



# Health and Wellbeing Board

## **Start Well, Live Well, Age Well:**

West Sussex Joint Health and Wellbeing Strategy  
2019 - 2024

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## Acknowledgements

**We are very grateful to the residents of West Sussex, our partners, staff and other stakeholders who were instrumental in the successful development of this strategy through their participation and feedback.**

# FOREWORD

I am delighted to present our refreshed Joint Health and Wellbeing Strategy for West Sussex.

The Health & Wellbeing Board brings together elected members and leaders from West Sussex's health and social care system. We know that to improve health and wellbeing, and to tackle health inequalities, we have to work together; there are limits to what any single organisation can do.

This strategy is a product of partnership working, and our strong commitment to improving the health and wellbeing of all West Sussex residents. Over the last year we have worked hard to strengthen the links between the Board and District and Borough local health and wellbeing partnerships. The Board has held its public meetings across the county, in liaison with Districts and Boroughs, to better understand the potential to harness our collective efforts to improve the health and wellbeing of our residents. In doing this, we have recognised the importance of a more joined up approach to health and wellbeing across the public, voluntary, community and private sector to promote health and wellbeing and prevent ill health.

This strategy, therefore, marks a key milestone in the ongoing development of the Health and wellbeing board and reflects our learning from public meetings, seminars, working groups, engagement and consultation with our residents. It is through this process that we have identified priorities and how the Board can have the most impact. The Board has recognised that its strength lies in its position as a systems leader, and our ability to champion the priorities set out in this strategy in the actions of our own and in partners organisations.

We have agreed an ambitious vision for the county which puts prevention at the heart of what we do and outlines the key challenges at different stages of life. This strategy now sets out the direction of travel we want our health and social care services to take, which it is the duty of the council, clinical commissioning groups and other partners to implement in their own commissioning strategies and action plans. Through joining up our system wide efforts to improve health and wellbeing, we look to realise better health and wellbeing outcomes for our residents and make the most effective use of our combined resources.

As chair of the Board, I would like to extend my thanks to our residents, services users and carers, as well as our health and social care workforce and partner organisations, who contributed to the development of this strategy. These contributions are very much appreciated, resulting in a more informed and collaborative strategy.

**Amanda Jupp**  
**Chair - West Sussex Health and Wellbeing Board**  
Cabinet Member for Adults and Health West Sussex County Council

# FOREWORD

Welcome to the West Sussex Joint Health and Wellbeing Strategy 2019–2014, which sets out our vision and ambitions for making our county healthier and an even better place to live and work. West Sussex is one of the least deprived areas in the country, has a relatively high life expectancy, low unemployment, low child poverty and an outstanding natural environment and rich cultural assets. However, we also know that some of our neighbourhoods are amongst the poorest 10% in England, and people living in these areas are more likely to have lower life expectancy, to be in poorer health and to have a long-term health condition or disability – and together we need to address this.

In our refreshed strategy, we seek to further improve the health and wellbeing of local people across the whole of West Sussex, and in particular address the health inequalities that we know are present in our county at all stages of people’s lives. This strategy has been developed based upon significant engagement with local residents, health and care professionals and partners, alongside evidence of the health and wellbeing needs in the county. It has been extremely powerful to speak to people across our local communities about what matters to them, what is working well, and where – as a collective system of health and wellbeing partners – we need to focus and improve.

Whilst people are living longer it is often with increasingly complex health needs, many of which are preventable. We know we need to see a greater move towards early intervention and prevention, as supported by the NHS Long Term Plan. With help and support – from before pregnancy to the end of people’s lives – we want to be able to empower and enable local people to live healthier lives and prevent ill health as much as possible.

We will need to work together as health and wellbeing partners to make this a reality and to make this change. It will require integration across the entire health and care system, and as leaders in West Sussex we are absolutely committed to this ambition and making this real for local people.

**Gill Galliano**

Acting Lay Chair – NHS Coastal West Sussex  
Clinical Commissioning Group

**Dr Laura Hill**

Clinical Chair  
NHS Crawley Clinical Commissioning Group  
NHS Horsham and Mid Sussex Clinical  
Commissioning Group

**Frances Russell**

Chair  
Healthwatch West Sussex

# EXECUTIVE SUMMARY

## West Sussex Health and Wellbeing Board

The West Sussex Health and Wellbeing Board is made up of leaders from the County Council, district and borough councils, NHS Clinical Commissioning Groups (CCGs), voluntary sector, and Healthwatch. Its purpose is to:

- Improve the health and wellbeing of the residents
- Reduce the gaps in health and wellbeing between communities
- Ensure joined up working and services

## Our vision

“ West Sussex is a great place in which to grow up, achieve, raise a family and grow old, in strong, safe and sustainable communities – it is a place where improved health and wellbeing is experienced by all our residents, and the health and wellbeing gap between communities is reducing ”

## Purpose of the joint health and wellbeing strategy

This refreshed Strategy sets out the HWB’s overarching plan for improving health and wellbeing for West Sussex residents. It consists of a few carefully selected priorities that the HWB feels can significantly contribute towards achieving its vision. The Strategy provides a framework for the planning, commissioning and provision of services by the NHS Trusts, CCGs, Local Authorities and voluntary sector. It sets the direction of travel, bringing together the many strategies and plans under one clear vision and purpose.

## How the Board works

The HWB is committed to championing the priorities outlined in this Strategy, underpinned by our guiding principles and our system leadership model. The HWB works with other boards and partnerships, such as the safeguarding boards and district and borough health and wellbeing partnerships to harness our collective efforts to improve the health and wellbeing of our communities.

## Addressing the challenges

With increasing demand for services and pressures on resources, the HWB operates in a complex and challenging environment. To meet these

# JOINT HEALTH AND WELLBEING STRATEGY 2019 – 2024

challenges the HWB recognises the need to do things differently, and prioritise prevention. This strategy is a call to action for all organisations in West Sussex to work together in tackling these challenges.

## Our priorities

The Strategy adopts a lifecourse approach, identifying our priorities across three themes – **Starting Well, Living and Working Well** and **Ageing Well**.

### Starting Well



Improved mother and baby health and wellbeing, especially for those in most need



Good mental health for all children



Children growing in a safe & healthy home environment with supporting and nurturing parents and carers



Children and young people leaving care are healthy and independent

### Living and working well



Individuals, families, friends and communities are connected



People are able to look after their own health



People have access to good quality homes providing a secure place to thrive and promote good health, wellbeing and independent living



People live, work & play in environments that promote health and wellbeing

### Ageing Well



Fewer older people feel lonely or socially isolated



Older adults stay healthier, happier and independent for longer



There is a reduction in the number of older people having falls



People receive good quality end of life care and have a good death

## Monitoring progress

To ensure implementation, a Place Plan will be developed setting out how these aspirations will be delivered. The Board will champion these priorities and monitor these through identified indicators. Progress on these priorities will be reviewed and published annually.

# INTRODUCTION

## West Sussex Health and Wellbeing Board

West Sussex Health and Wellbeing Board (HWB) brings together elected members, senior leaders from the NHS, local authorities, voluntary sector and other partners to work together to:

Improve the health and wellbeing of residents of West Sussex

Reduce the health inequalities gap by improving the health and wellbeing of the most disadvantaged

Promote joined up working to ensure better quality of services for all

Membership includes councillors, senior officers from Adults Services, Children's Services, Public Health, GPs and senior officers from Clinical Commissioning Groups, as well as representatives from district and borough councils, the voluntary sector, and Healthwatch.

## Our Vision

*'West Sussex is a great place in which to grow up, achieve, raise a family and grow old, in strong, safe and sustainable communities – it is a place where improved health and wellbeing is experienced by all our residents, and the health and wellbeing gap between communities is reducing.'*

## Audience for the strategy

The primary audience for this Joint Health and Wellbeing Strategy (JHWS) is the HWB, local leaders, officers, commissioners and providers responsible for its delivery. However care has been taken to make the strategy as accessible as possible for residents, staff and partners in understanding priorities and how all partners can contribute to health and wellbeing.

## Purpose of the Joint Health and Wellbeing Strategy

The strategy is a tool to enable the HWB to set out the plan for action by the County Council, CCGs, NHS providers, district and borough councils, voluntary sector and other partners to inform their planning, commissioning and provision of services. The strategy aims to be concise and purposeful rather than a comprehensive review of work across the health and social care system. It is not a stand-alone document, but sets the direction of travel, bringing together the many strategies and plans we already have under one clear vision and purpose.

Each chapter incorporates carefully selected priorities that the Board feels can significantly contribute towards achieving our vision.

The purpose of the strategy is to:

- Provide a context, vision and overall focus for improving the health and wellbeing of local people and reduce health inequalities at every stage of people's lives.
- Identify shared priorities and outcomes for improving health and wellbeing and reducing inequalities based on our [Joint Strategic Needs Assessment \(JSNA\)](#).
- Support effective partnership working that delivers health improvements for all.
- Set out a way to support and drive the innovation required to enable change.
- Support board members to embed these priorities within their own organisations and reflect these in their commissioning and delivery plans.

**The strategy is not intended to detail how the selected priorities will be implemented. A Place Plan will be developed to set this out.**

## How the Board Operates

### Championing priorities

The HWB has committed to championing the priorities outlined in this strategy, and in the model of system leadership (below). HWB members have collective and individual responsibility to ensure that these are:

- reflected in the business of their own and partner organisations,
- heard in other groups and committees, and
- become embedded in the strategies, commissioning and delivery of health and social care services.

This is a two way process. HWB members also have a role to play in feeding back insights and learning from their own and partner organisations to further inform the work and priorities of the board. As a result, West Sussex should experience better health, reduced health inequalities, and higher quality, more joined-up, health and social care services.

### Our ways of working as system leaders



### Co-production and insight

The HWB understands the contribution that residents, service-users and carers have in shaping the design and delivery of local services. The Board have a role to play in ensuring their voices are heard at all levels within the Board's operations of its own and partner organisations. The Board recognises the role of HealthWatch in supporting the Board in hearing local views and experiences. This year the HWB has produced a Voice Summary as part of our [JSNA](#).

## How we work with other boards and partners

The HWB works with other strategic boards such as the West Sussex Safeguarding Children's Board (WSSCB), Safeguarding Adults Board (WSSAB) and the Safer West Sussex Partnership (SWSP). The Board also works closely with district and borough health and wellbeing partnerships to ensure a coordinated and joined up approach to improving health and wellbeing. (See appendices for details).

The HWB is currently developing a protocol which sets out the relationships between the various boards. The purpose of the protocol is to ensure a coordinated approach and joint working across the health, social care and wellbeing system to improve outcomes for residents and safeguard vulnerable people.

## District and Borough Health and Wellbeing Partnerships

The HWB is working to strengthen its relationship with the six District and Borough Health and Wellbeing Partnerships to harness our collective efforts to improve the health and wellbeing of our communities. The HWB public meetings are now held at accessible venues throughout the county, inviting partnerships to share priorities, achievements and discuss opportunities for joined up working with the HWB.

## The JHWS development

As part of the Board's development, the Board took a 'learn by doing' approach in developing the strategy. This approach involved Board members participating in a series of facilitated seminars to review the JSNA and identify themes and outcome priorities.

Following the identification of the overarching themes:- **Starting Well; Living and Working Well; Ageing Well**, Board members were identified as theme champions. The champions' ongoing role is to act as strategic leads for their JHWS theme through the life of the strategy.

## Engagement in JHWS development

In developing the strategy, the Board engaged with various stakeholders and partners for their input on issues that affect them and their local communities. The JSNA, including the JSNA 'Voice' summary, was instrumental in capturing the West Sussex story by bringing forward the voices of residents, communities and service users. In addition, partner engagement events and meetings were used to engage with members of the public and other stakeholders to inform the development of the strategy.

## Strategy development process



# WEST SUSSEX CONTEXT

West Sussex is one of the least deprived areas in the country, with a relatively high life expectancy, low unemployment, low child poverty rates and an outstanding natural environment and rich cultural assets. However, this masks the health inequalities within the county, with some areas ranking amongst the 10% poorest neighbourhoods in England. We know that the environment in which people are born, grow, live, work and age has a profound effect on the quality of their health and wellbeing. Many of the strongest predictors of health and wellbeing, such as social, economic and environmental factors, fall outside the healthcare setting. These wider determinants of health, have a significant impact on people's health and wellbeing. The poorest and most deprived are more likely to be in poor health, have lower life expectancy and likely to have a long-term health condition or disability.

## Challenges

The HWB operates in a complex and challenging environment. Nationally, three challenges have been identified which require action. These challenges, which are also pertinent to West Sussex, are:

**The health and wellbeing gap:** if we fail to get serious about prevention the health and wellbeing gap will continue to grow, widening inequalities and resulting in increased spending on avoidable treatment.

**The care and quality gap:** unless we reshape care delivery, harness technology, and drive down variations in quality and safety of care, then residents' changing needs will go unmet, people will be harmed who should have been cured, and unacceptable variations in outcomes will persist across the county.

**The funding and efficiency gap:** if we fail to make efficiencies and use resources in an efficient way, we will fail to deliver services within the money available.

Longer life expectancy has been a considerable public health success story. People are living longer but spend around 20% of their lives in poor health, often with multiple complex conditions. This presents challenges and pressures. It means we cannot continue with the current way of doing things.

## Reducing inequalities

Reducing health inequalities means giving everyone the same opportunities to lead a healthy life, no matter where they live or who they are. So to tackle these inequalities we must give even more attention to those who are at greatest risk of poor health. This strategy aims to improve outcomes for the overall population however, we know some people need intensive support and even where services are universal, some people may need additional help to access them. We have identified the following groups who are at risk of poorer outcomes:



## Addressing the challenges

The HWB recognises that the challenges we face require innovative and joined up working, with a focus on prevention and early intervention. This strategy, therefore, serves as a **call to action** for commissioners and providers across the county.

### Opportunities and enablers

**Whole system approach:** Through our strategy, we will focus on a whole system approach to prioritise prevention, deliver person centred care, and tackle health inequalities. As a Board, we will use our influence and collective leadership to provide strategic direction for West Sussex in order to promote integration and to achieve our vision.

#### A whole system approach



### Harnessing the assets and strengths of local communities:

What makes us healthy often lies outside the remit of healthcare and formal public health programmes. As leaders of local services, there is a huge potential to use our collective influence and powers to work with communities to improve health and wellbeing, for example, using planning and regulatory powers to create safe, sustainable environments that promote healthy living. The informal acts of neighbourliness are community assets that keep people well and engaged. By building upon our residents' strengths and assets, we believe improvements in health and wellbeing in our local population will happen.

### Prioritising Prevention

The recent government policy document '**Prevention is better than cure**' (2018) sets out a call to action for prevention to be at the heart of everything we do.

*"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".*

This is reiterated by the **NHS Long Term Plan's** (2019) positive shift towards prevention and reducing health inequalities. We anticipate this approach will be followed through into the social care green paper (due in 2019).

The NHS Plan also emphasizes the importance of making better use of digital technology, and we will champion this locally.

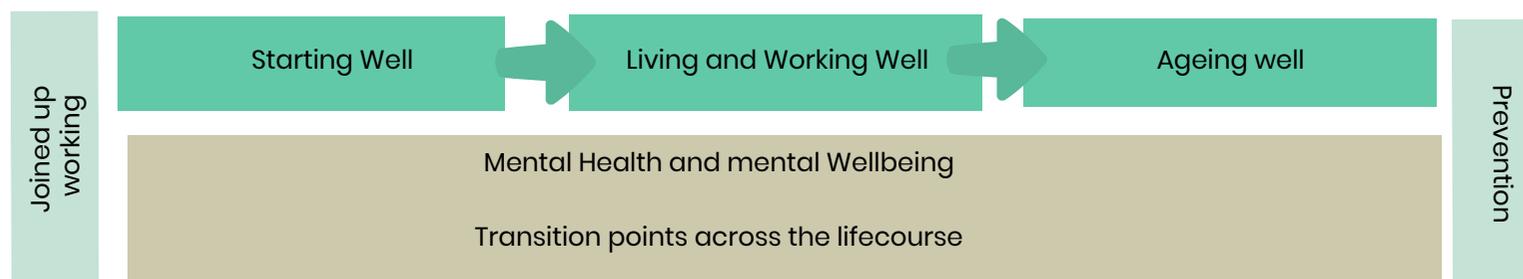
# THE LIFECOURSE APPROACH

To achieve our vision, and reduce health inequalities, this strategy builds on existing work and sets the direction of travel for health and wellbeing across the county. Divided into three major themes **Starting Well; Living and Working Well; and Ageing Well**, the strategy takes a lifecourse approach to improving health and wellbeing.

- **Starting Well:** This theme covers the early years of life from pregnancy, birth, childhood, schooldays to young adulthood.
- **Living and Working Well:** This theme covers adulthood, the 'middle years', from leaving school/university to retiring, including working life,
- **Ageing Well:** This theme covers the later life, from retirement, approximately 65 years and above, to end of life,

These are not mutually exclusive as some issues spread across the lifecourse. For example, housing is clearly important at all stages in life, but we have identified some issues under a single lifestage to reduce repetition.

Transitions (such as leaving home, becoming a parent) and mental health and mental wellbeing are cross-cutting themes across the lifecourse as reflected below. Underpinning these overarching themes is the Board's commitment to prevention and joined-up working.



## Chapter outline

The outline of each theme chapter is as follows:

- **Lifestage background information/overview**
- **Key issues and challenges**
- **Our goals** (sets out what we intend to achieve and how we will work to achieve these)
- **Key initiatives** (these highlight some, not all, of the key local initiatives that contribute towards achieving the identified goals)
- **Monitoring progress** (How we will monitor progress on the set goals)
- **Case study** (an example of some of the local initiatives in action)
- **Key data** (Data from the West Sussex JSNA)

## Residents 852,400

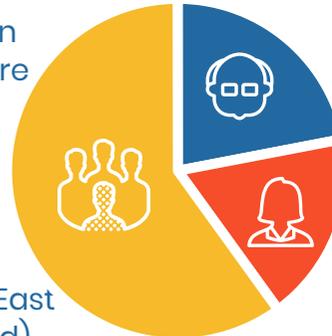
There has been a 10% increase in the last 10 years, due, in the main to net inward migration from elsewhere in the UK.

 **Births**  
8,630

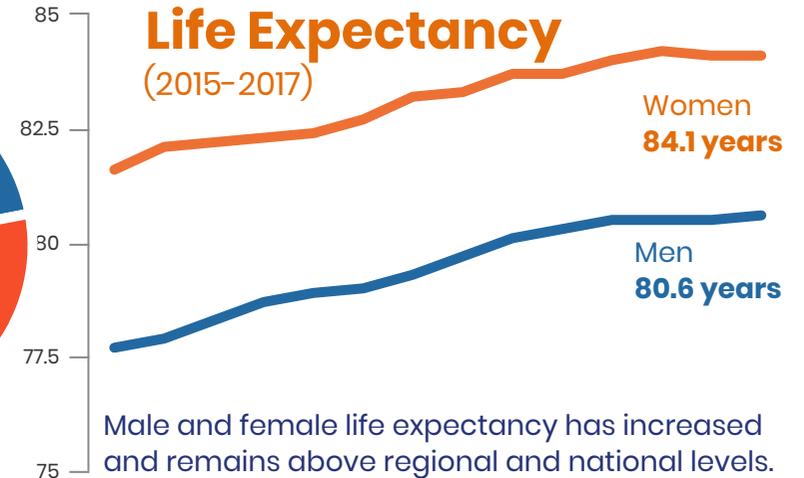
 **Deaths**  
9,375

## Age Structure

The county has an older age structure compared with South East and England, 22% of residents are 65+ years compared with 19% in South East and 18% in England)



## Life Expectancy (2015-2017)



## Best Quartile

West Sussex is amongst the best 25% of all LAs on a range of measures, known to have an impact on longer term health and wellbeing including.....

 **Employment Rate (16-64 years)**  
79.5% of working age adults are in employment, 5% higher than England

 **First Time Entrants to the Youth Justice System**  
This has been falling over the last 5 years and at 167.5 per 100,000 is well below the national rate (292.5 per 100,000)

## Getting Better All The Time

 **Teenage Pregnancy** has more than halved over the last 10 years, from 31.3 per 1,000 15-17 yr olds in 2005 to 12.2 per 1,000 in 2016

 **Deaths (under 75 years) from cardiovascular disease (including heart disease and stroke)** have fallen dramatically over the last 10 years from 88.6 per 100,000 in 2004-2006 to 60.7 in 2015-2017.

## Top Places to Live, Work & Retire

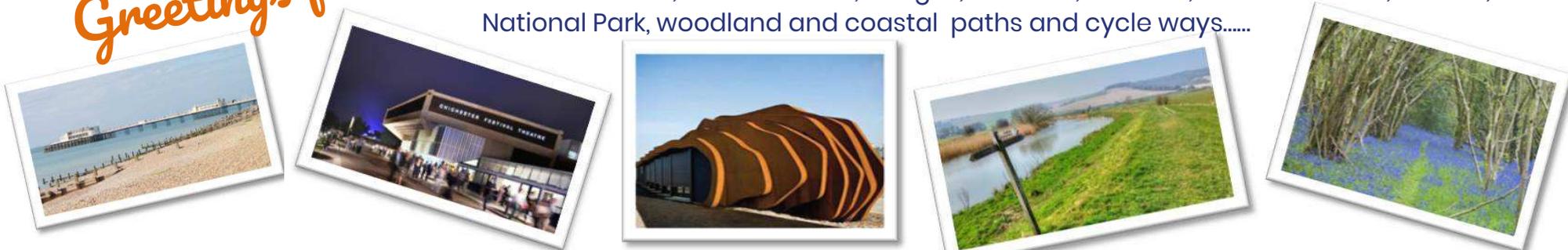
 Towns in West Sussex are frequently featured in national surveys and rated as top places people chose to live, retire or work.... and the county has some of the sunniest places in the UK!



## Greetings from...

## A county rich in natural, cultural and historical assets.....

Seaside resorts, market towns, villages, theatres, festivals, historic houses, castles, South Downs National Park, woodland and coastal paths and cycle ways.....

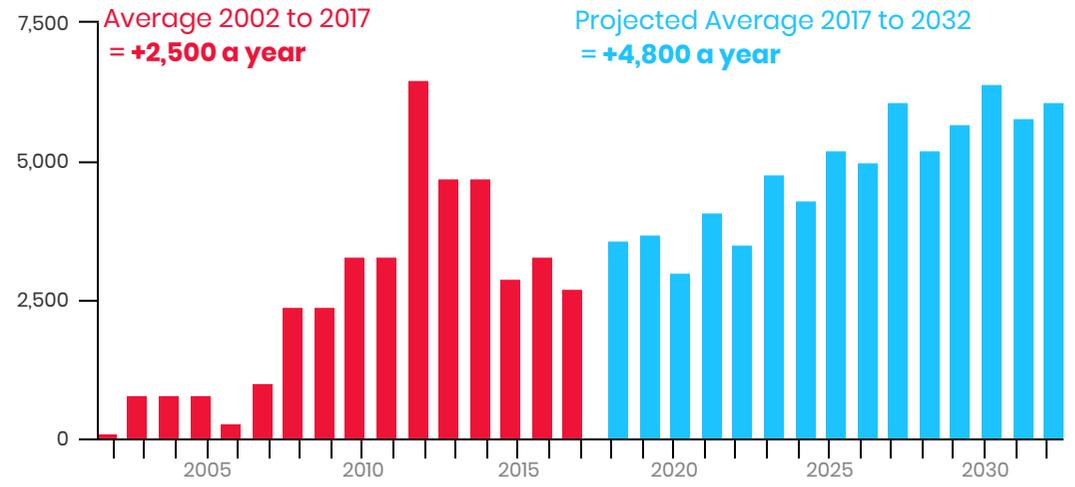


## Ageing Population and pressures on the working age population

### 192,900 people aged 65+ and rising

We have already experienced increases in the older age groups, for the past 15 years we have had, on average 2,500 more people aged 65 years each year. The pace of change is set to increase....

#### Year-on-year Change in 65+ Population



## Life expectancy has increased but considerable inequalities persist

**Life Expectancy at birth**



**84.1 years**



**80.6 years**

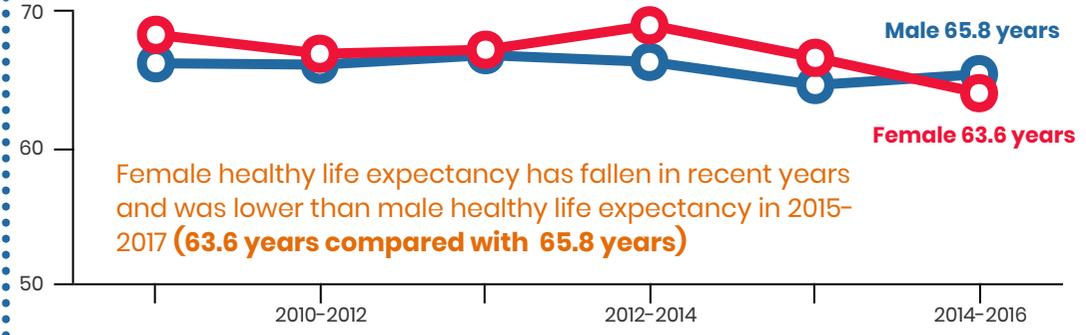
**Gap Between Richest and poorest**

**6.0 years**

**7.6 years**

Life expectancy is considerably lower for people with mental health problems and people with learning disabilities.

## ...and Healthy Life Expectancy may be stalling



## Need to reduce harms & threats to health



### Immunisation rates have fallen

We need to sustain efforts to ensure uptake of childhood vaccinations



### Screening rates

Overall West Sussex has relatively good take up... but some areas, such as Crawley, have lower take up



### Road safety

West Sussex has a high rate of people killed or seriously injured in road accidents.



### Flooding

Many areas of West Sussex are susceptible to flooding, we need to ensure risks to health are mitigated

## Maximise prevention opportunities

### Obese or overweight



**60% Adults, 28% 10/11 yr olds** are overweight (including obese)

### Alcohol



**23.7% of adults** drink above the lower risk limits, **7,000 adults** with an alcohol dependency.

### Smoking rates



Still more than **1 in 10 adults smoke** and approx 1 in 4 routine and manual workers smoke



### Physical Activity



In 2016/17 in West Sussex **68.3% of adults** estimated to be **physically active**, **19.3% physically inactive**.

# STARTING WELL

## Overview

The first few years of life are a key period in which the actions of our parents, carers and those around us influence our physical, emotional and mental health in later life. Our earliest experiences of life, starting in the womb, through pregnancy and birth and into our early years, are vital in laying the foundations for our future health and wellbeing. Research consistently shows that even short term improvements in physical development (i.e. obesity and physical activity), cognitive development (i.e. school achievement), behavioural development (i.e. antisocial behaviour) and social/emotional development can lead to benefits throughout childhood and later life.

In West Sussex, the proportion of children and young people within the overall population has remained relatively stable over the years, certainly in comparison to older people. This is expected to remain stable in the coming years. However, what has changed rapidly is the sort of society and problems that children and young people face, the increase in children being referred to agencies, and the complexity of the children that our services are working with. Our challenge is to adapt to this growing complexity and support parents, carers and families, providing universal services but also targeting resources at those most in need, and those at risk of poorer outcomes, narrowing the inequality gap. This requires systematic approaches to prevention, good communication, appropriate data sharing, working with a range of partners, at all stages of childhood, and in a range of settings.

## Key Issues and Challenges

There are a range of challenges facing children and young people in West Sussex, including:

- Although the child poverty rate is amongst the lowest in the country, there are 15,500 under 16s living in poverty in West Sussex.
- Unhealthy behaviours amongst 15 year olds (such as smoking, cannabis use, alcohol) are relatively poor, compared with England, and require focused interventions.
- Only half of children receiving free school meals achieve a good level of development at the end of reception.
- The number of referrals to children's social care has risen consistently for the past four years: there were nearly 2,000 more referrals last year than in 2015.
- More than half of our 15 year olds report having been bullied.
- The rate of hospital admission for self-harm in young people is far higher than the national rate.
- Whilst West Sussex as a whole compares well with the rest of England on issues such as obesity and infant mortality, there is considerable variation within the county.
- Social mobility is a significant issue in parts of West Sussex: Crawley has one of the lowest levels of social mobility in school age children in the country. Gatwick Airport is a major local employer of people and the on-going automation of routine jobs may have major implications.
- Adverse childhood experiences, such as living in a household where domestic violence, alcohol or substance misuse is taking place, can have significant health impacts later in life.
- Outcomes of looked after children and children leaving care are poorer than other children.

# STARTING WELL

## Our goals



**Improved infant and maternal outcomes especially in deprived areas**



**Children, young people and families have good emotional wellbeing and mental health**



**Children grow in a safe and healthy home environment with supportive and nurturing parents and carers**



**Children and young people leaving care are healthy and independent**

## What we mean

We can help ensure the best start in life for babies by working to reduce smoking in pregnancy and to address the causes of low birth weight, infant mortality and poor maternal mental health.

We will work to interrupt the cycle of vulnerability by addressing the risk factors and intervening early to support families to achieve progressive improvements in their child/ children's development

Mental wellbeing in early years protects against poor mental health in later life. Parental/maternal mental health also has a significant impact on a child.

We will support children, parents and carers to achieve and maintain good mental wellbeing and to reduce mental health problems. This includes helping our children to thrive and encouraging healthy lifestyles such as physical activity and a good diet.

Parenting is critical to children's experience of early years and their life chances. We will work to support parents in creating a healthy and safe home and learning environment that nurtures their children, to ensure strong parent-child attachment and positive child development, as part of our parenting offer.

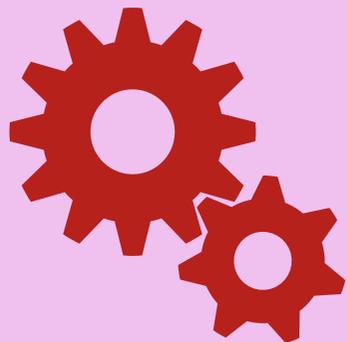
Strong, effective safeguarding underpins all of our work.

The transition to adulthood can be difficult for young people in care. As with all young people, those leaving care value being able to move to independence at their own pace. We will work to ensure comprehensive pathways and care packages are available to support care leavers.

## Key initiatives

- **Sussex and East Surrey Local Maternity System Transformation Plan**– Set up to improve services and support for pregnant women, babies and their families.
- **1001 Critical Days:** Vulnerable Pregnancy Pathway – Delivering a connected multi-agency vulnerable pregnancy pathway and new guidance
- **Whole schools approach:** to build resilience and improve health and wellbeing outcomes for all pupils
- **Healthy Child Programme:** framework of universal and progressive services for children and young people to promote optimal health and prevent ill health
- **Find It Out Plus:** An integrated hub approach to emotional wellbeing and mental health for young people
- **Family Assist:** Digital support for families pre-birth to 19 years (25 years SEND). Currently focuses on pregnancy to 2 years
- **Corporate parenting:** everyone working with, or representing the interests of children and young people in care is a corporate parent. All local authority staff, elected members and relevant partner agencies share this duty.
- **Sugar reduction:** Working alongside other initiatives to tackle childhood obesity
- **Apprenticeship scheme:** support the development of an apprenticeship for care leavers.

**Monitoring progress** To monitor progress on these priorities, the HWB will use various local and national indicators, for example:



- Percentage of women who are smokers at the time of delivery
- Percentage of infants partially or exclusively breastfed at 6 to 8 weeks
- Percentage of children born with a low birth weight
- Perinatal and maternal mental health (measure needs to be developed)
- Percentage of children living in low income households
- Percentage of children ready for school (as assessed at the end of reception)
- Percentage of Reception and Year 6 children who are a healthy weight
- Rate of hospital admissions for self-harm amongst children and young people
- Local authority ranking on the social mobility index
- Rates of conception per 1,000 females aged 15-17
- Proportion of children meeting the guidelines for physical activity

## Case Study

The Family Wellbeing programme provides a family based intervention for children who have been identified as above a healthy weight. This model has been tested in two areas of West Sussex – one with high levels of inequalities and the other more affluent but with rural access issues. The programme – which won the community impact category of the Active Sussex awards – has seen excellent outcomes in increasing levels of physical activity, increasing parenting skills in areas such as basic cooking and food preparation and stabilising the weight of children (important as children are growing) but also in building self-esteem and supporting families more broadly with school attendance. This has been achieved through working with partners as part of a multidisciplinary team and considering local placed-based assets.

## Children and young people

 **Births: 8,630**

 **0-19 yr olds: 190,390**

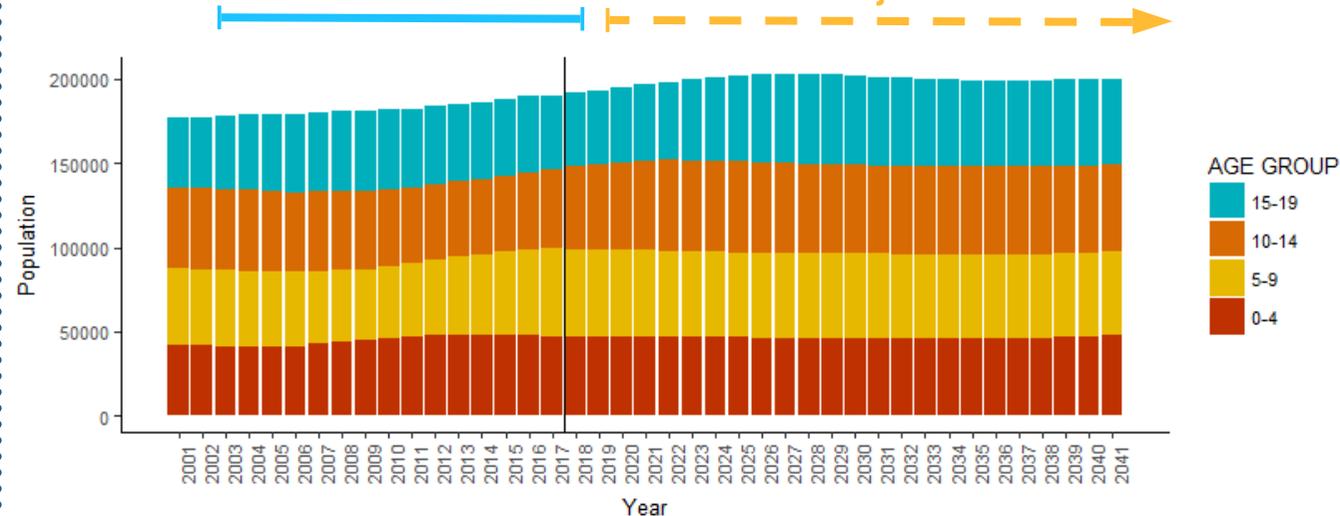
22.3% of the West Sussex population are children and young people aged 0-19.

 **29.8%** of births were by caesarean

 **8.4%** of women are estimated to be smoking at the time of delivery.

 **Less than half of mothers** are still breastfeeding 6-8 weeks after birth

## Population estimates and projections for children and young people aged 0-19 in West Sussex



- Recent population projections suggest that if current trends continue, the population of children and young people in West Sussex will see a **small increase** in the coming years

## A diverse community

 The rate of looked after children has been consistently below England. There has been a **steady increase** in the number of unaccompanied asylum seeking children

### Social care referrals

 The rate of referrals to children's social services has increased year on year from 2014

**55%** of child protection plans (as at Mar 2018) have **neglect** identified as the primary category of abuse.

### Children with complex health needs

 3.8% of children and young people have a **long term health condition or disability** that limits their day-to-day activity

### Child Poverty

1 in 10 children aged under 16 are living in **poverty**. Crawley has the highest proportion (14.8%) of child poverty of the local authorities in West Sussex



### Homelessness

In Q4 2017, 724 children were living in temporary accommodation



### Childhood obesity



**19.5%** of children in reception **were overweight or obese**

**28.3%** of children in year 6 **were overweight or obese**

## Educational attainment



**Educational attainment** in West Sussex lags behind similar areas. This is most notable during the early years, with gains made in assessments taken later in school (GCSEs)



The proportion of reception children who were ready for school has improved in recent years, rising from 58.8% in 2013/14 to 70.6% in 2016/17. However, improvements of a similar magnitude have not been seen among children from disadvantaged backgrounds.

## Inequalities

There are significant inequalities in the health and wellbeing of children and young people in West Sussex. Improvements made in the Early Years of life will reap the greatest benefits.

West Sussex is one of the **least deprived** areas of England, however, small pockets of deprivation do exist within the county. Four small areas in Arun are among the **10% most deprived** in England.



Year 6 children resident in areas of West Sussex that are among the 20% most deprived nationally were more than twice as likely to be obese than those in the 20% least deprived



## Year 6 Health and Happiness survey

### Health



1 in 3 reported eating 5 or more portions of fruit and veg each day



1 in 10 year 6 pupils were physically active for at least 60 minutes every day of the week (meeting the recommended level)

### Happiness

**4/5** of year 6 pupils in West Sussex were 'thriving'

**14%** of respondents said that they often felt lonely

**16%** said they often felt sad

**3/4** said they talked to parents or teachers if they had problems or worries

## Social Mobility

The social mobility index ranks local authorities on the prospects of disadvantaged young people in their areas.

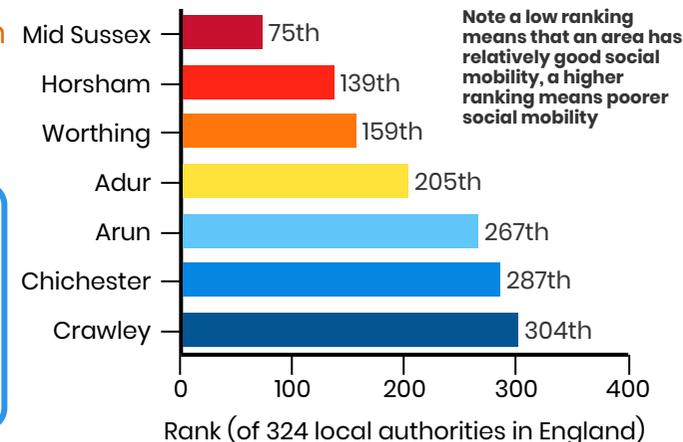


**Hotspots** are areas scoring well



**Coldspots** are areas scoring badly

### Overall rank of social mobility



### Of West Sussex local authorities:



- Chichester had the lowest rank for **early years** in West Sussex (275th of 324 local authorities in England)
- Crawley was the **7th worst** in the country for **school-age** children (ranked 318th)
- Crawley also had the lowest rank of West Sussex local authorities for **young people**
- Overall**, Arun, Chichester and Crawley were identified as social mobility **coldspots** (among the lowest 20% of authorities in England). Crawley was among the **bottom 10%** of areas in England



## Emotional wellbeing and mental health

### Self-harm admissions



Rates of admissions for self-harm are **significantly higher** among young people in West Sussex than England

### Bullying



**59%** of 15 year olds in West Sussex reported being bullied  
What about YOUTH? survey 2014/15

### Mental Health



**8%** of children aged 5 to 16 were estimated to have a mental health condition in West Sussex  
ONS survey 2004; national data applied to West Sussex population

### Transition



The transition from child to adult mental health services is known to be an important stage to get right

# LIVING AND WORKING WELL

## Overview

Good health is important at any age. West Sussex, in line with the national trend, has seen a greater increase in the older population. In the last ten years there has been a year-on-year increase of approximately 3 – 4,000 people aged 65 years or over. This increase is set to double by the end of the next decade, as the high number of people born in the 1950s and early 1960s enter the older age groups.

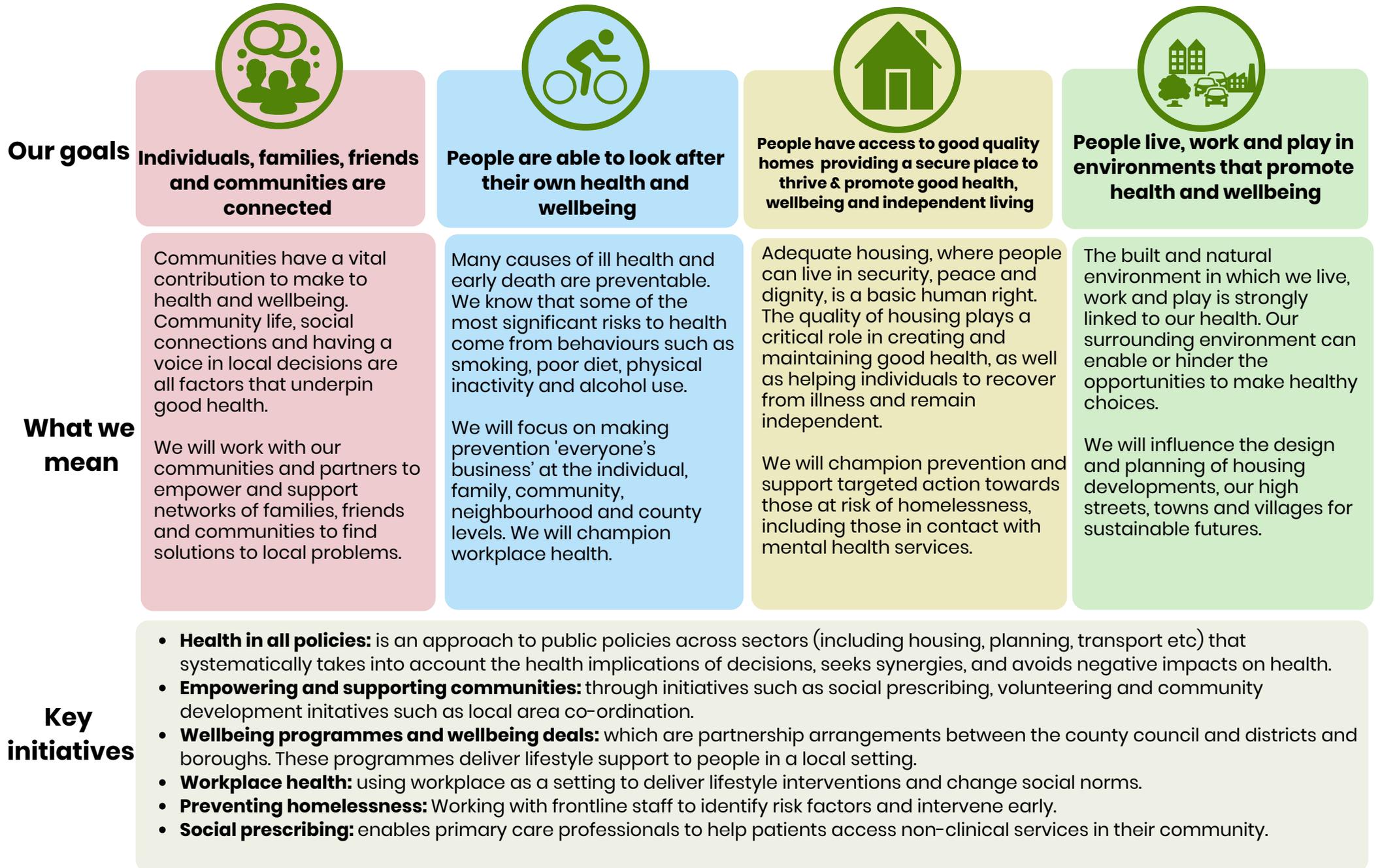
Action is needed now to deal with the considerable expansion in older people and to improve mid-life. Setting up the conditions to enable people to enter older age healthier, will be increasingly important. This is not just to reduce pressure on health and social care services but to also sustain the ability to work, as the age-dependency ratio increases. There are some concerns that this age group is more likely to be engaged in unhealthy behaviours, (smoking, poor diet, inactive lifestyle and higher levels of alcohol consumption) than previous generations and this may be partly responsible for the recent stalling observed in healthy life expectancy.

Lifestyle is important, but housing and employment are also key determinants of health, we know that there are considerable pressures relating to housing supply and affordability. Evidence shows that good quality work is beneficial to an individual's health and wellbeing and protects against social exclusion. The public sector in West Sussex is a major employer, and as such the workplace presents a considerable opportunity to reach large numbers of people and improve the health and wellbeing of our local residents.

## Key Issues and Challenges

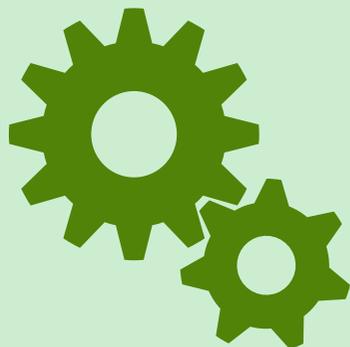
- There are an increasing number of people working past retirement age and the retirement age itself is increasing.
- Enterprising and entrepreneurial communities are needed to create the flourishing county we seek; health is an intrinsic part of that. The organisations within the health and wellbeing system will need to adapt to enable this, for example flexible working practices.
- Networks of families, friends and communities are rich sources of solutions to the problems working age people face. Transition points in people's lives (e.g. starting a family) should be a focal point for intervention and action.
- There are personal, economic and societal benefits from preventative lifestyle approaches, which should be co-ordinated across individual, community and population levels.
- The proposed priorities recognise that the environment we live and work in can have positive and negative impacts on wellbeing e.g. access to good green spaces, high densities of alcohol and fast food outlets, the emphasis on driving and screen time at work and home.
- There has been a greater strategic focus on the very young and the very old in recent years. This emphasis on the working age population breaks new ground.
- There are also issues for working age people of balancing work and care responsibilities. This includes people caring for their children and also their parents, the so called sandwich carers.

# LIVING AND WORKING WELL



# LIVING AND WORKING WELL

**Monitoring progress** To monitor progress on these priorities, the HWB will use various local and national indicators, including;



- The proportion of people in contact with mental health services who are in stable and appropriate housing.
- Lifestyle-related public health outcome indicators e.g. smoking prevalence, alcohol related admissions etc.
- Making Every Contact Count (MECC) activity (measures in development)
- Developing mechanisms for monitoring health in all policies
- Percentage of people in receipt of housing benefit
- Foodbank usage (by area and reason)
- Employment gap (of those in contact with secondary mental health services and the disabled) compared to the overall population
- Households who are homeless but not in priority need
- Statutory organisations implementing healthy workplace programmes
- Access to Health Assets and Hazards (AHAH) index indicators

## Case Study

Sue (aged 56) was having sickness absences and feelings of anxiety so her GP referred her to her local Wellbeing team. The initial session revealed she'd recently had surgery, been diagnosed with a long term condition, had been bereaved (losing a friend and a close relative). She felt overwhelmed and unable to address her problems; her most pressing concern was her housing and financial situation. Losing some of her benefits and unable to work through illness, she was worried that she would not be able to pay the rent. The Wellbeing Advisor supported her to meet the local Housing Needs Service, make an appointment with her GP to discuss her on-going sickness and to contact the Welfare Benefits Team. She secured an affordable place to live and was also signposted to financial and advocacy support and support for bereavement.

## Inequality Overall West Sussex is a relatively wealthy and healthy county but....



Adur, Worthing and Arun have neighbourhoods in the 30% most deprived in England, with **Arun having some neighbourhoods in the 10% most deprived in England.**



Weekly full time wage varies over £150 across the districts, from £652 in Mid Sussex to £478 in Adur. **The coastal districts have the lowest weekly wages.**



**Routine and manual workers are over twice as likely to smoke** than the general population.



**Growing concerns about healthy life expectancy.** Healthy life expectancy for women has fallen for the last two years, indicating that women now spend over 20 years in "poor" health, 5 more years than men



**For those living in the poorest areas, men and women live on average 7.6 and 6.4 years less** (respectively) compared to their counterparts living in the least deprived areas of the county

## We need environments that promote health

### Alcohol Premises



**Coastal districts have higher densities of alcohol selling premises** in comparison to England



### Fast Food

**Similarly coastal districts have higher densities of fast food outlets**, with Worthing having the highest density in West Sussex



### Road safety

West Sussex has a high rate of people killed or seriously injured in road accidents.

## Healthier Lifestyles – the 4 key behaviours

### Smoking



Still more than **1 in 10 adults smoke** and approx 1 in 4 routine and manual workers

### Alcohol



**23.7% of adults** drink above the lower risk limits **7,000 adults** with an alcohol dependency.

### Diet



**60% Adults** are overweight (including obese)

### Physical Activity



In 2016/17 in West Sussex **68.3% of adults** estimated to be **physically active**, **19.3% physically inactive.**

## ....and "Clustering" of unhealthy behaviours

1 in 6 adults do 3 or more, this has reduced over the years, but the reduction is greatest amongst higher socio-economic groups, so this acts to widen health inequalities (especially amongst men)

## Drugs and treatment outcomes

- **123 drug related deaths in 2015-17** (of these 82 deaths from drug misuse),
- **In terms of treatment outcomes** published by Public Health England, West Sussex currently ranks 142nd of 149 local authorities

## Mental Health

There is a 73% gap in employment between the general population and those in contact with secondary mental health services

1 in 3 of those in contact with specialist mental health services did not live in stable accommodation

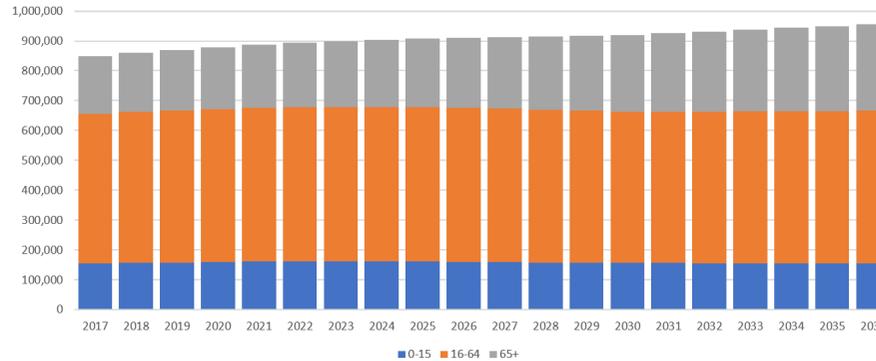
People with mental health problems are more likely to smoke, drink and exercise less and may need additional support to access public health interventions and universal services (such as cancer screening programmes)

## Working age Residents

**505,000**

3 in 5 residents are aged between 16-64

The working age population is predicted to increase by 10,000 over the next 5 years, but from then on it is expected to fall back



### Employment Rate

**79.9% of working age adults are in employment**, 5% higher than England. Employment rates are far lower for people with mental health problems



### Dependency Ratio

**145 Working age people for 100 dependents** (children and older people).....

This is projected to go down to 120 within the next 15 years



### Older People in the Workforce

18,700 of the workforce in West Sussex are over 65 (4.7%). (1 in 20).



### Carers

1 in 4 women and 1 in 6 men aged 50-64 have caring responsibilities

Women have a 50:50 chance of providing care by the time they are 59; compared with men who have the same chance by the time they are 75 years old.



### Mental wellbeing

At any one time it is estimated that 1 in 6 adults have a common mental health problem (including depression, anxiety)



There are also over **7,500 adults in West Sussex on primary care registers of severe mental illness.**

## Housing Getting on the ladder

The ratio of lower quartile house prices to lower quartile earnings stands at 12.2:1 in Horsham. In Adur the ratio was over 14:1

### Affordable Rent?

**Rent is still increasing**, now with the average one-bed property costing over £700 a month

Those living in private rented properties are likely to experience worse living standards.

**Almost 45,000 households are currently claiming housing benefit**, at a median of £106 per week

### Social and Affordable Housing

**7,900 currently sit on council house waiting lists**

**750 affordable houses delivered last year**, below the yearly average for the previous 10 years

## Overview

The population of West Sussex, like the rest of the country, is getting older. This is partly due to increases in life expectancy amongst people living in the county, but West Sussex is also a popular retirement destination.

Overall, older people in the county are relatively healthy and many find the county a great place to live. They play a vital role in contributing to the life of their communities and increasing numbers are continuing in paid employment well past State Pension age. Around one in seven older people provide unpaid care to a family member or friends.

However, with age comes the increased likelihood of living with one or more long term health conditions and/or sensory impairment. Older people have increased risk of dementia, and large numbers of older people suffer from depression. Older people are also vulnerable to social isolation and/or loneliness. All of these can result in a reduced quality of life and increased use of health and care services.

The goals highlighted in the Living and Working Well chapter remain relevant in enabling people to age well, alongside targeted approaches which enable older people to remain independent and to lead lives with meaning and purpose.

## Key Issues and Challenges

- Ageing well needs to focus on families as well as individuals and communities; carers have an important positive role to play, but are also at increased risk of loneliness and physical and mental health problems.
- Ageing requires an asset based approach enabling older people to continue to learn, build relationships, and contribute.
- Supporting independence is a priority in maximising older people's quality of life and reducing demand on health and care services. Maintaining older people's skills and abilities and responding to the needs of carers who support people to live at home are key approaches.
- The use of assistive technology, aids and adaptations in people's homes play an important role. Effective responses to crises are equally important – providing a proportionate level of support to restore independence as quickly as possible.
- Falls and fractures are a key issue. Tackling risk factors such as physical inactivity, poor hydration and nutrition, sensory impairment and home hazards provides a good focus for healthy ageing activity.
- Loneliness and social isolation are very real problems. There is a great deal of activity taking place across West Sussex that can impact on this; what is needed are ways to access information / navigate the system.
- The numbers of people living with dementia is increasing, and many people living with dementia and their carers experience loneliness and a lack of support.
- Preparing for a good death is as important as a good birth and a focus on good end of life care and support for bereavement, is essential.

# AGEING WELL



## Our goals

**Fewer older people feel lonely or socially isolated**



**Older adults stay healthier, happier and independent for longer**



**There is a reduction in the number of older people having falls**



**People receive good quality end of life care and have a good death**

## What we mean

Good social relationships and engagement in community life are necessary for good mental health, and may offer protection in adversity. Anyone can experience social isolation and loneliness.

We know that no single sector can tackle social isolation comprehensively acting alone: efforts to reduce social isolation require working across all organisations and government departments. We will work to ensure joined up services and use asset based approaches to support individuals, families, friends and communities.

Older people value having choice and control over their lives. We will ensure long and short term support is provided to older people and their carers to maximise independence. In the event of a crisis we will provide enough support to get people 'back on their feet' as soon as possible.

We will build on the assets offered by older people, their friends, family and community, to enable people to stay independent and maximise their quality of life. Healthy lifestyles, such as physical activity and healthy diet, are key to staying well as people age.

As people get older the risk of falling and of falls-related injuries such as hip fractures increases. Fear of falling can also become an issue. Most falls are the result of a combination of risk factors associated with getting older including physical inactivity, visual impairment, taking four or more medicines, inadequate nutrition or hydration and the presence of a number of conditions.

Focussing on falls allows us to address all of these areas comprehensively and so promote healthy ageing in West Sussex.

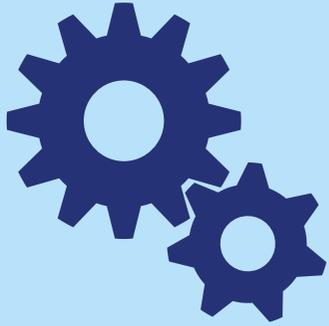
Talking about end of life care can be difficult, but having these conversations about what matters to people as they approach the end of their life is the first step in ensuring they can make choices to enable a good death.

We will support compassionate communities, encouraging people to have conversations about dying well. We will also work to ensure those at the end of life are supported in planning and decision making about their care; and bereavement support is available for families, friends and carers.

## Key initiatives

- **Social prescribing:** enables primary care professionals to help patients access non-clinical services in their community
- **Health and social care integration:** supporting joined up health and social care by focusing on places not organisations
- **Whole system approaches to falls:** multiple risk factors, organisations & professions make falls everyone's business
- **Unlocking the power of communities:** building capacity and creating links to maximise the use of assets
- **Dementia-friendly communities** encourage everyone to share responsibility for ensuring that people with dementia are understood, respected and supported.

**Monitoring progress** To monitor progress on these priorities, the HWB will use various local and national indicators, including:



- Proportion of older people moderately, or very, lonely
- Number of adult carers who experience social isolation
- Carers reported quality of life score for people caring for someone with dementia
- Emergency admissions for those aged 65+ and 80+ including numbers from residential and nursing homes and admissions for falls
- Hip fractures in people aged 65 and over
- Death at usual place of residence

## Case study

Dementia Friendly Crawley has worked on a number of initiatives with partners from Crawley Dementia Alliance, including creating over 2,000 Dementia Friends across the town.

This has included around 200 Dementia Friends at Crawley Borough Council and the majority of staff at K2 Crawley Leisure Centre. Metrobus have embedded Dementia Friends into its induction process for all new staff as well as ensuring that all existing staff have taken part in the one hour awareness session. In addition, Metrobus have introduced the Helping Hand card scheme, adapted their buses to be more dementia friendly and created a dementia safe haven at the Metrobus Travel Shop in Crawley.

This aims to support people living with dementia to be able to continue to live their life independently and to access local shops and services.

**192,900**

people aged 65+ living in West Sussex in 2017.

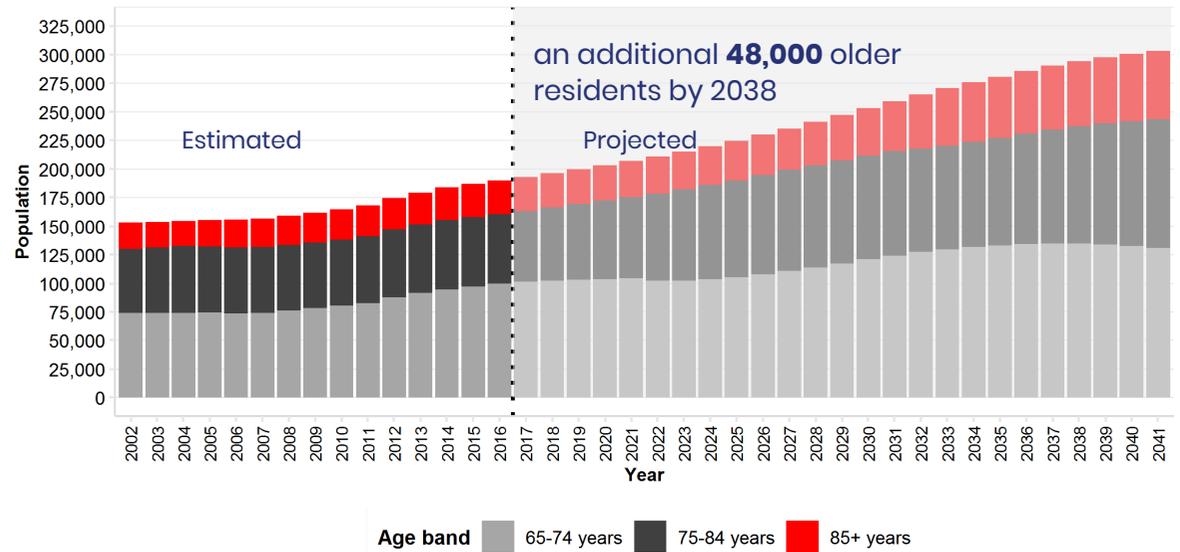


**388** residents aged 65+ for every 1,000 working age (16-64) residents in 2018.

by 2038, this is anticipated to increase to **562** older people per 1,000.



That's two working aged residents for every older person in the next 20 years.



## Living arrangements



More than **72,500** aged 65+ estimated to be living alone in 2017

Estimated **7,500** living in a residential or nursing home

## Older people as carers

Approximately **27,000** aged 65+ provide unpaid care to a family member, friend or neighbour in 2017.



**1 in 7** older people provides some unpaid care to family or friends.

**A third of unpaid carers aged 65+ provide 50 or more hours of care per week;** this is 4.5% of all those aged 65+.



**1 in 20** women aged 85+ provide some unpaid care. This rises to more than **1 in 7** males in the same age group.

## Living with long term conditions

### Co-morbidities

**Almost two thirds of those aged 65-84 estimated to live with two or more long term health conditions.**



**This rises to four in five of those aged 85+**

That is **112,500** aged 65+ estimated to have two or more long term health conditions\*

**31,700** aged 65+ estimated to have physical and mental health co-morbidity\*

**9,148** aged 65+ currently on disease registers for dementia (August 2018)



\* 2011 estimates

### Sensory impairment

**5,800** people aged 75+ predicted to have registrable eye conditions.



**2,615** aged 65+ registered as blind/severely sight impaired in 2016/17



**82,900** people aged 65+ predicted to have moderate or severe hearing loss

## Social isolation

### Overall risk

The Office for National Statistics, alongside Age UK used various data from the Census and research to identify areas that are more or less likely to be at risk of loneliness among over 65's.

**Overall, districts in West Sussex were predicted to have relatively lower risk of loneliness**

although some neighbourhoods in the county were ranked among the most at risk in England.

### Social Care Users



The 2017/18 Adult Social Care survey identified that **1 in 14 people (all ages) in receipt of care felt socially isolated** and had little social contact.

### Local West Sussex Survey

A West Sussex survey of older people in 2013 found:

- **1 in 4 respondents reported being moderately or severely lonely.**
- Contact with neighbours and participation in groups were highlighted as factors that could buffer the risk of loneliness.
- **Loneliness was common among carers,** particularly if they lived with the person being cared for.

## Support with Long Term Conditions



The GP patient survey (of all ages) indicates that **68% of patients in NHS Horsham and Mid Sussex GP practice felt supported to manage their long term conditions.**

However, this drops to **58% among patients registered to GPs in NHS Crawley CCG and NHS Coastal West Sussex CCG.**

## Emergency hospital admissions



(Using provisional data) In 2017/18, there were more than **47,600 emergency admissions (all cause) among those aged 65+ in West Sussex.**



This is **23,549 emergency admissions per 100,000 population aged 65+**

The rate of admissions increased significantly between 2015/16 and 2016/17 but has remained similar in the last year.

## Falls ...and fractures



**4,495**

emergency admissions for falls in 2016/17 among those aged 65+

**3,221** among those aged 80+

**West Sussex has higher rates of emergency falls and hip fracture admissions among those aged 80+ compared with England.**



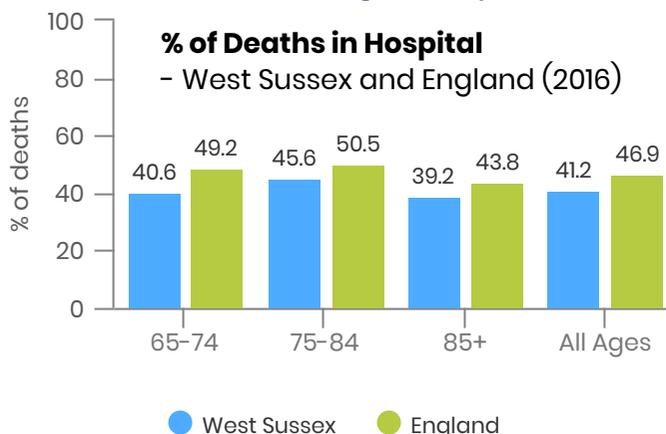
**1,200** emergency admissions for hip fractures in 2017/18 among those aged 65+

**900** among those aged 80+



**One in three older people who have a hip fracture moving into to long-term residential or nursing care.**

## End of life Hospital deaths in West Sussex are lower compared to England, and among 65-74 year old's is lowest compared to CIPFA comparators,



Hospital deaths are highest among those aged 75-84 years in West Sussex.

### But there are some local challenges.

The number of over 65's dying in hospital rises to more than one in two among residents in **Crawley.**



## MONITORING DELIVERY AND IMPACT ACROSS THE SYSTEM

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The Joint Health and Wellbeing Strategy sets out the vision, strategic goals and outcomes that the West Sussex system must mobilise to meet. A **Place Plan** will be developed to set out how these aspirations will be delivered. The Board will maintain oversight of the delivery of the Place Plan.

The Board will work closely with local health and wellbeing partnerships in delivering these at a local level.

**As system leaders, the Board will champion the priorities for joint action and monitor these through a set of indicators.** The intention is to develop these indicators based on the national framework indicators such as [Public Health Outcomes Framework](#), [Adult Social Care Outcomes Framework](#); [NHS Outcomes Framework](#).

In addition local indicators to measure progress towards improving health and wellbeing outcomes and reducing health inequalities will be identified as part of the Place Plan.

**The Board proposes to annually review the progress made on the strategic priorities** and identify any bottlenecks or problematic areas where the Board can take action, as systems leaders, to ensure further progress. Annual progress reports will be made available to partners and the public through our HWB website and the JSNA website.

**The Board also has a duty to review NHS and local authority commissioning strategies** and plans to ensure that they take into account this Strategy and the identified priorities. This provides an opportunity to monitor and ensure that commissioning strategies and plans address the agreed priorities to achieve our vision.



## **APPENDICES**

# OUR GUIDING PRINCIPLES

To achieve the agreed vision, the West Sussex HWB developed the following principles to inform and guide how we will work together as system leaders:

## System leadership

We will apply our system leadership model across the West Sussex health and wellbeing landscape; using our combined influence, and making connections to ensure joined up working across the health and social care system.



## Prevention and early intervention

We will commission and provide services which prevent ill health and promote independence, making sure services and effective interventions reach the people who need them most.



## Partnership working



We will work in partnership with people, communities and the public, private and voluntary organisations and groups to get the right services provided for our residents.

## Asset based approaches



We will look to build on the strengths and capabilities of individuals, families, friends, communities, and places.

## Integration

We will work to join up health, social care, education, children's services, housing and other local government services to improve health and wellbeing.



## Equity and accessibility

We will commission and provide equitable health and social care services. Through the JSNA we are committed to identifying and addressing barriers that might deter or disadvantage individuals or groups from accessing services.



## Evidence based approaches



We will use local and national research and evidence of what works to ensure services are efficient, effective and meet the needs of our residents.

## Sustainability



We will work to develop a health and wellbeing system that is financially sustainable and minimises adverse impacts on society and the environment.

# WORKING WITH OTHER BOARDS AND PARTNERS

As highlighted previously, the HWB works with various strategic boards, particularly the West Sussex Safeguarding Children's Board (WSSCB), West Sussex Safeguarding Adults Board (WSSAB) and Safer West Sussex Partnership (SWSP).

The **WSSCB and WSSAB** are strategic partnerships responsible for co-ordinating and ensuring the effectiveness of safeguarding arrangements across agencies to safeguard children, young people and adults.

The **Safer West Sussex Partnership** brings together various key agencies to provide a coordinated approach to reducing crime and anti-social behaviour in West Sussex.

## District and borough partnerships and priorities

District and Boroughs have local health and wellbeing partnerships, providing them opportunities to work with their partners in delivering better health outcomes for their residents. Each partnership has its own health and wellbeing priorities, which are also linked the Joint Health and Wellbeing Strategy priorities.

In addition, local Communities of Practice (CoP) (in Horsham and Mid Sussex CCG and Crawley CCG) and Local Community Networks (LCN) (in Coastal West Sussex) are networks that bring together multi-disciplinary professionals to work together with local communities to improve health and wellbeing. The HWB will work with these and other partners, voluntary and community organisations to deliver the strategy.

## District and Borough Partnerships and Priorities



# STRATEGIC LINKS

This JHWS aims to harness the system and align local plans and strategies in-order to ensure a coherent and coordinated approach to meeting the needs of our residents and a more efficient use of resources.

Outlined below are some, but not all, of the key strategies and plans across the life-course that provide links with JHWS, including the Place plan, which will be the delivery mechanism for this strategy. These strategies and plans are not mutually exclusive and some cover all life stages.

## National

- NHS Long Term Plan
- NHS Five Year Forward View for Mental Health
- Carers Action Plan 2018 – 2020
- Defra – Clean Air Strategy 2019

## Regional: Sustainable Transformation Partnerships (STP)

- Mental health in Sussex and East Surrey Strategic Framework and delivery roadmap
- STP Case for Change

## Joint Health and Wellbeing Strategy

### Starting Well

- West Sussex Partnership Families Strategic Plan
- West Sussex Safeguarding Children’s Board Business Plan (2017–2019)
- School Effectiveness Strategy (2018–2022)
- West Sussex Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing

### Living and Working Well

- Suicide Prevention Strategy
- Sustainable Community strategy for West Sussex
- Sustainability strategy 2015–2019
- West Sussex Local transport Plan 2011–2026
- WSCC Economic Growth plan 2018–2023
- Safeguarding Adults Board Strategic Plan
- District and Borough Council Housing and Homelessness Strategies
- West Sussex Walking and Cycling Strategy (2016–2026)
- Tobacco Control Strategy
- SEND Pathways to Adulthood Strategy

### Ageing well

- West Sussex Joint Commitment to Family, Friends and Carers 2015–2020
- Life pathways
- Dementia Strategy (forthcoming)
- Vision and Strategy for Adult Services

### Across the Lifecourse

- Health and Social Care Plan
- West Sussex Plan
- CCG Commissioning Strategies/Plans
- West Sussex Better Care Fund Plan
- District and Borough Council Local Plans

- Strategic Framework for Mental Health Commissioning in West Sussex
- Wellbeing and Resilience framework
- West Sussex Air Quality Plan
- Bus Strategy 2018 – 2026 (forthcoming)

# West Sussex Joint Strategic Needs Assessment

<https://jsna.westsussex.gov.uk/updates/west-sussex-jsna-summary-2018/>

