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20 January 2021

West Sussex Health and Wellbeing Board

A virtual meeting of the Committee will be held at **10.30 am** on **Thursday, 28 January 2021**.

Note: In accordance with regulations in response to the current public health emergency, this meeting will be held virtually with members in remote attendance. Public access is via webcasting.

The meeting will be available to watch live via the Internet at this address:

http://www.westsussex.public-i.tv/core/portal/home

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Agenda

10.30 am   1.   **Chairman's Welcome**

10.40 am   2.   **Declaration of Interests**

Members and officers must declare any pecuniary or personal interest in any business on the agenda. They should also make declarations at any stage such an interest becomes apparent during the meeting. Consideration should be given to leaving the meeting if the nature of the interest warrants it; if in doubt contact Democratic Services before the meeting.

10.45 am   3.   **Urgent Matters**

Items not on the agenda that the Chairman of the Board is of the opinion should be considered as a matter of urgency by reason of special circumstances.

10.50 am   4.   **Minutes** (Pages 5 - 14)

The Board is asked to confirm the minutes of the meeting of the Health and Wellbeing Board held on 8 October 2020.

10.55 am   5.   **Public Forum**

The Board invites questions and comments from the public

for consideration at the meeting. Please submit questions, at least **three days ahead** of the meeting in order to allow a substantive answer to be given. Contact Erica Keegan on Telephone: 0330 222 6050 (a local call) or via email: erica.keegan@westsussex.gov.uk

The meeting will be available to watch live via the Internet at this address: http://www.westsussex.public-i.tv/core/portal/home

11.10 am   6.   **Update on the Children First Board (a sub-group of the Health and Wellbeing Board)** (Pages 15 - 40)

The inaugural meeting of the Children First Board was held on 8 October 2020. The Children First Board, being accountable to the West Sussex Health and Wellbeing Board, as a sub-group of the Board, will provide a formal update at its quarterly public meetings.

11.30 am   7.   **West Sussex COVID19 Local Outbreak Engagement Board** (Pages 41 - 44)

The Local Outbreak Engagement Board, being accountable to the West Sussex Health and Wellbeing Board, as a sub-group of the Board, will provide a formal update.

The Health and Wellbeing Board is asked to;

    (1)   Acknowledge and provide feedback on the progress of the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB) since its' inaugural meeting in July 2020; and

    (2)   consider how the Board could further increase engagement with communities across West Sussex throughout the COVID-19 pandemic to reduce the spread of infection and save lives.

11.50 am   8.   **Learning Disability Awareness** (Pages 45 - 56)

The Board will receive a report that focuses on preventing health inequalities in people with learning disabilities and digital inclusion so that nobody is excluded due to a lack of digital access, confidence or skills.

The Health and Wellbeing Board is asked to;

    (1)   endorse the actions of the Learning Disability Partnership Board which works to improve the lives of people with learning disabilities and their families in West Sussex; and

| | | (2) | consider actions each member will take forward in their respective roles and organisations to improve accessibility and health outcomes for those with Learning Disabilities. |

12.05 pm   9.   **Creating Healthy and Sustainable Places: A Public Health and Sustainability Framework for West Sussex** (Pages 57 - 120)

The Board will receive a report on Creating Healthy and Sustainable Places.

The Health and Wellbeing Board is asked to; Endorse, support and build upon the work on the 'Creating Healthy and Sustainable Places: A Public Health and Sustainability Framework for West Sussex'.

12.25 pm   10.   **Better Care Fund Monitoring Q1 and Q2 2020** (Pages 121 - 136)

This paper provides a summary of the planning requirements, funding sources, and expenditure plan for the West Sussex Better Care Fund in 2020/21, along with the regular monitoring of performance against the 4 national metrics for Quarters 1 and 2, 2020/21.

The Health and Wellbeing Board is asked to;

(1) Note the national Better Care Fund planning requirements for 2020/21 the associated West Sussex Better Care Fund funding sources, and expenditure plan meeting National Conditions 1, 2, 3 and 4 as described below.

(2) Note the West Sussex performance against the national Better Care Fund metrics at Q1 and Q2 2020/21, and the degree to which these are impacted by Covid-19.

12.40 pm   11.   **Work Programme** (Pages 137 - 138)

To note the work programme for 21/22 as attached.

Members of the Board are requested to mention any items which they believe to be of relevance to the business of the Health and Wellbeing Board. If any member puts forward an item the Board is asked to assess briefly whether to refer the matter to the Chairman to consider in detail for future inclusion.

12.50 pm   12.   **Date of next Meeting**

The next meeting of the Board will be held at 10.30 am on 24 June 2021 at 10.30am.

To all members of the West Sussex Health and Wellbeing Board

West Sussex Health and Wellbeing Board

8 October 2020 – At a virtual meeting of the Board

Present:

Cllr Amanda Jupp (Chairman), Cllr Duncan Crow, Cllr Jacquie Russell, Annie Callanan, Dr Stephen Horsley, Alan Adams, Emily King, Chris Clark, Pennie Ford, Dr Laura Hill, Alex Bailey, Nigel Lynn, Natalie Brahma-Pearl, Sally Dartnell, Dr Edward Cetti (on behalf of Michael Wilson), Helen Rice, Jess Sumner and Caroline Ridley

Apologies were received from Lucy Butler and Marianne Griffiths

Part I

1.   Chairman's Welcome

1.1   The Chairman thanked attendees for joining this virtual Health and Wellbeing Board meeting.

1.2   The Chairman recognised that since the Board had last met, formally, in January, the world had changed, and was aware that West Sussex and the whole nation continues to experience unprecedented times as all partners navigate their way through the COVID-19 pandemic. The Chairman stated that never had it been more important to work together and support each other, putting a 'whole systems approach' at the fore to move forward through this difficult period, both locally and nationally. The Health and Wellbeing Board was noted as committed to improving the health of the local population as well as tackling health inequalities and the Chairman reminded that, to achieve these aims, partners needed to work together, applying a whole systems approach, as strength lay in the Board's position as systems leaders, and the Board's ability to champion the actions of partner organisations.

1.3   The Chairman reassured that Board members and the systems leaders were maximising their collaborative strength and working together tirelessly to make the most effective use of combined resources in order to protect and support West Sussex residents and communities during these most challenging times.

1.4   It was noted that the Board held a virtual Seminar at the end of July 2020, where Board Members reflected on their experiences during these times and heard from partners about how they had been supporting their local communities, discussing what new best practice could be learnt from and built upon beyond the COVID-19 pandemic. The Chairman pointed out that she had received assurance from the Clinical Commissioning Group that all capacity opportunities, including the independent sector, were being utilised to provide cancer and elective treatment for people who were currently on waiting lists. A further Health and Wellbeing Board Seminar had been planned for 19 November.

2.   Declaration of Interests

2.1 There were no declarations.

3.   Minutes

3.1 Resolved – that the minutes of the meeting held on 30 January 2020 are approved as a correct record and are signed by the Chairman.

4.   Public Forum

4.1 The Board had invited questions and comments from the public for consideration at this meeting. The Chairman informed the meeting that a question had been received asking ' What steps does the Health and Wellbeing Board take, for reasons of physical and mental health, to encourage the protection of greens, pocket parks, and other open spaces on land left vacant by housing estate developers many years ago but now under threat by small scale housing developments?'

4.2 The Chairman thanked the questioner for this question and responded that the Health and Wellbeing Board acknowledged the need to create safe and healthy spaces for all residents as a key priority as outlined in the Joint Health and Wellbeing Strategy which was launched in April 2019. The Board would be taking steps to engage, with spatial planning systems, through the development of a 'Creating Healthy Places Framework' which was noted as currently out for consultation with key stakeholders. The Framework emphasised the need to guide developers, investors and policy makers on what is meant by healthy places, developments and homes, and highlights the importance of green spaces and biodiversity. Through the collaborative work taken by public health, sustainability and planning teams, much effort is being made to 'design in health, wellbeing and sustainability' and to guide local spatial planning systems around policies and health impact assessments, for example. This work also engaged the Local Nature Partnership (partners such as the South Downs National Park Authority), NHS Estates, as well as developers themselves, so that opportunities around nature are maximised. It was hoped that this response reassured that the matter was being addressed at the heart of the Health and Wellbeing Board's Strategy and was being progressed through a collaborative approach with key stakeholders.

4.3 The Board had also received two questions on Tackling Smoking in West Sussex from Councillor Michael Jones. As the questions were not received by the requested deadline and so that a full answer could be given the Chairman informed that a written response would be provided following the meeting.

5.   Tackling Smoking in West Sussex Together during the Pandemic

5.1 The Chairman introduced Kate Bailey, Public Health Consultant, who presented this report which called Health and Wellbeing Board members to action, inviting them to support the efforts and actions of the Smoke Free West Sussex Partnership (SFWSP).

5.2 Recent achievements within the Tobacco Control Strategy (which was endorsed by the Health and Wellbeing Board at the January 2019 meeting) were outlined. Examples included, ensuring manual workers were engaged with smoking cessation services, the largest ever seizure of illicit tobacco in the county and implementing a pilot service in maternity in Western Sussex Hospitals Foundation Trust.

5.3 It was noted that smoking is a risk factor for greater impact from Covid19 on both health and income. Smoke Free activity had responded to the requirements and impacts of the pandemic are also described e.g. changing from face to face to phone-based support and focusing on vulnerable groups. Recent discussions across the integrated care partnership in West Sussex concluded that working together to reduce smoking prevalence could be a jointly shared priority.

5.4 Board Members were referred to the Smoke Free West Sussex Action Plan which was an interactive tool that assisted organisations to monitor progress against priority actions such as implementing Smoke Free arrangements in local hospitals; in line with commitments in the NHS Long Term Plan. Also, increased communications to generate referrals and self-referrals to smoking cessation services; such as GPs identifying smokers on their lists and contacting them proactively.

5.5 Board Members were asked to commit to a Smoke Free West Sussex both individually, as an organisation and as part of the community.

   Proposed actions were as follows;

   - **Individual** - quit and share your story, Complete Making Every Contact Count e-learning and regularly share information about services
   - **Actions for employers** - review support to employees who smoke, smoke free buildings and use of organisational communications to raise awareness
   - **Action for Organisations** - health in all policies applied to smoking, functions which influence access to tobacco e.g. planning and licensing and tendering & contracts address smoking e.g. staff

5.6 In discussing the report/presentation Board Members;

   - agreed to continue to work together to make a difference by March 2021;
   - recognised the increased emphasis on the importance of Smoke Free West Sussex due to the pandemic;
   - welcomed the engagement with County Councillors to see if they would consider leading a stop smoking campaign;
   - supported visible Smoke Free promotion within and from partner organisations;
   - committed to making progress in ACUTE medical care in Sussex by use of techniques such as nicotine replacement and maternity carbon monoxide testing as well as pushing forward on the idea of smoke free hospitals whilst supporting staff to quit;

- acknowledged that Primary Care had adopted the Make Every Contact Count with a local system approach. Further conversations were taking place on how Smoke Free could be proactively promoted to patients.
- noted that the Clinical Commissioning Group were in full support with Smoke Free action already underway at Primary Care Level. A commitment from Hospital Trusts was seen as being of benefit so that the messages could be embedded and shared with the broader community.
- Suggested a Social Media Campaign in view of the success of Stoptober Social Media which had been impactful. Healthwatch urged that the media be briefed to keep coverage positive, avoiding a patronising tone.

5.7   In turning to the report's recommendations, the Chairman noted that the Board could agree to explore all methods of social media in such a way that the messages can be more widely heard.

5.8   Resolved – the Health and Wellbeing Board approved that;

(1)   the actions of the Smoke Free West Sussex Partnership which tackle smoking and to recognise the increased priority this needs during pandemic, be endorsed;

(2)   that each Board Member will tackle smoking, in their respective roles and organisations; and

(3)   the proposed priority actions for the rest of 2020/21 be agreed.

6.   Sussex Health and Care Partnership Winter Plan 2020-21

6.1   Izzy Davis-Fernandez, Head of Resilience, Sussex CCG and Pennie Ford, Executive Managing Director West Sussex CCG provided the Board with a report and presentation that updated on the progress to date in relation to winter planning, outlining the next steps and timelines.

6.2   It was reported that place based plans were being developed by Local A&E Delivery Boards (LAEDB) with input from partners – local authority, providers and commissioners – across each system. The Work undertaken locally would form the basis of a single Sussex wide plan, which provided an opportunity to:

- Minimise duplication in local plans for key areas e.g. communications plans; and
- Include LAEDB specific requirements to meet the needs of the local population i.e. plans from Western Sussex Hospitals NHS Foundation Trust and West Sussex Local Authority.

It was acknowledged that the overall purpose of the winter plan was to ensure that the system was able to effectively manage the capacity and demand pressures anticipated during the Winter period to 31 March 2021.

6.3   For 2020/21, the planning process had also considered the impact and learning from the current Covid-19 outbreak as well as planning for further possible outbreaks. As such, it was pointed out that the capacity and demand modelling, surge escalation triggers and overall responses would require review and ongoing refinement as further learning emerges over coming weeks and months.

6.4   Board Members noted a number of Key areas of the plan. One of these was to ensure that acute hospital bed occupancy is maintained at a level that ensures that patients who require admission to a hospital bed are able to be admitted in a timely way, thereby avoiding the risk of overcrowding in A&E and delays to ambulances as well as being able to handover patients and respond to 999 calls. Other areas were;

- System capacity and demand modelling – including the combined impact of COVID-19 and winter activity,
- Primary Care, Social Care,
- Community Services,
- Acute hospital plans,
- Mental Health 999 and NHS 111 – including 111 First Business Continuity,
- Impact of EU Exit,
- Severe weather planning,
- Winter Communications and Engagement,
- Enhanced capacity requirements to meet the Christmas and New Year period 24th December -7th January 2020
- System Pressure monitoring and escalation response, risks to delivery and mitigating actions.

6.5   Board Members were informed that lessons learnt from Winter 2019/20 had been incorporated into the plan for 2020/21. It was recognised that Winter 2020/21 would be a challenging period with the combined impact of 'normal' winter activity, potential influenza and norovirus activity exacerbated by the ongoing threat of further Covid-19 peaks. Plans focussed on mitigating these challenges, building upon the existing arrangements in place and maintaining a focus on patient safety. The ongoing development of a whole system approach to capacity and demand planning for winter was acknowledged as significantly strengthening the response.

6.6   In receiving the report, the Chairman welcomed the detailed and comprehensive plan. Health and Wellbeing Board Members;

- requested that the key messages were simplified for public communications campaigns;
- recognised the need for clear messaging around mental health services;
- welcomed inclusive ways of working;
- acknowledged that every part of the system needed to work together, with clear messaging, in order to successfully negotiate winter 2020/21;
- agreed that the Chief Executive of Age UK West Sussex would meet with the Executive Managing Director West Sussex CCG

to progress transport arrangements following hospital discharge;

- noted the need for clear signposting for residents in need of support such as housing, domestic abuse and mental health ensuring all partners from West Sussex County Council, District & Borough Councils, Police to Acute services work to the same communicative standards;
- recommended the continued use of the 'Silver Call' partnership meetings which had provided a useful way of working together;
- suggested that a memorandum of understanding be developed on housing issues across health and social care to ensure a proactive and flexible approach when working together, especially in view of the Covid19 impact on need;
- called for clear partnership agreement on homelessness, working smarter and in an integrated way on hospital discharge pathways to make sure the vulnerable have somewhere to go. (The Chief Executive of Crawley Borough Council as Chairman of the West Sussex Strategic Housing Group and the Executive Managing Director West Sussex CCG agreed to meet to build this into a refreshed plan);
- agreed that separate budgets should not be a barrier to the need of individuals who require a whole system approach;
- pointed out that a Housing Conference was being organised by West Sussex County Council, Adult Services for all partners in November 2020, to bring attention to housing and its importance for community Health and Wellbeing;
- reminded that Fuel Poverty was a winter issue that Board Members needed to be mindful of. Age UK could offer practical assistance such as fuel poverty vouchers and other voluntary sector partners could assist a coordinated response;
- emphasised the importance of coordinated communications across the partners. The West Sussex CCG Communications lead was linked in with counterparts across the system and regular meetings were taking place on how messaging could be progressed.

6.7   The Chairman thanked Board Members for their review and comments on the Sussex Health and Care Partnership Winter Plan 2020-21. It was noted that an update on progress would be provided at the next Health and Wellbeing Board Seminar on 19 November.

7.   West Sussex COVID-19 Local Outbreak Engagement Board

7.1   The Interim Director of Public Health, Dr Stephen Horsley, presented the report updating on the establishment of the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB) as part of the Government's requirements for the COVID-19 National Test and Trace Programme. It was noted that in West Sussex, the member led LOEB had been established as a sub-group of the West Sussex Health and Wellbeing Board to provide political ownership and public-facing engagement as well as communications on outbreak response. The LOEB would report to the West Sussex Health and Wellbeing Board at its formal meetings on a quarterly basis.

7.2   It was reported that West Sussex Public Health's COVID-19 response aimed to minimise the impact of the virus on the population of West Sussex by controlling the COVID-19 rate of reproduction (R), reducing the spread of infection and saving lives. In line with the West Sussex Joint Health and Wellbeing Strategy priorities, this preventative approach also aimed to improve the overall health outcomes of West Sussex residents and reduce inequalities, supporting the local population during challenging times.

7.3   The purpose of the NHS Test and Trace service was noted as ensuring that anyone who develops symptoms of coronavirus (COVID-19) can be tested promptly to find out if they have the virus. This included targeted asymptomatic testing of NHS and social care staff and care home residents. The system also helped to trace close, recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus. It was stated that this service was vital in allowing the trace of spread of the virus by giving an early warning if the virus is increasing again, locally, or nationally.

7.4   The Board was informed that each upper tier local authority was required to have a Local COVID-19 Outbreak Control Plan in place to allow for improved speed of response. This would build on local knowledge, working with Public Health England (PHE) local Health Protection Team (HPT's). The West Sussex COVID-19 Local Outbreak Control Plan was published on 30th June 2020.

7.5   The inaugural meeting of the LOEB took place on 27 July, with a further meetings on 2 September and 5 October 2020.

7.6   Resolved – that the Health and Wellbeing Board; acknowledges feedback on the establishment of the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB) and its important role within the NHS Test and Trace service and the Government's national COVID-19 recovery strategy.

8.   Integrated Care System Development

8.1   The Board received a progress update on the development of the Sussex Integrated Care System (ICS), including how the ICS was shaping new partnership working in West Sussex.

8.2   It was reported that the NHS Long Term Plan had reinforced the role of integrated care systems (ICSs) in establishing more collaborative working and joined-up care for patients and their local populations. ICS was described as partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners, to collectively plan and integrate care to meet the needs of their population. It was noted that the central aim of the ICS was to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. This depended on collaboration and a

focus on places and local populations as the driving forces for improvement.

8.3   The presentation highlighted two key functions for integrated care systems:

- **co-ordination of system transformation** – this means partners in the ICS working together to agree changes to local health and care services and develop supporting strategies, for example, around the development of digital infrastructure, estates and workforce
- **collective management of system performance** – this means partners in the ICS working together to collectively manage and improve the overall financial and operational performance of all the NHS organisations within the system.

8.5   In changing the way the systems worked across providers and commissioners in Sussex it was acknowledged that there were issues that needed to be addressed in order to focus on integrating care and on innovative approaches to prevention and wellbeing. Board Member's attention was drawn to the report which set out some priorities for strengthening partnership work to improve outcomes for our population.

8.6   In receiving this update, Board Members welcomed what had been achieved so far. This included;

- Sussex Health and Care Partnership (SHCP) recognised as a mature ICS in April 2020
- Partnership Executive established for the Sussex Health and Care Partnership
- Joint Health and Wellbeing Strategies agreed at place
- 5 year Sussex Strategic Delivery Plan published in January 2020
- Partnership Executives established for Brighton and Hove, East Sussex and West Sussex
- "Vision 2025" approach agreed by SHCP Executive

8.7   Board Members then;

- considered the future goals for 2025 whilst noting the ongoing partnership activities;
- pointed out the importance of Housing links to health noting partnership activity on strategic plans to form a Housing Memorandum of Understanding;
- highlighted Winter Planning as a key example of strategic planning work across the system;
- recognised that the ICS unlocked partners ability to lead and work together collaboratively;
- welcomed the opportunity to remove budget conversations away from patient care;
- drew attention to new NHS Guidance on Hospital Discharge and how ICS could help to deliver with a co-production model;

- committed to the delivery of priority services in health care and social care;
- agreed that the Local Community Networks (LCNs) were important in assisting with tackling health inequalities and should retain their progress and continue development;
- informed that the Primary Care Networks worked together with wider community services with national arrangement. These varied in size and were set up to meet specific national specification. Primary Care had delivered enhanced care in Care Homes and established coverage across whole of West Sussex. Development was noted as evolved within the neighbourhood structures.
- noted community reablement as a key objective in order to keep patients out of hospital and in their homes; and
- acknowledged the improvement ICS had made to enable partnership working by collective decision making and using providers and commissioners to drive change.

8.8   In summing up, the Director of Strategy, SES CCG stated that place based working is at the heart of transformational change. There was still a national structure but the ICS was enabling partners to move closer to a regional structure. It was pointed out that the ICS was a more responsive system to operational changes. Challenges were recognised including allocation of resources and budgets and it was foreseen that money would test the partnership when receiving fixed sums of money.

8.9   The Chairman, with the agreement of all Board Members, congratulated everyone involved with the establishment of the ICS. The Chairman was particularly grateful to the Chief Executive of Sussex CCG and everyone who had contributed to the establishment of this partnership working which would ultimately benefit residents.

8.10 Resolved – that the Health and Wellbeing Board noted the progress made to partnership working in West Sussex.

9.   Work Programme 20/21

9.1   The Chairman referred Board Members to the Work Programme as attached to the agenda. Members were invited to mention any items that they believed to be of relevance to the business of the Health and Wellbeing Board to aid future planning. It was noted that meeting dates for 2021/22 would be published later this month. The Chairman welcomed any relevant suggestions to be forwarded for attention, at any time, via email, to erica.keegan@westsussex.gov.uk

9.2   In receiving the work programme Board Members;

- suggested a Covid19 Recovery Item at the appropriate time;
- noted that Healthwatch had undertaken surveys with respect to Covid19 having been commissioned to do so by different organisations and so learning and collaborative working opportunities could be explored when response results had been collated;
- proposed an item on Place Based Innovation in Public Health;

- agreed that Health and Wellbeing Seminars were a useful tool to explore items in detail and provided the opportunity to invite broader stakeholders

9.3   The Chairman informed the Board that items put forward would be considered for future inclusion.

9.4   Resolved – that the Health and Wellbeing Board noted the Work Programme 2020/21.

10.   Date of next Meeting

10.1 The date of the next meeting of the Health and Wellbeing Board was confirmed as 28 January 2020.

West Sussex Health and Wellbeing Board

28 January 2021

Update on the Children First Board (a sub-group of the Health and Wellbeing Board)

Report by Lucy Butler, Executive Director Children, Young People and Learning

Summary

This report provides a brief update on the work of the newly formed Children First Board.

Recommendations to the Board

The Health and Wellbeing Board is asked to;

(1)   Note the establishment of the Children First Board

(2)   Note the contents of this report

Relevance to Joint Health and Wellbeing Strategy

1. Starting Well
2. Living and
   Working Well

1   Background and context

1.1   The Children First Board is chaired by Cllr Jacquie Russell, Cabinet Member for Children and Young People. Meetings are held four times a year, and the inaugural meeting was held on the 8 October 2020.

1.2   A link to the Terms of Reference for the Children First Board are provided below, as are the notes from the first meeting.

1.3   The Board is made up of a wide range of organisations and groups in West Sussex – including schools, police, health partners, voluntary and community sector. A full list of the membership is provided in the link below. Importantly,

there are also four young people on the Board, they are supported by the Voice and Participation team and all notes and papers for the Board are written in as simple and clear a style as possible.

1.4   The Children First Board has agreed three main goals;

- Improve outcomes for children and young people who live in West Sussex, or who are cared for by West Sussex's children's services.

- Ensure that all agencies that provide services for children and young people in West Sussex work together effectively.

- Listen and respond to the views of children, young people and their families all the time, particularly when decisions are being made about how services are run and funded.

1.5   To achieve these goals, the Children First Board will;

- Have oversight of the key strategic planning for children and young people's services, especially when these plans affect more than one agency or service.

- Always remember that our children and young people have the right

    o   To be kept safe by everyone, and learn how to keep themselves safe

    o   To be supported to be as healthy as possible – both physically and emotionally

    o   To be given the skills to be successful in adult life.

1.6   The Board will also;

- Decide what the main priorities are for children and young people.

- Agree how these will be addressed.

1.7   One of the Board's early priorities is the development and production of a Children and Young People's Plan. At its second meeting (on the 14 January) the Board agreed an approach for this Plan, having previously established that this was the young people's preference. A link to the paper the Board considered on this topic is provided below.

1.8   The first meeting of the Board (held on the 8 October) focussed on thinking about how the Board keeps the views of children and young people central to its work. The young people's representatives gave two very helpful and informative presentations. It was agreed that it was important to make sure that as wide a range of views from children and young people as was possible was considered, and that the Board considered the information about views already held in many groups and organisations.

1.9   This meeting also considered a helpful presentation on the Sussex wide Review of Emotional Health and Wellbeing support for children and young people (Foundations for our Future).

1.10   The second meeting (held on the 14 January) reviewed information held by a range of organisations and services about children and young people's views,

this information will be used to inform the production of the Children and Young People's Plan. Jenny Hacker, Public Health, talked about the importance of making links to the Health and Well Being Strategy, the Board endorsed this approach.

1.11 We also had a powerful and informative session with Luke Rodgers (The Care Leaders) on what outstanding participation and engagement looks like – the Board remains very committed to working toward this outcome.

2   Consultation, engagement and advice

2.1   The Board has a very strong ethos of engagement and participation – details of which are woven into the report above.

Contact:

Susan Tanner, Assistant Director – Children's Commissioning
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033022 22002

Appendices

Appendix 1 - Terms of reference for the Children First Board (a sub-group of the Health and Wellbeing Board)

Appendix 2 – Membership of the Children First Board

Appendix 3 - Notes of the inaugural meeting held on 8 October 2020

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Children First Board

(sub-group of the Health and Wellbeing Board)

Terms of Reference

What are Terms of Reference?

Terms of reference set out the purpose and structures of a Board (or group of people) who have agreed to work together to achieve a specific goal. It is important to have terms of reference so that everyone understands what the goal is, what their own purpose is on the Board, and how people will work together to get the goal accomplished.

These terms of reference set out the following things;

1. The goal of the Board (Objective)
2. How the Board will achieve this goal (Purpose)
3. Principles of the Board (Values)
4. Responsibilities of the Board
5. Who will be a member of the Board and how will it work? (Structure)
6. Code of Conduct for Board members

1. What is the goal (or objective)?

1.1 The three main things that this Children First Board needs to do are;

- ***improve outcomes*** for children and young people who live in West Sussex, or who are cared for by West Sussex's children's services. Another way of saying this is the Board will ***make life better*** for children and young people who need our help and support. This is the most important thing that the Board can do.

- make sure that all the agencies that provide services for children and young people in West Sussex ***work together effectively***.

- ***listen and respond to the views of children, young people and their families*** all the time, particularly when decisions are being made about how services are run and funded.

2. How the Board will achieve this goal (purpose).

2.1 The Children First Board will;

- have **oversight of the key areas of strategic planning** for children and young people's services, especially when these plans affect more than one agency or service.

- remember that our children and young people have the right
  - to be **kept safe** by everyone, and to learn how to keep themselves safe,
  - to be supported to be **as healthy as possible**– both physically and emotionally, and
  - to be given the **skills to be successful in adult life**.

- think about **how services could be delivered differently**, by for example joining or merging services where this makes sense.

- act as a **champion for the involvement of children, young people** and their families in all significant decisions that are made, including those outside of this Board.

- make sure that the **Health and Wellbeing Board is fully aware of the challenges** that some of our children, young people and families face, and that they are told about the work this Board is doing to reduce the impact of these challenges.

2.2 The Board will also;

- decide what the **main priorities** are for children and young people in West Sussex.

- agree **how these priorities will be addressed** – who will do what, and by when. The Board will get regular reports on progress from the people and services doing this work.

- work out **how it can safely share information** across different agencies.

3. Principles of the Board (Values)

3.1 The Children First Board, and all its members, will be;

- *inclusive* – the Board will be a partnership of equals, and all members will be supported to be actively involved. Members of the Board will remember that we are all different and that we and our children and young people must not be discriminated against because of their age, sex, disability, race, religion, belief or sexual orientation

- *strategic* – the Board will focus on the big picture, and members must be able to influence decision-making and delivery of services in their own organisations and communities

- *focused on improving outcomes* – making life better for children and young people in West Sussex.

4. Responsibilities of the Board

4.1 The Board will have to do certain things to make sure that it is held accountable to the Health and Wellbeing Board, and others. It will;

- lead the development and production of a *Children and Young People's Plan* for West Sussex. This plan will ensure that the people responsible for commissioning (designing and buying) or delivering services do so in a way that improves outcomes, or makes life better, for children and young people, and reflects their priorities

- make *regular reports to the Health and Wellbeing Board* about how well the Children and Young People's Plan is making things better

- regularly look at, and comment on, performance data (which tells us about how services are doing, and what outcomes are being achieved)

5. Who will be on the Board and how will it work? (Structure)

5.1 The Children First Board will be chaired (run) by the West Sussex County Council's Cabinet Member for Children and Young People. The Vice-Chair will be agreed at the first Board meeting – this item was carried forward to second meeting.

5.2 The Board will be made up of lots of different organisations and groups of people in West Sussex, who all have the will to make things better for children and young people. These groups, organisations and services include;

- Children and young people who represent others, and the people that support them to have their voice listened and responded to

- People who represent parents, carers and other people who look after our children daily

- The County Council, the people who work in these services and the people elected to represent the views of the people of West Sussex

- Health services, including services which provide community, acute (hospital) and mental health services, and those people who are responsible for ensuring that we commission (design and buy) the right health services

- The District and Boroughs which provide a lot of local services to people in their area

- People who work in our schools, colleges and early years settings

- Community based and voluntary organisations which work with or are concerned about children and young people's lives

- The Police who see a lot of children and young people and know a lot about their lives

- The Children's Safeguarding Partnership Board which is led by an independent person and whose job is to make sure that services keep children safe.

5.3 A *full membership list will be written up and shared with everyone on the Board* each time there is a meeting. This membership list will include a short summary of each person's role so that everyone can understand what everyone else does.

5.4 Membership of the Board will be looked at every year (this is the job of the person Chairing the meeting) to make sure that it has the right people on the Board.

5.5 The Board may decide to set up *working groups* to look at specific areas or pieces of work. The working groups will run for an agreed period. The Chair of the meeting will make sure that the people on these working groups know what they are being asked to do, by when, and how they can report back to the Board.

5.6 Meetings will be *held every three months* (4 times a year) and will be held at times that allow children and young people to attend. Members of the Board are asked to do everything they can to attend meetings.

5.7   In keeping with the principle of inclusiveness, ***papers and agendas will be written in as easy a style to read and understand*** as is possible.

The agenda will always have;
- welcome and introductions on (so that everyone gets to know each other),
- after the first meeting it will always have the notes taken at the last meeting (which will include any actions that people have been asked to do)
- items for discussion about the priorities of the Board

5.8   Members of the Board are responsible for making sure that they ***share information about the work of the Board with other people in their groups, communities, organisations or services***, unless they have been asked to keep some information confidential.

6. Code of Conduct

6.1   A code of conduct is needed to support public confidence in the work of the Children First Board. In public services, codes of conduct are based on an act of parliament called the Relevant Authorities (General Principles) Order 2001. This is what the elected members' code of conduct is based on, and they are good principles for everyone.

6.2   A full copy of the Code of Conduct is included as Annex 1 to these terms of reference. In summary members are required to be honest and act with integrity, they should make decisions based on evidence, must make sure that public money is used wisely, and must obey the law.

6.3   Members of the Board must comply with the code of conduct whenever they attend a Board or working group meeting, and whenever they act as a representative of the Board.

7. The Children First in West Sussex Sub-Group member code of conduct

7.1   The principles underlying this code of conduct are those of the Relevant Authorities (General Principles) Order 2001 which expanded on the Nolan Principles and form the basis of the Local Authority Members' Code of Conduct:

7.2   ***Selflessness*** - Members should serve only the public interest and should never improperly confer an advantage or disadvantage on any person.

7.3   ***Honesty and integrity -*** Members should not place themselves in situations where their honesty and integrity may be questioned, should not behave improperly and should on all occasions avoid the appearance of such behaviour.

7.4 **Objectivity -** Members should make decisions on merit.

7.5 **Accountability** - Members should be accountable to the public for their actions and the manner in which they carry out their responsibilities and should co-operate fully and honestly with any scrutiny appropriate to their particular office.

7.6 **Openness -** Members should be as open as possible about their actions and should be prepared to give reasons for them.

7.7 **Personal judgement -** Members must take account of the views of others, including the groups they represent, but should reach their own conclusions on the issues before them and act in accordance with those conclusions.

7.8 **Respect for others -** Members should promote equality by not discriminating unlawfully against any person and by treating people with respect, regardless of their race, age, gender, sexual orientation or disability.

7.9 **Duty to uphold the law -** Members should uphold the law and on all occasions act in accordance with the trust that the public is entitled to place in them.

7.10 **Stewardship -** Members should do whatever they are able to do to ensure that the Sub-Group uses its resources prudently and in accordance with the law.

7.11 **Leadership -** Members should promote and support these principles by leadership, and by example, and should always act in a way that secures or preserves public confidence.

7.12 **Duty to abide by the law -** Members should not engage in conduct which constitutes a criminal offence.

Children First Board
(Sub-Group of West Sussex Health and Wellbeing Board)

Membership List – 14 January 2021

	Name	Title	Organisation	50 Word Summary
	Alisha Thomson	Young person		
	Alison Nuttall	Commissioning Lead – All Age Services	West Sussex County Council/CCG Joint Commissioning Children and Young People's Community Health Services	Wide ranging portfolio of commissioning including: adult learning disabilities and mental health jointly with health, sexual health, substance misuse, adult physical disabilities, public health and commissioning across the adult social care Covid-19 response. Lead for the commissioning of children's community physical health and emotional wellbeing and mental health services on behalf of the NHS.
	Amanda Jupp	Cabinet Member for Adults' and Health	West Sussex County Council	
	Austen Hindman	Headteacher	Bishop Luffa School	Bishop Luffa School is a Church of England secondary school with a Sixth Form, serving 1567 students and 160 staff. We have also recently taken on Rumboldswhyke Primary school as the first school in a Multi-Academy Trust.
	Bridget Richardson	Chief Executive	Home Start (Arun, Worthing and Adur)	Home Start (Arun, Worthing and Adur) provides a safe place for parents to share worries, navigate the network of support available plus activities to keep little minds and bodies busy, in preparation for nursery and school. A well-trained and supervised, caring volunteer provides a listening ear and realistic practical support to help prevent a difficult situation becoming a crisis, improving parenting confidence and a child's life chances.

Name	Title	Organisation	50 Word Summary
Caroline Whiteman	Raising Awareness Engagement Lead	Healthwatch West Sussex	As part of our work, we seek people's views about health and social care services to help drive improvement and transparency. When an increasing number of people tell us that they are struggling with an issue, we explore why and have conversations to find ways of improving the situation.
Catherine Howe	Director of Communities	Adur and Worthing Councils	
Chas Walker	Chief Executive	YMCA Downslink Group	YMCA DownsLink Group is young people focused Charity and Housing Association that provides services to over 10,000 children, young people and families in Sussex. This includes supported housing, emotional wellbeing and targeted youth services
Chris Cook	Chief Executive Officer	Sussex Clubs for Young People Ltd	SCYP supports 140+ youth clubs and organisations (about 10,0000 yp) across East and West Sussex, Brighton and Hove to run safely and well with training, guidance and activity programmes.

We directly deliver over 22 weekly activities for young people online, in youth centres, and as detached youth teams with the Purple Bus. |
Chris Cook (secondary role)	Chair	West Sussex Voluntary and Community Sector Safeguarding Forum	The forum brings together safeguarding leads for VCS organisations across West Sussex working to discuss concerns and to respond to the West Sussex Safeguarding Children's Partnership
Chris Robson	Independent Chair and Scrutineer	West Sussex Safeguarding Children Partnership	
Daniel Ruaux	Assistant Director – Corporate Parenting	West Sussex County Council	
Emily King	Director of Communities	West Sussex County Council	Responsibility for diverse range of services; Libraries, Archives & Information Services, Registration & Coroner Services, Customer Services, Community Operations, Community Safety & Wellbeing, District Growth Deals and One Public Estate.

Name	Title	Organisation	50 Word Summary
			Portfolio includes blend of client facing provision (e.g. Gypsy & Travellers, Refugees & Migrants, Independent Visiting & Advocacy) alongside both tailored and universal offers for children, young people and families (e.g. library card at birth registration, rhyme time, summer reading challenge). Significant safer communities' agenda contribution e.g. reducing harm from exploitation and violence, and embedding a contextual safeguarding approach.
Ethan Tunnell	Young Voice Participant	Young Voices run by the SEND Team at West Sussex County Council	Coming up with ideas, giving feedback for various different projects, getting involved in Voice / interview Panels, and even been and looked around a few places to give them feedback.
Fiona Lynch	Head of Nursing	Western Sussex Hospitals NHS Foundation	I am a registered adult and children's nurse who is responsible for the care of children, neonates and the Sexual Health serves at Western Sussex Hospitals NHS Foundation Trust.
Harley Collins	Member of Youth Parliament	Working in conjunction with West Sussex Youth Cabinet	I am one of four national representatives of youth voice in West Sussex. We work closely with Youth Cabinet where we campaign on national topics in our LA, EG – Votes@16, where we lobbied WSCC to agree to V@16 if it were to come up nationally in the future.
Jacquie Russell	Cabinet Member for Children and Young People	West Sussex County Council	As Cabinet Member for Children and Young People I hold the statutory duty for the support and protection of children and young in West Sussex. I work very closely with the Executive Director and her team to support and improve the service.
Jenny Boyd	Assistant Director – Social Care	West Sussex County Council	As Assistant Director for Children's Social Care I hold the lead operational and strategic responsibility for Early Help and children's social care services including MASH, Assessment & Intervention, Family Support and Protection, Children with disabilities and Youth Justice.
Jenny Hacker	Consultant in Public Health – Starting Well	West Sussex County Council	I am one of a small number of public health consultants working for West Sussex Council Public Health team and our role is to help the council and partners improve health and reduce health inequalities. My specific portfolio relates to children and young people.

Name	Title	Organisation	50 Word Summary
Kate Pilcher	Chief Operating Officer	Sussex Community NHS Foundation Trust	
Kris Ottery		Sussex Police	
Lucy Butler	Executive Director of Children, Young People and Learning	West Sussex County Council	As Executive Director, I am responsible for leading all local authority services for children and young people. This includes the provision of all social care services (including early help) and schools, as well as all services that commissioned (bought) for children and young people.
Max Overington	Member of Youth Parliament		
Natalie Brahma-Pearl	Chief Executive	Crawley Borough Council	
Natasha Rego	Interim Service Improvement Lead – Voice Participation	West Sussex County Council	I currently manage the Voice and Participation Team, who are responsible for ensuring that children and young people are given a chance to have their say and their voice heard.
Nigel Jupp	Cabinet Member for Education and Skills	West Sussex County Council	
Paul Wagstaff	Director of Education and Skills	West Sussex County Council	As Director of Education and Skills, I work with our schools and education partners to ensure that all our children and young people are appropriately supported and are able to access the quality of provision irrespective of their needs, starting points, or locality in which they live. This covers SEND, inclusion and ensuring that our schools are places of safety and remain safe.
Paula Lintott	Neighbourhood Youth Worker	4 The Youth	In my role I am responsible for organising our Outreach work with young people in the Horsham area. I work within secondary school's offering support and advice to young people, both 1-1 and in groups. I also run Real Love Rocks courses in school.

Name	Title	Organisation	50 Word Summary
Pennie Ford	Executive Managing Director West Sussex	Sussex NHS Commissioners	Responsible for overseeing the health service commissioning functions for West Sussex. This includes strategy, planning and funding arrangements, working closely with those providing services, the Local Authority and other local partners.
Dr Rowena Remorino	Consultant Paediatrician and Chief of Service for Women's and Children's Services	Western Sussex Hospitals NHS Foundation	As well as being a children's doctor, looking after children and young people with a range of medical problems from birth up until their 18th birthday, I also have responsibility and accountability for the quality, safety and sustainability of services for children in, and interfacing with, our hospitals.
Sam Boulton	Communication and Engagement Lead – Children First	West Sussex County Council	As Communications and Engagement Lead for Children First, I am predominantly responsible for the delivery of internal communication and engagement across the breadth of the Children, Young People and Learning department.
Simone Button	Programme Director of Foundations for our Future	Sussex Partnership Foundation NHS Trust	
Sonia Knight	Relationship and Partnership Development Leader, Corporate Parenting	West Sussex County Council	Working to developing partnerships across a variety of boards, leading on the development with partners of the Children and Young People's plan, supporting the delivery of the Children Looked After and Care Leavers strategic action plans.
Susan Tanner	Assistant Director – Children's Commissioning	West Sussex County Council	I am responsible for commissioning services to support children and young people and their families and for making sure that we provide the right placements for children who cannot live with their families.
Val Evans	Chief Executive Officer	West Sussex Parent Carer Forum	To develop and deliver West Sussex Parent Carer Forum's business plan and strategy to ensure its ongoing sustainability, growth and success.

Name	Title	Organisation	50 Word Summary
			To ensure that parent carers are placed at the heart of the charity and are encouraged to participate and coproduce services that support children and young people with SEND
Vicki Illingworth	Principal	Crawley College	I am Principal at Crawley College, part of the Chichester College Group. I am a member of the Group leadership team with group responsibility for safeguarding, SEND, student support services, student experience and curriculum planning/strategy and development across all our provision.
Vince Clark	Children's First Transformation Director	West Sussex County Council	I have a lead role for the service redesign across all of the services within the department (Education, Social Care & Early Help) and take a lead role on behalf of the Council to set up the Children's Trust.

**Children First Board
(a sub-group of the Health & Well-Being Board)**

**Minutes of Meeting held:
Thursday, 8 October 2020
5pm – 7pm
On-line Meeting (Teams)**

Attendees

1. Jacquie Russell, Cabinet Member for Children and Young People, West Sussex County Council
2. Nigel Jupp, Cabinet Member for Education and Skills, West Sussex County Council
3. Lucy Butler, Executive Director of Children, Young People and Learning, West Sussex County Council
4. Paul Wagstaff, Director of Education and Skills, West Sussex County Council
5. Emily King, Director of Communities, West Sussex County Council
6. Sally Allen, Deputy Director of Children's Services, West Sussex County Council
7. Vince Clark, Children First Transformation Director, West Sussex County Council
8. Susan Tanner, Assistant Director - Children's Commissioning, West Sussex County Council
9. Jenny Hacker, Consultant in Public Health - Starting Well, West Sussex County Council
10. Alison Nuttall, Commissioning - All Age Services, West Sussex County Council
11. Natasha Rego, Service Improvement Lead - Voice and Participation, West Sussex County Council
12. Sonia Knight, Relationship and Partnership Development Leader - Corporate Parenting, West Sussex County Council
13. Sam Boulton, Communication and Engagement Lead, West Sussex County Council
14. Lesley Walker, Independent Chair and Scrutineer, West Sussex Safeguarding Children Partnership
15. Catherine Howe, Director of Communities, Adur and Worthing Councils
17. Ian Duke, Deputy Chief Executive, Crawley Borough Council (sub for Natalie Brahma-Pearl)
18. Pennie Ford, Executive Managing Director West Sussex, Sussex NHS Commissioners
19. Lloyd Barker, Deputy Chief Operating Officer / Area Director for Children's, Young People's and Specialist Services, Sussex Community NHS Foundation Trust (sub for Kate Pilcher)
20. Fiona Lynch, Head of Nursing, Western Sussex Hospitals NHS Foundation Trust
21. Dr Rowena Remorino, Consultant Paediatrician and Chief of Service for Women's and Children's Services, Western Sussex Hospitals NHS Foundation Trust
23. Vicki Illingworth, Principal, Crawley College
24. Austen Hindman, Headteacher, Bishop Luffa School

25. Caroline Whiteman, Raising Awareness Engagement Lead, Health Watch West Sussex
26. Chris Cook, Chief Executive Officer, Sussex Clubs for Young People Ltd
27. Val Evans, Chief Executive Officer, West Sussex Parent Carer Forum
28. Bridget Richardson, Home Start (Arun, Worthing and Adur)
29. Paula Lintott, Neighbourhood Youth Worker, 4TheYouth
30. Harley Collins, Member of Youth Parliament (working in conjunction with West Sussex Youth Cabinet)
31. Max Overington, young person
32. Alisha Thomson, young person
33. Ethan Tunnell, young person

Apologies received

1. Natalie Brahma-Pearl, Chief Executive, Crawley Borough Council (sub Ian Duke)
2. Kate Pilcher, Chief Operating Officer, Sussex Community NHS Foundation Trust (sub Lloyd Barker)
3. Daniel Ruaux, Assistant Director - Corporate Parenting, West Sussex County Council
4. Chas Walker - Chief Executive, YMCA Downslink Group
5. Amanda Jupp, Cabinet Member for Adults' and Health, West Sussex County Council
6. DCI Emma Vickers, Sussex Police

1.   Welcome & Introductions (Cllr Jacquie Russell)

- A warm welcome was extended to all, and apologies were noted (as per attendance list above). Noted that this was a large meeting, and it will take time for everyone to become familiar with everyone's roles.

  Action: everyone who has not already done so is asked to complete a short summary of their role for the membership list – embedded here – and return to poe.cheung@westsussex.gov.uk as soon as possible.

- Confirmed the meeting was to
    o Define the Board's actual purpose and priorities –that the needs of West Sussex children are at the heart of all we do.
    o Defining Terms of Reference.
    o Develop the membership list.

2.   What is the purpose of the Children First Board?

Lucy Butler talked through the Terms of Reference and written comments from Health Watch, and Sam Boulton presented his paper on Vision for Children, Young People and Learning.

General discussion points

- Purpose is to all agree what the proprieties are going to be. It is a new strategic board that sits outside of the safeguarding partnership, and which allows young people, statutory bodies, and community focused organisations to have a voice and to think about what is required for young children in West Sussex
- Focus is for young people to drive the Board and to be integral to its work with a slot at every meeting.
- Establish 3-4 priorities that this board think we can work on i.e.: keeping well/focus on mental health and well-being – all children and young people to attend school etc.
- This will become the Children's and Young Person's plan, with direction to support those actions.
- This board sits under the Health and Wellbeing Board who will support if/when necessary. Regular reports will be made to the Health and Wellbeing Board.
- This Board will also maintain strong working links with the Safeguarding Partnership Board.
- Confirmed the age group of children and young people covered by this Board extends from birth to 25 years of age.
- Positive comments made on the Terms of Reference, including from the young people attending, agreed that we need to include reference to communities.
- Vision for Children, Young People and Learning was positively welcomed. Noted that these were a strong set of visuals and described very well the required values and behaviours.

Actions

- To review the Terms of Reference in light of discussion and written comments received from HealthWatch. Susan Tanner to action.
- The Terms of Reference will be reviewed at every meeting for at least the first year to make sure that they still reflect the work of the Board. Susan Tanner/ Poe Cheung to action.
- To option of publishing the minutes to be discussed at next meeting. Susan Tanner/ Poe Cheung to action.
- Sam Boulton to further progress the "Vision for Children's Services" with Val Evans to include children with disabilities, and report back at next meeting.

3. **How can we make sure we keep and young people's views and needs central to the work of this Board?**

Natasha Rego and the young people (Harley, Max, Alisha and Ethan) presented their work which was designed to help us think about how we keep children and young people's views central to the work of the Board.

General discussion points

- Harley explained how they had spoken to each other, and other young people that they know, to ensure that there was broad representation in their feedback.
- Children and young people are very keen to be as involved as possible, and it is important that the young people on the Board are supported to engage with other children and young people (from voluntary groups, young carers, contact centres, schools and clubs, etc) so that there is a strong and representative voice on the Board.
- The group reminded us all that we already have a lot of feedback from children and young people and we should use this as well as looking for additional feedback (young people are a bit fed up being constantly asked what they think about things, when this doesn't always translate into actions – use what we already know too!)
- There was a lot of support for the young people – agencies and services present at the meeting welcomed stronger engagement from children and young people, and many offered to support the young people on the Board to have access to information and children and young people that they work with.

Actions

- Natasha Rego and the young people on the Board are to be involved in the agenda setting meetings to make sure that their voice is heard and represented. It is important that this does not become a meeting that just has its agenda set by service leaders. Susan Tanner/ Poe Cheung to action.
- Natasha Rego to work with the young people, and others, to think about how they can broaden their engagement work in places where children and young people may not always have their voices heard in Boards like this, so that we have good arrangements in place for the future. This includes thinking about primary school representation and special schools, for eg. It is also important to be thinking about how to make sure that we hear from young children.   Natasha/ Harley/ Max/ Alisha/ Ethan to lead this action. Paul Wagstaff is going to support the representation of school aged children. Emily King offered to help support opportunities to engage with those children who use the library service (which includes younger children

and those with disabilities). Caroline Whiteman noted that Health Watch are just about to do some engagement work too, which could be very useful in this work.

- All agreed to promote the participation of children and young people through their respective Boards - and to reach out to the young people using whatever tools/facilities they have available. Everyone to action.

4. **Sussex wide Review of Emotional Health & Wellbeing Support for children and young people (Foundations for our Future)**

Alison Nuttall led this presentation which summarised the work done, and key findings from this review.   The Chair thanked Alison very much for a very informative and useful presentation on this important work. *(The presentation is available upon request to the Chairman)*

General discussion points
- Alison told us that this work started in late 2018/19, after it was recognised that pathways for emotional wellbeing and mental health support were not as clear as they could be.
- A full copy of the report is available, people can find it by using google if they don't already have a copy.
- The report covers where money is being spent, what current services there are, what the identified gaps are, and what the views of people who use these services are.
- The report makes approximately 20 recommendations, including;
  o Improving the way services work together
  o Joining up strategy across Sussex when this makes sense to do so
  o Improving the focus on outcomes for children and young people
  o The need to review spending across the system
  o Support into and across schools
  o Improving the engagement of children and young people in service reviews and service design
- There is a service wide programme which will oversee the recommendations of the review. This will focus on improving access to services (including especially for 16-25 year olds), developing an eating disorder service, mental health support to schools, ensuing we have good enough data and the right levels of financial investment, and improving urgent and emergency care.
- In West Sussex, specific priorities are;
  o Building on the good Wave 1 offer of support to schools
  o Continuing to develop and improve the digital attend anywhere appointment system.
  o The YMCA Eat Well programme
  o The review of YES service
  o Waiting times for services.

- We discussed this informative presentation, particularly;
  - The success of the programme of support to our schools. Paul Wagstaff told us that there would be a county-wide training programme in place in the next 6 months.
  - We talked about concerns that some policies conflicted with providing good emotional and mental health support to children and young people – for eg school attendance sending standard letters to parents whose children are not attending school because of mental health challenges. We recognised that different parts of the system have sometimes competing priorities. Paul Wagstaff will think about how we address this. Young people talked about how well supported they felt by their schools and colleges.
  - We talked about the importance of recognising the full range of services available to support children and young people. There are lots of services in the community – not just in formal provider services.
- Lucy Butler asked what role the Board will have in supporting the work of the Review. It was noted that the Review reports into the Health and Wellbeing Board, so we need to think about which Board any issues should go to. Everyone agreed that it is important work for this Board to have an oversight of, given that this is often the top priority for our children and young people.
- Lesley Walker made links between this review and the Neglect Audit, recently completed by the Safeguarding Partnership Board. Concerns about the waiting list for Tier 2 CAMHS services and working with children who meet threshold but don't want to engage with support services were raised.
- We all agreed that the work of school nurses in making a positive contribution to emotional and mental health support should not be forgotten.
- It was noted that it was a shame that there was no specific acute (hospital) service input into the Review – this felt like a missed opportunity given that many young people are accessing mental health support from hospitals (either on the wards or through the A&E department). Alison provided reassurance that the acute services would be involved in the work of the Urgent and Emergency Care pathway.

Actions

- Alison Nuttall to circulate a copy of the presentation after the meeting. This action has been completed.
- To share a copy of the Neglect Audit with Alison Nuttall. Lesley Walker to action.

5. **What work is most important for the Board to do first? What are the priorities for our children and young people?**

The young people, with support from Natasha, presented the work they had done setting out what it is like to be a young person growing up in West Sussex. They explained that they had asked other young people to talk to them about the good things, the not so good things and what the top worries and concerns were right now.

General discussion points
- It was good to hear that young people thought that there were many good things about growing up in West Sussex, including access to great countryside, better environmental conditions than in many larger urban areas, good opportunities for young people to have their say and needs met, etc.
- However, young people also say that they don't always feel safe in some parts of the county, and that not all areas were as well looked after as they should be (litter and other environmental concerns). Young people want more access to youth groups and more cycle lanes.
- Not surprisingly Covid-19 is a big worry for children and young people now. They are worried that the impact of this will mean that they won't get the grades they need to move on from education as they want to. They are also worried about the impact Covid-19 will have on wider society and what this may mean for them. Some young people are also worried because they can't contact their social worker when they need to, and that they don't have clear plans for when they leave care or turn 18.
- There was a good discussion about how we manage meetings going forward. Many young people find virtual meetings empowering, and the young people have noticed that in lots of cases this has improved attendance at meetings, which is great. But, we all agreed that not all children find this the case, so we must make sure that we use different ways to find out what they think and want so that no-one's voice is not heard.
- We talked about what type of virtual meeting worked best – young people tend to prefer Zoom, but agencies tend to use Teams or Skype for example. Important that we think about this, and make sure that everyone is able to use the system we use when we have meetings.
- Everyone was very grateful to the team who did this work, and to the children and young people that gave their thoughts to this work.

Actions

- To think about what digital platform we use for meetings, and to make sure that we circulate good information about how to use this platform before every meeting. Natasha Rego to action.

- To make sure that young people's voices really shape and drive the work of this Board. Everyone to action

6. **Have we got the right people at the Board? Do we need to make any changes, or add anyone to the membership?**

Lucy Butler explained that the membership list was circulated just before the meeting.

General discussion points
- It was noted that there are a lot of people on the Board, and that job titles can be really confusing so most people won't know what some one really does by their job title alone. The Board wants to have a short summary of what everyone does, so that this can be circulated with the membership list before every meeting.
- Some gaps were identified in the membership list, including particularly primary school headteacher representation, and someone from SPFT (provider of mental health services). It was also noted that the Police had not been able to send someone to the meeting, but that going forward this would be really important given the concerns about safety and the link to exploitation.

Actions
- The Board will review membership again at it's next meeting, and this will also be thought about at the agenda setting meeting beforehand. Susan Tanner/ Poe Cheung to action
- Everyone to make sure that they have provided information on their role (see action under Welcome and Introductions above)

7. **Decide who will be the Vice-Chair of the Board**

General discussion points
- There was a suggestion that we ask the Designated Doctor for the CCGs to be the vice-chair, but it was also suggested that we could ask one of the young people to take on this role.
- It was discussed and agreed that everyone would be careful to use non-gender specific language when talking about this and other roles.
- It was agreed that everyone would think about this, and it would be discussed at the next meeting.

Action

- To be discussed at the agenda setting meeting, and to be put on the agenda for the next Board. Susan Tanner/ Poe Cheung to action.

8.   Close of the meeting and deciding when the next meeting will be. (Jacqui Russell – Chair)

- Jacquie Russell thanked everyone for attending and for their very constructive contributions to the meeting. She particularly thanked the young people who had done such a lot of work to inform the Board's discussions.
- Jacquie noted that whilst the meeting was held outside of usual working hours this was because this is what the young people preferred, and what worked best for them.
- The meeting was reminded that dates for the next meetings (all on Thursdays, between 5 and 7pm) were;

14th January 2021
8th April 2021
8th July 2021

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West Sussex Health and Wellbeing Board

28 January 2021

West Sussex COVID-19 Local Outbreak Engagement Board

Report by Dr Tony Hill, Interim Director of Public Health

Summary

This report provides an update on the progress of the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB) since its' inaugural meeting in July 2020.

The Board was established as part of the Government's requirements for the COVID-19 National Test and Trace Programme and is accountable to the West Sussex Health and Wellbeing Board, as a sub-group of the Board, providing formal updates at its' quarterly public meetings.

Recommendations to the Board

The Health and Wellbeing Board is asked to;

(1)   Acknowledge and provide feedback on the progress of the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB) since its' inaugural meeting in July 2020.

(2)   To consider how the Board could further increase engagement with communities across West Sussex throughout the COVID-19 pandemic to reduce the spread of infection and save lives.

Relevance to Joint Health and Wellbeing Strategy

West Sussex Public Health's COVID-19 response aims to minimise the impact of the virus on the population of West Sussex by controlling the COVID-19 rate of reproduction (R), reducing the spread of infection and saving lives. In line with the West Sussex Joint Health and Wellbeing Strategy priorities, this preventative approach also aims to improve the overall health outcomes of West Sussex residents and reduce inequalities, supporting our local population during these challenging times.

1   Background and context

1.1   The West Sussex member led Local Outbreak Engagement Board (LOEB) has been established as a sub-group of the West Sussex Health and Wellbeing Board to provide political ownership and public-facing engagement and communication for outbreak response during the COVID-19 pandemic.

1.2   The LOEB is a key part of the governance structure for the West Sussex COVID-19 Local Outbreak Control Plan (LOCP), published on 30 June 2020. The Interim Director of Public Health drives this local plan through the West

Sussex COVID-19 Health Protection Board in collaboration with the West Sussex County Council (WSCC) Strategic Management Group (Gold Command) and the LOEB.

1.3　Chaired by Amanda Jupp, Chair of the West Sussex Health and Wellbeing Board and Cabinet Member for Adults and Health, membership of the LOEB includes Cabinet Members with portfolio responsibilities for community development, health and adults services, children and families, West Sussex County Council (WSCC) directors with commissioning responsibility for Public Health, Adults Services, Children's Services, Communities, Head of Communications and Engagement, and representatives from West Sussex district and borough councils, West Sussex Clinical Commissioning Group (CCG), and Healthwatch West Sussex. The Leader of West Sussex County Council (WSCC) is invited to attend as an 'optional guest.'

1.4　The Board meets on a monthly basis and has met six times during the period July 2019 to January 2021. The next meeting is scheduled for 11 February 2021.

Development of the Local Outbreak Engagement Board (LOEB)

1.5　The LOEB has firmly established itself as a public-facing board led by elected members, providing political ownership and public-facing engagement and communication for outbreak response.

1.6　By bringing together key systems leaders across the County Council and the wider health and social care system, the LOEB applies its collective strength and resources to reduce the spread of infection and save lives throughout the communities of West Sussex.

1.7　To further build upon this, in October 2020, the LOEB invited the Director of Communities to become a member of the Board due to the significant amount of community engagement required throughout the COVID-19 pandemic, and in November 2020, the Board formally invited the Leader of West Sussex County Council to attend as an 'optional guest,' receiving Board agendas and papers.

1.8　Whilst it does not meet in public due to the Official Sensitive content of meetings, the LOEB provides representative oversight and influence, communicating with the public during the ongoing COVID-19 pandemic to provide key information. This includes highlighting the latest data, providing public health prevention messages, emphasising the Keep West Sussex Safe campaign ("Hands, face, space, get a test"), and changes to Government policy, aiming to positively influence behaviours, reduce the spread of infection and keep case rates low across the county.

1.9　The Board does this in a range of ways including working with communications teams from partner organisations, such as WSCC, district and borough councils, and the NHS, to coordinate key messages, using their voices in and across their organisations and communities. This is a two-way process, with the Board receiving feedback from members and their communities, for example, Healthwatch West Sussex, enabling them to understand the key issues faced, helping to resolve them collectively where possible.

1.10 Additionally, the LOEB are keen to support the WSCC Communications Team to utilise all communication channels including multi-media channels (radio, TV, social media, videos etc.), outdoor advertising, leaflet drops, and using WSCC library building windows, to advertise Council services which are available to support residents during the pandemic, such as the Community Hub.

1.11 Standard agenda items for LOEB meetings include a COVID-19 update by the Interim Director of Public Health, COVID-19 data overview, communications and engagement, West Sussex COVID-19 Local Outbreak Control Plan updates (when required), and more specific operational updates when needed, such as local COVID-Alert Levels, the Local Tracing Partnership (LTP), COVID-19 testing, and the NHS COVID-19 Vaccination Programme.

1.12 As the COVID-19 pandemic has continued to evolve, so too has the LOEB, focusing on supporting the local implementation of Government policies and initiatives and communicating them to its local population, adapting and changing as required.

1.13 An example includes the launch of the Local Tracing Partnership (LTP) in West Sussex and East Sussex (November 2020) to support the national NHS Test and Trace system. The LOEB emphasised the need for contact numbers of the LTP to be publicised widely, and to ensure the Council's local authority role within the overall national NHS Test and Trace service is clear in all communications to help residents understand how it will work with the national service to help keep West Sussex safe.

1.14 Furthermore, the Board were keen for WSCC Public Health to provide guidance to event organisers across the county on how to be COVID secure (when events are permitted by the Government) and areas to consider. In December 2020, a webinar was held with event organisers across the county, covering various areas including data, the events application process and basic information regarding supporting outbreak management. *Please note, attendance at the webinar did not mean event organisers were considered 'COVID secure,' the purpose was to provide an overview of the process and areas to address.*

1.15 The LOEB will continue to use its voice to engage with local communities across West Sussex emphasising key messages to keep West Sussex safe. A further update will be provided to the West Sussex Health and Wellbeing Board at their next meeting on 24 June 2021.

2   Proposal details

2.1 The purpose of this paper is to provide a formal quarterly update to the West Sussex Health and Wellbeing Board on the progress of the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB) since its' inaugural meeting in July 2020.

2.2 Board members are encouraged to provide feedback on its' progress and to consider to how the LOEB could further increase engagement with

communities across West Sussex throughout the COVID-19 pandemic to reduce the spread of infection and save lives.

3   Consultation, engagement and advice

3.1   Not applicable.

Contact: Alison Thomson, Public Health Lead – Partnerships Tel. 0330 222 4132
Email: alison.thomson@westsussex.gov.uk

Appendices: None

West Sussex Health and Wellbeing Board

28 January 2021

Learning Disability Awareness

Report by Learning Disability and Autism Commissioner on behalf of the Learning Disability Partnership Board

Summary

The West Sussex Learning Disability Partnership Board (LDPB) is made up of people with learning disabilities, carers and people from health and community services.

The LDPB works to improve the lives of people with learning disabilities and their families in West Sussex. It works for and with people with learning disabilities as equal partners and in many ways its work is led by them.

Much of its work concerns the lives of adults, but it also works to improve life chances for young people and adults in the future.

The attached report at Appendix 1 is written in Easy Read. Easy Read is about making written information easier to understand by using short, simple sentences with pictures. Easy Read documents are one way to make information more accessible to people with learning disabilities.

This report focuses on preventing health inequalities in people with a learning disability and digital inclusion so that nobody is excluded due to a lack of digital access, confidence or skills.

Recommendations to the Board
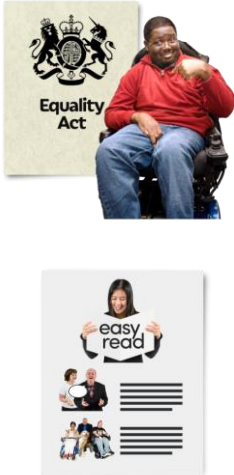
The Health and Wellbeing Board is asked to;

(1) endorse the actions of the Learning Disability Partnership Board which works to improve the lives of people with learning disabilities and their families in West Sussex; and

(2) consider actions each member will take forward in their respective roles and organisations to improve accessibility and health outcomes for those with Learning Disabilities.

Relevance to Joint Health and Wellbeing Strategy

The Joint Health and Wellbeing Strategy recognises that Life expectancy is considerably lower for people with mental health problems and people with learning disabilities. The refreshed Strategy, 2019-2024, seeks to further improve the health and wellbeing of local people across the whole of West Sussex, and in particular address the health inequalities that are present in the county at all stages of people's lives.

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Introduction

The Learning Disability Partnership Board's goal is to help adults with a learning disability:

- Stay healthy
- Live their best life
- Keep safe

We do this by working together. Self-advocates working with a wide range of health, social care and community organisations.

We are doing well when the voice of people with a learning disability is heard and included in health and social care decisions.

The Board believes that people with learning disabilities have the right to the same opportunities as anyone else:

- A place to live, a job and included in the community you live in.
- Involved in the design and delivery of any support you get.

A factsheet about the Board can be found here.

We are pleased to talk to the Health and Wellbeing Board.

We hope that this will lead to the Board thinking about what people with learning disability have said when making their decisions.

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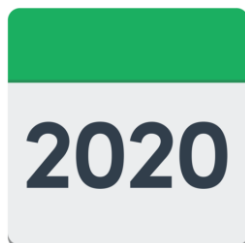
What things has the Learning Disability Partnership Board talked about?

The Board has been meeting 6 times a year since 2001.

The things we talk about come under these themes:

- Employment
- Friends, Relationships and Community
- Good Health
- Independent Living

In 2019 the Board talked about:

- Money
- Loneliness
- Mental health medication (STOMP)
- Support to people in mental health hospitals.

In 2020 we talked about:

- Supported Living
- Employment
- Safeguarding, Covid-19 and LeDeR
- Digital Inclusion
- Access to Primary Care – GP services

The Board looks for good practice and how more people can benefit from this.

It is important to share examples of how people and organisations are working in a way that includes people with learning disabilities.

Minutes are posted on the WSCC website.

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	What do we want to talk about today? 2 topics that we talked about in 2020 were chosen by the Board to talk to you about today: • Preventing people with a learning disability dying earlier than the general population. • Digital inclusion - nobody is excluded due to a lack of digital access, confidence or skills.
	Preventing people with a learning disability dying younger than the general population
	Here are some reports to read: 1. Learning Disability Mortality Review (LeDeR) programme annual report. In July 2020 the 4th LeDeR report was published. Here is a film about its findings. The NHS has written a report about what improvements are being made it is called action from learning and here is the easy read version.
	2. LeDeR Sussex Annual Report Published in June 2020. Includes the Sussex LeDeR Covid Response.

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	3. LeDeR national report into Covid-19 deaths This report tells us that people with learning disabilities are more likely to die if they get Covid-19. This easy read report says what is being done about this.
    	4. Reasonable Adjustments A reasonable adjustment is changing the way we usually do things to make sure people can use services. Making reasonable adjustments is very important to help prevent poor health. In Sussex there has been lots of work to make sure that easy read information about Covid-19 is available. Agencies have worked together to make sure they understand how to support people with learning disabilities who have Covid-19. This includes GPs and hospitals. Government information on reasonable adjustments for people with a learning disability. Communicating with people with a learning disability and autism, dementia and mental health needs – COVID-19 guidance

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	5.Living together in a fair way Easy read report (2019) by Institute of Health Equity about why social factors, for example employment, lead to people with a learning disability not living as long as other people.
	6.Annual Health Checks for People with a Learning Disability and Hospital Passports Annual Health Checks are carried out by Doctors. This link takes you to Guidance including details of online appointments.
	Example 1 - the Flu Jab Flu prevention was more important than ever because of Covid-19. Public Health England said in November that people with learning disabilities were 6 times more likely to die from COVID-19 than the general population. Breathing difficulties was a major cause of these deaths. We know that there were some reasonable adjustments for the flu jab program: • Targeted invites sent via the GP's Learning Disability Registers • Easy read information • Promotional films made by people with a learning disability. • Information for Providers about consent. • Nasal spray alternative to injection. • Support from the Learning Disability Health Facilitation Team. *The Health and Wellbeing Board could check the success of the program including the:*

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- *Number of people with a learning disability who had a flu jab compared to other years.*

- *If there are any lessons to be learnt that will help the Covid-19 vaccination and next winters flu.*

- *Whether organisations are preparing to Covid-19 vaccinate people with a learning disability.*

Example 2 – NHS national focus on older people in Care Homes

We have seen during the Covid-19 pandemic a national response that has mostly focussed on registered care homes.

An example is the Enhanced Health in Care Homes (EHCH) Approach. This is where each care home has a named GP who leads on weekly home visits and a multi-disciplinary way of working with people in the care home.

70% of people with a learning disability do not live in registered care home. Many people with complex health needs live in supported living accommodation, Shared Lives or with their families.

About half of the deaths of people with a learning disability from COVID-19 were in people aged 50-69 years. Between March – June 2020 (first lockdown) 615 (46%) of deaths of people with a learning disability were from Covid-19.

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The Health and Wellbeing Board could advocate that clinically vulnerable people, in other types of care and support accommodation, do not miss out on health support.

Example 3 - Spotting the early signs that someone is becoming unwell.

The Learning Disability Partnership Board heard that everyone needs to be able to beware of:

- Diagnostic overshadowing - this is when a change in someone is put down to their disability or mental health without looking into other things like their physical health.

- Be aware of atypical presentations to pain, illness, or discomfort – this is when a person doesn't have the usual signs of being ill.

- [Hospital Passports](#) – a passport is important for helping hospital staff see important information about you quickly to care for you well.

- Listening to carers and families who will know the person well.

  Adapt communication - simple clear language and pictures.

- Making reasonable adjustments.

The Health and Wellbeing Board could look at what training people who deliver care and support are given to be able to spot the early signs of ill health.

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Making sure people with a learning disability are not left behind in a digital world

This is the NHS calling to make a Covid-19 vaccine appointment

This report looks at best ways to support digital inclusion:

Guide to digital inclusion published in December 2020.

We are living in a digital world where lots of things online including:

- Universal Credit
- Electricity and other bills
- Contacting your GP
- Online Annual Health Checks
- Being in touch with family and friends

During the Lockdown many services moved to online appointments, support and activities.

For example:
- Day Services were closed, and they did online classes via Zoom.
- There were no Gigs, so Gig Buddies put on a weekly online music festival that was featured on Radio 1.
- Self-advocacy groups started meeting online.

Joining online Zoom meetings has been important for some people. Self-advocates said they felt less lonely and happy to see people's faces.

Not everyone can access Zoom.

There are services providing help, for example:

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- The Aldingbourne Trust has Lottery Funding to employ someone to remotely support service users with online issues.
- Stay Up Late have teamed up with Brighton Digital Inclusion to fund SMART phones and internet connections.
- Impact Advocacy have charitable funding to buy and lend out devices to Self-Advocates.

But many people with a learning disability do not have equipment, a broadband connection or the knowhow to do things online.

To support people to connect to their families. the NHS have given Care Homes free iPads and found internet connection deals. This offer did not extend to all types of services.

The Health and Wellbeing Board could consider:

- *If new Assessments should look at what support a person needs to be able to use online services in their daily life and the cost of doing this.*

- *Who can help people with a learning disability develop their digital skills and what support is needed.*

- *In delivery of services - is face-to-face still available when online isn't an option.*

- *Do digital inclusion programmes include people with a learning disability.*

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West Sussex Health and Wellbeing Board

28 January 2021

Creating Healthy and Sustainable Places: A Public Health and Sustainability Framework for West Sussex

Report by Lourdes Madigasekera-Elliott, Programme Manager: Public Health and Sustainability, West Sussex County Council

Summary

West Sussex County Council is committed to reducing health inequalities which requires us to take a coordinated and cross-sector action at multiple points across a complex system and to apply and embed 'health in all policies'. We recognise the need to shape the system in ways that maximise health equity and opportunities for sustainability. Cross-sector action is key to addressing health inequalities, environmental challenges and the '**causes of the causes'** as outlined by the wider determinants of health.

The built and natural environment are recognised as major determinants of health and wellbeing across the life course, they are a key aspect and can unlock many opportunities to create **healthy and sustainable places to live, work and play**. However, built and natural environment professionals agree that not everyone is creating healthy and sustainable places[i] and where they are it is not being delivered in a consistent manner.

Significant gains in population health and sustainability can be achieved by delivering consistent standards across the county and by working in partnership to improve our built, natural and social environments. This has never been more important than now in the wake of a post Covid-19 world and in the face of a climate change emergency.

The places that are built today will be lived in for decades to come. They must be good-quality places that support communities now and for future generations. Creating healthy and sustainable places in West Sussex and making use of this framework can support the delivery of opportunities to put 'health and sustainability into place'. It is fundamental to delivering healthier lives, delivering a consistent and holistic approach to place making as well as contributing towards 'planetary health'. This approach is innovative, cross cutting and has the potential to reframe how we understand and protect 'Our planet, Our health, Our Future' within the context of delivering public health, sustainability and place making.

This work helps to deliver against the:

- **West Sussex Joint Health and Wellbeing Strategy 2019-2024** and its ambition to address the wider determinants of health, including the focus on the built and natural environment as well as the need to reduce health inequalities;

- The County Council's commitments set out in the **Climate Change Strategy 2020-2030**. For example, *'we will work in partnership to find innovative solutions and collaborative ways of working to tackle climate change'*;
- **West Sussex County Council Reset Plan** and its four priorities which include the need to tackle inequality, work in partnership, deliver a sustainable and prosperous economy, prevent escalating needs and promote independence later in life for example.

Recommendation to the Board

The Health and Wellbeing Board is asked to;

Endorse, support and build upon the work on the 'Creating Healthy and Sustainable Places: A Public Health and Sustainability Framework for West Sussex'

Relevance to Joint Health and Wellbeing Strategy

It delivers against the commitments and Health and wellbeing priorities such as the need to:

- Reduce health inequalities
- Address the wider determinants of health
- Improve and shape the environment for people to live healthy lives
- Provide opportunities to deliver positive health outcomes across the life course approach
- Deliver a 'Health in All Policies Approach' (HiAP - 'Imple Ollila, E. (2011) Health in All Policies: from rhetoric to action. Scandinavian Journal ofPublicHealth39(S6):11–18. mention Health in All Policies at a local level: practical examples' (LGA 2016))

1   Background and context

1.1   The Local Government Association's (LGA) 'Background Information about Health and Health Equity in All Policies' (2011) sets out two broad approaches suggested by Olilla, as follows[1]:

- Proactively identify opportunities for improving health through influencing policies that impact on underlying determinants.

- Identify and analyse policy trends and shifts in sectors other than health that potentially have important health implications and react to take advantage of these opportunities.

WSCC Aims for implementing Health in All Policies (HiAP):

1.2   To create a *health-promoting council* by maximising health improvement and promotion across the majority of services and service areas across the Council by embedding and aligning public health priorities and outcomes within policies, strategies and commissioning. To develop public health skills that help to

deliver HiAP and 'designing in health and sustainability' across the council and district and borough councils.

1.3   To promote and support the usage of *health impact assessments*. To promote their usage to inform projects, policies and strategies and as part of creating healthy environments and 'designing in health and sustainability'.

1.4   To ensure that all upcoming *policies and strategies*, produced by the council and wider partners (where relevant), are made known to Public Health. Public Health could then review the drafts and ensure that any resulting health impacts have been taken into account.

1.5   Embed *prevention principles for prevention into all procurement activity*, by encouraging commissioners to include terms in the service specifications to promote health and social value for example. To ensure service providers do take responsibility for health promotion and early intervention.

1.6   *Establish approach with the seven district and borough councils* as part of Health and Well-being Deals. To work with the Health and Wellbeing Partnerships and spatial planning systems in the district and boroughs to support 'designing in health and sustainability', and healthy environments. To roll out the West Sussex Health and Wellbeing Planning Guidance and approaches to/best practice around HiAP.

1.7   To *develop a HiAP/'Mainstreaming Health' toolkit* to support the council and its directorates/departments to consider and evaluate any impacts on health; this will ensure and evidence that health implications and the wider determinants of health have been considered as part of decision making and infiltrates all areas across the County Council.

2   Proposal details

The purpose of this framework is to:

2.1   Provide a vision and clear statement on our commitment, as a public health authority, to healthy and sustainable place making across the county.

2.2   Provide public health guidance in the form of this framework to delivering a consistent and holistic approach to healthy and sustainable placemaking in West Sussex.

2.3   To signpost users of the framework to the scale and scope of practical challenges, opportunities and **tools** for placemaking in specific relation to public health, sustainability, planning and the wider built and natural environment.

2.4   Provide clarity on how the requirements set out in the National Planning Policy Framework (NPPF) and Planning Policy Guidance (PPG) on healthy and safe communities can be met.

2.5   To lay the foundations to support health and wellbeing as a holistic thread running through the future development of plans, policies, design guides and codes.

2.6   To support decision making to take into consideration at the earliest opportunity health, wellbeing and sustainability impacts.

2.7   To guide and champion the proportionate use of Health Impact Assessments (HIAs).

3   Consultation, engagement and advice

3.1   The Framework has gone out for two rounds of consultation with internal and external partners. These include all our district and borough colleagues (planning, environmental health and community wellbeing for example). Consultation has also included NHS Estates, Public Health England, Sport England, two major developers (Redrow and Thakeham), the Community Voluntary Sector, Healthwatch, Public Consultation, Cross Portfolio meetings, WSCC Executive Leadership Team, WSCC Direct Leadership Team, WSCC Public Health Board. Their comments, recommendations and feedback have been fed into the development of the framework.

Contact: Lourdes Madigasekera-Elliott, Programme Manager: Public Health and Sustainability at West Sussex County Council, 03302229359, Lourdes.Madigasekera-Elliott@westsussex.gov.uk

Appendix

- Creating Healthy and Sustainable Places: A Public Health and Sustainability Framework for West Sussex

Background papers

- Health Impact Assessment in spatial planning: A guide for local authority public health and planning teams (PHE 2020)
- Spatial Planning for Health: An evidence resource for planning and designing healthier places (PHE 2017)
- Our Planet, Our Health (House of Commons Environmental Audit Committee 2019)
- Healthy Placemaking: The evidence on the positive impact of healthy placemaking on people is clear – so how can we create places that deliver healthier lives and help prevent avoidable disease? (Social Change UK 2018)

Creating Healthy and Sustainable Places

A PUBLIC HEALTH AND SUSTAINABILITY FRAMEWORK FOR WEST SUSSEX

west sussex county council

2020

Contents

1

Executive Summary

West Sussex County Council has a responsibility for delivering positive health and well-being outcomes for its residents. This framework provides public health guidance to decision makers about creating about creating healthy and sustainable places and communities in West Sussex. It includes a **toolkit** that aims to provide background evidence, signposting to information and tools in order to assist users to achieve healthier places across West Sussex including ways in which to incorporate health, wellbeing and sustainability outcomes as part of healthy and sustainable placemaking.

The framework begins by setting out why it is important to consider health and wellbeing in shaping our communities and that public health and West Sussex County Council have an overarching role in delivering a consistent approach. Through the Vision (page 6) a thread of what shapes and characterises a healthy and sustainable life, runs through the framework. which feeds into the objectives (pages 9 -10). These in turn lead into practical guidance for users, the whole framework is therefore a holistic approach to developing a healthy and sustainable community.

Sections in the framework include looking at healthy development from a public health view (page 23) and sets out what is placemaking (page 7) and good design (pages 7- 8) in relation to health and wellbeing. The section on planning for health, wellbeing and sustainable development (page 13) reminds us how historically, planning and public health share the same roots, from which we are brought up to date with through more recent legislation (Appendix 1).

Guidance on how Health Impact Assessments (HIAs) can be used to ensure health is at the heart of new development and communities (pages 16-20 and Appendix 3). A growing awareness of the impact climate change has on human health and its linkages to development is looked at in section 2.

The final section, 'what should a healthy development do' as well as setting out what a healthy and inclusive development looks like, it offers practical suggestions to deliver a consistent approach. With signposts to background information (also Appendix 6) and evidence, see also Appendix 4 (meeting different housing needs). A useful check list is included in Appendix 5 setting out a range of health-related factors that should be considered for place making and any proposal i.e. built development, planning policy (local and neighbourhood plans).

This framework helps to deliver against:

- The West Sussex Joint Health and Wellbeing Strategy 2019-2024 and its ambition to address the wider determinants of health, including the focus on the built and natural environment as well as the need to reduce health inequalities;
- The County Council's commitments set out in the Climate Change Strategy 2020-2030. For example, *'we will work in partnership to find innovative solutions and collaborative ways of working to tackle climate change'*;
- The **West Sussex County Council's Reset Plan** and its four priorities which include the need to tackle inequality, work in partnership, deliver a sustainable and prosperous economy, prevent escalating needs and promote independence later in life for example.

We thank everyone who has kindly contributed to the development of this framework.

2

Foreword

Our health and the health of our places are the most precious and important assets - we must protect them.

Everyone has the right to live in a great place. Defining a great place, however, is not easy as there is no universal definition especially as places and people differ from each other as do expectations. However, a good starting point is the assertion that health and wellbeing is our most basic human right and one of the most important indicators of healthy and sustainable development.

The Marmot Review showed that poor health does not arise by chance and is not simply attributable to genetic make-up, unhealthy lifestyles and a lack of access to medical care, important as these factors are. Differences in health reflect the differing social, environmental and economic conditions of local communities and their places.

West Sussex County Council, as a public health authority, is committed to reducing health inequalities which requires us to take a coordinated and cross-sector action at multiple points across a complex system and to apply and embed 'health in all policies'. We recognise the need to shape the system in ways that maximise health equity and opportunities for sustainability. Cross-sector action is key to addressing health inequalities, environmental challenges and the '**causes of the causes**' as outlined by the wider determinants of health.

The built and natural environment are recognised as major determinants of health and wellbeing across the life course, they are a key aspect and can unlock many opportunities to create **healthy and sustainable places to live, work and play**. There are a considerable number of policies including planning policies, requirements and examples of projects and developments that consider the health and wellbeing of an area or development across west Sussex. However, built and natural environment professionals agree that not everyone is creating healthy and sustainable places[1] and where they are it is not being delivered in a consistent manner.

Significant gains in population health and sustainability can be achieved by delivering consistent standards across the county and by working in partnership to improve our built, natural and social environments. This has never been more important than now in the wake of a post Covid-19 world and in the face of a climate change.

One example of how this framework can be used is when considering the development of the areas, the places that are built today will be the built form for decades to come. They must be good-quality places that support communities now and for future generations. Creating healthy and sustainable places in West Sussex and making use of this framework can support the delivery of opportunities to improve putting 'health and sustainability into place'. It is fundamental to delivering healthier lives, delivering a consistent and holistic approach to place making as well as contributing towards 'planetary health'. This approach is innovative, cross cutting and has the potential to reframe how we understand and protect 'Our planet, Our health, Our Future' within the context of delivering public health, sustainability and place making. Central Government will need to consider this across policies and regulations to ensure all aspects of government functions that affect and influence the health of human civilisation and the state of the natural systems on which it depends.

3

Introduction

The role of West Sussex County Council

The transition of public health responsibilities, budgets and teams from the NHS to local authorities in 2013 enabled the debate about health, outside of healthcare settings, to develop. Debate and action now stretch across functions of local government such as strengthening communities, education and early years provision, planning, economic and social regeneration, access to employment and welfare, housing and access to green and blue spaces. Public health, which is part of West Sussex County Council, is well placed to facilitate, enable and deliver against agendas regarding healthy and sustainable place making even when housing, for example, is not delivered at a county council level. Therefore, West Sussex County Council, as a public health authority, has an influential role in helping decision makers address public health and wellbeing in their place making.

Who is the Framework aimed at?

This framework is aimed at '**Place makers'** including those involved in decision making concerning the creation and regeneration of places within West Sussex. Place makers include developers, designers, investors, policy makers, service providers, infrastructure providers and all those who influence the design, layout and function of places and developments. The framework is also for wider health and social care partners (including primary care, the West Sussex Clinical Commissioning Group (CCG), Sustainability and Transformation Partnership (STP) / Integrated Care Systems (ICS) and local NHS Trusts).

Purpose of the framework
The purpose of this framework is to:

1. Provide a vision and clear statement on our commitment, as a public health authority, to healthy and sustainable place making across the county.

2. Provide public health guidance in the form of this framework to delivering a consistent and holistic approach to healthy and sustainable placemaking in West Sussex.

3. To signpost users of the framework to the scale and scope of practical challenges, opportunities and **tools** for placemaking in specific relation to public health, sustainability, planning and the wider built and natural environment.

4. Provide clarity on how the requirements set out in the National Planning Policy Framework (NPPF) and Planning Policy Guidance (PPG) on healthy and safe communities can be met.

5. To lay the foundations to support health and wellbeing as a holistic thread running through the future development of plans, policies, design guides and codes.

6. To support decision making to take into consideration at the earliest opportunity health, wellbeing and sustainability impacts.

4

7. To guide and champion the proportionate use of Health Impact Assessments (HIAs).

How has the framework been developed?

The framework has been developed within the context of wider national approaches to public health and place making to support:

- The National Planning Policy Framework (NPPF) and the Planning Practice Guidance (PPG) on promoting healthy and safe communities (see Appendix 1).

- Local adoption of planning policies and guidance on the use of HIAs

- Consideration of how the planning process impacts population health, wellbeing and inequalities through the wider determinants of health

Having recognised the varying approaches, the County Council has tailored the information to provide a very local and holistic interpretation of current and new public health thinking around this agenda. The framework has been developed through engagement and consultation with a wide range of partners who have included our district and borough council colleagues, Public Health England (PHE), Sport England, NHS Estates, West Sussex CCG, the community voluntary sectors (CVSs), Healthwatch and the wider general public. The framework is in alignment with existing guidance and is not intended to supersede it.

How can the framework be used?

The framework can be used as a **toolkit** that supports place makers (in the broadest sense), to think in a **holistic** manner about public health and each place and each development with the **vision** for healthy and sustainable placemaking in West Sussex in mind. It is acknowledged that each location is unique, and what works in one place may not work in another. It is therefore important that the many professional disciplines work closely together and, when they do, that they pay close attention to the **characteristics, specifications, considerations** and practical details in this framework and apply these carefully to meet the needs of the local area. They can be applied to both new development and regeneration schemes improving an area for people, property and the quality of the local environment.

The role of this framework

This non-statutory framework addresses how the County Council, as public health authority, will engage in the planning system as a statutory consultee when commenting on planning applications, and emerging local and neighbourhood plans. It also outlines the County Council's approach to working with external agencies in relation to other public health matters, such as open space, town centre management etc.

To be clear, this framework only provides guidance to decision-makers from a public health perspective and it has not been adopted by the County Council as a statutory planning policy document. Accordingly, it carries no weight within the planning system, and it is not a material consideration in the determination of planning applications.

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Vision

Six fundamental characteristics of a healthy and sustainable place in West Sussex:

Social cohesion and participation: There is a socially cohesive community; there is diversity; the community is safe and secure; there are spaces for community gathering and interaction; the colocation of local services and facilities with walking and cycling routes; there are minimal health inequalities; increased health equity and support for mental health.

Healthy housing: There is a range of housing options: size, tenure, affordability; protect from involuntary displacement; decrease concentrated poverty; ensure access to healthy, quality housing development and design.

Resilient built public infrastructure and services: There is affordable access to quality public climate resilient infrastructure; connected neighbourhood and community spaces, education, childcare, public health, health and social care, recreation facilities, sport and leisure, daily goods and services; affordable access to healthy food through community shops and allotment schemes.

Safe and sustainable travel options: There is accessible, affordable public transportation, innovative sharing schemes to cars and bikes; there are safe, quality environments for movement and access, walking and cycling resulting in fewer miles travelled by private vehicle.

Prosperous and sustainable economy: Where everyone has the chance to benefit, with opportunities for enterprise and social mobility, there are opportunities for all to have gainful, meaningful and well-resourced employment; offering local jobs for local people; social value and procurement; to have the infrastructure and conditions for businesses to start, grow and thrive and to make use of the local supply chains; innovation in green energy and develop the commercial provision of energy-related services to support the growth sector; opportunities for green growth post-Covid-19.

Thriving and accessible natural environments: Natural environments, open spaces, biodiversity and wildlife are restored, enhanced, preserved, protected and accessible for all; good air quality, good water quality and resources, and safe levels of noise; reduction on carbon emissions for new and proposed development.

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Section 1: Background and Context

Defining Healthy and Sustainable Place Making

'Place' is a driver for exposure to opportunities to enjoy good health and wellbeing and a sustainable future for generations to come.'

Both the **Covid-19 pandemic and the climate change situation** have highlighted two important social and public health concerns in regard to 'places and people':

- Firstly, that those who live in more deprived urban and rural areas are more susceptible to their effects. For example in regards to COVID-19 this is outlined in Public Health England's disparities in the risk and outcomes of COVID-19 report.

- Secondly, both have helped to bring into sharp focus the importance of our places, the design and functionality of spaces, the way we value our relationship with them and adapt. They have highlighted issues with restrictions, access and the value of green and blue nature as essential to our continued wellbeing.

Placemaking is both a process and a philosophy. On one level, 'place making' refers simply to the planning, design and management of public spaces. However, it tends to be used to describe a broader perspective that emphasises not just the spaces themselves but how people use them, based on the belief that thriving neighbourhoods and inviting public spaces play a profoundly important role in community life (Project for Public Spaces 2016).

Placemaking facilitates creative patterns of use, paying particular attention to the physical, cultural, and social identities that define a place and support its ongoing evolution. When put into practice, the approach often places significant value on **collaboration and co-design between professionals and local people**. It is centred around observing, listening to, and asking questions of the people in a space in order to understand their needs and aspirations for that space and for their community as a whole. Working with the community **to create a vision around the places** they view as important to community life and to their daily experience is key to building a strategy for implementation.

Placemaking inspires people to collectively reimagine and reinvent public spaces as the heart of every community. It is a collaborative process by which we can shape our public realm in order to maximize shared value. The concept of 'healthy place-making' builds on the assertion that an explicit goal of those involved in place-making should be to improve the health and wellbeing of the local population[2] and '**good design**' can facilitate improvements to the way we live, work and play. This makes the lives of people happier, healthier and safer. In addition, it brings communities together and facilitates long term behaviour change, transforming our lifestyle for the better and **making the healthier choice the easiest choice**.

What we mean by good design

Good quality design need not cost more; proper investment in design can bring numerous social and economic benefits over the lifespan of the development. In order to create places, it is not enough to know the **characteristics** that are necessary for place making. We also have to take into consideration what constitutes as 'good design'. Many of the aspects of good design in considering health and wellbeing are considered already through planning policies

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across West Sussex, a sharper focus on health and wellbeing though with regarding to design could, it is considered, improve developments and future communities in the county.

Building for a Healthy Life: A Design Code for neighbourhoods, streets, homes and public spaces' (2020) is Homes England's key measure of design quality. Building for a Healthy Life is foremost a design process structure, not a scoring system and offers a process for collaborative working between developers, local authorities, communities and other stakeholders by providing principles for creating better places and focusing attention on them. When using BHL it is important that local authorities and developers discuss the 12 considerations at the very start of the design process. BHL offers written and visual prompts directing you to the components of successful places and is a useful tool to use.

In addition, the National Design Guide sets out the characteristics of well-designed places and demonstrates what good design means in practice. Well-designed places have individual characteristics which work together to create its physical Character. The **ten characteristics** help to nurture and sustain good health and wellbeing as well as a sense of Community. They also work to positively address environmental issues affecting Climate. They all contribute towards the cross-cutting themes for good design set out in the National Planning Policy Framework. The ten characteristics are:

- Context – enhances the surroundings.
- Identity – attractive and distinctive.
- Built form – a coherent pattern of development.
- Movement – accessible and easy to move around.
- Nature – enhanced and optimised.
- Public spaces – safe, social and inclusive.
- Uses – mixed and integrated.
- Homes and buildings – functional, healthy and sustainable.
- Resources – efficient and resilient.
- Lifespan – made to last.

Objectives for healthy and sustainable place making in West Sussex

Everyone has a role to play in this important agenda. It requires us to plan collectively if we are to significantly reduce local health inequalities and create healthy and sustainable places. In order to achieve healthy and sustainable placemaking, and where appropriate, the following **objectives,** apply:

1. **Avoid and mitigate adverse health and sustainability impacts from development**: take local health inequalities into account by making use of public **health intelligence and evidence** (see Appendix 6), actively utilise and enable community leadership and participation in planning, make use of **health impact assessments** and checklists (see Appendix 3 and 5), design and manage buildings, facilities and the surrounding environment and infrastructure to improve health and reduce inequalities.

2. **Provide safe, healthy and sustainable living and recreational environments**: housing (quality, accessible, space standards, affordability, comfort, mixed tenure, type and density); good quality safe and stimulating public realm; 'design out crime', accessible for all to social spaces and green/blue open spaces; employment opportunities; education and learning; walking and safe cycling routes; public transport network; food production and distribution.

3. **Provide convenient and equitable access to innovative models of health and care services and social infrastructure:** access to health facilities and services – health centres, community hubs, community voluntary sector organisations (CVSs), GP's, dentists, hospitals, pharmacists, sports and leisure facilities to meet current and future population needs whilst also promoting self-care and prevention of ill health

4. **Design in opportunities to promote and facilitate healthy lifestyles:** pattern of development (mixed use), movement/connectivity and urban design quality to promote active travel, physical activity and mental well-being; healthy eating, active travel (safe direct routes, secure parking and facilities for walking and cycling); physical activity (access to green space, play, recreation and sports facilities; safe space for social interaction and play; buildings to be designed to maximise physical activity by encouraging walking and use of stairs and providing sufficient cycle storage.

5. **It is vital to consider all four aspects of health and wellbeing equally – mental, social, physical and economic as part of place making**: Some industries are, perhaps, more used to dealing with the environmental design parameters associated with physical occupant health, and while these aspects are critically important, they are only one part of the picture. In order to provide the most favourable environments in which people can flourish, it is vital to consider all four aspects of health and wellbeing equally.

6. **Promote access to fresh, healthy and locally sourced food**: e.g., community gardens, allotments and local enterprises.

7. **Make use of inclusive design to design better-connected places**: creating economically and socially viable local communities with accessible local amenities, providing opportunities for everyday physical activity through mobility for all and opportunities to stay connected with socially connected spaces and access to technologies including gigabit capable connectivity.

8. **Ensure that developments embody the principles of lifetime neighbourhoods and promote independent living**: people stay safe, independent and happy at home

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and in the care of their communities for as long as possible, with the opportunity to up- or down size hosing to remain in the community. Homes and neighbourhoods offer the opportunity to be accessible, adaptable and attractive.

9. **Create environments that are more socially inclusive:** involving people in making places that cater for a variety of needs and aspirations, through the life-course and in different circumstances, promoting informal interaction through public open space. The local community has a pivotal role in contributing knowledge about the experience and use of their living environments – without them, **local buy-in** and outcomes are weakened.

10. **Design settlements that are less demanding on resources and more resilient**: using nature-based solutions, and good practices of production, consumption and disposal to promote health, protect the environment and improve resilience to climate change and natural disasters. To reduce energy consumption through design i.e. passive cooling/ hearting will help produce climate / environmental benefits and reduce fuel poverty.

11. **Respond to global and local environmental issues**: climate change resource depletions, biodiversity loss, waste management, food security, minimising carbon emissions by transport and development; sustainable design, construction methods and building material; suitable/renewable energy; flood risk; biodiversity and nature conservation.

12. **Co-locate community facilities**: multipurpose facilities, co-location and concentration of retail, community and associated uses to support linked trips, mix of land uses and activities, avoid the uniform zoning of large areas to single uses, multipurpose destinations, reduction in the number of trips, opportunities to participate in sports and leisure (including arts, culture and heritage).

13. **Embrace the smart technologies:** by incorporating and future proofing for new technology and innovation that improves health and environmental outcomes across a range of areas both at an individual level and also within the public realm.

14. **Recognise people and places are assets to unlock the power of communities:** i.e. communities as building blocks for health, sustainability and 'inclusive economies' (healthy people equals a healthy economy), through neighbourhood planning. Local communities and the organisations representing them may hold key knowledge vital to unlock better public health in their locality and shape the places in which they live

15. **Make use of place-based interventions:** they are important and should be designed to improve population health and strengthen community bonds simultaneously and should be taken into account. By creating healthy places, we can create opportunities through group-based social activities in public spaces. This can be particularly helpful in new places where the community is still becoming established, but it is also applicable elsewhere.

These **objectives** help to deliver the **vision** and must not be confused with 'design principles'.

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Section 2: What we should be doing to deliver healthy and sustainable placemaking

Putting Health and sustainability into Place

"*Prevention cannot be solved purely by the health and social care system alone. Everyone has a part to play, and we must work together across society. This includes recognising the responsibilities of individuals and families in reducing the chances of becoming unwell in the first place, but also how the wider environment we live in determines our health*". (Government policy document '[Prevention is better than a cure](#)' (2018).

Public health is usually defined as, '*the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society*'. Implicit in the definition is a focus on reducing health inequalities and putting prevention[1] and early intervention first[3]. Public Health is a part of a much wider system within 'health'. It is the primary source of advice on population health, health improvement and health prevention. It works in collaboration with organisations that commission and provide other health services such as GPs and hospitals to ensure the delivery of healthcare to residents through NHS England, Clinical Commissioning Groups (CCG's), Primary Care, NHS Trusts, Foundations Trusts, private providers, voluntary providers and NHS providers in the community.

The West Sussex public health team work with local political leaderships to champion health and wellbeing across our local authorities by promoting healthier lifestyles, commissioning public health services and scrutinising and **challenging** partners to promote better health and wellbeing in order to ensure that threats to health and wellbeing are addressed.

Public health with its focus on population health as a theme, acts as a potent catalyst and enabler for more people-centred approaches and disciplines such as placemaking and planning. If public health professionals are involved early on in a planning process, for example, they can contribute up-to-date, localised health and equity data. They can also support evidence-informed design solutions and decision making around health protection, improvement and prevention.

Both health and the built and natural environment are complex, multidimensional systems, with a multitude of interdependent factors as highlighted in PHE's '[Spatial Planning and Health Getting Research into Practice (GRIP): study report](#)' (2020). Putting '**health and sustainability into place**' and delivering public health requires us to engage a [whole systems approach](#) in order to improve, promote and protect the health and wellbeing of communities, species and places.

A whole system approach 'responds to complexity' through a 'dynamic way of working', bringing stakeholders (public, private and voluntary) including communities, together to develop 'a shared understanding of the challenge' and integrate action to bring about sustainable, long-term systems change. It means working across traditional sector boundaries on common goals; addressing the immediate needs but importantly, the root causes and wider determinants of preventable health conditions and poor wellbeing.

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The [West Sussex Health and Wellbeing Board](#) and the [West Sussex Joint Health and Wellbeing Strategy](#) call to action the need to deliver '**environmental solutions**' as part of delivering local **health and wellbeing priorities** (Starting Well, Living and Working Well and Ageing Well) for our communities by implementing this approach.

The [NHS Five-Year Forward View](#) sets out opportunities to test innovative approaches to health in new places with fewer constraints. In addition, the [NHS Long Term Plan's](#) (2019) and the [Healthy New Towns programme](#), delivered by NHS England in partnership with Public Health England, identified the need to:

1. Shape new towns, neighbourhoods and communities to promote health and wellbeing, prevent illness and keep people living independently;

2. Radically rethink the delivery of health and care services and to support learning about new models of integrated care;

3. Spread learning and good practice to future developments and regeneration areas.

The NHS calls for local authorities to work with health commissioners to determine the type and level of services, infrastructure and workforce required to support people to live longer, healthier lives. The roll out of Integrated Care Systems (ICSs) and Primary Care Networks (PCNs) provides a platform for local NHS organisations to work increasingly in collaboration with councils and others, including on the development of new, healthier places.

Early engagement and collaboration are needed to ensure that health facilities are properly planned, and sufficient homes are available for NHS staff as these are crucial to the provision of services and a healthy community. As outlined in the NHS' '[Putting Health into Place](#)'

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(2019), health commissioners have local clinical and estates strategies, which should inform local authority development plans and strategies to ensure that they are aligned, and the required services and infrastructure are planned with healthier built environments in mind and new ways of providing integrated health and care services.

'**Planning' for health, wellbeing and sustainable development**

'It is essential that councils, who now find themselves at the forefront of public health, grasp this agenda and reconnect planning and health to improve the wellbeing of both people and places.'

Historically, public health and planning share the same roots – both professions emerged from a desire to create places that would support good health. To deliver healthier places a return to these integrated ways of working is needed. The earliest national Public Health Act in 1848 brought in to tackle issues of poor housing, sanitation and unwholesome food. The first Planning Act in 1907 which bought in town planning had the aim of creating '... the home healthy, the house beautiful, the town pleasant, the city dignified, and the suburb salubrious.'

Today, the reuniting health with planning agenda in England has been built on two policy levers: National Planning Policy Framework (NPPF) (see Appendix 1) and the Health and Social Care Act 2012. 'The Act' gives responsibility for health protection to the Secretary of State and health improvement to county and unitary local authorities. The vision behind this transition was aimed at facilitating local leadership for public health which aimed to provide the heart of the new public health system **making local authorities responsible for improving the health and wellbeing of their populations**[4].

In 2017, Public Health England published the 'Spatial Planning and Health: evidence resource for planning and designing healthier places' to establish an authoritative and evidence-informed set of principles for designing healthy places from an evidence review examining the links between health, and the built and natural environment[5]. Findings from the report identified that 'local authorities, planning committees and Health and Wellbeing Boards were ranked as the top 3 organisations/decision-making bodies perceived to have the greatest responsibility for integrating health into spatial planning at the local level. Town planners, both those involved in setting policy and in development management along with directors of public health, were the top 3 professions perceived to have the greatest responsibility for integrating health into local planning'.

The report articulated important actions to consider for planning and public health to do together in local settings to ensure that:

- **Local health and wellbeing needs and priorities are integrated into the local plan and decision-making process -** This means that partners in local planning, health systems and sustainability should work together to adopt a clearly defined set of priorities and an integrated approach to planning for health, wellbeing and the environment, starting with local representative bodies of the health system to ensure that their respective delivery plans and strategies are aligned. In working together, local planning authorities and healthcare commissioners should develop joint statements or plans regarding planning for local healthcare needs.

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- **There are clear communication and engagement processes between the two professions** - Local authorities need both to gain a better understanding of the range of powers at their disposal, including planning, and to make better use of these powers to drive transformative change in local health and wellbeing. Local authorities should, with their health and sustainability partners, set out their expectations (in line with national priorities and plans) on what planning for health means, requiring, for instance, the use of proportionate and relevant health impact assessments to further support assessments in local policy and guidance.

- **Spatial planning and health tools and evidence are presented to meet the practical needs of both planning and wider health professionals** - Local planning authorities should specifically refer to local health needs evidence when developing their Local Plans/Local Development Plans. They should engage with wider health and social care partners including primary care, CCGs, STPs/ICSs and NHS trusts.

The following categories can be used to further develop health and wellbeing policies within local plans:

Joint Health and Wellbeing Strategy in planning	Does the Local Plan reference the Joint Health and Wellbeing Strategy?
Health needs assessment in planning	Does the Local Plan take into account the local health needs set out in the Joint Strategic Needs Assessment (JSNA), Public Health Outcomes Framework and local health profiles?
Promoting sustainable transport	Does the Local Plan promote opportunities for active travel?
Requiring good design and collaboration	Does the Local Plan require good design in development? Early collaboration with developers through the planning system on what is meant by 'good design' would be good for all
Providing open space, play and recreation opportunities	Does the Local Plan provide opportunities for open space, play and recreation?
Healthcare infrastructure provision	Does the Local Plan set out provision for healthcare infrastructure?
Monitoring and review	Are there indicators that can help to monitor health impacts and benefits?
Using health impact assessment (HIA)	Does the Local Plan require the use of a Health Impact Assessment (HIA) when a planning application is submitted? Please see Appendix 3

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Mapping health Impacts

The Health Map by Dahlgren and Whitehead (below), provides a dynamic **tool** which can provide the basis for discussions between spatial planners, health professionals, ecologists, urban designers and other service providers to ensure that awareness on what affects health and wellbeing is recognised and that the best outcomes are achieved through the planning process for example. The map highlights the wide range of factors which determine the health of the population, including personal characteristics, lifestyle factors, social networks, living and working conditions, and socio-economic and environmental conditions. The map shows that lifestyle factors are nested within the wider social, economic, and environmental determinants of health which are, in turn influenced by the built and natural environments in which we live.
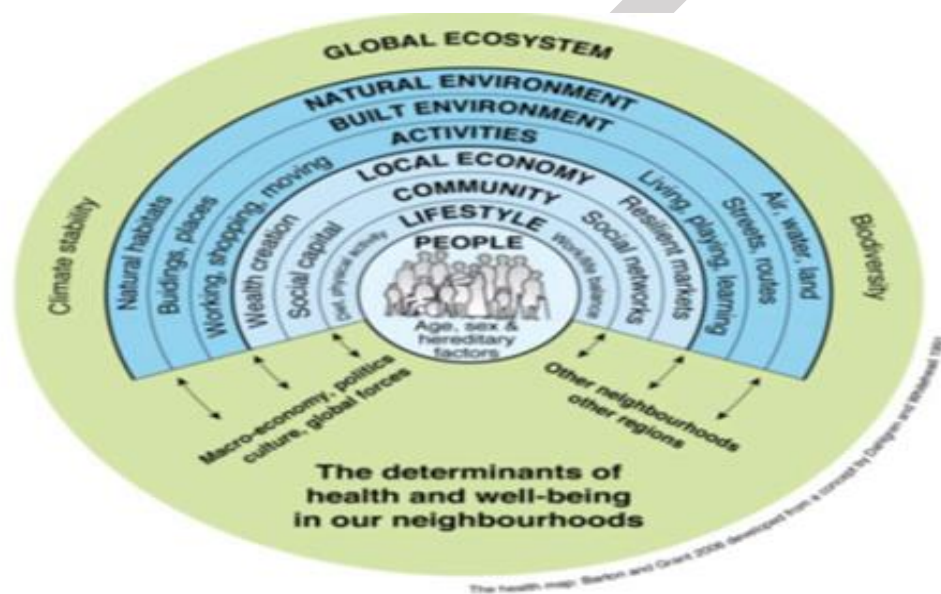
The health map illustrates how the factors that influence our health are multiple and complex. Most of these factors lie outside the health and social care system. Since 2010 evidence of the relationships between health and built and natural environments has grown and the role the environment plays in influencing health is now better understood[6]. Research shows that the unequal distribution of poor-quality built and natural environments contributes to health inequalities in England[7]. It has been estimated that socio-economic and physical environments determine 60% of health outcomes[8]. Focusing on these determinants of health is essential for improving population health and wellbeing and reducing inequalities.

Good planning means linking economic, social and environmental matters with the strategies of public agencies and service providers in the aim of creating attractive, safe and accessible places to live. This in turn improves the quality of life and wellbeing of individuals and communities. Together, planning and public health can be extremely effective and can bring into alignment virtually all of the Sustainable Development Goal targets (please see Appendix 2). 'Planning for health', therefore, involves thinking about the interrelated factors that affect health, including social and psychological elements, such as wellbeing and fulfilment. The NPPF advises that local planning authorities should work with public health leads make use of **health impact assessments** (HIAs) as a tool in which to successfully do this

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Making use of Health Impact Assessments (HIAs)

'Health Impact Assessment is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.' Gothenburg Consensus (1999).

An HIA aims to systematically identify health and wellbeing impacts and then make recommendations to:

Maximise the positive health and wellbeing impacts

Minimise the negative health and wellbeing impacts

Reduce health inequalities

HIAs are a useful a **tool** that help to identify the **health impacts** and **unintended consequences** of a plan or project and the potential health impacts that they might have on the local population. They require the need to develop recommendations to maximise the positive impacts and minimise the negative impacts, while maintaining a focus on addressing health inequalities[9]. By bringing such health considerations to the fore, HIAs add value to any project, proposal, policy and strategy and help to put people and their health at the heart of the planning process for example. In fact, **local authorities are encouraged by public health to adopt policies that require an HIA to be carried out for certain types of developments in their local plan or spatial development processes.**

Whilst other technical assessments might consider potential impacts to health, for example an air quality assessment might consider the impact of more traffic emissions on the respiratory health of local people, an HIA specifically looks to the impacts on health of the whole proposal. It brings together the health impacts from all technical areas whilst going further to consider the impacts **cumulatively**. HIA recognises that in the development of policies and services no one sets out 'to do harm' and it does this by considering the impacts using the **wider determinants checklist** (see Appendix 3).

The Ministry of Housing, Communities and Local Government (MHCLG) Planning Practice Guidance (PPG) on Healthy and Safe Communities (Para 005) considers HIA: **a useful tool to use where there are expected to be significant impacts'** and yet, there is still a need 'to increase the coverage of HIAs in the planning process' as outlined in PHE's 'Health Impact Assessment in spatial planning: A guide for local authority public health and planning teams' (October 2020).

The use of an HIA in planning can ensure communities' current and future health and wellbeing needs are met, and local authority public health teams are ready to support planners and impact assessment practitioners in this endeavour. HIAs are only intended to be used for significant applications, the definition of what is 'significant' is down to the local authority to define. They are also intended to be proportionate, rather than encouraging standalone HIAs, local authorities may include the HIA assessment through Sustainable Appraisals (local plans) and Environmental Impact Assessments (planning applications).

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Health impacts assessments can be used:

- As a flexible decision-making tool to inform and support decision making and can be used for local planning authorities (LPAs) to determine planning applications
- By everyone – brings people together to work in partnership
- As a systematic way of assessing health and well-being (H&WB) impacts. In the planning system HIAs can also identify opportunities to deliver co-benefits across a range of policy areas such as better housing and better active travel infrastructure
- The process can also be used to inform the development of a policy or strategy
- To look at all health impacts and unintended consequences- both negative and positive, help to maximise the potential benefits and scope in mitigation measures
- To identify issues and influence change
- They help to ensure that the potential health impacts are understood before any action is taken
- To make recommendations

A further key part of HIA is its link to promoting **sustainable development**. If health impacts are identified early on in a proposal, health can be considered at the same stage as objectives in other areas such as social and economic impacts. This parity can then be used as a basis of moving forward with development that is sustainable across a range of objectives including health rather than health being an afterthought. This is why a **HIA is most effective when it is undertaken prospectively and concurrently to inform and shape a plan, policy or development project during options appraisal and design**.

There are **three types** of HIA:

1. Comprehensive:

- Most in-depth and resource intensive
- Requires extensive literature searches, the collection of data, and stakeholder and public engagement
- Most suited to more complex proposals
- weeks/months

2. Rapid/Intermediate:

- Brief assessment of health impacts is carried out, including a literature review of quantitative and qualitative evidence
- A small steering group may be established
- Stakeholder workshop may be carried out
- days/weeks

3. Desktop:
- Draws on existing knowledge and evidence, often using checklists or templates
- Provides a broad overview of potential health impacts
- Can involve engaging a small number of participants
- hours/days

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In terms of their **timing** they can be conducted:

- **Prospective** - at the proposal stage or before the plan or policy has been commissioned
- **Concurrent** - during the lifespan of the plan, policy
- **Retrospective** - after implementation, useful for evaluation.
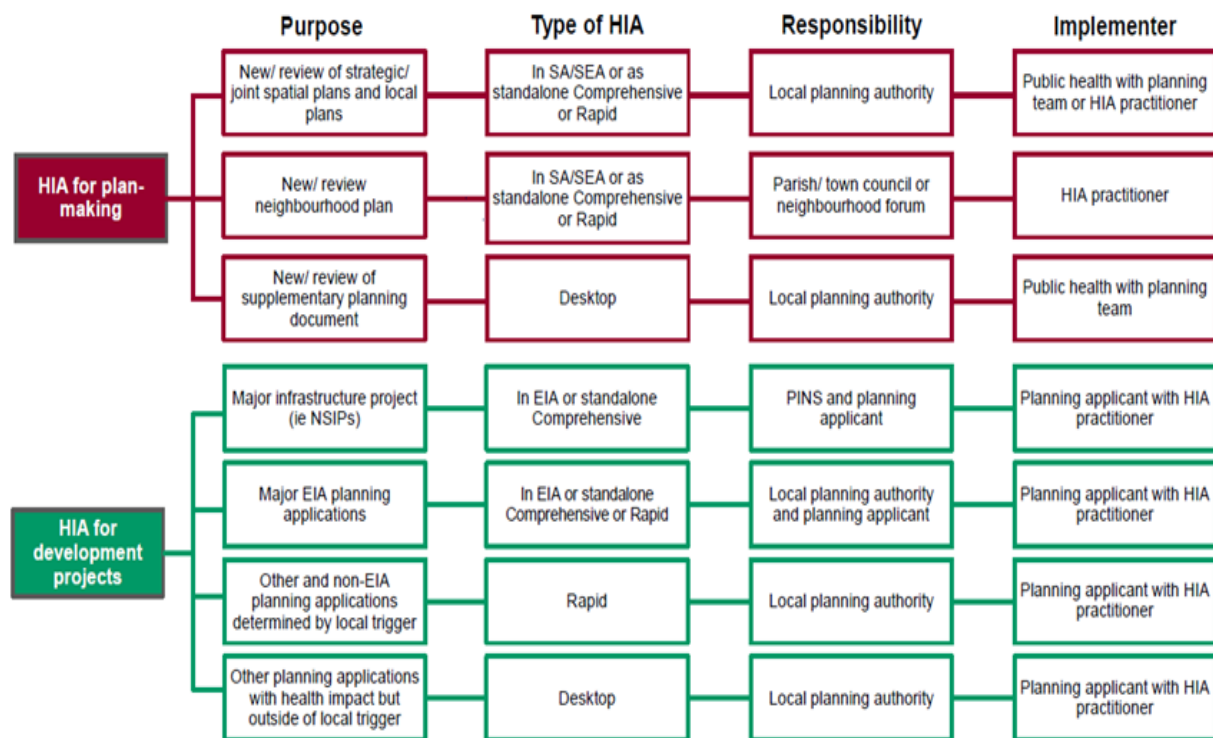
The HIA process follows **five stages** which includes:

1. **Screening** - determine whether an HIA is needed and justified subject to anticipation of health impacts on population groups
2. **Scoping** - determine the type of HIA needed (rapid / intermediate / comprehensive) and identify the potential health issues to be appraised.
3. **Assessing:** Assess the significance of health impacts, qualify and quantify potential costs and benefits, how health varies in different circumstances, across different populations and any alternatives
4. **Reporting** - engage all relevant stakeholders and recommend preventative and mitigation actions to deliver the greatest possible health gain
5. **Monitoring and evaluating** - include indicators and mechanisms and set out processes and resources for the local authority and/or with the planning applicant to undertake and act on results of regular monitoring.

The key set of principles for the HIA process adapted to development include the need for:

- **Robust evidence** - prompting knowledge and evidence-based planning
- **Transparency and openness** – identify connections and supports co-ordination
- **Participatory approach** – providing the structure to bring together all stakeholders
- Contributes to reducing health inequalities and promotes greater equity
- **Promoting sustainable development** - Maximises health benefits and minimises health risks for now and the future
- **Democracy** - Increases awareness of how decisions may affect health and gives people a chance to influence decisions that may affect them which allows them the opportunity to actively engage rather than to provide passive consultation.

As outlined by PHE[10], local authorities can adopt guidance (e.g. Supplementary Planning Documents (SPDs) to clarify when an HIA is required and the range of health and wellbeing considerations to include in the scope.

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Appropriate use of each HIA type[11]:

	Purpose	Type of HIA	Responsibility	Implementer
HIA for plan-making	New/ review of strategic/ joint spatial plans and local plans	In SA/SEA or as standalone Comprehensive or Rapid	Local planning authority	Public health with planning team or HIA practitioner
	New/ review neighbourhood plan	In SA/SEA or as standalone Comprehensive or Rapid	Parish/ town council or neighbourhood forum	HIA practitioner
	New/ review of supplementary planning document	Desktop	Local planning authority	Public health with planning team
HIA for development projects	Major infrastructure project (ie NSIPs)	In EIA or standalone Comprehensive	PINS and planning applicant	Planning applicant with HIA practitioner
	Major EIA planning applications	In EIA or standalone Comprehensive or Rapid	Local planning authority and planning applicant	Planning applicant with HIA practitioner
	Other and non-EIA planning applications determined by local trigger	Rapid	Local planning authority	Planning applicant with HIA practitioner
	Other planning applications with health impact but outside of local trigger	Desktop	Local planning authority	Planning applicant with HIA practitioner

For planning applications, PHE have identified the available options to improve the use of an HIA which are[12]:

- Adopt an HIA policy with triggers in the strategic or local plan
- Where appropriate, inclusion in the local information requirements list for applying for planning permission or a prior approval application for change of use
- Provide detailed guidance on how to carry out an HIA, for example as an SPD
- Discuss with planning applicants during the pre-application stage
- Use of planning conditions to implement HIA recommendations
- Use of Section 106 planning obligations to implement HIA recommendations, including requiring developers to cover monitoring costs for some years after construction

HIA should only apply to 'significant applications'; local planning authorities can set out where they should be requested, based on Triggers. Examples of local triggers for HIA policy in local plans include:

- **Size** – 'major' developments defined as 10+ dwellings / area over 0.5 hectares or a floorspace of over 1,000sqm / area of 1 hectare, and major infrastructure
- **Use** – developments which include uses for education, health and social care, leisure or community, A5 hot-food-takeaways or other food retail, and betting shops
- **Location** – sites in areas of high deprivation, fuel poverty, poor health, elderly or vulnerable groups, levels of childhood obesity using the PHE Wider Determinants tool

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Example of the Health Impact Assessment Process developed by Brentwood Borough Council:
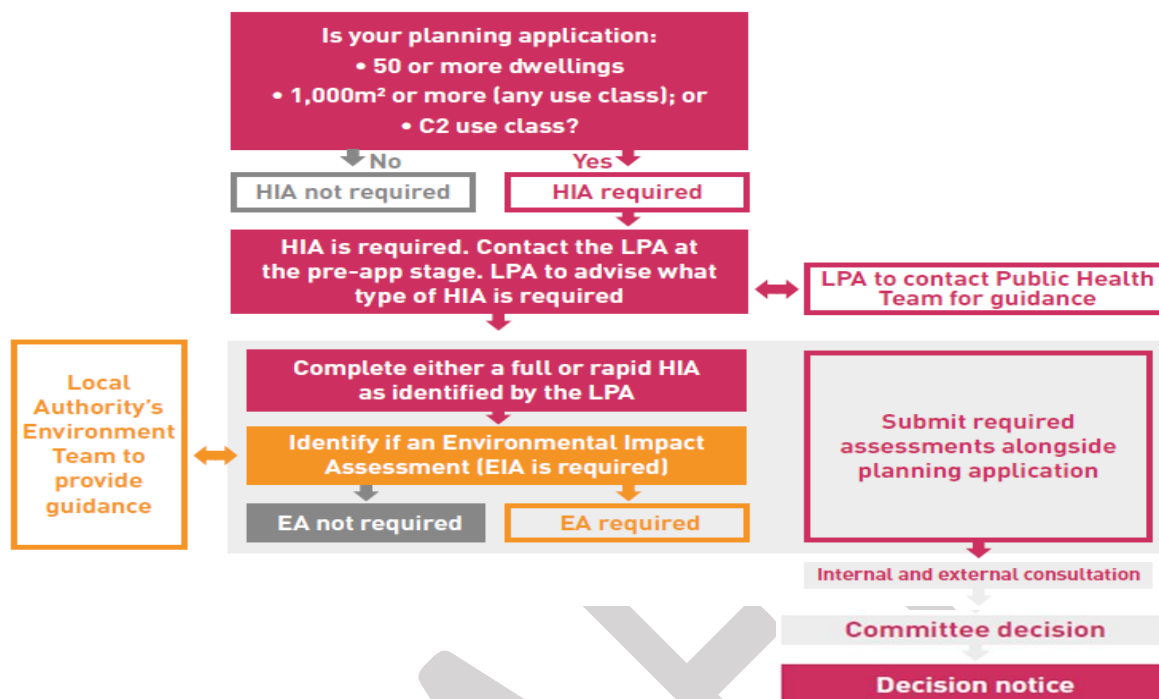
Where possible, local authorities should evaluate the effectiveness of HIAs/HIA policies against a range of health outcomes outlined in Appendix 5.

Further information on existing HIA guidance in the UK can be found at:

General HIA	• Health impact assessment of government policy by the Department of Health
Carrying out of an HIA	• Health Impact Assessments – a practical guide by the Wales Health Impact Assessment Support Unit (WHIASU) • Rapid Health Impact Assessment Tool by NHS London Healthy Urban Development Unit and other HIA guidance • Health Impact Assessment (HIA) and Local Development Plans (LDPs): A toolkit for practice by WHIASU
Quality assurance methods	• Quality Assurance Review Framework for Health Impact Assessment by WHIASU • Review Package for Health Impact Assessment Reports of Development Projects by Ben Cave Associates
Health in other impact assessments	• Health in Environmental Impact Assessment. A briefing for public health teams in England by PHE • Health in Environmental Impact Assessment. A Primer for a Proportionate Approach by Institute for Environmental Management and Assessment (IEMA) • Addressing human health in Environmental Impact Assessment by International Association for Impact Assessment (IAIA) and European Public Health Association (EPHA) (20) • Health Equity Assessment Tool (HEAT) by PHE

For a list of practical examples on local authorities who have developed local HIA guidance and how they have used HIAs please see Appendix 3.

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Planning for Climate Change

We usually think of climate change as affecting the ecosystems of the earth, and not of the impact on our health. Changing weather patterns, extreme weather and rising temperatures will have direct implications on our health i.e. physical and mental health. Climate change has become, and will increasingly become, and issue of central importance to the health and wellbeing of our local communities.

Interlinkages between major types of global environmental change[13]
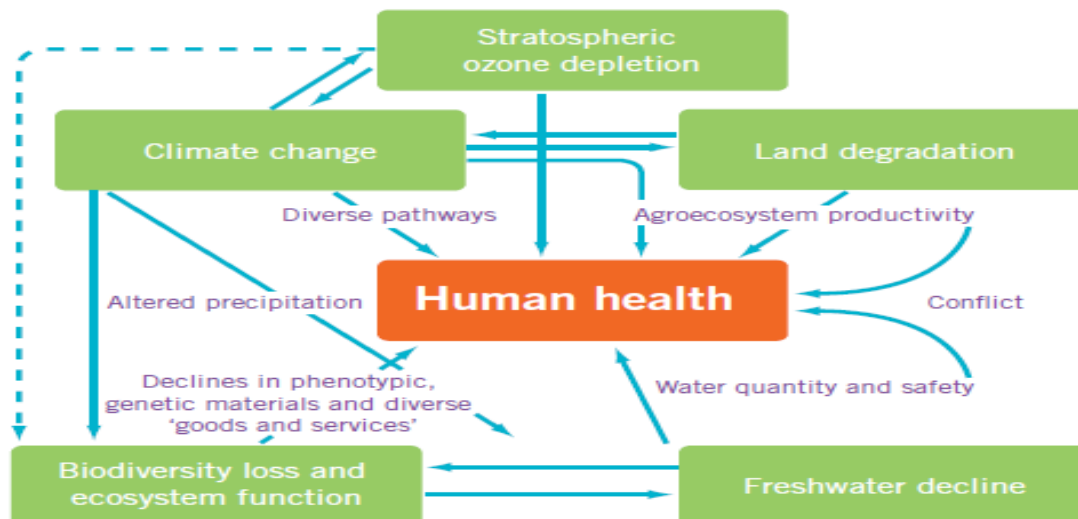
Covid-19 has understandably led to shifting priorities, but the Climate Emergency remains at the forefront of our recovery. Clear evidence now exists that **climate change** has occurred because of human activity[14] and it is the biggest threat to public health. The 2010 Marmot Review labelled climate change as a fundamental threat to health as "*climate change presents unprecedented and potentially catastrophic risks to health and wellbeing*". However, the Marmot Review stated that mitigating climate change would also help mitigate health inequalities[15].

Floods, storms, snow and heatwaves already affect health system infrastructure and service delivery through effects on staff, buildings and equipment. Therefore, health services are considered vulnerable to an increase in the frequency and intensity of extreme weather events. The current and future capacity of the health and social care system to manage climate risks is unknown.

Impacts on health requires a better understanding of the contextual factors that increase vulnerability such as those related to:
- Floods
- Heatwaves
- Infectious diseases
- Energy
- Health and Wellbeing
- Economic consequences for communities

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Individual and contextual factors of climate change related to mortality include:
- Demographics – age, gender, socio-economic factors
- Housing – indoor health exposure, building fabric, behaviour
- Greenspace – regulates indoor and outdoor temperature

Fairness and **climate justice**[1617] should be at the heart of planning for climate change, based on an acknowledgement that climate change affects those on the lowest incomes the worst. The Climate Just resources provides a powerful way of mapping the relationship between social exclusion and the impacts of climate change, offering the opportunity to tailor policy to meet the needs of those likely to be most vulnerable to climate change.

Planning makes a major contribution to both mitigating and adapting to climate change, through decision-making on the location, scale, mix and character of development (as well as density and layout, including building orientation, massing and landscaping). Planning can do this over the long periods of time necessary to deal with impacts such as sea level rise.

Local planning authorities in England are required to take strong, outcome-focused action on climate change, as outlined in NPPF Planning for Climate Change (paragraphs 149 – 154)

which states that: '*The planning system should … help to: shape places in ways that contribute to radical reductions in greenhouse gas emissions ... Plans should take a proactive approach to mitigating and adapting to climate change … In line with the objectives and provisions of the Climate Change Act 2008.*' **Paras 148 and 149 (including footnote 48)**

The following parts of the **'Climate change' section of Planning Practice Guidance** (PPG) also provide clear support for a comprehensive and proactive approach to assessing the climate impact of local planning policy:

'*In addition to supporting the delivery of appropriately sited green energy, effective spatial planning is an important part of a successful response to climate change as it can influence the emission of greenhouse gases….Addressing climate change is one of the core land use planning principles which the National Planning Policy Framework expects to underpin both plan making and decision-taking. To be found sound, Local Plans will need to reflect this principle ...*' **Para. 001**

Every area will have different challenges and opportunities for reducing carbon emissions from new development such as homes, businesses, energy, transport and agricultural related development.

■ Robust evaluation of future emissions will require consideration of different emission sources, likely trends taking into account requirements set in national legislation, and a range of development scenarios.
…
■ *The distribution and design of new development and the potential for servicing sites through sustainable transport solutions, are particularly important considerations that affect transport emissions. Sustainability appraisal should be used to test different spatial options in plans on emissions.*' **Para. 007**

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Section 3: What should a healthy development do?

The Town and Country Planning Association's report on 'Securing constructive collaboration and consensus for planning healthy development (2018) describes the development process as being complex whereby there are variations to the processes depending on the business model and type of developer.

In West Sussex, we believe that the need to understand this process **and deliver a consistent approach** can help us better understand where external influences such as planning policy requirements and public health engagement can add value and deliver consistent standards for placemaking and development in order to support good health and wellbeing.

A healthy development should take into consideration the following eight **considerations**:

1. **Climate change**
2. **Biodiversity and wildlife**
3. **Air quality**
4. **Healthy food**
5. **Prosperous and sustainable economy**
6. **Quality housing development and design**
7. **Neighbourhood and community spaces**
8. **Movement and access**

The Earth's atmosphere is warming, faster than it probably ever has. In some cases, weather patterns, climates and natural environments are changing quicker than wildlife or people can adapt. Extreme weather events such as heatwaves and flooding for example are a risk to both the health and wellbeing of people but also a risk to our health services and their ability to respond.

A healthy development should address the impacts to climate change by:

- Reducing dependency on fossil fuel enabling the move to a low – carbon economy
- Planning major development to both mitigate and adapt to climate change (including during the construction phase)
- Plan development with climate change in mind, i.e. building orientation, shading from trees, electric charging points for both care and bikes etc
- Responding to sea level rise and surface water flooding by planning development away from areas of flood risk and to enable mitigation
- Minimising the need to travel in the first place and maximising opportunities to work more remotely
- Encouraging more walkable and cyclable development to reduce the demand for car use
- Promoting greater water efficiency to minimise the potential for drought
- Providing shade and green infrastructure to reduce overheating of built up areas during warmer summers

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What to do and design elements:

- Climate change has an impact on flood risk at new developments. New developments should be designed to reduce and mitigate flood risk and to avoid increasing flood risk elsewhere.
- Provide public or private open space so that an accessible choice of shade and shelter is offered, recognising the opportunities for people, biodiversity, flood storage and carbon management provided by multi-functional green spaces and green infrastructure networks.
- Give priority to the use of sustainable drainage systems, paying attention both to the potential contribution to water harvesting to be gained from impermeable surfaces and to layouts that accommodate wastewater recycling.
- Support sustainable waste management by providing space for recycling and composting with developments and at a strategic level through safeguarding land for the expansion of waste facilities.
- Support the development of business premises offering sustainable energy solutions

Local Planning Authorities:

- Does the Local Plan include a policy on flooding and encouraging open space, allotments and community orchards on allocations?
- Development management should refer to West Sussex Local Lead Flood Authority Policy for the Management of Surface Water
- Do supporting design principles/development management policies require the development to design in mitigation measures from the outset?
- When drafting local plans and taking planning decisions LPAs should pay particular attention to integrating adaption and mitigation approaches and looking for solutions that will support sustainable development, such as
  - o by maximising summer cooling through natural ventilation in buildings and avoiding solar gain;
  - o through district heating networks that include tri-generation (combined cooling, heat and power); or
  - o through the provision of multi-functional green infrastructure, which can reduce urban heat islands, manage flooding and help species adapt to climate change – as well as contributing to a pleasant environment which encourages people to walk and cycle.

For further information:

- Guidance: Climate Change
- Rising to the Climate Crisis: A Guide for Local Authorities on Planning for Climate Change
- West Sussex LLFA Policy for the Management of Surface Water

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We rely on healthy ecosystems to support healthy communities and societies. Well-functioning ecosystems provide goods and services essential for human health. They can also help to limit disease and stabilize the climate.

A healthy development should protect and increase biodiversity and wildlife by:

- Increasing the extent, interconnectedness and diversity of wildlife habitats to enable animals and plants to adjust to warmer summers.
- Gain biodiversity, support healthy well-functioning ecosystems and establish coherent ecological networks, with more and better places for nature for the benefit of wildlife and people.

What to do and design elements:

The UK National Ecosystem Assessment (NEA) published in June 20111 provides a comprehensive account of how the natural world, including its biodiversity, provides us with services that are critical to our wellbeing and economic prosperity. However, the NEA also showed that nature is consistently undervalued in decision-making and that many of the services we get from nature are in decline. Over 40% of priority habitats and 30% of priority species were declining in the most recent analysis.

Fig. 1 The multiple benefits of place-making and healthy new communities
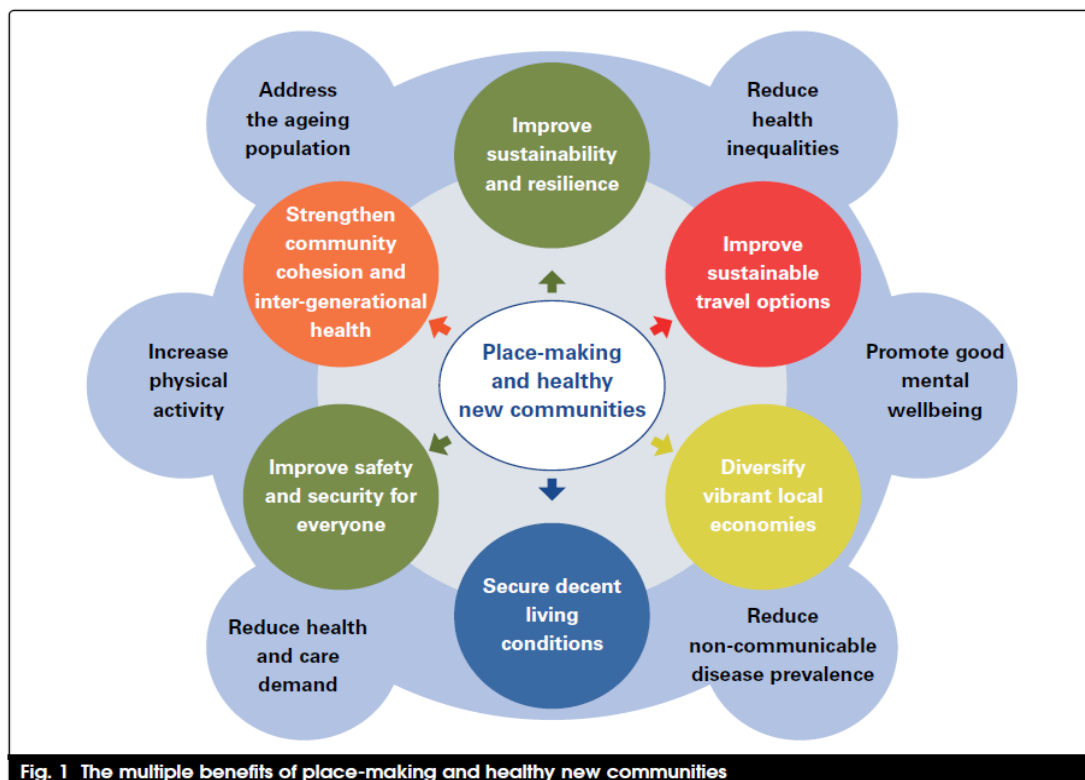
- Where large scale growth is planned, has consideration been given to the interconnectedness and diversity of wildlife habitats?
- View biodiversity as an opportunity not a constraint; where wildlife is successfully incorporated into the design of a development it can be an asset for the local community particularly for health and wellbeing;

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- There are opportunities to provide new wildlife and biodiversity net gain on nearly all development sites, examples include extending and enhancing retained habitats, creation of new habitats, designing in generous buffers for offsite ecological features, like woodland or watercourses, and provision of bird and bat boxes/bricks.
- Are there opportunities to enhance green infrastructure, such as street trees, parks, can have positive impacts including promoting biodiversity, removing particulate matter from the air, improving flood risk management etc

Local Planning Authorities:

- Does the local plan include policies to place ecosystem assessment at its heart?
- Are there policies in the local plan to encourage green infrastructure, biodiversity and wildlife to flourish?
- Has the NPPF paragraph 174a been taken into account "Identify, map and safeguard components of local wildlife-rich habitats and wider ecological networks, including the hierarchy of international, national and locally designated sites of importance for biodiversity; wildlife corridors and stepping stones that connect them; and areas identified by national and local partnerships for habitat management, enhancement, restoration or creation.". Further guidance on ecological networks can be found in the PPG.

For further information:

Biodiversity net gain: updating planning requirements
Sussex Biodiversity Records Centre which provides data on, and locations of, the international, national and locally designated sites of importance for biodiversity, as well as areas of priority habitat and records of rare or protected species.
- The Wildlife Trusts

Air quality is critically important. Air pollution is the top environmental risk to human health in the UK, and the fourth greatest threat to public health after cancer, heart disease and obesity.

A healthy development should deliver improvements to air quality by:

- Implementing measures to improve air quality
- Facilitating sustainable modes of transport, use of low emission vehicles e.g. electric vehicles and enable active travel
- Reducing the need to travel, especially by car
- Locating key facilities, services and vulnerable communities away from traffic hotspots
- Addressing mitigation from the outset, with a focus on design-led solutions

What to do and design elements:

- How can the development enhance land, air and water quality?
- Is the development within an Air Quality Management Area (AQMA)?

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- Can the development reduce pollution by encouraging less polluting modes of transport or reducing the need to travel by car?
- Where large scale growth is planned, has consideration been given to the location of key facilities and infrastructure, such as new schools, care homes and play areas in the context of proximity to traffic hotspots?
- Electric vehicle and bike charging points can support adoption of zero (at-point) emissions vehicles – has this been considered in respect to both private homes and public areas?
- Is the development accounting for the mitigation of poor air quality in its design?
- Has the development undertaken an Air Quality Assessment?
- Is the retention and planting of natural vegetation planned to follow best practice to directly improve air quality and enable ongoing management, long term?

Local Planning Authorities:

- Does the local plan include a policy on air quality which defines the Council's expectations of developers to ensure a consistent approach? Does it set criteria for when an Air Pollution Assessment is required and a range of mitigation options (for both impact and exposure)? Does it cross-reference to a sustainable transport policy?
- Do supporting design principles/development management policies require the development to design in mitigation measures from the outset?
- Is the principle of 'no development' being enforced in Air Quality Management Areas (AQMAs)?
- Development management should consider unfavourably any applications for schools, care homes and other vulnerable communities that are within an AQMA or immediately adjacent to known traffic hotspots.
- Detailed air pollution modelling should be required for major developments to ensure that more mitigation, additional to the default for such developments, is required where 'adverse impacts' are actually predicted.

For further information:

- 'Air Quality and emissions mitigation guidance for Sussex (2020)': 'Breathing Better: a partnership approach to improving air quality in West Sussex
- Estimation of costs to the NHS and social care due to the health impacts of air pollution: summary report (2018)
- For help on how to assess the air quality impacts on designated nature conservation sites please see guidance from the Institute of Air Quality Management at:
  https://iaqm.co.uk/guidance/
- For help on how to assess the air quality impacts from biomass boilers please see guidance from Environmental Protection UK at:
  http://www.iaqm.co.uk/text/guidance/epuk/biomass_guidance.pdf
- West Sussex County Council Electric Vehicle Strategy (2019-2030)

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Access to healthy food is vital for health and wellbeing, but the quality of our diets has deteriorated. On the one hand we have an epidemic of obesity, and on the other hand many people experience hunger. Food has never been more widely available and yet many people struggle to access the good food they need for a healthy and nutritious diet.

A healthy development should increase people's opportunities to enjoy healthy food by:

- Avoiding concentrated areas of unhealthy food outlets and enable choice
- Incorporating accessible local food outlets to meet local needs
- Improving opportunities for growing local produce such as allotments, community growing / orchards, community shops and farmers markets
- Providing adequate and suitable garden space for small scale domestic food production
- Enabling opportunities for leisure and physical activities.

What to do and design elements:

- Does the development avoid concentrated locations of unhealthy food outlets? Does it facilitate individual choice through improved availability of healthier foods and alternative food outlets?
- Has the development incorporated areas for local food outlets to meet the needs of the local community?
- Does the development improve the opportunities for growing local produce such as allotments or community growing areas?
- Does the development include access to physical activity opportunities, and can these be accessed via active or at least sustainable transport (i.e. without reliance on private car?)
- Does the development provide adequately sized rear gardens to allow small scale domestic food production?
- Does the development provide ground conditions that are safe and suitable for use for domestic food production?

Local Planning Authorities:

- Does the Local Plan include policies which aim to improve/promote availability/accessibility of healthier food options within each area?
- Does the Local Plan include policies which promote local shops located within walking distance and better access to shopping facilities such as the 20-minute neighbourhood?
- Does the Local Plan include policies for the encouragement of space for allotment or for land to be used as community food-growing spaces?

For further information:

- PHE and partners: Healthy weight environments: using the planning system (2020)
- Encouraging healthier 'out of home' food provision Public Health England (2017)
- Obesity and the environment: regulating the growth of fast food outlets
- Sustainable Food Places
- Building the Foundations: Tackling Obesity through Planning and Development TCPA & LGA (2016)

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- [Childhood Obesity – a plan for action: Chapter 2 DHSE](#) (2018)

Health is not only the absence of illnesses; it is also the ability of people to develop to their potential during their entire lives. Health and wellbeing affect economic growth directly through labour productivity and the economic burden of illnesses. Good health plays a substantial role in economic growth and life expectancy has an important correlation with income.

A healthy development/community should increase people's opportunities have access to a prosperous and sustainable economy by:

- Enabling access to public services (including health care) education, employment and local infrastructure
- Enhancing the viability of town centres
- Enabling access to job opportunities and training for local people
- Providing the business and travel infrastructure to deliver business growth opportunities
- Ensuring that there is access to all relevant external funding opportunities that help to build a healthy and sustainable economy

What to do and design elements:

- Does the development improve access to public services (including health care), education, employment and local infrastructure?
- Does the development enhance the viability of local town centres by providing a more diverse retail offer and access to other services? (TCPA)
- Are the areas of employment and the town centre easy to reach on public transport or via walking and cycle networks? (TCPA)
- Do the facilities provide for example secure cycle storage, toilets or shower facilities? (TCPA)
- Does the development offer job opportunities and training for local people? (TCPA)
- Does the development provide a safe environment for those working outdoors and travelling to and from work at night-time?
- Does the development support healthy workplace principles?
- Does the development maximise opportunities for sustainable energy?

Local Planning Authorities:

- Does the Local Plan policy set out an expectation that new development will provide inclusive, non-car reliant, means of access between employment areas, shops, education, sport and leisure facilities, new communities and public transport hubs?
- Does the Local Plan require new commercial/business/industrial or town centre regeneration to provide accessible, inclusive, safe, well maintained and sustainable infrastructure for non-car users?

For further information:

- [West Sussex Economy Reset Plan](#)

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Houses are more than physical structures providing shelter. They're where we spend most of our time. It's clear that housing conditions can influence our physical health. For example, a warm and dry house can improve general health outcomes and specifically reduce respiratory conditions. However, housing also has a huge influence on our mental health and wellbeing – children living in crowded homes are more likely be stressed, anxious and depressed, have poorer physical health, and attain less well at school.

Whilst West Sussex County Council is a statutory consultee that does not provide housing and has no legal view on it.

We understand that a healthy development should provide good quality housing development and design by:

- Providing good quality, affordable housing
- Being built to specifications to meet the needs of a changing population and different ages
- Embedding sustainable principles, ensuring energy efficiency to reduce fuel poverty, zero carbon homes; prioritise active travel and reduce car use
- Providing mixed tenure housing spread across the development to facilitate community integration and tenure blind development
- Reducing social isolation through design
- Ensuring the most up-to-date advice on safer places and secure by design are incorporated in policies
- Recognising the importance of trees and landscaping
- Including shared surface streets, where appropriate
- Providing housing which meets or exceeds prescribed space standards.

What to do and design elements:

- Does the development provide an element of decent quality, affordable housing?
- Does the development include 'lifetime homes' which can be easily adapted and suitable for all ages?
- Can the design of the homes reduce fuel poverty by ensuring that the homes are well insulated and energy efficient?
- Does the design of development and homes provide suitable space?
- Has the development improved water management and reduce flood risk to the development?
- does the development maximise opportunities for connectivity through walking and cycling networks?

- Does the development take into consideration footpath design, cycle paths and separate provision for cyclists, is it safe, accessible and useable by all? (NPPF, para 104).
- Does the development consider lighting and its impact on health and wellbeing as well as to avoid any dark areas?
- Does the development facilitate and maximise opportunities for communal areas?
- Does the development consider security for the dwellings?

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'Our home, both the location and the physical building itself, influences almost every aspect of our lives – from how well we sleep, to how often we see friends, to how safe and secure we feel. If we want to improve the health and wellbeing of individuals, families and communities, there can hardly be a more important place to start than the home: it is where most people spend most of their life'[18].

'A decent home, a job and friends are more important to good health than the NHS....'[19]

A healthy home has the potential to include[20]:
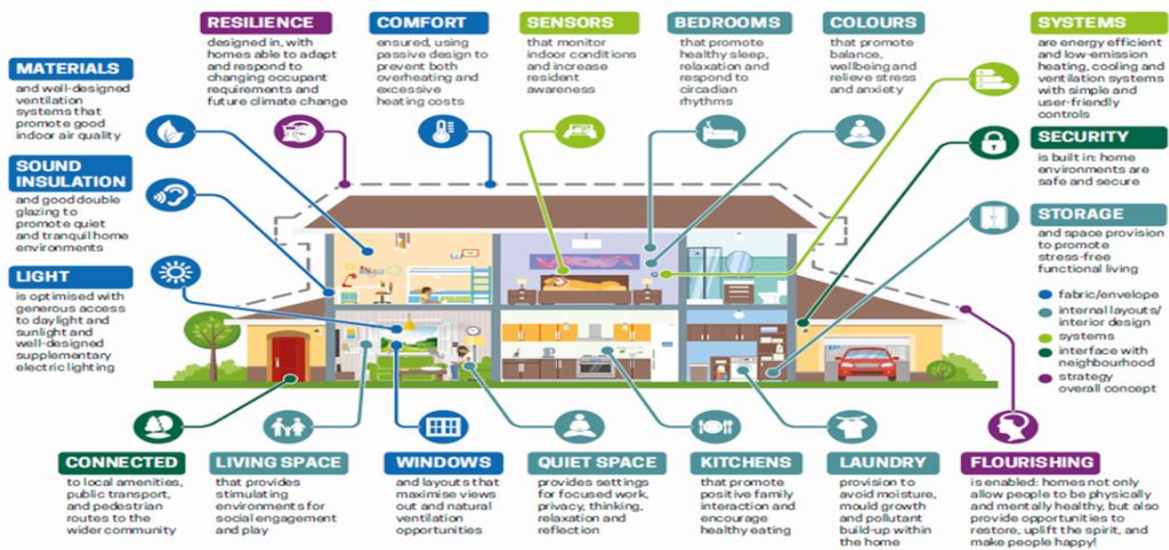
There are opportunities for designers and contractors to:

- Act as advocates for healthy, sustainable design and challenge the client to be as ambitious as possible
- Put residents' health and wellbeing at the heart of building and neighbourhood design, including consideration of changing future needs.
- Select materials and systems that are robust, low maintenance, low emission and resource efficient, aiming for zero carbon construction
- Commit to strategies for testing and commissioning the construction so that the homes meet the intended functionality and performance
- Design smart rooms to facilitate functionality which enable technology facilities in the home to promote wellness

Consideration of health, wellbeing and sustainability is increasingly influencing consumers' buying and decision-making processes.

Local Planning Authorities:

- Does the Local Plan include policies which specifically address the housing needs of older people as well as considering the needs of other vulnerable groups? (see Appendix 4)

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- Does the Local Plan set out the expectation to developers for the delivery of all aspects of housing including homes for older people either through policy or design principles? (NPPF, paras 59-61).
- Does the Local Plan include a parking policy (or refer to WSCC parking standards) to guide development and discourage on-street parking? (NPPF, para 105).

For further information:

- [Healthy Homes Principles (TCPA)](#)
- [Healthy Placemaking (TCPA)](#)
- [Secured by Design Development Guides](#)
- [West Sussex County Council Guidance on Parking at New Development](#)

The design of neighbourhood and importance of community spaces is important to the quality of life people can lead. It correlates to the arrangement of society in space and influences dynamic patterns of movement, connectivity, the ability work and socialise well. Local community may be enhanced by the spatial design of neighbourhoods and community spaces.

A heathy development should provide *neighbourhood and community spaces* by:

- Improving access to health care, education, employment, leisure, social and cultural facilities
- Providing clearly defined network of public spaces and attractive amenity that are joined up and easy to move between
- Providing community facilities that are collocated and within the early phases of build
- Creating safe, inclusive and accessible environments for all ages
- Promoting diversity and enable community interaction

What to do and design elements:

- Is the development accessible and inclusive for all ages? (NPPF, para 127 f)
- Does the development improve access to health care, education, employment, open spaces, social, and leisure and cultural facilities? (NPPF, para 20)
- Are community facilities provided within the early phases of the development to help people feel connected and to provide a local destination? (TCPA)
- Does the development create attractive amenity space and an aesthetically pleasing and safe (in terms of both traffic and crime)?
- Does the development create a strong local identity?
- Does the development clearly defined spaces, are they public or private spaces?
- Are the public spaces flexible, long-lasting to support public, cultural and community functions (such as local markets and events), creating engaging places for users and aiding community interaction (including volunteering, informal networks)? (TCPA)
- Does the development promote diversity?

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Local Planning Authorities:

Planning can influence the social aspects of the community by:

- Ensuring early and sustained community engagement (both developers and planning authorities)
- By using the Joint Strategic Needs Assessment (JSNA) at the locality level to identify community needs (please see Appendix 6)
- Providing the physical infrastructure (amenities and facilities) and environmental conditions to support the creation of community networks
- Encouraging development that fosters social interaction through design
- Delivers safe, well maintained and attractive public places
- Creating social bonds and sense of community through the enablement of:
    - Social interaction
    - Civic engagement
    - Personal recreation
- Increasing social connections through parks, public spaces and mixed-use communities
- Planning should be mindful of the concept of Social Equity
- Everyone has access and the ability to meet their needs in their community
- Everyone has the ability to remain in their community throughout their lives
- Everyone has many housing options at different price levels
- Everyone has access to neighbourhood centres that support jobs, commercial activity, and amenities
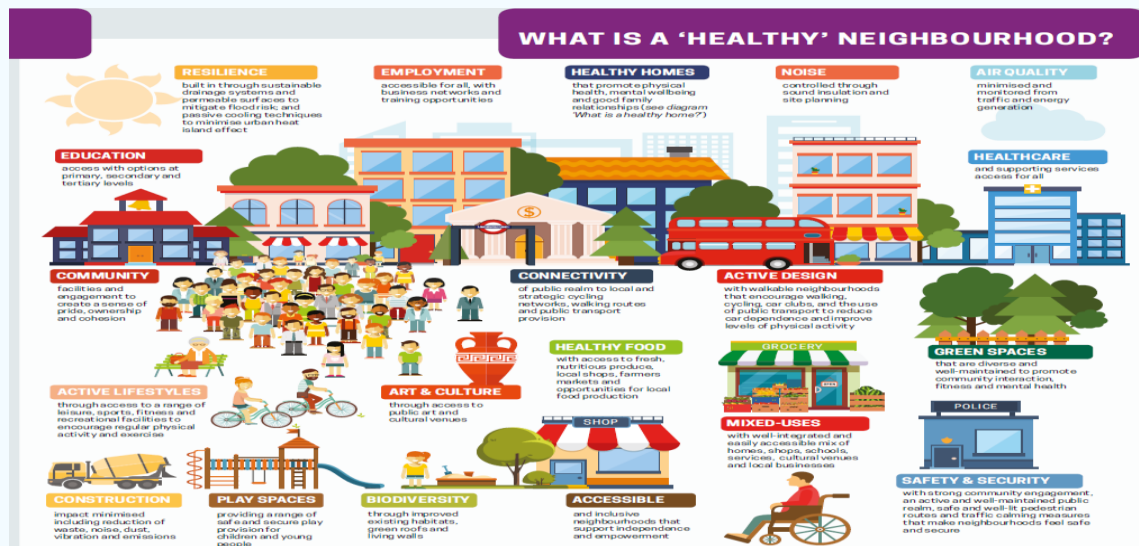
Source: UK Green Building Council Health and Wellbeing in Homes (2016)

For further information:

- National Planning Policy Framework (2019)
- Secured by Design – Design Guide Series
- TCPA Planning healthy-weight environments December 2014
- www.tcpa.org.uk/healthyplanning

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- Local Government Association Report – Task and Finish Group on Ageing 'Ageing: the silver lining The opportunities and challenges of an ageing society for local government' (June 2015)
- Building for Life: The sign of a good place to live (January 2015)
- Housing Learning and Improvement Network (LIN): Active Ageing and the Built Environment, supported by Public Health England (February 2016)
- UK Green Building Council, Health and Wellbeing in Homes (July 2016)
- Houses of Parliament – Creating Age Friendly Cities (Post Note No.539, October 2016)
- Royal Town Planning Institute

A key driver to enjoying good health and wellbeing is the ability to enjoy good accessibility and movement through the promotion of physical activity, active travel and opportunities to enjoy leisure.

A healthy development should provide movement and access by:

- Promoting active travel in line with the principles of the road user hierarchy
- Increase physical activity and reduce obesity
- Restricting motor vehicle access
- Promoting active travel by bringing forward the delivery of infrastructure and public transport during the first phase of development
- Increasing public transport provision, where appropriate
- Improving connectivity and accessibility to existing communities, bus and rail services
- Ensuring adequate facilities are provided to support active travel and leisure i.e. secure cycle parking
- Improving or adding green spaces and tree cover improves air quality, as well as making spaces feel more welcoming
- Small-scale improvements, such as good street lighting (whilst mindful of dark skies policies) or improved road crossings

What to do and design elements:

- Sustainable Transport Infrastructure – does the development reduce the need to travel in the first place and is the development balanced between vehicles and pedestrians?
- Are spaces both usable and accessible spaces which encourages prioritisation of pedestrians and other sustainable modes of travel?
- Does the development integrate active travel routes into interlinking, multi-functional green and blue infrastructure throughout and beyond the development footprint?
- Has the development promoted the creation of safe, pleasant walking and cycling options, increasing community interaction and physical activity? This could be through limiting traffic speeds and traffic noise
- Does the development ensure that enough secure cycle parking is provided for the development which is covered, secure and well located at home and other development? Does the development allow for the provision of showers, changing facilities and lockers as standard?

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- Does the design utilise street layout and improve connectivity?
- Does the development increase public transport provision from major employment centres to surrounding residential areas and accessibility to bus stops?
- Does the development connect to existing public rights of way, including cycle path networks which may be more direct than car routes and clear signage with walking distances and times provided? Developer contributions will be sought where appropriate to enhance access to buses (funding new services / service enhancements and infrastructure), walking and cycling (through Rights of Way and Highways projects).
- Does the development set out a comprehensive travel plan for the promotion of sustainable transport and active travel measures, targets for modal shift and a strategy for monitoring this?

Local Planning Authorities:

- Do supporting design principles/development management policies require developments to prioritise active and sustainable travel?
- Does the Local Plan establish expectations from the start that new developments should be sustainably located, with appropriate densities and provision for walking, cycling and bus services as part the first phase of development?
- Do supporting design principles/development management policies expect new homes to be within specific distances from bus stops and 'walkable' distances from local shopping centres (20-minute neighbourhood)?
- Are local parking standards appropriate to avoid excessive parking and therefore undermining sustainable travel infrastructure and initiatives?
- Do local parking standards set high expectations for cycle parking provision?

For further information:

- Working Together to Promote Active Travel A briefing for local authorities
- Cycling and Walking for individual and population health benefits (2018)
- Guidance on light pollution
- South Downs National Park - Dark Skies Technical Advice Note (2018)
- Everybody active, every day: framework for physical activity PHE (2018)
- Active Design: Planning for health and wellbeing through sport and physical activity
- Sport England (2015)
- Designed to Move (2015)
- Pedestrians First: Tools for a Walkable City Institute for Transportation & Development Policy (2018)

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Appendix 1: Requirement to consider Health and Wellbeing in planning and decision making'

National Planning Policy Framework (NPPF)

Planning is the joint mechanism for governance and stewardship that can control changes to our environments. At a local level the planning system needs to be deployed as health protection and support for population wellbeing and in line with the NPPF and PPG.

NPPF sets out the Government's economic, environmental and social planning policies for England. The policies in NPPF apply to the preparation of local and neighbourhood plans and to decisions on planning applications. Paragraph 8 of NPPF discusses the three dimensions of sustainable development and the roles that the planning system plays to achieve this; an economic role, a social role and an environmental role. The social role is said to support strong, vibrant and healthy communities with development that reflect the community's needs and support its health, social and cultural wellbeing. However, the social role should not be taken in isolation, but should be sought alongside the economic and environmental roles.

NPPF highlights that the planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities by setting out the wide-ranging ways in which planning should promote healthy, inclusive and safe communities (Chapter 8). It focusses on promoting healthy communities ensuring that local communities are engaged in the planning process at all levels and that mechanisms are embedded to encourage people to choose healthy lifestyles. NPPF places great emphasis on the importance of accessibility for all to high quality open space, safe communities, recreational facilities/services, walking and cycling, cultural facilities, and the importance of improving air quality, all of which can all make an important contribution to the health and wellbeing of communities. The Policy basis for considering health in the National Planning Policy Framework is detailed through the following:

36
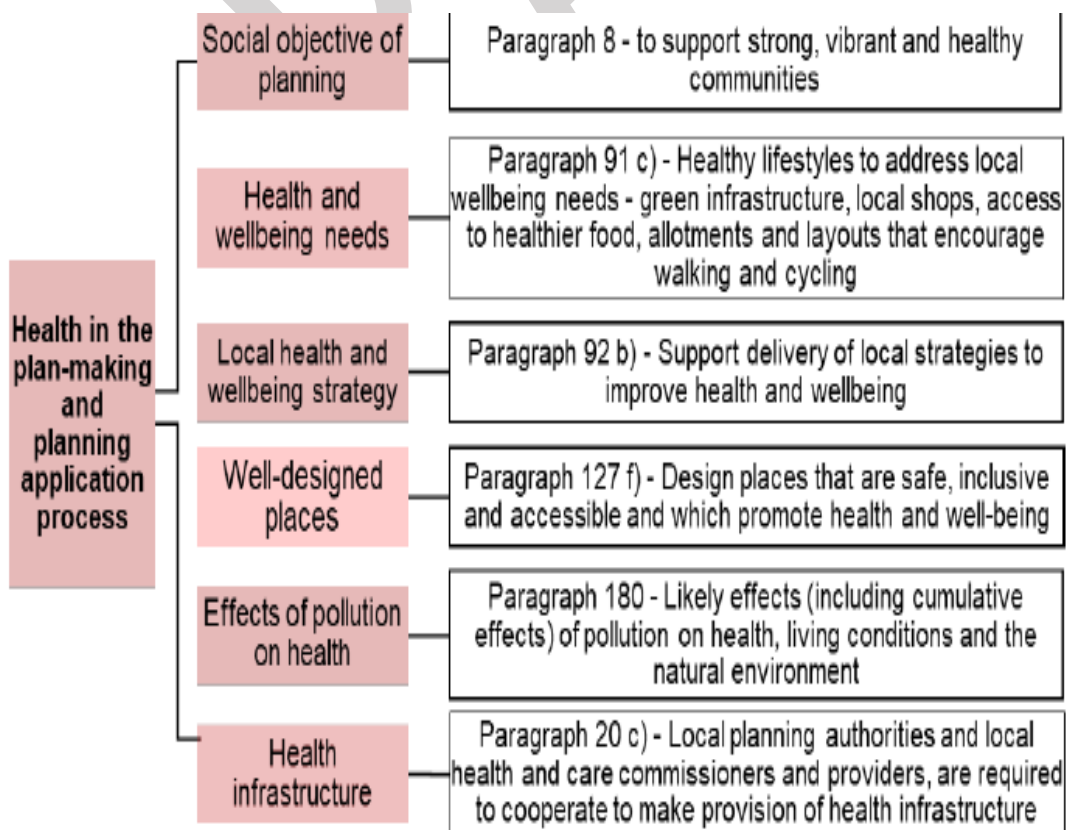
Planning Practice Guidance (PPG)

Policy provided by NPPF is expanded upon by Planning Practice Guidance (PPG) which notes that local planning authorities should ensure that health and wellbeing are considered in local and neighbourhood plans and in planning decision making. The guidance goes on to discuss the links between built and natural environments as determinants of health and wellbeing. Planning should aim to promote healthy communities which are places that are good to grow up and grow old in through support of healthy behaviours and reductions in health inequalities.

Paragraph 002 of PPG on Health and Wellbeing discusses a range of issues that could be considered through the plan-making and decision-making process, in respect of health and healthcare infrastructure. These issues range from creating spaces and place to meet and support community engagement and social capital to promoting reductions in health inequality. In 2017 the PPG was revised to encourage local planning authorities and planning applicants to have regard to the ways in which planning can influence the built environment to improve health and reduce obesity and excess weight in local communities.

Paragraph 006 of the PPG on health and wellbeing suggests ways in which the proliferation of uses detrimental to health could be addressed, including restricting growth of new fast food outlets.

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Appendix 2: What do we mean by sustainable development?

On 25 September 2015, the Member States of the United Nations agreed on the 17 Sustainable Development Goals (SDGs) of the Post-2015 Development Agenda. The SDGs build on the Millennium Development Goals, the global agenda that was pursued from 2000 to 2015 and will guide global action on sustainable development until 2030[21].

Sustainable development means acting in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

At national and global levels, the **'sustainable development goals' (SDGs)** agenda demands a high degree of coordination and collaboration across sectors to reap multiple benefits, requiring governments at these levels to involve far more stakeholders than those traditionally associated with spatial approaches to infrastructure and resource planning.

Human health and sustainable development are inextricably linked and action at the local level is especially important in achieving healthy, sustainable development. Sustainable development encompasses environmental, economic, and socio-demographic dimensions including health. Sustainable communities are communities which succeed now, economically, socially and environmentally, and respect the needs of future generations. They are well-designed places where people feel safe and secure. National Planning Policy Framework (NPPF) sets out how the planning system should play a key role in delivering sustainable communities.

The strong relationship between public health and sustainability is becoming an increasing area of significance. This is evidence by the fact that health is threaded throughout the **17 SDGs**, **and not restricted to SDG 3** (health and well-being). Some of these relationships are indicated in Fig.1 below. It is also recognized at a high level that non-communicable diseases threaten the resiliency and sustainability of places. The strong reciprocal links that exist between planning, health protection and supporting heathier lives (health promotion) also provide a basis whereby many of the targets in SDG 11 (sustainable cities and communities) support population health.

"*The New Urban Agenda reaffirms our global commitment to sustainable urban development as a critical step for realizing sustainable development in an integrated and coordinated manner at the global, regional, national, subnational and local levels, with the participation of all relevant actors. The implementation of the New Urban Agenda contributes to the implementation and localization of the 2030 Agenda for Sustainable Development in an*

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integrated manner, and to the achievement of the Sustainable Development Goals and targets, including Goal 11 of making cities and human settlements inclusive, safe, resilient and sustainable." New Urban Agenda: Quito declaration on sustainable cities and human settlements for all, p.4 (United Nations, 2017).

We want amenities and infrastructure, social and cultural life as well as voice and influence to be at the heart of an active, healthy and connected community that create and sustain community connections that protect, improve and enhance wellbeing and quality of life as well as our environment[22].

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Appendix 3: Health Impacts and Health Impact Assessments (HIAs)

Stages for Stages for developing HIA policy and guidance from Public Health England

1 Identify local health needs & evidence
Informed by: local strategic documents such as the JSNA and Health and wellbeing strategy; local data sets and intelligence sources; and local health and social care service information.

2 Identify population characteristics
Consider population groups that may be at greater risk as defined by; protected characteristics; socio-economic status; geographical variations in deprivation and/or service provision; and excluded or marginalised groups

3 Identify health outcomes & their significance
Significance can be determined by the expected magnitude of impact on health and wellbeing outcomes within specific population characteristics. These may be positive, neutral, or negative; direct or indirect, cumulative, permanent or temporary (short, medium or long term).

4 Identify likelihood of impacts
Categorise the likelihood of the impact occurring within specific population groups as either: definite, possible, probable or unlikely

5 Determine local HIA triggers
Triggers or thresholds provide clarity to planning applicant as to what development projects require an HIA

Stages for screening planning applications

1 Identify policy requirement for an HIA
Establish whether a development project triggers the requirement for an HIA. If yes, move straight to scoping. If no policy requirement for an HIA is currently in place, determine if an HIA is justified based on significance of impacts.

2 Identify health considerations and population characteristics
Determine the potential health impacts and effects of the proposed development. A range of population groups should be considered.

3 Identify significance and likelihood of these impacts
Once the range of anticipated health impacts and effects, and their relevance to different population groups have been identified, determine their potential significance.

4 Determine whether an HIA is justified
Discussions between the local public health team, planning policy team, and development management team during pre-application can help determine whether an HIA is justified.

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Stages for scoping planning applications

The table below is from the Welsh Health Impact Assessment Support Unit (WHIASU) and it provides some examples of **health impacts** relating to a range of wider determinants. The examples focus on individual determinants, but these determinants are often experienced together and cumulatively over time. Particular groups can be disadvantaged across a number of factors, and these disadvantages can be mutually reinforcing. Deprived areas have, for example, on average nine times less access to green space and open space, higher concentrations of fast food outlets and more limited availability of affordable healthy food. We can assess health impacts by working through the 'Health and Wellbeing Determinants Checklist':

1. Lifestyle	• Diet / Nutrition / Breastfeeding • Physical activity • Risk-taking activity i.e. addictive behavior, gambling • Sexual activity • Social media use	• Use of alcohol, cigarettes, Electronic Nicotine Delivery Systems (i.e. e-cigarettes), • Use of substances, non-prescribed medication, and abuse of prescription medication	environmental
2.Social and community influences on health	• Adverse childhood experiences i.e. physical, emotional or sexual abuse. • Citizen power and influence • Community cohesion, identity, local pride • Community resilience	• Neighborliness • Other social exclusion i.e. homelessness, incarceration • Parenting and infant attachment (strong early bond between infant and primary caregiver) • Peer pressure • Racism • Sense of belonging	social, mental, Physical, health & wellbeing

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	• Divisions in community • Domestic abuse and violence • Exploitation i.e. modern-day slavery, child and labour • Family relationships, organization and roles • Language • Cultural and spiritual ethos	• Social isolation/loneliness • Social capital, support and social networks • Third Sector and Volunteering
3.Mental health & wellbeing	Consider: • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? You can use the following as a Mental Wellbeing Checklist (South London and Maudsley NHS Foundation Trust)	
4.Living & environmental conditions affecting health	• Air Quality • Attractiveness of area • Community safety • Access, availability and quality of green and blue space, natural space • Housing quality and tenure • Indoor environment • Health and safety i.e. falls, home safety, safety of public places • Light pollution	• Noise • Quality and safety of play areas (formal and informal) • Road safety • Odors • Urban/Rural built and natural environment & neighborhood design • Waste disposal, recycling • Water quality i.e. sea water
5.Economic conditions affecting heath	• Unemployment • Poverty including food and fuel poverty • Income • ☐ Personal and household debt	• Economic inactivity • Type of employment i.e. permanent/temporary, full /part time • ☐ Working conditions i.e. work environment, bullying, health and safety
6. Access and quality of services	• Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • ☐ Medical and health services	• Other caring services i.e. social care; Third Sector, youth services, childcare • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services • ☐ Transport including parking, public transport, active travel
7.Macro-economic, environmental	• Biodiversity • Climate change i.e. flooding, heatwave	• Government policies i.e. Sustainable Development principle (integration; collaboration;

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and sustainability factors	• Cost of living i.e. food, rent, transport and house prices • ☐ Economic development including trade	involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration	

Alongside this the '**Population Groups Checklist**' is for use during a HIA Screening and Appraisal in order to identify the population groups who could be more impacted than others by a policy/project/proposal. The groups listed below have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA Screening and Appraisal. In a HIA, the groups identified as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself. This list is therefore just a guide and is not exhaustive. It may be appropriate to focus on groups that have multiple disadvantages. Please also note that terminology can change over time.

Sex/Gender related groups
- Female
- Male
- Transgender
- Other *(please specify)*

Age related groups *(Could specify age range for special consideration)*
- Children and young people
- Early years (including pregnancy and first year of life)
- General adult population
- Older people

Income related groups
- Economically inactive
- People on low income
- People who are unable to work due to ill health
- Unemployed/workless

Groups at higher risk of discrimination or other social disadvantage
- Black and minority ethnic groups *(please specify)*
- Carers
- Ex-offenders
- Gypsies and Travellers
- Homeless
- Language/culture *(please specify)*
- LGBTQ+
- Looked after children
- People seeking asylum
- People with long term health conditions
- People with mental health conditions
- People with physical, sensory or learning disabilities/difficulties

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- Refugee groups
- Religious groups *(please specify)*
- Lone parent families
- Veterans

Geographical groups and/or settings
- People in key settings: workplaces/schools/hospitals/care homes/ prisons
- People living in areas which exhibit poor economic and/or health indicators
- People living in isolated or over-populated areas
- People unable to access services and facilities

Examples of local authorities who have adopted HIA local plan policies on the use of HIAs:

Coventry	**Local Plan Policy HW1: Health Impact Assessments** - The use of land for mineral-working deposits - Waste development - All forms of residential development where: (i) Number of homes to be provided is 150 or more (ii) Site area is 5 ha or more - All forms of urban development (not involving housing) where: (iii) The area of development exceeds one hectare (iv) In the case of industrial estate development exceeds 5 ha	Coventry City Council Local Plan (2017), with further detail included in the Health Impact Assessment SPD
Greater Norwich	**Joint Core Strategy Policy 7: Supporting Communities** - In areas providing over 500 dwellings - In areas of complexity that will be master planned - Over 100 dwellings in areas not identified in the Joint Core Strategy	Local Plan: Joint Core Strategy for Broadland, Norwich and South Norfolk (2014) with more detail available in the Health Impact Assessment Advice Note (2012)
London	**GG3 Creating a healthy city (D)** Assess the potential impacts of development proposals and Development Plans on the mental and physical health and wellbeing of communities, to mitigate any potential negative impacts, maximise potential positive impacts, and help reduce health inequalities, for example using HIAs	Draft New London Plan. Intend to Publish Spatial Development Strategy for Greater London (December 2019)
Plymouth and the South West Devon	**Policy DEV1 Protecting health and amenity** Requiring a Health Impact Assessment to be submitted as part of any Environmental Statement submitted in relation to planning applications with a likely significant health impact.	Plymouth and South West Devon Joint Local Plan (March 2019)

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South Cambridgeshire	**Local Plan Policy SC2: Health Impact Assessment** - Development of 20 or more dwellings - - Applications for 1,000 sqm or more floorspace *For developments over 100 dwellings or 5,000 sqm a full HIA is required. For developments between 20 and 100 dwellings or 1,000 to 5,000 sqm of floorspace an extended screening or rapid HIA can be undertaken	[South Cambridgeshire Local Plan 2018](#)
Tower Hamlets	**Local Plan Policy D.SG3. Health impact assessments** Developments required to complete and submit a rapid health impact assessment: a. Major development within an area of sub-standard air quality b. Developments which contain any of the following uses: c. Developments of a scale referable to the Greater London Authority	[Tower Hamlets Local Plan 2031: Managing Growth and Sharing Benefits (January 2020)](#)

For more information on Health Impact Assessments as well as how to quality assure them please contact Lourdes.Madigasekera-Elliott@westsussex.gov.uk

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Appendix 4: The importance of meeting housing needs for older and disabled people

The importance of housing needs of older people?

The need to provide housing for older people is critical. People are living longer lives and the proportion of older people in the population is increasing. In mid-2016 there were 1.6 million people aged 85 and over; by mid-2041 this is projected to double to 3.2 million. Offering older people, a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems. In addition, by moving to accommodation which suits their needs it may free up family housing for those moving onto the property ladder. Therefore, an understanding of how the ageing population affects housing needs is something to be considered from the early stages of plan-making through to decision-taking.

Why is it important to plan for the housing needs of disabled people?

The provision of appropriate housing for people with disabilities, including specialist and supported housing, is crucial in helping them to live safe and independent lives, with greater choice and control over their lives. Unsuitable or unadapted housing can have a negative impact on disabled people and their carers. It can lead to mobility problems inside and outside the home, poorer mental health and a lack of employment opportunities. Without accessible and adaptable housing, disabled people risk facing discrimination and disadvantage in housing. An ageing population will see the numbers of disabled people continuing to increase and it is important we plan early to meet their needs throughout their lifetime.

Should plan-making bodies set minimum requirements for accessible housing?

Plans need to provide for specialist housing for older people where a need exists. Innovative and diverse housing models will need to be considered where appropriate. Where an identified need exists, local planning authorities have the option to set additional technical standards exceeding the minimum standards required by Building Regulations (as referred to in footnote 46 of the NPPF) to help bring forward an adequate supply of accessible housing. Based on a housing needs assessment and other available datasets it is for local planning authorities to set out how they intend to approach demonstrating the need for:

- M4(2) Category 2: Accessible and adaptable dwellings
- M4(3) Category 3: Wheelchair user dwellings

Planning policies for accessible housing need to be based on evidence of need, viability and a consideration of site-specific factors.

How can places be designed to be age-friendly and accessible for all?

The inclusive and age-friendly design of public spaces such as town centres, and of individual buildings, including housing, has clear benefits. Inclusive design can help older and disabled people live more independently and reduce health and social care costs. Inclusive design should not only be specific to the building, but also include the setting of the building in the wider built environment, for example, the location of the building on the plot; the gradient of the plot; the relationship of adjoining buildings; and the transport infrastructure.

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Developments should address the needs of people with disabilities and reduced mobility in relation to all modes of transport. Issues to consider include:

- Ease and comfort of movement on foot and with mobility aids between homes, services and town centres;
- Proximity and links to public transport and local amenities;
- Parking spaces and setting down points in proximity to entrances;
- The positioning and visual contrast of street furniture and the design of approach routes to meet the needs of people with different needs, including wheelchair users, people who need to rest while they walk and people with visual impairments;
- Whether entrances to buildings are clearly identified, can be reached by a level or gently sloping approach and are well lit;
- The accessibility of public spaces including step free spaces and seating; and
- The availability of public toilets.

Design principles such as those set out in the HAPPI report are applicable to housing for older people and age-friendly places.

How can for the needs of people with dementia be addressed?

Evidence has shown that good quality housing and sensitively planned environments can have a substantial impact on the quality of life of someone living with dementia. People with dementia need to have access to care and support to enable them to live independently and homes need to be designed with their needs in mind.
Local planning authorities should consider design principles when developing new housing in the context of the wider built environment, especially housing aimed at people with dementia. Characteristics of a dementia-friendly community include, but are not limited to:

- easy to navigate physical environment
- appropriate transport
- communities shaped around the views of people with dementia and their carers
- good orientation and familiarity
- reduction in unnecessary clutter
- reduction in disorienting visual and auditory stimuli

There should be a range of housing options and tenures available to people with dementia, including mainstream and specialist housing. Innovative and diverse housing models should be considered where appropriate. The RTPI practice advice Dementia and Town Planning gives advice on how good planning can create better environments for people living with dementia. If planning can get an area is right for those living with dementia, it will be right for older people, young disabled people, for families with young children, and ultimately everyone. For more information about the aims to improve the health and wellbeing of people living with and supporting those with dementia in West Sussex please refer to the West Sussex Joint Dementia Strategy (2020-2023).

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Appendix 5. West Sussex Quality Assurance Review Framework for Health, Wellbeing and Sustainability

This checklist is a **tool** that has been developed by adapting the [Quality Assurance Review Framework for Health Impact Assessment by WHIASU](#) (Welsh Health Impact Assessment Support Unit) and the **West Sussex County Council Sustainability Appraisal**. This allows users to take into consideration health, wellbeing and sustainability impacts in order to provide a holistic impact assessment for people and places in West Sussex. The Checklist can be used in the following ways by local authority officers, developers and investors:

- As a Quality Assurance Checklist for local authority officers
- Local Plan Review for local authority officers
- Screening for potential health and sustainability impacts as part of a Health Impact Assessment (HIA) and Sustainable Appraisal (SA) (local authority officers but also developers can use it as a means to develop their schemes with health, wellbeing and sustainability in mind)
- To help with decision making and the development of project and business proposals and feasibility studies (this can apply to local authority officers, developers, investors and decision makers)
- To accompanying a planning application, subject to local validation requirements (for developer and investors)
- By internal and external consultees when responding to planning consultations
- To assist in the development of neighbourhood plans (Town and Parish Councils)

Assessment criteria	Relevant?	Details/evidence	Potential health impact	Potential sustainability impact	Recommended amendments or enhancement actions to the proposal under consideration
1. Evidence					
1. Is evidence used to identify and assess impacts?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
2. Does the proposal make use of: 1. Community /population health and socioeconomic data profile 2.Literature/evidence review 3. Stakeholder opinion and experience	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		

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4. Technical data (if relevant) i.e. air quality statistics or health outcome projections					
3. Is there a clear link between the evidence gathered, assessment and recommendations?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
2. Housing quality and design					
4. Does the proposal seek to address the housing needs of the wider community by requiring provision of variation of house type that will meet the needs of older or disabled people? [For example, does it meet all Lifetime Homes Standards, Building for Life etc?]	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
5. Does the proposal promote development that will reduce energy requirements and living costs and ensure that homes are warm and dry in winter and cool in summer	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
3. Access to healthcare services and other social infrastructure					
6. Does this proposal contribute to access and quality services: medical and healthcare services?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
7. Does this proposal contribute to access and quality services: leisure services?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
8. Does this proposal contribute to access and quality services: Career advice?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
9. Does this proposal contribute to access and quality services:	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		

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shops and commercial services?					
10. Does this proposal contribute to access and quality services: public amenities?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
11. Does this proposal contribute to access and quality services: sustainable transport?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
12. Does this proposal contribute to access and quality services: education and training?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
13. Does this proposal contribute to access and quality services: information technology, internet access, digital services?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
14. Does the proposal seek to retain, replace or provide health and social care related infrastructure?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
15. Does the proposal address the proposed growth/ assess the impact on healthcare and social services?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
16. Does the proposal explore/allow for opportunities for shared community use and co-location of services?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
4. Access to open space and nature					
17. Does the proposal seek to retain and enhance existing and provide new open and natural spaces to support healthy living and physical activity?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
18. Does the proposal promote links between open and	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral		

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natural spaces and areas of residence, employment and commerce?			□Uncertain		
19. Does the proposal seek to ensure that open and natural spaces are welcoming, safe and accessible to all?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
20. Does the proposal seek to provide a range of play spaces for children and young people (e.g. play pitches, play areas etc.) including provision for those that are disabled?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
5. Air quality, noise and neighbourhood amenity					
21. Does the proposal seek to minimise construction impacts such as dust, noise, vibration and odours?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
22. Does the proposal seek to minimise air pollution caused by traffic and employment/ commercial facilities?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
23. Does the proposal seek to minimise noise pollution caused by traffic and employment/ commercial facilities?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
6. Accessibility and active transport					
24. Does the proposal prioritise and encourage walking (such as through shared spaces) connecting to local walking networks?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
25. Does the proposal prioritise and encourage cycling (for example by providing secure cycle parking, showers and cycle	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		

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lanes) connecting to local and strategic cycle networks?					
26. Does the proposal support traffic management and calming measures to help reduce and minimise road injuries?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
27. Does the proposal promote accessible buildings and places to enable access to people with mobility problems or a disability?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
7. Crime reduction and community safety					
28. Does the proposal create environments & buildings that make people feel safe, secure and free from **crime**?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
8. Access to healthy food					
29. Does the proposal support the retention and **creation of food growing areas**, allotments and community gardens in order to support a healthy diet and physical activity?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
30. Does the proposal seek to restrict the development of hot **food takeaways** in specific areas?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
9. Access to work and training					
31. Does the proposal seek to provide new employment opportunities and encourage local employment and training?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
10. Social cohesion and lifetime neighbourhoods					
32. Does the proposal connect with existing communities where	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral		

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the layout and movement avoids physical barriers and severance and encourages **social interaction**? [For example, does it address the components of Lifetime Neighbourhoods?]			□Uncertain		
11. Minimising the use of resources					
33. Does the proposal seek to incorporate sustainable design and construction techniques?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
12. Economic factors					
34. Does the proposal consider gross domestic product?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
35. Does the proposal consider economic development (rural & urban)?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
36. Does the proposal consider economic inactivity?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
37. Does the proposal consider income?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
38. Does the proposal consider poverty including fuel and food?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
39. Does the proposal consider personal and household debt?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
13. Environment and Sustainability factors					
40. Does the proposal consider social justice and equality issues?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
41. Does the proposal consider climate change i.e. flooding, heatwaves	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		

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42. Does the proposal consider the cost of living i.e. food, rent, transport and house prices	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
43. Does the proposal consider sustainable development principle (integration; collaboration; involvement; long term thinking; and prevention)?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
44. Does the proposal incorporate renewable energy and ensure that buildings and public spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
45. Does the proposal maintain or enhance biodiversity	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
46. Does the proposal consider access, availability, and quality of green and blue space, natural space?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
47. Does the proposal consider health and Safety i.e. falls, home safety, safety of public places?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
48. Does the proposal consider light pollution?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
49. Does the proposal consider odour pollution?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
50. Does the proposal consider waste disposal?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		

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51. Does the proposal consider noise pollution?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
52. Does the proposal consider road hazards?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
53. Does the proposal consider injury hazards?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
54. Does the proposal consider quality and safety of play areas?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
14. Health inequalities and equity					
55. Does the proposal consider health inequalities and encourage engagement by underserved communities?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
56. Does the proposal focus on contributing to achieving health equity?	□ Yes □ Partial □ No		□ Positive □ Negative □ Neutral □Uncertain		
Any other comments					
Name of assessor and organisation					
Date of assessment					

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Appendix 6: Health Intelligence: Local challenges

There are a number of public health intelligence and data sources that can highlight the needs of West Sussex and how inequalities present themselves. Data sources include:

- Joint Strategic Needs Assessment
- Public Health Outcomes Framework (PHOF)/census/Wider determinants data
- PHE Public Health Profiles
- West Sussex Annual public Health Report
- **Subject Specific Needs Assessments**: (Black and Minority Ethnic Groups, Carers and caring, Children and Young People (including Children Looked After), Children and Young People's Emotional Health and Wellbeing, Falls Prevention, Gypsies and Travellers, Homelessness, Lifelong Disabilities, Military Veterans' Health, Oral Health, Pharmaceutical Needs Assessment (PNA), Self-Harm and Suicide Prevention, Sexual Health, Substance Misuse (including Dual Diagnosis) and Tobacco Control
- West Sussex Sexual Health Needs Assessment
- Health and Happiness Survey
- Drug related deaths audit
- National Child Measurement Programme (NCMP)
- Clinical Commissioning Group (CCG) data
- Indices of Deprivation
- Measures of National Wellbeing Dashboard
- Strategic Health Assets Planning and Evaluation (SHAPE)
- Active Lives, Active People, Active Places data
- People and Nature survey
- Food Environmental Accessibility Tool (FEAT)

The Consumer Data Research Centre have produced very accessible outputs at **neighbourhood level**. Data are freely accessible in map form and data behind the maps can be downloaded from the same website.

There needs to be concerted action on health inequalities as part of efforts to create healthy places, **informed by data on the specific health needs of local communities**. For more information please contact the West Sussex County Council Public Health Social Research Unit: https://jsna.westsussex.gov.uk/contact/

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Glossary

Biodiversity: is the variety and variability of life on Earth. Biodiversity is typically a measure of variation at the genetic, species, and ecosystem level. Terrestrial biodiversity is usually greater near the equator, which is the result of the warm climate and high primary productivity.

Ecosystems: is a geographic area where plants, animals, and other organisms, as well as weather and landscape, work together to form a bubble of life. Ecosystems contain biotic or living, parts, as well as abiotic factors, or non-living parts. Biotic factors include plants, animals, and other organisms.

Gigabit capable connectivity: capable broadband means any technology that can deliver 1 gigabit per second (1 Gpbs is equal to 1000 Mbps). 1 Gbps allows a high definition film to be downloaded in under one minute. Gigabit broadband usually means full-fibre technology but could also include cable broadband and future 5G networks.

Health in All Policies: is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.

Lifecourse approach: values the health and wellbeing of both current and future generations.

Lifetime neighbourhoods: An environment that is accessible and inclusive, aesthetically pleasing and safe (in terms of both traffic and crime).

Place based interventions: a collaborative means to address complex socioeconomic issues through interventions defined at a specific geographic scale.

Planetary health: is based on the understanding that human health and human civilisation depend on flourishing natural systems and the wise **stewardship** of those natural systems. Put simply, planetary health is the health of human civilisation and the state of the natural systems on which it depends[23]

Wider determinants of health: Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health. Such factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life. They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. The Marmot review, published in 2010, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes.

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References

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[3] Prevention is better than cure (Department of Health and Social Care 2018)

[4] The new public health role of local authorities (Department of Health 2012)

[5] Spatial Planning and Health Getting Research into Practice (GRIP): study report (PHE 2019)

[6] Citizens Advice. Achieving income security for all (Citizens Advice 2019)

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[8] Advancing our health: prevention in the 2020s

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West Sussex Health and Wellbeing Board

28 January 2021

Better Care Fund Monitoring Q1 & Q2 2020/21

Report by Chris Clark, Joint Strategic Director of Commissioning, West Sussex Clinical Commissioning Group and West Sussex County Council

Summary

This paper provides a summary of the planning requirements, funding sources, and expenditure plan for the West Sussex Better Care Fund in 2020/21, along with the regular monitoring of performance against the 4 national metrics for Quarters 1 and 2, 2020/21.

Recommendations to the Board

The Health and Wellbeing Board is asked to;

(1)   Note the national Better Care Fund planning requirements for 2020/21 the associated West Sussex Better Care Fund funding sources, and expenditure plan meeting National Conditions 1, 2, 3 and 4 as described below.

(2)   Note the West Sussex performance against the national BCF metrics at Q1 and Q2 2020/21, and the degree to which these are impacted by Covid-19.

Relevance to Joint Health and Wellbeing Strategy

The Better Care Fund supports partnership working across the West Sussex Health and Social Care system. The funded schemes include multi-disciplinary teams delivering proactive community-based care, services for carers, social prescribing, and a broad range of adult social care services.

1   Background

1.1   The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and well-being, and live independently in their communities for as long as possible.

1.2   The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

1.3   For 2020/21, given the ongoing pressures of Covid-19 on local systems, Health and Wellbeing Boards were advised to roll forward Better Care Fund plans from

2019/20 into 2020/21, ensuring service continuity in advance of the delayed publication of the updated Better Care Fund national guidance. The 2020/21 grant allocations and minimum contributions from Clinical Commissioning Groups were published in February.

1.4 The 'Better Care Fund: Policy Statement 2020 to 2021' was published by the government on 3rd December. It sets out the process for agreeing local Better Care Fund plans for 2020/2021 and confirms national conditions for this year.

2   Better Care Fund Planning Requirements 2020/21

2.1 The reduced planning requirements for the year are as follows:

- Systems will not be required to submit plans for assurance in 2020-21.

- Local areas must ensure that use of the mandatory funding contributions (Clinical Commissioning Group (CCG) minimum contribution, improved Better Care Fund (iBCF) grant and the Disabled Facilities Grant) has been agreed in writing, and that the national conditions are met.

- Local areas are not expected to submit trajectories for the BCF national metrics for 2020/21 but should continue to works as a system to make progress against them.

2.2 The national conditions for the BCF in 2020-21 are that:

1. Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).

2. The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation.

3. Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.

4. CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.

2.3 Local areas will be required to provide and end of year reconciliation to Departments and NHS England/Improvement, confirming:

- Finance: Planned spend including breakdown of social care

- Finance: Actual spend

- National Conditions: Confirmation that plans were agreed

- National Conditions: Confirmation that funding was placed in a S75

- Fee Rates: Information on unit costs for domiciliary and residential social care

3   West Sussex Better Care Fund Income and Expenditure Plan 2020/21

3.1   Details of the Better Fund funding sources and planned expenditure, as reviewed and agreed by the West Sussex County Council and West Sussex CCG BCF finance leads, are given in Appendix 1. This also includes summary descriptions of the BCF schemes.

3.2   This expenditure plan meets the requirement to pool the CCG Minimum Contribution, the minimum spend requirements of £25,374,176 for social care, and the minimum spend requirements for £17,243,138 for CCG-commissioned out of hospital services.

4   Better Care Fund Performance Q1 & Q2 2020/21

4.1   Details of the Better Fund metrics performance for Q1 and Q2 are given in Appendix 2. Due to the impact of Covid-19 on BCF planning, no targets are set for 2020/21 and national reporting is suspended.

5   The Better Care Fund in 2021/22

5.1   Funding:
- The Spending Review has confirmed the iBCF (£2.077 billion) and DFG (£573 million) for 2021/22
- CCG contributions will again increase by 5.3% in line with the NHS Long Term Plan settlement

5.2   Content:
- Planning and assurance as in previous years
- BCF national metrics under review and yet to be agreed
- Will take on findings from national BCF review

5.3   Timing:
- Intention to publish guidance and planning template together during second half of February. This may be subject to delay due to Covid-19 pressures
- 8-week planning window following publication

5.4   The Joint Strategy Commissioning Group will conduct a strategic review of the West Sussex Better Care Fund as part of the planning process. In addition to the funded schemes, this will include governance and wider system engagement.

Contact: Paul Keough, Better Care Fund Manager, West Sussex Clinical Commissioning Group and West Sussex County Council, 07920 817577, paul.keough@nhs.net

Appendices

Appendix 1: Better Care Fund Income and Expenditure Plan 2020/21

Appendix 2: Better Care Fund Metrics Report Q1 and Q2 2020/21

Background Papers

https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy-statement-2020-to-2021

West Sussex Better Care Income and Expenditure Plan 2020/21

1. BCF Allocations and Pooled Fund 2020/21

	Committed Funding
Capital Funding	
Disabled Facilities Grant [1]	£9,414,970
Total Capital Funding	**£9,414,970**
Revenue Funding	
NHS West Sussex CCG [2]	£60,678,601
West Sussex County Council Additional Contribution [3]	£1,878,300
Improved Better Care Fund [4]	£20,006,674
Total Revenue Funding	**£,82,563,575**
Total Better Care Fund Budget	**£91,978,545**

Notes:

1. Includes additional allocation of £1,117,309 announced and payable in December 2020.

2. CCG minimum contribution overall uplift of 5.3% based on uplifts to the individual 2019/20 contributions of the 3 former West Sussex CCGs.

3. Additional WSCC contribution to Carers Services.

4. Includes the formerly separate Winter Pressures Grant which is no longer ring-fenced.

2. West Sussex Better Care Fund Planned Expenditure 2020/21

Committed Funding Scheme	Scheme Number	West Sussex CCG	West Sussex County Council	TOTAL
Disabled Facilities Grant	1	-	£9,414,971	£9,414,970
Maintaining (Protecting) Social Care	2	£16,521,876	-	£16,521,876
Meeting adult social care needs	3a	-	£8,463,222	£8,463,222
Reducing pressure on the NHS, including supporting more people to be discharged from hospital when ready	3b	-	£5,488,000	£5,488,000
Ensuring that the local social care provider market is supported	3c	-	£2,752,000	£2,752,000
Winter Pressures Grant	3d	-	£3,303,452	£3,303,452
Proactive Care	4	£7,129,457	-	£7,129,457
Communities of Practice	5	£4,253,320	-	£4,253,320
BCF Programme Supt	6	£234,313	-	£234,313
Step Up Step Down	7	£17,625,524	-	£17,625,524
Prevention Initiatives	8	£583,366	-	£583,366
Care Act Initiatives	9	£2,131,600	-	£2,131,600
Carers Services	10	£1,924,600	£1,878,300	£3,802,900
Telecare	11	£860,800	-	£860,800
Community Equipment	12a	£4,085,600	-	£4,085,600
Community Equipment (Health)	12b	£5,328,145	-	£5,328,145
		£60,678,601	£31,299,945	£91,978,545

Notes:

1. This plan meets the minimum spend requirements of £25,374,176 for social care, and £17,243,138 for CCG-commissioned out of hospital services.

3. West Sussex Better Care Fund Scheme Summary Descriptions 2020/21

3.1 **Scheme 1 – Disabled Facilities Grant (WSCC):** To provide for adaptations to a disabled person's property that are both necessary and appropriate for the needs of the disabled person and reasonable and practicable in relation to the property to support individuals across West Sussex to remain independent in their own homes.

- A fundamental aim of a DFG is to assist people to remain independent in their own home for longer and therefore this scheme will have a positive impact on the national BCF outcomes as a preventative measure.
- Home adaptations play a key role in enabling people of all ages with functional or cognitive disabilities and frailty to live safe, healthy, independent living within their own home through helping to reduce the risk of injury preventing hospital admissions, enabling faster hospital discharges, delaying onset of admission to residential care and reducing on-going health and care costs.

3.2 **Scheme 2 – Maintaining (Protecting) Social Care (WSCC):** To ensure adults who have eligible needs, who are at risk of harm, abuse or neglect and/or who want to live independently for as long as possible are able to receive the person centred social care and support they need in the place they wish to receive it. Without protecting social care services, there will be consequences on people's health and wellbeing and increasing pressures on health services.

3.2.1 The social care services that are protected through this funding need to be seen as part of an integrated whole rather than as a series of disparate activities. Being demand-led, expenditure is influenced by factors that will change over time and thus it is subject to inherent variation. As a result, the funding that the Council receives is effectively equivalent to a block contract, where the services delivered will include, but are not limited to:

- Housing Support services
- Reablement services
- Social work teams in hospitals
- Occupational Therapists
- Sensory Services
- Preventative services
- Care Point services
- Support Information and Advice services

3.2.2 The arrangements include both external sourcing / contracting of services and the provision of services through Adult Services.

3.3 **Scheme 3 – Improved Better Care Fund (WSCC):** The Improved Better Care Fund will be spent in accordance with DCLGMHCLG grant conditions that specify the funding is to be used in three areas:

- Meeting adult's social care needs
- Reducing pressure on the NHS, including supporting more people to be discharged from hospital when ready
- Ensuring that the local social care provider market is supported

3.3.1 Proposed schemes and services have been grouped under these areas and include a focus on implementing the High Impact Change Model, development of new prevention services, supporting people with dementia, supporting people with lifelong conditions and workforce development.

3.3.2 For 2020/21, this scheme also includes the previously separate Winter Pressures Grant funding. This comprises a wide range of initiatives designed to manage seasonal pressures on the local health and care system.

3.4 **Scheme 4 – Proactive Care (CCG):** Proactive Care+ is being transformed in order to help ameliorate the strategic challenges faced by health and social care services in Coastal West Sussex. These challenges are being exacerbated by both the growth in the frail elderly population and the limitations of the current model of care within primary and community care services for the frail elderly

3.4.1 These limitations are evidenced by increasing growth in the use of urgent and emergency care services for this patient cohort and the consequent disproportionate use of financial resources.

3.4.2 The limitations are intensified by the lack of integrated working between Primary and community services – a result of both traditional organizational structures and a patchwork of unaligned commissioning incentives.

3.4.3 The aim of this work is to develop and deliver a new model of Proactive Care+ for the frail, elderly population of Coastal West Sussex by commissioning Primary Care and SCFT (and its subcontractors) to integrate around a defined target population of all of those who fall into any of the following:

- Severe frailty
- Dementia
- Residing in a nursing home
- In the last year of life

3.5 **Scheme 5 – Communities of Practice (CCG):** Communities of Practice are central to delivery of a new model of care and are intended to help tackle the challenges in workload and capacity being experienced in general practice and community based services – creating a more coordinated service to improve patient experience and outcomes; and improving the value we get from the investment we make with greater efficiencies and patients seeing the right person first time rather than having multiple assessments and appointments associated with multiple 'hand-offs' of care.

3.5.1 Communities of Practice are the core element of a wider system of care working in concert with the two responsive services teams and specialist nursing teams in Crawley and Horsham & Mid Sussex. Communities of Practice are the key ongoing coordinators for patient care for those patients on their caseload, with responsive services providing short term crisis intervention support to both avoid an admission and facilitate early discharge from hospital if admitted.

3.5.2 Specialist nursing provides specialist rapid response working with responsive services when a patient has an exacerbation of their condition to support rapid assessment and treatment with the aim of avoiding a hospital admission. The specialist nursing teams will also work with Community of Practice teams post discharge from hospital to reduce length

of stay and optimize the transition from hospital to home and prevent further readmission to hospital.

3.5.3 Communities of Practice are extended community teams based around groups of general practice, bringing together the care resources of community and mental health services, social care, and increasingly community pharmacy, third sector and paramedics focused around a registered population, the delivery of shared outcomes and care organised around individuals, rather than the current position of uncoordinated and inefficient provision of multiple different services to patients through individual patient contacts.

3.5.4 This funding also includes:

- Integrated Response Teams supporting care homes in the region, improving the quality of care for care homes residents and reducing A&E attendances and unplanned admissions from care homes residents into acute care.
- Programme Management for Care Homes, supporting the funding of a Lead Manager for Care Homes (working across the North Alliance CCGs, liaising closely with other relevant health and social care colleagues, including those at the County Council, Coastal West Sussex and other neighbouring CCGs, Health Education England and Community Trusts.

3.6 **Scheme 6 – BCF Programme Support (WSCC & CCG):** The scheme is jointly commissioned by the Joint Commissioning Strategy Group. This Scheme funds the Better Care Fund (BCF) Coordination Team which includes the BCF Coordinator, BCF Project Officer and BCF Programme Administrator, who shall be deployed on behalf of all the Partners in respect of:

- Coordinating and supporting the development of the West Sussex BCF Plan and its ongoing delivery
- The monitoring and reporting of the BCF plan and the individual BCF schemes
- Provision of the interface with the MHCLG and NHSE Better Care Support Team in respect of BCF planning, metrics trajectories, and quarterly reporting
- Provision of administrative support and reporting to the Joint Commissioning Strategy Group in respect of the Better Care Fund and wider joint commissioning portfolio
- Reporting in respect of the Better Care Fund to the West Sussex Health and Wellbeing Board via the Joint Commissioning Strategy Group

3.7 **Scheme 7 – Step Up Step Down (CCG):** This scheme funds Reablement Services and Responsive Services.

3.7.1 Reablement is about helping people regain the ability to look after themselves following illness or injury. It is different from traditional home care and commissioners and staff need to consider this when commissioning and delivering the service. Reablement funds have been invested by CCGs into Sussex Community NHS Trust to help support services that enable patients to be cared for and lead independent lives, which support and to maximise the effectiveness and value of reablement support to prevent customers from needing to receive additional and/or more intensive health and social care services.

3.7.2 Responsive Services covers the various services provided by Sussex Community NHS Foundation Trust (SCFT). This includes 660 health commissioned beds in 30 locations. These health-commissioned services are coordinated with those provided by the local authority by a joint West Sussex steering group.

3.7.3 This service supports a range of Home First responsive services e.g., admission avoidance teams and early supported discharge working closely with providers including the local authority, acute hospitals with services integrated Primary Care Networks. The target model of care includes admission avoidance and Discharge to Assess (D2A) philosophies focussed on the management of risk, integrated health and social care teams, personalised, person and family centred approaches, and data sharing and single care records. Under this scheme, capacity will be matched to demand 24/7 for 365 days of the year, and step-up (admission avoidance) will be accessed through a Joint Call Centre / Single Point of Access (SPoA).

3.8 **Scheme 8 – Prevention Initiatives (CCG):** Services delivered under this scheme consist of:

- Social Prescribing: Empowering the individuals within the target cohort to improve their health and wellbeing and social welfare by connecting them to non medical and community services. This intervention supports the proactive and rapid response approach across work streams working closely with the voluntary sector. This will reduce direct GP contacts, A&E attendances, emergency admissions and specialist outpatient care. The Link workers providing the service also allow statutory resources to be targeted in a more effective way. The separate provision across the three former West Sussex CCGs will be drawn together as part of the ongoing integration journey.
- Stroke Association: Funding for the Stroke Recovery Service and Six Month Reviews.

3.9 **Scheme 9 – Care Act Initiatives (WSCC):** Demographic demand coupled with increasing numbers and complexity of customers is placing increased pressures on Adult Social Care services. The financial consequences of this for the Council have been considerable with the result that the proportion of its budget which is spent on adult social care has increased from less than 32% in 2015/16 to around 36% in 2019/20. That has occurred during a period when its general grant funding from Government has fallen from £148m per year to nil. This has required difficult choices to be made, from which adult social care could not be exempted. As a result, and despite the growth which has been directed towards it, the budget is almost totally consumed by the cost of meeting the needs of people who have been assessed as meeting the eligibility criteria laid down in the Care Act.

3.9.1 The funding will be used by the Council to fund the implementation of the new duties for Local Authorities brought in under The Care Act 2014. These include:

- Wellbeing principle for all citizens of West Sussex
- The provision of services to support Prevention
- National eligibility criteria
- Information and advice to enable people to access and plan care, including the right to advocacy
- Enhanced rights for carers, e.g. the legal right for assessment and support
- Stabilising, strengthening and growing the social care market
- Integration and Co-operation with other public bodies
- Making Safeguarding Personal
- Providing social care services in the prison

3.10 **Scheme 10 – Carers Services (WSCC):** This scheme is comprised of the following services:

- Carers Information, Support, and Advice: Empowering Carers, increasing their resilience, supporting their wellbeing, and delivering statutory carers assessments in accordance with the Care Act 2014 and relevant regulations, guidance and policies.
- Carers Support in Hospitals: To provide immediate support to people in a hospital setting, who as a result of a hospital admission of a family member can suddenly find themselves in a caring role or with increased caring responsibilities, and to refer onward to community base carer support services at the point of discharge.
- Carers Health Team: To ensure carers feel less isolated, stay mentally and physically fit and maintain their wellbeing and life outside their carer role.

3.10.1   There is clear evidence that investing in Carers Services improves health and wellbeing outcomes for patients and recipients of care and improves health and wellbeing outcomes for carers, who suffer disproportionately high levels of ill-health.

3.11   **Scheme 11 – Telecare (WSCC):** Technology Enabled Lives services include the use of convenient, accessible and cost-effective products or services that allow people of all ages to monitor their own (or someone else's) health and wellbeing, so they may better manage long term conditions, maintain their independence through performing tasks they would otherwise be unable to do, or increase the ease or safety with which tasks can be performed so that they can stay in their own home in their own community. Technology Enabled Lives services are also used as a valuable proactive tool in preventing people from entering the health and social care system.

3.12   **Scheme 12 – Community Equipment (WSCC):** Community equipment enables people with a wide range of needs, including those with increasingly complex needs to remain in their own home and to support new models of community based health care.

3.12.1   Community equipment services are provided as a fundamental part of the health and social care system. Effective equipment provision results in good clinical and financial outcomes, and is vital in supporting policies and strategies for keeping more people safe, independent and able to self-care in their own home.

3.12.2   Note that the budget includes the Health (SCFT) funding element paid by the Clinical Commission Group.

Contact: Paul Keough, Better Care Fund Manager, West Sussex Clinical Commissioning Group and West Sussex County Council, 07920 817577, paul.keough@nhs.net

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West Sussex Better Care Fund Metrics Performance – Q1 & Q2 2020/21

1. Total Non-Elective Spells (Specific Acute) – All Ages

Latest data available Sept-20:	7,420	Vs same period last year Sept-19:	7,890	Vs 2020/21 plan Sept-20:	N/A

Total Non Elective Spells (Specific Acute) 24 months to August 2020/21
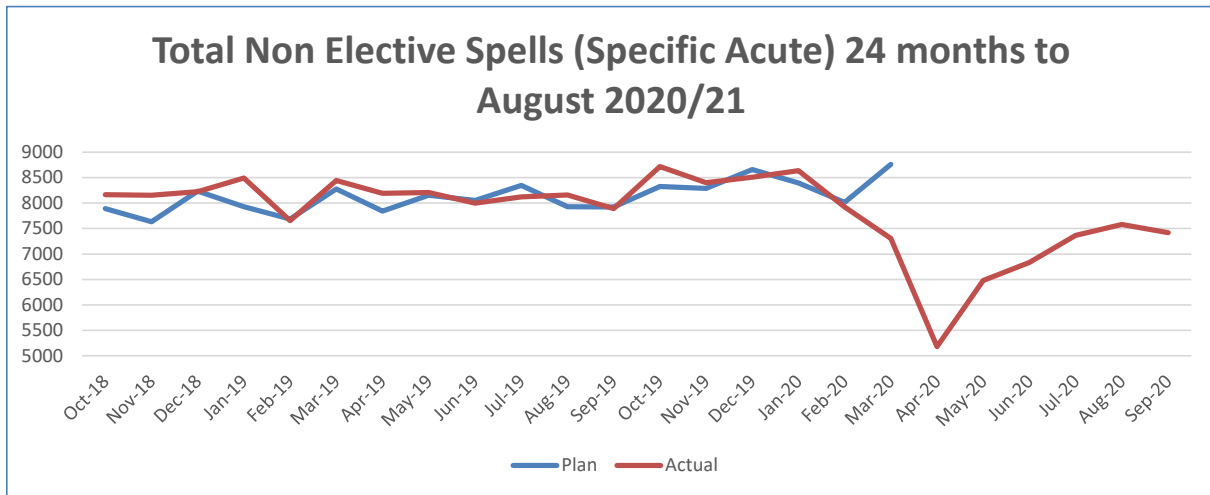
Source: SUS TnR / NHS England

At Month 06 2020/21, NEAs fell in September when compared to the previous month. This follows the slow month-on-month rise in April though to August. Currently, no planned figures are available for 2020/21 as a consequence of Covid-19 and the redeployment of resources at national level.

There is a complex range of variables which contribute to the number of emergency admissions to hospital particularly as this metric is for all ages rather than the typical cohorts of many BCF schemes.

2. Delayed Transfers of Care (Delayed Days)

Latest data available Jul-20:	N/A	Vs same period last year Jul-19:	N/A	Vs 2019/20 plan Jul-20:	N/A


Delayed Transfers of Care - Metric Suspended
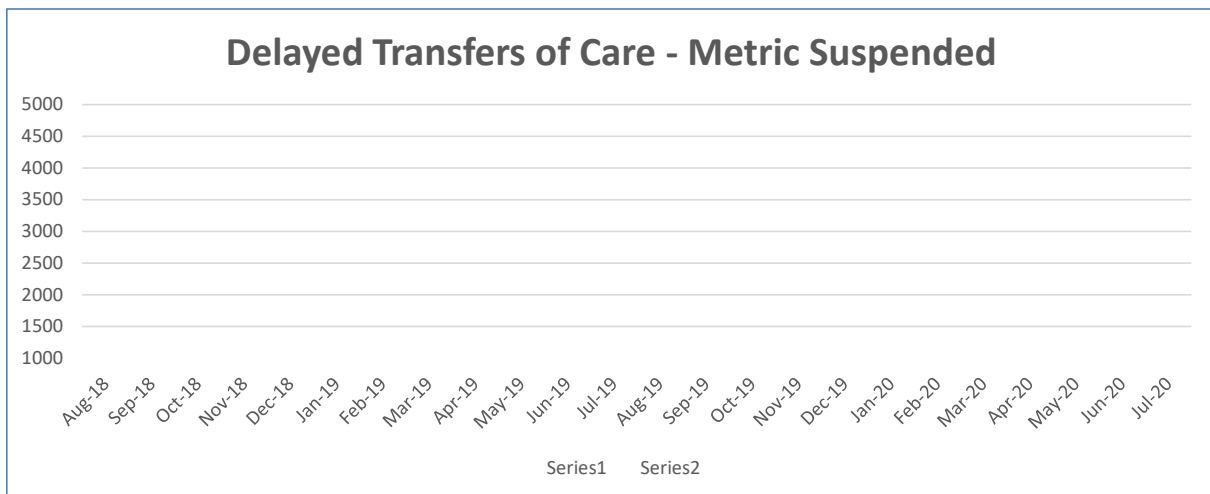
Source: NHS England Statistics

Targets for Delayed Transfers of Care (DToC) were suspended effective 19th March due to Covid-19. The revised Hospital Discharge Service operating model, published in August and focussing on discharge to assess, is clear that this metric is permanently superseded by new D2A-based data collections.

West Sussex Better Care Fund Metrics Performance – Q1 & Q2 2020/21

3. Permanent Admissions to Nursing and Residential Homes (per month)

| Latest data available Sept-20:	21.8	Vs same period last year Sept-19:	48.4	Vs 2020/21 plan per month:	N/A
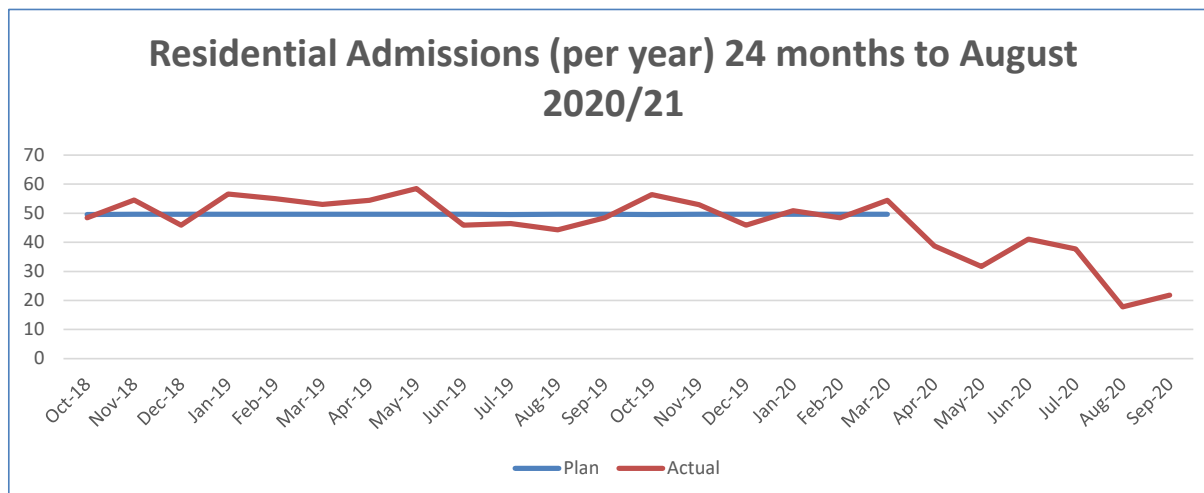
Source: In-year Data Collection WSCC Performance & Intelligence Team (National Metric is collected annually, reporting 6 months after year-end.)

Current performance has been significantly impacted by the effects of Covid, therefore the data is not representative of normal patterns of admission. We have seen a significant reduction in the proportion of customers in pay in residential settings, in comparison to non-residential. Adult Social care are continuing to work towards reducing new admissions to residential setting, while increasing non-residential options. This is starting to take effect, however the average cost of placements is increasing.

4. % Older People at Home 91 Days after Discharge into Reablement/Rehabilitation Services

Latest data available Sept-20:	67%	Vs same period last year Sept-20:	18%	Vs 2020/21 plan:	N/A
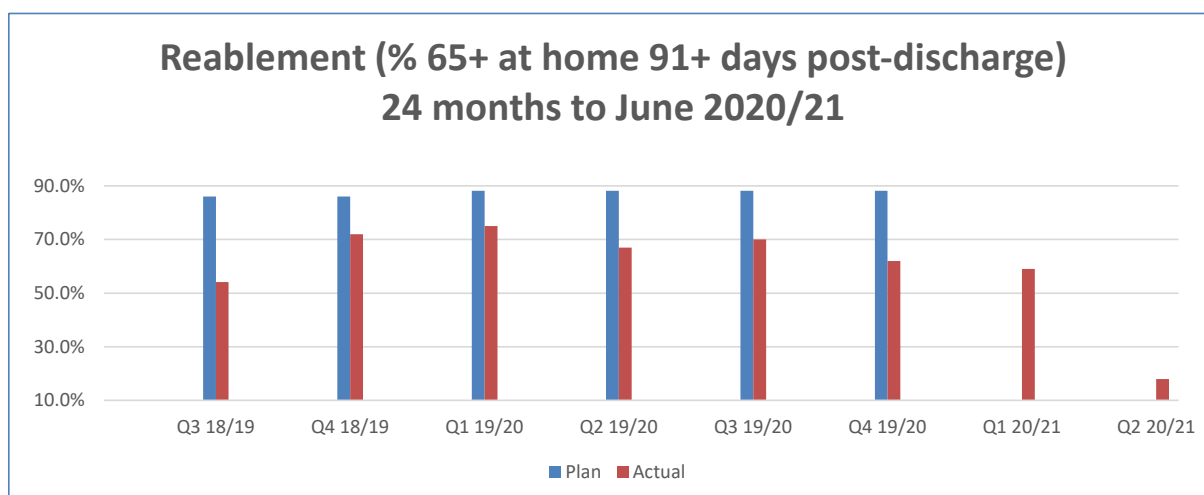
Source: In-year Data Collection WSCC Performance & Intelligence Team (National Metric is collected annually, reporting 6 months after year-end.)

Performance has fallen further at Q2 20/21 possibly as a consequence of Covid-19 impact (although there is lag in data availability.) This indicator is under review by ADASS. If we are unable to contact the customer or the customer does not respond, then the guidance requires us to record these as not at home. Work is underway to consider whether there are more effective ways of using this measure through SE ADASS networks. West Sussex has a number of reablement offers that contribute to supporting independence, these include both home-based reablement and bed-based provision. A local based measure looking at these outcomes would be more reflective of the local picture.

Performance Targets and Data Collection

Due to the impact of Covid-19, no targets for BCF metrics have been set for 2021/21 and the quarterly publication by the national team of 'actual' versus 'planned' performance is suspended. This means that comparison with comparator HWB areas is not possible for this year.

Contact: Paul Keough, Better Care Fund Manager, West Sussex Clinical Commissioning Group and West Sussex County Council, 07920 817577, paul.keough@nhs.net

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Health and Wellbeing Board (HWB) Work Plan 21/22					
Meeting Date		**28-Jan-21**	**24-Jun-21**	**07-Oct-21**	**27-Jan-22**
Items	**Lead Contact**				
Learning Disabilities Awareness	Mike S Smith	√			
Creating Healthy and Sustainable Places Framework	Lourdes Madigasekera-Elliott	√			
Annual Reports/Actions					
Terms of Reference	Erica Keegan				
Joint Health and Wellbeing Strategy Annual Review	Director Public Health				
Safeguarding Adults	Annie Callanan				
Safegaurding Childrens Annual Report	Lesley Walker				
West Sussex Health Protection Grps Annual Report	Director Public Health				
Public Health Annual Report	Director Public Health				
HealthWatch Annual Report	Sally Dartnell				
Standing Items					
HWB - Local Outbreak Engagement Board	Alison Thomson	√	√	√	√
HWB - Children First Board	Jacquie Russell	√	√	√	√
Better Care Fund Monitoring	Paul Keogh/Chris Clark	√	√	√	√
Public Forum	Chairman	√	√	√	√
ICS/STP Place Based Plan	Chris Clark		√		√
HWB Prep Timetable					
Seminar		**19-Nov-20**	**No Seminar**	**30-Jul-21**	**11-Mar-22**
Date of HWB Meeting		**28-Jan-21**	**24-Jun-21**	**07-Oct-21**	**27-Jan-22**
Venue		MS Teams	TBC	TBC	TBC
Final Papers for Despatch		**18-Jan-21**	**14-Jun-21**	**27-Sep-21**	**17-Jan-22**

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