduce the local smoking prevalence.
- Working with the community to understand the needs of all ethnic groups for smoking cessation services.
- Working with environmental health and licensing to use their regular and routine contact with restaurant staff and taxi drivers to reach smokers not accessing services.

- Support work in schools to ensure smoke free sites, effective tobacco education and delivery of or referral to smoking cessation services as part of the Public Health Schools programme.
- Work with parents who smoke to help them understand the issues for their children, and to help them to quit.
- Patients who smoke and who are being referred for surgery should be seen by the stop smoking service to enhance their post-operative recovery.
- Encourage general practices to refer patients being considered for smoking cessation treatment to their own practice based intermediate services to improve clinical effectiveness.
- Develop a local communications strategy, to include the promotion of stop smoking services.
- Develop a plan for promoting no smoking in certain outdoor areas.
- Support young people in youth settings, colleges and universities to stop smoking.

Emotional Health & Wellbeing

Issues of concern and current position

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

National data indicates that

- Some groups report higher levels of self-reported wellbeing. These include people who are employed, live with a partner/spouse, are in good health, or are aged under 35 or over 55 years.
- One in four people experience a mental health problem at some point in their lives. Mental illness still carries considerable stigma. The cost of mental ill health to the economy in England for adults has been estimated at £105 billion.
- One in 10 children aged between five and 16 has a mental health problem. This is equivalent to 3,200 children and young people in Brighton & Hove. Where young people experience significant mental health needs they may miss time in education and risk poorer educational outcomes.

Risk factors for poorer mental health include

- Poor mental health is associated with poor self-management of long term conditions and behaviour that may endanger physical health such as drug and alcohol abuse.
- Some groups within the population have a higher risk of developing mental ill-health: homeless people, offenders, certain BME groups, LGB and transgender people, veterans, looked after children, gypsies and travellers, vulnerable migrants, victims of violence, people

approaching the end of life, bereaved people, people with alcohol or substance misuse issues, or complex needs, and people with learning disabilities have all been identified as at higher risk.

- Evidence suggests that Brighton and Hove has relatively high proportions of some of these groups including homeless and LGB and transgender people. Eight in ten respondents of the 2006 Count Me in Too survey of the LGBT population reported experiencing mental health difficulties in the previous five years.

The first local data from the Office for National Statistics national subjective wellbeing survey were published in July 2012. Brighton & Hove residents reported slightly higher average levels of happiness than the national average.

However despite higher levels of self-reported wellbeing across the city, local prevalence of mental illness continues to be generally higher than the average for England for both common mental health problems, such as anxiety and depression and severe mental illness, such as schizophrenia or bipolar disorder.

The Joint Strategic Needs Assessment indicates that self-harm is a significant local problem: the number of presentations to A&E by children and young people has increased and there were more than 1,700 A&E attendances in adults in 2011/12.

What has happened over the last three years

During 2012, NHS Brighton and Hove and Brighton and Hove City Council consulted on proposals to redesign community mental health support services via the Commissioning Prospectus and have commissioned a new range of services to start in April 2013 including employment support, and targeted out-reach support for the most vulnerable and at risk groups in Brighton & Hove and an information and advice service.

A programme of mental health promotion services is commissioned from the voluntary and community sector. A small grants scheme to support local mental health promotion projects was established in 2012 and ran again in 2013. Approximately 20 projects have been funded each year, ranging from allotment groups to art and photography.

World Mental Health Day and World Suicide Prevention Day are both celebrated annually.

Children's centres and parenting programmes (e.g. Triple P) promote resilience and early help.

Right Here project for young people 16 – 25 focuses on resilience building and prevention of the escalation of mental health issues.

A new Wellbeing Service has been developed to provide access to psychological therapies in a range of primary care and community settings. Access to the service has been widened through a new option of self-referral.

The supported accommodation pathway has been redesigned – making more flexible use of resources and targeting resources more effectively to those with the most complex needs.

A single point of access to tiers 2 and 3 Child and Adolescent Mental Health Service (CAMHS) has been established. A 14-25 service has been developed to bridge the gap between CAMHS and adult services. A strategy is in development to promote effective liaison between social care team and CAMHS when young people present at A&E with self harming behaviours.

The care pathway for responding to adults with urgent mental health needs has been improved. In January 2013, the Brighton Urgent Response Service was launched, which provides an improved 24/7 crisis response service for adults with mental health needs.

What we plan to do

Map current activity and plans in Brighton and Hove against the recommended actions in the implementation framework for No Health without Mental Health.

Develop an all-ages mental health and wellbeing commissioning strategy.

Engage local people about happiness and wellbeing, focusing on the 'Five Ways':

1. Connect – with the people around you, family, friends and neighbours;
2. Be active – go for a walk or a run, do the gardening, play a game;
3. Take notice – be curious and aware of the world around you;
4. Keep learning – learn a new recipe or a new language, set yourself a challenge;
5. Give – do something nice for someone else, volunteer, join a community group.

Healthy Weight & Good Nutrition

Issues of concern and current position

Excess weight is a major risk factor for diseases such as type 2 diabetes, cancer and heart disease. The estimated annual cost to the NHS in the city related to overweight and obesity was £78.1 million in 2010. This is predicted to increase to £85 million by 2015.

In Brighton and Hove an estimated 43,632 adults are obese and 6,500 are morbidly obese.

An estimated 14,000 children and young people aged 2-19 years are overweight or obese. This is predicted to increase to 16,400 by 2020. However the local prevalence of overweight and obesity in children aged 10-11 years is below the national rate and has fallen significantly over the last few years.

Obesity is strongly correlated with inequalities and deprivation.

Breastfeeding rates at six weeks are consistently much higher than nationally. Targeted work in areas of inequalities in the city shows an increase in breastfeeding rates in these areas. (Children who are breast-fed are less likely to become obese in later life).

What has happened over the last three years

Weight management support in community and health care settings are provided for both children and adults.

Programmes are provided for children and adults to increase their physical activity levels. These include free swimming, the Active For Life programme, Healthwalks, Bike It, and exercise-referral schemes.

The Healthy School and School Meal teams are working with schools to promote healthy eating through teaching and learning opportunities across the curriculum.

The local “Spade to Spoon: Digging Deeper” food strategy aims to improve the access of local residents to nutritious, affordable and sustainable food and to support the local population to eat a healthier and more sustainable diet.

The Workplace Wellbeing Charter is promoted to all local businesses.

What we plan to do

A Healthy Weight Programme Board brings together a wide range of organisations from the voluntary, public and private sectors (in particular food retailers). The Board’s Action Plan outlines four separate domains with a series of actions for each of the partners, the funding sources and key performance indicators.

The key objective is to strengthen local action to prevent overweight and obesity through a life course approach and to address obesity through appropriate treatment and support.

Ensure the development of a comprehensive weight management service for children and adults from primary through to tertiary care.

Build on the work with the local community to identify and develop local venues for healthy weight and good nutrition linked programmes.

Consider the further development of schools as community hubs for promoting physical activity and healthy eating and the development of “stretched” Public Health Schools Programme outcomes.

Further develop the partnership with local leisure centre providers to increase local community participation.

Strengthen the ongoing work with the Brighton and Hove Economic Partnership to promote healthy eating and lifestyle to employees via the workplace.

Use education initiatives to promote healthy and sustainable food choices and the skills to cook.

Improve the information for people, particularly vulnerable people, about healthy eating options available in their local area.

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

Cancer & Cancer Screening

Issues of concern and current position

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

Around 1,150 people in the city are diagnosed with cancer each year; of these, over half are for the four main cancers (210 female breast, 135 prostate, 150 lung and 140 colorectal cancers). These cancers are also responsible for about half the premature deaths (75 from lung cancer, 26 from breast cancer, 23 from colorectal cancer and 6 from prostate cancer).

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

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

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

Brighton and Hove has poorer survival rates than England, although they are gradually improving. Locally relative survival rates are particularly poor for colorectal and lung cancers.

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

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

In 2010/11:

- Bowel cancer screening up-take was lower in Brighton and Hove (53%) than in England (57 %).
- Cervical cancer screening coverage (the percentage of eligible women recorded as screened at least once in the previous five years) was lower in Brighton & Hove (76%) than England (79%).
- Breast cancer screening coverage (the percentage of eligible women screened in the previous three years) in Brighton and Hove (71%) was lower than England (77%).

What has happened over the last three years

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

Substantial programmes of work tackling local awareness and early diagnosis have been undertaken including local public awareness campaigns to raise awareness of the symptoms of bowel, lung and breast cancer across the city; and a programme of improvement initiatives for GPs including audit, risk assessment tools and education events

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

Since 2005-06, the cancer health promotion team has supported action to improve cancer screening rates.

The responsibility for commissioning cancer screening programmes has passed to NHS England Area team, and it will be important to ensure full engagement of NHS England in the Board's strategic plans. However, there remains a degree of uncertainty about different agencies roles in encouraging increased screening uptake.

What we plan to do

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

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

Maintain continued implementation of the former Sussex Cancer Network's delivery plans. The responsibility for continued delivery of these actions has now passed to the NHS England Area Team, and it will be important to ensure full engagement of NHS England in the Health and Wellbeing Board's strategic plans.

Externally evaluate the cancer health promotion service.

Work with NHS England to explore options for increasing screening uptake for the three NHS cancer screening programmes

Evaluate and review the health promotion service provided by Sussex Community Trust

Work with NHS England to set local improvement targets for the next three years and monitor annually focusing on those populations and groups, and GP practices, where rates are lowest

Dementia

Issues of concern and current position

Dementia is a life limiting illness and people can live up to 12 years after diagnosis with increasing disability and need for support. Dementia is both complex and common, and it requires joint working across many sectors.

There is evidence that people with dementia have worse clinical outcomes than people with the same conditions without dementia. Timely diagnosis is the key to improving quality of life for people with dementia and their carers. Providing information, support and advice at the point of diagnosis enables people to remain independent and in their own homes for longer.

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

- 3,061 people aged 65 years or over with dementia – projected to increase to 3,858 by 2030
- Around 60 younger people with dementia
- 2,300 carers of people with dementia.

It is thought that two thirds if people with dementia do not have a formal diagnosis of their condition. Early diagnosis can help people access support,

information and potential treatments that can help them to live well with their condition.

Prevalence increases with age and one in three people over 65 will develop dementia. Although the Brighton & Hove population has a younger age profile than nationally, an increase of dementia prevalence of about 30% is expected by 2030. Carers of people with dementia are often old and frail themselves, with high levels of depression and physical illness and a diminished quality of life.

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

Current position

A National Dementia Strategy has been published and four key priorities have been identified:

1. Good quality early diagnosis and intervention for all
2. Improved quality of care in general hospitals
3. Living well with dementia in care homes
4. Reduced use of antipsychotic medication

In 2009 extensive consultation was carried out with people with dementia, their carers and other stakeholders in the city. The results were used to inform an action plan published in 2012 which sets out key plans for dementia in the city. Local actions have included:

- A new integrated memory assessment service commenced in April 2013. Social care support has included the development of dementia cafes and a dementia in reach team working in care homes.
- A dementia champion has been appointed at Royal Sussex Country Hospital (RSCH).
- An additional resource has been allocated into Mental Health Liaison at RSCH to support older people with mental health needs when they are in the general hospital.
- A project to improve end of life care for people with dementia has been conducted.
- Brighton & Sussex Medical School and Sussex Partnership NHS Trust have recruited a Professor of Dementia Studies.
- A Care Home In-Reach team supports person-centred approaches to dementia, in particular identifying alternatives to antipsychotic medication.
- There are measures in place to improve quality of care. From April 2013, contracts for care homes will include a Competency Framework for nurses, and staff in care homes are being offered specific training in working with people with dementia.
- Dementia training is referenced in contracts for all services that accept clients with dementia or memory loss.

What we plan to do

Implementation of the action plan is underway and actions include:

Good quality early diagnosis and intervention for all

- In addition to the community memory assessment service, we are exploring the possibility of joint neurology/psychiatry memory clinics.
- We are seeking to improve 'case finding' in primary care as we know that there are people with dementia who are not identified on GP disease registers.

Improved quality of care in general hospitals

- Development of a care pathway for dementia.

Reduced use of antipsychotic medication

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

Other developments

- Increased integration towards 'long-term condition' model for dementia including community short term services and crisis services.
- Carers Strategy for Brighton & Hove.
- A Joint Strategic Needs Assessment is being conducted to improve our knowledge of the needs of people with dementia and their carers.

Alcohol

Please see Crime and Safety section for additional information on alcohol.

Issues of concern and current position

Within Brighton & Hove, the impact of alcohol is considerable. Rates of alcohol-related A&E attendance and hospital admissions continue to increase year on year, and more than one in three respondents to our Big Alcohol Debate were worried about the effect alcohol has on people in the city. Brighton & Hove is in the top quartile of areas for alcohol specific mortality with death from chronic liver disease being higher than the national average.

However, the sale of alcohol through pubs, clubs and restaurants is very important to the economy of the city, and this fine balance must be considered when implementing policies locally.

Each week in the city there is an average of:

- 66 ambulance call-outs due to alcohol
- 46 attendances at Brighton A&E department related to alcohol
- 11 people under the age of 25 years seen by Safe Space on West Street
- 97 alcohol-related inpatient hospital admissions for adult residents of Brighton & Hove
- Two deaths associated with the impact of alcohol (almost one death a week wholly related to alcohol)
- The Joint Strategic Needs Assessment highlights the groups who are most affected by alcohol:
  - Alcohol-related attendances at A&E are 50% higher in city residents from the most deprived quintile compared with those in the most affluent quintile of the population.
  - Young men aged 19-29 years old were the most frequent group attending A&E for alcohol or assault reasons. Longer-term alcohol-related health problems are seen in increasing numbers of 35-54 year old males being admitted to hospital for alcohol specific conditions i.e. for alcohol intoxication, dependence and harmful use.
  - People with severe and enduring mental illness are three times more likely to be alcohol dependent than the general population.
  - Locally, people of White Irish ethnicity are significantly more likely than any other ethnic group to be at increasing/high risk of alcohol related harm (25% compared to 18% across all ethnic groups in the city).
  - People in Other Ethnic, Asian or Asian British and Black or Black British groups are more likely not to drink alcohol. These findings correspond to national research.
  - Lesbian, gay, bisexual and transgender people living in St. James Street and Kemp Town were more likely to drink alcohol than those in other areas.

The transfer of Public Health to the Local Authority and recent changes in licensing legislation that give health authorities a statutory role in the licensing process have provided further opportunities to tackle alcohol related harm through the licensing process. The factors that licensing policy aims to address include:

- Pre-loading, street drinking and binge drinking.
- Availability of alcohol.
- Low prices, with very cheap alcohol readily available in off licences.
- A perception that rules around alcohol licensing are not enforced (serving drunks in particular).
- Visitors avoiding the town centre due to drinking culture.
- Lack of non-alcohol based leisure facilities.

What has happened over the last three years

The care pathway for entry into alcohol treatment services has recently been amended to allow people to ‘drop-in’ to assessment services, rather than

having to pre-book appointments. As a result, it is now easier for clients to access treatment services.

The Integrated Support Pathway (housing support) includes provision of high level supported hostel accommodation through to low level floating support.

A number of initiatives have had a positive impact on alcohol related hospital attendances:

- Specialist alcohol nurses are based in A&E and see any person attending hospital with an alcohol related attendance. The nurses are able to provide brief interventions and signpost to support services.
- A 'frequent attender' worker engages more assertively with individuals frequently attending A&E with an alcohol related issue. This group will have alcohol dependence issues and will be consistently failing to complete the assessment and treatment process.
- Recently an A&E Consultant has agreed to take on the role of 'Clinical Alcohol Champion' for the hospital. This role will help to raise the profile of alcohol brief interventions as a way of helping people to seek the support they need.
- Development of the licensing process to tackle harm to health and wellbeing has included:
- Development of a collaborative approach, including the Licensing Strategy Group, a focus group of licensing authorities, licensed trade, local business and resident associations and responsible authorities, that develop licensing policy themes.
- A process has been established for the Director of Public Health, in the role of responsible authority, to review licensing applications using local evidence of health and wellbeing, crime, community safety and other factors. He can choose to object on crime prevention, child protection and public nuisance grounds using mapped data.
- BHCC has developed campaign 'Sensible on Strength' to reduce the availability of high strength beer and cider. It is a voluntary, accredited trader scheme for retail off-licensed premises. Businesses report an improved trading environment.

What we plan to do

All drug and alcohol treatment services will be re-procured for 2015/16. The new service model will have recovery and reintegration at its heart.

Whilst the service development work is undertaken the following developments will continue:

- A focus on education and training for frontline workers, providing advice, information and brief/extended interventions and reducing A&E attendance and hospital admissions.
- Work with the hospital clinical alcohol champion to promote the integration of alcohol services throughout the hospital in order to

improve patient health, to reduce re-attendances/re-admissions and to reduce length of stay in hospital
- Wider service user consultation, including working with BME and LGBT communities.
- Deliver a programme of alcohol-free events, which in turn help to challenge the 'drinking culture' reputation of Brighton and Hove.

Further development of licensing policy and practise will include:

- Licensing Committee will consider recommendations made by the BHCC Scrutiny panel on licensing
- Local community engagement by licensing officers
- Enforcement priorities include: a risk based, prioritised inspection programme, targeting illicit, mis-described, smuggled, alcohol lacking traceability/authenticity; test purchasing and age restricted sales and proxy purchasing.

Substance Misuse

Please see Crime and Safety section for additional information on alcohol.

Issues of concern and current position

Reducing the supply and availability of drugs and promoting recovery from drug related harms are a national and local priority. The misuse of drugs causes physical, psychological and social harm to the individuals concerned, as well as giving rise to significant disruption and cost to families and communities.

The impact of drug misuse on the city of Brighton & Hove is well documented. The Brighton & Hove Drug Treatment Needs Assessment 2013-14 indicates that there were nearly 1,600 clients in drug treatment during 2012. A third of this client group have been in treatment for more than four years.

The drug using population are considerably more at risk from blood borne viruses. Data for 2011 indicates a local prevalence of hepatitis C of 66% for this population, compared with 43% for England, Wales and Northern Ireland.

Drug misuse can have a major impact on young people's education, health, families and long-term life chances. In Brighton & Hove, 48% of clients are parents, but only 15% are actually living with a child.

There is often an impact on housing, and a significant proportion of people within the homelessness integrated support pathway have substance misuse issues.

In 2011 Brighton & Hove had the 7th highest rate of drug-related deaths in the country (National Programme on Substance Abuse Deaths (np-SAD) data). There were 20 np-SAD drug-related deaths in residents aged 16 years & over,

or 8.8 per 100,000 population. However this has fallen significantly from the earlier peak of 32.6 per 100,000 in the year 2000 (67 deaths).

What has happened over the last three years

Considerable effort has gone into making services more accessible to clients. Services are 'open access', meaning that anyone who wishes to can walk into treatment services and have their needs assessed on that day. The reconfiguration of services has removed the lengthy waiting times that used to exist for some elements of treatment. Services are now more attractive to potential clients, and clients are therefore more inclined to remain in treatment.

A 'care co-ordination' model has been introduced, ensuring that each client has a named worker to support them through the length of their treatment journey. This worker is responsible for any assertive outreach with the client, should the client begin to disengage with services. The improved outcomes seen in the number of opiate users successfully completing treatment can be linked to this. Uptake of harm reduction interventions (Hepatitis B vaccinations and Hepatitis C testing) are considerably higher than national figures, and reflect the hard work of treatment providers to engage with clients.

The fall in drug-related deaths can, in part, be attributed to the extensive roll out of take home naloxone, and the provision of overdose and first aid training which has been instrumental in increasing service user and staff knowledge on how to support someone who may be overdosing.

Within the substance misuse field there has been a renewed emphasis on implementing the recovery model and the Recovery 'Golden Thread' Implementation Group ensures recovery runs through every aspect of existing service delivery.

What we plan to do

Given the recent national strategy developments, it is timely to review the drug and alcohol services available locally, and undertake a re-tendering exercise to shape the future delivery of services (with the new services in place by 1 April 2015).

Whilst this development work takes place, the ongoing service improvement work streams will continue. These are:

1. Ongoing review of existing services to ensure they focus on recovery and reintegration
2. Establishment of an evening clinic session for novel psychoactive substance users away from 'traditional' treatment services
3. Work with colleagues from the Pain Clinic to identify individuals who could benefit from support to detox from pain killers
4. Development of a Brighton and Hove Recovery Communication strategy with a view to changing the community perspective regarding people in recovery.

5. Work with Work Programme Providers to support more people into employment.

Sexual Health

Issues of concern and current position

England continues to experience worrying levels of poor sexual health.

Rates of sexually transmitted infections (STIs) and unintended pregnancies remain high. Following a decade of steady annual increases in the number of infections, there was a slight decrease (1%) in the number of diagnosed STIs between 2009 & 2010. Unfortunately 2011 saw an overall increase of 2% in the number of infections diagnosed.

In 2012, Brighton & Hove had the highest rate of common sexually transmitted infections (chlamydia, gonorrhoea, syphilis, herpes and warts) outside of London. Attendances at the main genitourinary medicine (GUM) clinic in Brighton & Hove remain very high, at approximately 24,000 in 2012/13, and are increasing year on year.

There are variations in the trends of specific infections and higher rates of infections in some population groups: younger people and men who have sex with men (MSM) are disproportionately affected by poor sexual health. Chlamydia is the most common bacterial STI and the number of diagnoses is increasing, especially in those under 25. As chlamydia often has no symptoms and can have serious health consequences (pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility) a national opportunistic screening programme has been established.

In March 2008 the national target of offering everyone an appointment to be seen within 48 hours of contacting the service was achieved locally and has been maintained to date.

Brighton & Hove had a higher rate of terminations of pregnancy (18.5 per 1,000 women aged 15 - 44 years) in 2011 than England (17.6) and these rates remain unchanged from the previous year. The proportion of terminations carried out early (at less than 10 weeks gestation) in 2010 was 85% in Brighton & Hove compared with 76.5% for England. The local and national rates both show a slight improvement on 2009.

What has happened over the last three years

We have increased access to testing and treatment services in the city – everyone seeking an appointment to be seen at the GUM clinic is offered an appointment to be seen within 48 hours. The clinic also offers walk-in appointments, as does the Brighton Station Health Centre, seven days per week. Reducing the time between infection and diagnosis and treatment will continue to reduce the overall incidence and prevalence of infections. Brighton & Hove exceeded the chlamydia screening target for 2011/12

achieving 39% coverage (16,583 people screened) of the under-25 population with a positivity rate of 5.6%. This placed us in the top 20 performing areas.

We have increased opportunities to test for HIV across the City, introducing opt out HIV testing in a variety of settings including registration at Primary Care, termination of pregnancy and substance misuse services to reduce late diagnosis.

What we plan to do

Review the Brighton & Hove HIV and sexual health strategy to ensure that targeted, evidence based health promotion and prevention interventions underpin all service provision.

Ensure that risk taking behaviours associated with drugs and alcohol are addressed by sexual health services.

Increase opportunities for STI testing in community settings accessed by at risk groups

Improve integration between GUM and contraception services. Services will be retendered by April 2015.

Establish a Programme Board and subgroups for sexual health to cover:

- Sexual health promotion and HIV prevention
- Increasing access to testing and treatment
- Improving access to contraception
- HIV social care

Improve data and information and use it to inform effective action.

Develop and deliver a sexual health programme action plan with clear, measurable outcomes

Teenage Pregnancy

Issues of concern and current position

In 2011, conception rates in young people aged under 18 were at their lowest point in England for 40 years, although rates remain higher than many other western European countries.

The rate for Brighton and Hove in 2011 was 29.4 per 1,000, a statistically significant reduction from the 1998 baseline rate of 48.1 per 1,000. The local rate has remained below the England rate (currently 30.7 per 1,000) for the last 4 years but remains above the South East rate (26.1 per 1,000).

Overall, in Brighton and Hove, there were 114 conceptions in 2011, compared to 144 conceptions in 2010 and 187 in 1998. The proportion of conceptions

leading to a termination is 59%, which was higher than for the South East (52%) and England (49%).

In under 16 year olds the rate for Brighton & Hove was 7.1 per 1000 in 2009-11 (which is a slight increase compared with 2008-10). There were 80 conceptions (of which 30 led to a birth). The equivalent regional and national rates were: 5.4 per 1,000 in the South East and 6.7 in England.

What has happened over the past three years.

We have increased access to open access Contraception and Sexual Health services across the community and implemented self referral access to termination services. We have also ensured that Chlamydia screening is integrated across all services and young people have to choose to opt out.

There has been a robust approach to identify young people at risk of early conception and to work with them to improve their resilience, through improving their knowledge and skills to experience positive relationships and have good sexual health. Between April 2011 and September 2012 monitoring indicated that nine out of ten (91%) demonstrated improved outcomes.

Young parents have access to two years intensive support from the family nurse partnership and young people accessing termination of pregnancy are all provided with direct youth work support.

Sex and Relationship Education has improved in schools and we have agreement across our secondary schools to delivery a core programme. All schools have a targeted prevention group work programme and six out of nine schools have embedded health based drop-ins on site.

What we plan to do

1. Continue to develop effective early identification and ongoing support as part of an effective early help strategy.
2. Build capacity of the Community and Voluntary Sector to support early identification and intervention for sexual health.
3. To ensure that there is equity of service for young people from protected and vulnerable groups for education and CASH services
4. To review how domestic violence, sexual exploitation, coercive behaviour and controlling behaviour is addressed across commissioned Contraception and Sexual Health services and how needs can be addressed.
5. Continue to explore family interventions which promote strengths, build resilience, reduce family breakdown and promote positive parenting.
6. Continue to integrate sexual health and contraception services and ensure that risk taking behaviours associated with drugs and alcohol are addressed by sexual health services.

Healthy Ageing

Issues of concern and current position

The population of Brighton and Hove is younger than the UK average and the number of people aged 65 and over reduced between 2001 and 2011. Older people have a relatively low profile, seen as a vulnerability rather than an asset and many retirees move out to more 'age friendly' neighbouring towns, increasing the marginalisation and social isolation of those who stay. Older people remaining face issues such as isolation and loneliness due to deteriorating health, loss of mobility and confidence to go out, as well as loss and bereavement. 'Old age' spans a long period and services tend not to differentiate.

Older people dislike asking for help and many are not digitally engaged. They feel less safe in their neighbourhoods after dark, particularly those in more deprived areas – 45% of those aged 75 & over compared to 23% of all residents. The majority of people with a limiting disability (more likely to be older people) do no sport and active recreation a week.

Services for older people in the city historically have been disjointed which has led to gaps in provision.

Specific issues include:

- Single pensioner households are higher than average and most people aged 75 and over live alone
- Many older people live in poor private rented housing and much housing does not meet the decent homes standard, particularly for those 85 years and over
- One in ten older households is in fuel poverty
- Depression is higher in older people than other groups with almost twice the national average of suicides and death from undetermined injury, yet evidence shows mental health services focus on younger age groups
- Up to 16% of people over 65 have depression, 2 to 4% have severe depression
- There are almost 24,000 carers with increasing numbers of older parent carers of adults with Learning Disabilities and autism and carers find it hard to ensure their needs are met
- There is a significant ageing LGBT population and many BME communities, including travellers, are not engaged
- Services focus on health needs, further work is needed to address their social needs.

(Sources: Brighton and Hove JSNA; Public Health Annual Report 2010; BHAgeUK/Brighton University, 'Wellbeing in Old Age').

What's happened over the last three years:

Local participatory research undertaken by Brighton and Hove Age UK shows that older people want services to be treated as individuals and for services to be 'person-centred'. New ways of commissioning services for older people are

already resulting in providers , both statutory and community and voluntary agencies working together to provide creative solutions and minimise gaps in service.

Older people are increasingly being supported to be independent at home with an increase of home care services in line with a decrease in care home placements. There has also been significant investment in post hospital short term re-abling services. New forms of technology, such as telecare and assistive technology are being actively promoted, enhancing independence.

Day Activities for older people have been reviewed by older people and their carers and this is resulting in a radical new way of commissioning services. Development of a citywide coordination project has made Information on 'grassroots' activity such as lunch clubs much easier to access and a new way of commissioning day services in activity hubs will ensure better coordination and minimisation of gaps.

Dementia services were boosted with the implementation of a new Integrated Memory Assessment Service, involving a range of partners, employment of a dementia champion at the hospital, along with a capital project to develop dementia friendly environments in care homes, the hospital and GP practices.

A range of arts and digital media organisations have pro-actively engaged older people, who have influenced their programmes of work and helped to increase their older audience.

People in the city believe older age should be celebrated. Older People's Day 2013 took this approach with a series of special events culminating in a celebratory awards ceremony sponsored by local businesses.

The Warm Homes Healthy People Programme which aims to reduce local excess winter deaths, fuel poverty and the impact of cold homes on health is a partnership between Brighton & Hove City Council, NHS Brighton and Hove and the local Community and Voluntary Sector. The 2012/13 programme included a wide range of interventions, including energy advice and assessment visits, emergency winter grants and public information events and community workshops.

In 2013, Brighton and Hove joined the WHO Age Friendly City network in order to encourage a strategic approach to active ageing. This approach has both cross-party support and the support of the Local Strategic Partnership as well as a broad range of older people's organisations. Brighton & Hove City Council has brought together a range of key agencies and older people's groups to act as a steering group for the initiative. Work on the development of a baseline assessment of the age-friendliness of the city has commenced, using the eight domains as specified by the WHO.

What we plan to do:

The new commissioning model for services for older people is already resulting in providers and statutory agencies working together to provide

creative solutions and minimise gaps in service. This will be expanded to ensure more equitable service delivery across the city; strategic developments including volunteering, transport and web access are taken forward; issues such as lack of accessible activities in the evenings and weekends and needs of specific population groups such as BME and LGBT elders are addressed.

Independence is important to older people and older people's home care services are increasing in line with a decrease in care home placements. New technology demonstrating positive outcomes will be rolled out. Alternative accommodation options, in particular extra care housing will be explored. New models will include ideas promoted by older people.

People who are 'housebound' have identified that there is a need to develop more volunteering activities e.g. befriending schemes to enable them to actively engage and connect with their communities, this will be taken forward through the new locality commissioning model.

Volunteers and informal carers are integral in supporting and delivering services. We will encourage the number of carers and volunteers to grow and ensure robust structures are in place to sustain them.

We will work with older people and partners in arts, culture and business to promote more positive images of age. Strategic mechanisms will be developed to enable older people to be visible in leading services and service development, including successful older leaders as role models.

Work on the Age Friendly City baseline assessment will continue, using the eight domains as specified by the WHO as well as identifying relevant additional domains. Issues raised will be fed back to relevant LSP partnership groups and action plans identified. Once the baseline assessment has been completed, the AFC steering group will lead on the development of a 3-year city-wide action plan.