

West Sussex County Council
Annual Public Health Report 2018



Foreword

I am delighted to introduce this report which sets out our ambition to put health at the heart of what the county council does. This is an ambition that Anna Raleigh, our new Director of Public Health, details with refreshing clarity, and it outlines the options of how we can put the theory into action.

In part this is fulfilling one of the aspirations that underpinned the Government's decision to return parts of public health to local government; to tackle the wider determinants of health, the "causes of the causes". Causes that reside in education, housing, the environment, communities, social justice, income and employment. This means that local authority policies and strategies, whether on housing, waste, transport, education, etc, should also be viewed as health policies.

These are challenging times for the council, as like all councils there are considerable budget challenges, and as Cabinet Member for Adult Social Care and Health, I am only too aware of the increasing pressures on the whole health and social care system.

However, it is because of and not despite of these challenges that we need to place the health and wellbeing of residents at the heart of every service that the council delivers.



Amanda Jupp

Cabinet Member for Adults and Health
West Sussex County Council

Introduction

I am delighted to present my first independent annual report on the health of the population of West Sussex, in fulfilment of my statutory duty as Director of Public Health. The purpose of this report is to outline a 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 is not a long report. It does not, nor does it aim to, lay out all of the health needs of the West Sussex population, it's aims are simple:-

- To describe some of the concepts and ideas, which underpin a joined up approach to health and wellbeing in West Sussex
- To illustrate, using four case studies, how these concepts relate to specific health issues and challenges;
- To set out, and recommend, different actions partners across the system can take to make health and well-being everybody's business.

The report briefly sets out how our health and wellbeing is shaped by the circumstances in which we are born, live, learn, work and age, and also the services available to us to combat illness. These wider circumstances are not the function of the NHS or social care, but are the consequence of wider economic, social and political policies and strategies.

The report also describes how to harness solutions and co-benefits to complex public health problems (such as air quality, falls and fractures, health related behaviours and suicide and self-harm) at an individual, a community and a population level. The solutions proposed in this report are wide ranging and involve many different sectors – public, private, voluntary and community. No single organisation or department can master the challenge in isolation – the only way is by working together in partnership for and with West Sussex residents.

Introduction continued

This report is a **call to action** for the council, its partners and the wider community to make health and well-being everybody's business. It is only through joining up our system wide efforts to promote health and wellbeing that we will realise better health and wellbeing outcomes for the population of West Sussex; and make the most efficient use of our combined resource.

I am grateful to my public health team and colleagues in the Children, Adults, Families, Health & Education Directorate, Community and Public Protection Directorate, and Economy, Infrastructure and Environment Directorate, as well as Coastal Clinical Commissioning Group, Crawley Clinical Commissioning Group, Horsham and Mid Sussex Clinical Commissioning Group; and District and Borough Councils for their positive support and contribution. These efforts are much appreciated and result in a more informed and collaborative output. We are keen to make our Annual Public Health Reports as useful for partners as possible. Please email PublicHealth@westsussex.gov.uk with any feed-back you might have.



Anna Raleigh

Director of Public Health
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Acknowledgements

Given the breadth of subjects covered in this report we are very grateful to the contributions and comments provided, a big thank you to the following people:-

Alex Bailey, Dr Kate Bailey, Dan Barritt, Ashvir Basra, Catherine Cannon, Sue Carmichael, Jacqueline Clay, Tamsin Cornwall, Gill Galliano, Jenny Hacker, Dr Louis Hall, Dr Laura Hill, Libby Hill, Lizzie Izzard, Rachel Jevons, Aloisia Katsande, Daniel MacIntyre, Katharine O'Malley, Dr Minesh Patel, Graeme Potter, Jane Taylor, Alison Thomson, Ryan Walkley, Dr Lesley Wilkes, Holly Yandall.

What is Public Health?

With today's ageing population, the need to focus on living healthier (rather than just longer) lives is greater than ever before.

Public health approaches aim to do just that: help people to live healthily, prevent avoidable ill health and disease by tackling factors which risk our health and work to reduce inequalities. Improving health and reducing inequalities – two duties of local government – are amongst the biggest challenges facing society today, and if effectively tackled, will benefit all of us.

What do we mean by inequalities?

Compared with England as a whole, people in West Sussex have better than average health. However, information at West Sussex level masks the many inequalities that exist within the county, for example:-

- Life expectancy is far lower for people living in the most deprived areas compared with those in the least deprived, on average 7.6 years lower for men, and 6.4 years lower for women.
- At county level approximately 1 in 10 children live in poverty, but in some neighbourhoods, notably in Littlehampton and Bognor this rises to 1 in 3.

Public Health is Everyone's Business

Public health departments cannot improve health and wellbeing on their own. This report includes four case studies to illustrate this, covering the diverse public health topics of air pollution, falls, health-related behaviours and suicide and self-harm. The case studies serve to illustrate the key role for partners both within and outside of the local council in addressing and preventing these issues.

The case studies are examples of public health approaches – looking at risk groups, comparative data, evidence-based actions at several levels (the individual, community and population) and highlighting the co-benefits to society (ie the additional benefits, above and beyond health).

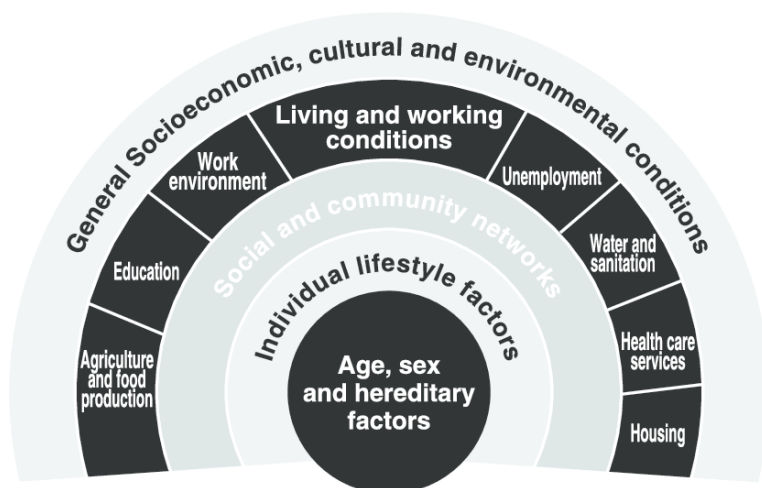
Health is not Healthcare

Our starting point in working together is a clear understanding of what we mean by health and public health.

Health is not just healthcare. Many people still think of health as hospitals and GP surgeries – in other words, the treatment that is provided to people when they are ill. Although some public health staff do work with NHS partners to encourage improvements in healthcare, the breadth of public health is much wider than this.

The determinants of health

Health is not just about not being ill and in need of healthcare. Health is a resource influenced by a number of factors, such as how we live and work, our lifestyles, and the general socio-economic and environmental conditions in which we live (see below)



A Social Model of Health (Dahlgren and Whitehead 1991)

Another way of visualising and describing the different factors influencing our health is to think of the **social, economic, natural and built environments** (see right).

These factors can be influenced, and are amenable to change; our role is to work together to do this.

Social, Economic, Natural and Built Environments



Social

Creating opportunities for people to participate in the life of the community. This includes education and early childhood development, providing a sense of place, belonging and safety, information, inclusion, informal social support, health and community services, arts and culture, sport and leisure.

In essence this is the "bread and butter" work of local authorities and reflects a relationship between councils and people across all life stages, from registering births, early years, schools, marriage and into later life.



Economic

Encouraging sustainable economic development and equitable access to resources. This includes regeneration, job creation, training, social protection, benefits, occupational health and safety and incentives.

The West Sussex Plan sets out the ambition to support business start-ups and growth; to ensure that there is good supporting infrastructure, including transport and digital connectivity; and the importance of raising educational attainment, skills and local wages.



Natural

Looking after natural surroundings and ecosystems. This includes clean water, air, soil, natural heritage, land care, waste recycling, energy consumption and climate change adaptation.

There are strong links between health outcomes and sustainability, including tackling air quality, the promotion of renewable energy, recycling and work to increase access to the fantastic countryside and the cultural assets in our county.



Built

Altering physical surroundings. This includes urban layout, building design and renewal, housing quality, affordability and density, parks and recreation facilities, roads, paths and transport and the provision of other amenities, such as seating and toilets.

The quality of the built environment (in cities, towns and villages) can foster good health; including access to play spaces, public spaces for people to meet and interact and well planned street environments to support an ageing population.

Source: Adapted from Local Government Association (LGA) Health in All Policies: a manual for local government (2016). <https://www.local.gov.uk/health-all-policies-manual-local-government>

A Whole Systems Approach to Public Health

Targeting the determinants of health requires a whole systems approach across organisations and agencies in West Sussex including the NHS, County Council, District and Borough Councils, third sector organisations and local businesses.

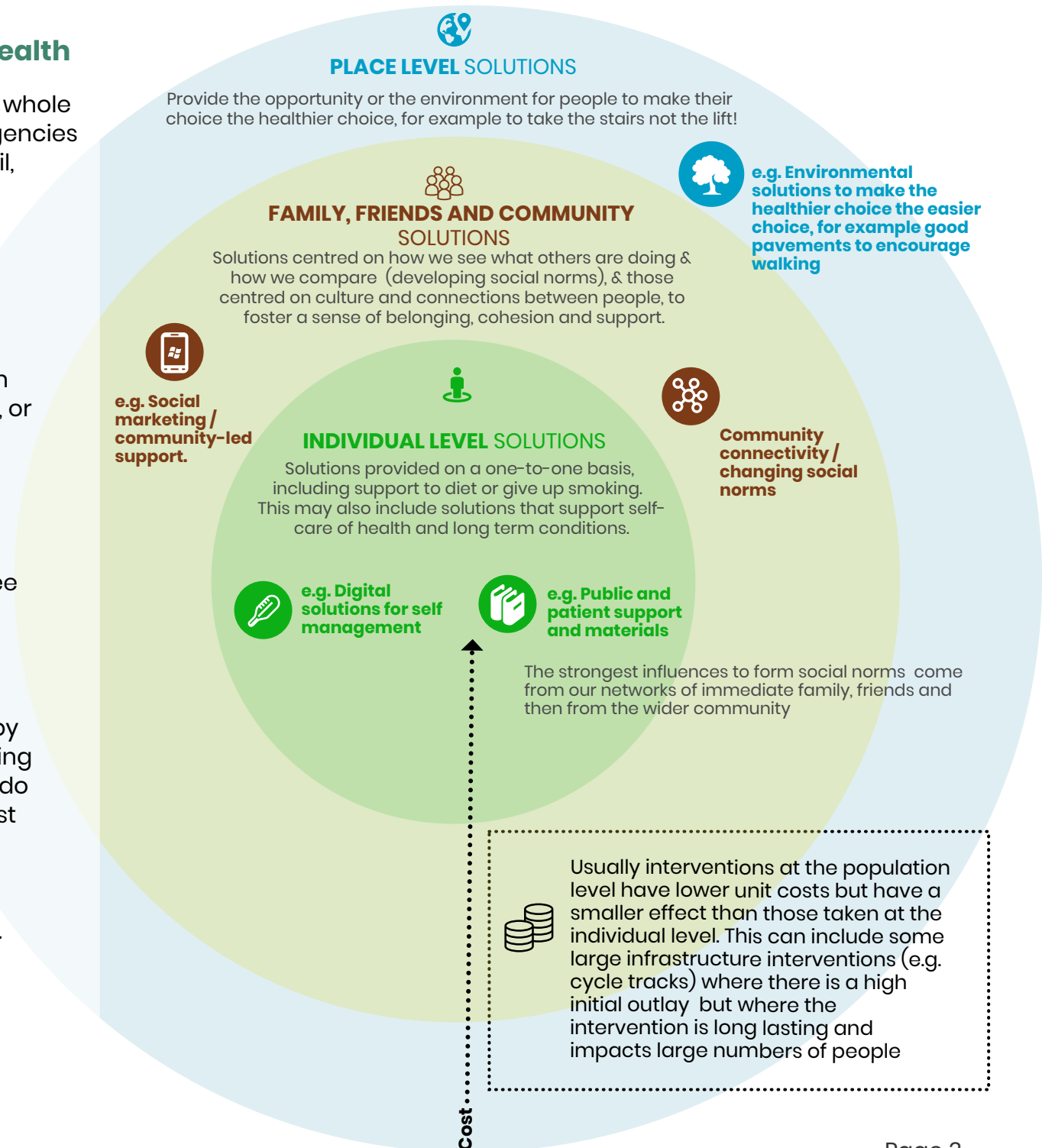
What do we mean by a “Whole Systems Approach”?

A whole systems approach looks at solutions at different levels, and considers how activities can influence to prevent, reduce and delay ill health, or mitigate negative impact.

Many issues require work at all levels, but it is important to recognise that actions taken at a population level affect large numbers of people and are often the most cost-effective. Smokefree legislation for public places is a good example.

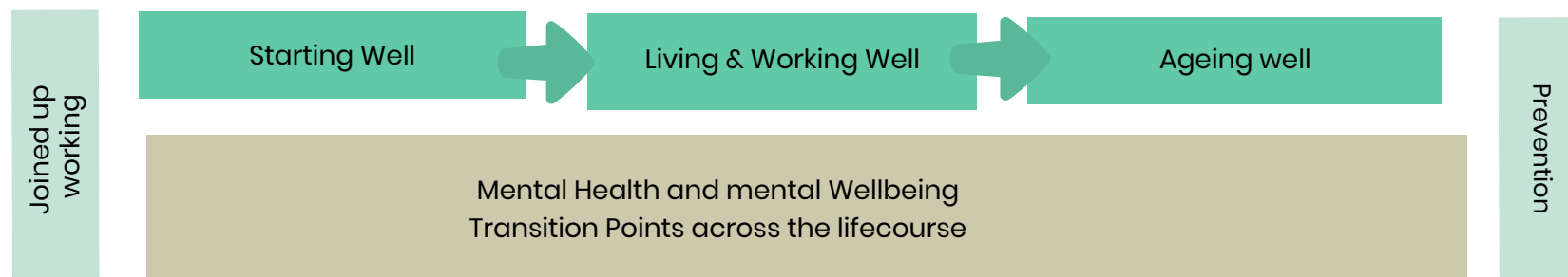
Solutions working within our immediate community (friends, family and community solutions) act to change individual behaviours by developing positive “social norms” and by bringing people together (and of course they can act to do both!). Our families and friends have the greatest effect on changing our understanding of the “social norms” and wider community contacts.

Some solutions need to be at an individual level. These solutions tend to cost more per head, although increasingly this may be less true as online and digital solutions can be utilised at a community and individual level.



Co-benefits

Working at different levels requires coordination and careful balance, but working together we can maximise "co-benefits"; actions that improve health can also have other benefits such as economic growth or educational attainment. We are also working at all stages of life, from birth to death.



To illustrate the joined up approach, we have chosen four case studies. These are:

- **Air quality**
- **Falls and fractures**
- **Healthy lifestyles**
- **Suicide and self-harm**



In outlining what can be done, it is important to note that while we have included examples of actions that are in line with national guidance, for example from the National Institute for Health and Care Excellence (NICE), and interventions where there is good evidence on effectiveness, for many complex social issues, attributing the effect of a single intervention or activity is very difficult.



We have tried to keep this report short but we are aware readers may want more detailed information. Where available we include signposts to local reports, analyses or plans.

So what do we actually do?

We hope that the four subjects in this report illustrate how health and wellbeing is everyone's business; from the very design and planning of the environment around us, to the quality of relationships formed between people.

We have provided some examples of good work already happening in West Sussex, and elsewhere, which exemplifies a whole systems approach to health.

The value of good health and wellbeing underpins so much of what we seek as individuals and families. It is fundamental to the ambitions of the County Council, and its partners, for the residents and communities in West Sussex.

To adopt a health and wellbeing approach, we have set out "take home messages" and outlined four actions.

“The first argument we make in this Forward View is that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. Twelve years ago Derek Wanless' health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded – and the NHS is on the hook for the consequences.”

NHS Five Year Forward View (2014)

Key Messages

- Health is not a product of health and social care services. To improve health we need to work on the wider, social determinants of health, including education, housing, employment and the environment.
- Local authorities have a duty to improve health and reduce inequalities, striving for this is everybody's business. Increasing life expectancy, and healthy life expectancy, are local authority outcomes not just measures for the NHS.
- To tackle complex problems, such as obesity, we need to work at different levels; working with individuals; with family, friends and the wider community and at a population level.
- Population-level approaches are likely to be the most cost-effective, but require sustained commitment as benefits are often delivered over a longer time period
- Placing health at the heart of all our business will deliver many additional "co-benefits".

Actions

We want everyone to use this report as a tool to help change the way we work together, so that West Sussex moves closer towards a whole systems approach.



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. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health and wellbeing.



The Helsinki Statement on Health in All Policies. World Health Organisation (2013).

Actions

1

Ensure that local plans, strategies and policies are assessed for their potential impact on health. If health impact assessments are embedded in the processes of organisations, for instance having a section in a council report template which covers the potential impact on health and health inequalities, then health in all policies becomes business as usual.

2

To develop organisations that support health and wellbeing in all their actions, and so maximise health improvement of services. **Develop health and wellbeing skills in the local workforce.**

3

Ensure that health equity assessments are carried out if services are commissioned or decommissioned. This would include service redesigns.

4

Embed prevention principles in procurement and contracting activity, by encouraging commissioners to include terms in the service specifications to promote health, for instance Making Every Contact Count, and/or including social value within the commissioning and contracting processes.

Looking Through a Public Health Lens
Four Case Studies

Case Study 1 AIR QUALITY

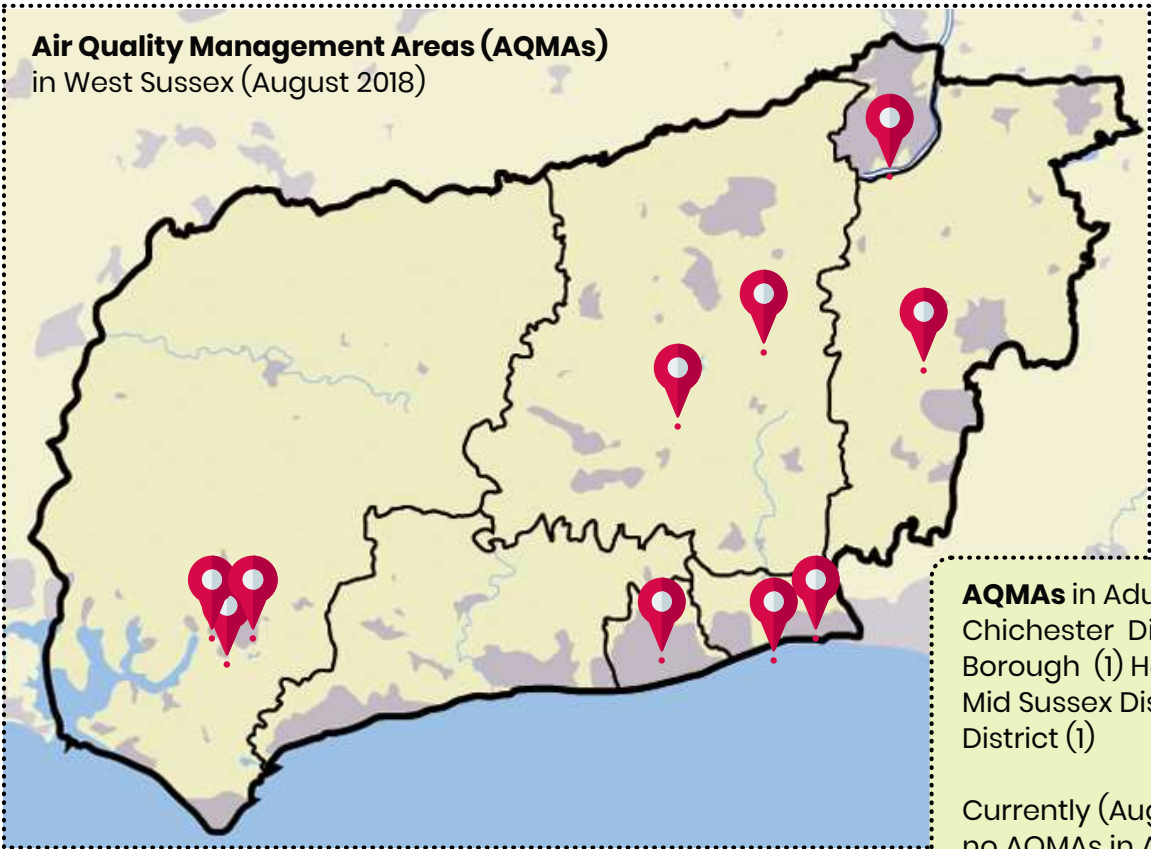
Why is this topic important in West Sussex?

West Sussex has relatively low levels of air pollution, though there are areas where air quality objective levels are exceeded. Action plans to address this have been drawn up by districts and boroughs working with partners including the County Council.



There are 10 **Air Quality Management Areas (AQMAs)** in the county due to high levels of NO2.

All cite road transport as the main source of pollution.



AQMAs in Adur District (2)
Chichester District (3) Crawley
Borough (1) Horsham District (2)
Mid Sussex District (1) Worthing
District (1)

Currently (August 2018) there are
no AQMAs in Arun.

Higher risk groups include:



Older People and young children.



Those living in deprived areas, which often have higher levels of air pollution, due to proximity to industry and busy roads.



Stress due to unemployment and low income can also adversely influence the effect of air pollution on the body.



Long-term conditions, such as cardiovascular and respiratory disease, may be exacerbated by air pollution.

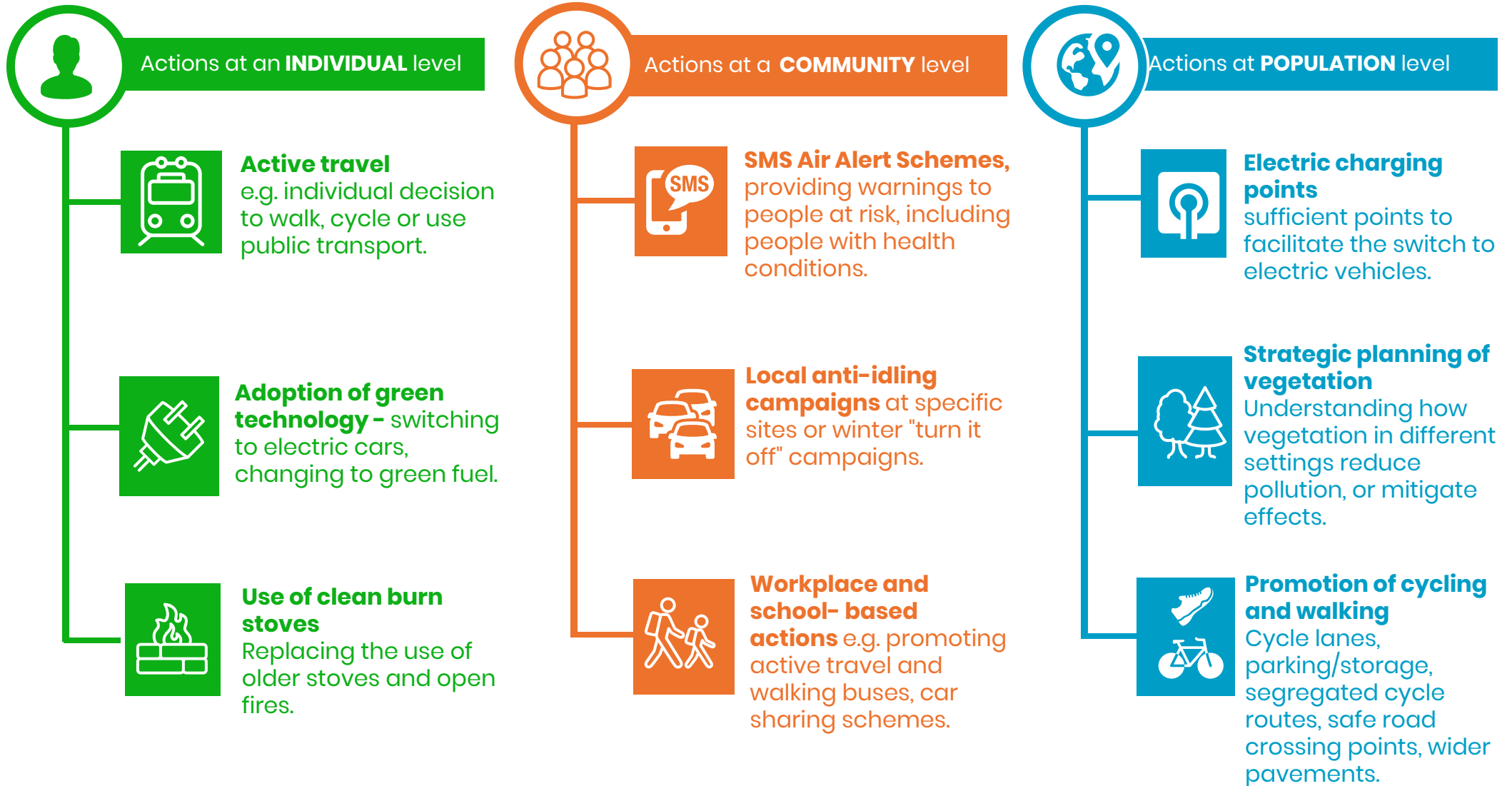


For further information and sources refer to the **West Sussex Air Quality Needs Assessment (2018)** Contact lesley.wilkes@westsussex.gov.uk

Case Study 1 AIR QUALITY

What can be done to promote good air quality?

Here are three examples at each level.



Case study 1 AIR QUALITY

What are the "co-benefits" of promoting air quality?

- An increase in walking and cycling has protective effects against obesity, cardiovascular disease, and cancer.
- Benefits to physical health also act to improve mental health, providing protection against depression and anxiety, and improving self-esteem.
- Addressing air pollution is likely to have the most benefit in the more deprived areas, and so will also address inequality.
- Action on air pollution supports the climate change agenda.

What interventions are cost-effective?

A few interventions have good evidence of cost effectiveness and co-benefits, for example



Work to reduce vehicle idling around schools has been estimated to be effective at a ratio of 44:1 (a return of £44 benefits for each £1 spent).

Training to improve fuel efficient driving at a cost of £25 to £30 per head provides estimated annual return on fuel savings of £96



Who are the key players?

District and borough councils are responsible for producing Air Quality Annual Status Reports. Also an Air Quality Action Plan (AQAP) must be written when an Air Quality Management Area (AQMA) has been declared.



- See individual District and Borough council websites for their latest AQAPs
- For all AQMAs across the country go to the DEFRA website <https://uk-air.defra.gov.uk/aqma/maps>

The **Sussex Air Quality Partnership (Sussex-air)** was established over 10 years ago to support Sussex authorities with their duties under Environment Act 1995 and implementation of the United Kingdom Air Quality Strategy.



Sussex-air has produced guidance for local authorities around planned developments, assessing their potential impact on air quality, advice on conducting air quality and mitigation assessments.



airAlert; airAlert has been set up to send messages to vulnerable people informing them that poor air quality is predicted. Alerts are sent to home phones via voice message, to mobile phones via text and via email.



<http://www.sussex-air.net/>

The Sussex Air Quality Partnership is to form a newly created **West Sussex Inter Authority Air Quality Group (IAAQ)**. This will be made up of portfolio holders and senior officers of the West Sussex District and Borough councils. The IAAQ will report to the West Sussex Leader's Group.

Case Study 1 **AIR QUALITY**

What are we doing in West Sussex on air quality?



PLANNING IN VEGETATION – Crawter’s Brook (in Manor Royal, Crawley) has been developed from a neglected area into a public park, functioning as a wildlife corridor and flood attenuation area

SMS

AIRALERT – provided by the Sussex Air Quality Partnership (SAQP), and Sussex-air, sends alerts to vulnerable people in Sussex informing them that poor air quality is predicted in their area. The alerts are sent to home phones via voice message, to mobiles via text & email.

Save an average of £700 a year

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west sussex county council

TRAVELWISE

COUNTY CAR SHARE SCHEME
facilitates car sharing across the county

No idling

Switch off engine
Reduce emissions

ANTI-IDLING CAMPAIGNS OPERATING ACROSS WEST SUSSEX – Sussex-air has also received funding to work with 25 schools and businesses in AQMAs in Sussex,



PLANNING POLICIES TO ADDRESS AT RISK GROUPS
Travelling communities

Arun Policy H SP5 –
for accommodation to travellers and travelling show people....

"Be located in areas that are well located with respect to the highway network and enable easy and safe access to sustainable settlements with a range of local services including schools shops and healthcare facilities either by foot, cycle, public transport or car. Notwithstanding this, residential sites shall not be located immediately adjacent to major transport corridors unless noise, safety and air quality impacts can be mitigated. "

Refer to **Breathing Better: a partnership approach to improving air quality in West Sussex (2018)** this details the whole range of activities across West Sussex being used to improve air quality.

Case Study 2 **FALLS AND FRACTURES**



A fall is defined as an “unintentional/unexpected loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level”.

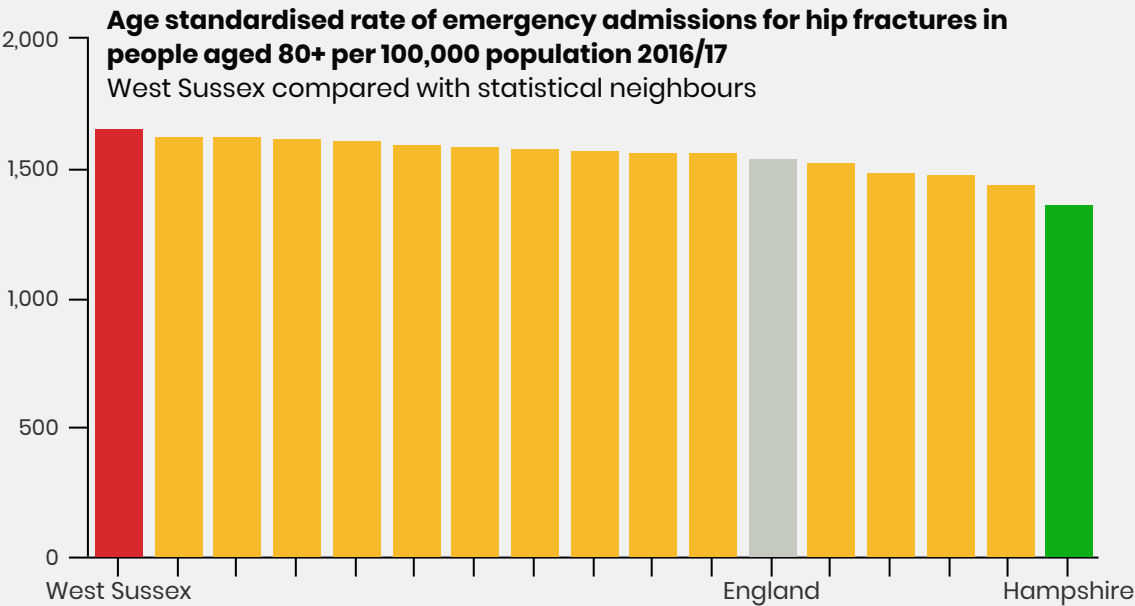
Why are falls and fractures important in West Sussex?

Falls are distressing, costly, and preventable.

They often result in injury such as fracture and are a significant cause of entry to care and nursing homes. They are strongly associated with reduced levels of mobility and increased risk of death.



In 2016/17, **West Sussex had 946 emergency hospital admissions** for hip fractures amongst those aged 80+. The rate of admissions was higher than similar local authorities.



Reducing hip fractures is a West Sussex Plan priority

Who is most at risk from falls and fractures?

Older people are most at risk from falls and hip fractures.



30% of people aged 65+ years fall at least once a year.



This rises to 50% for people aged 80+.

Women are more likely to suffer a fracture than men due to the prevalence of osteoporosis.

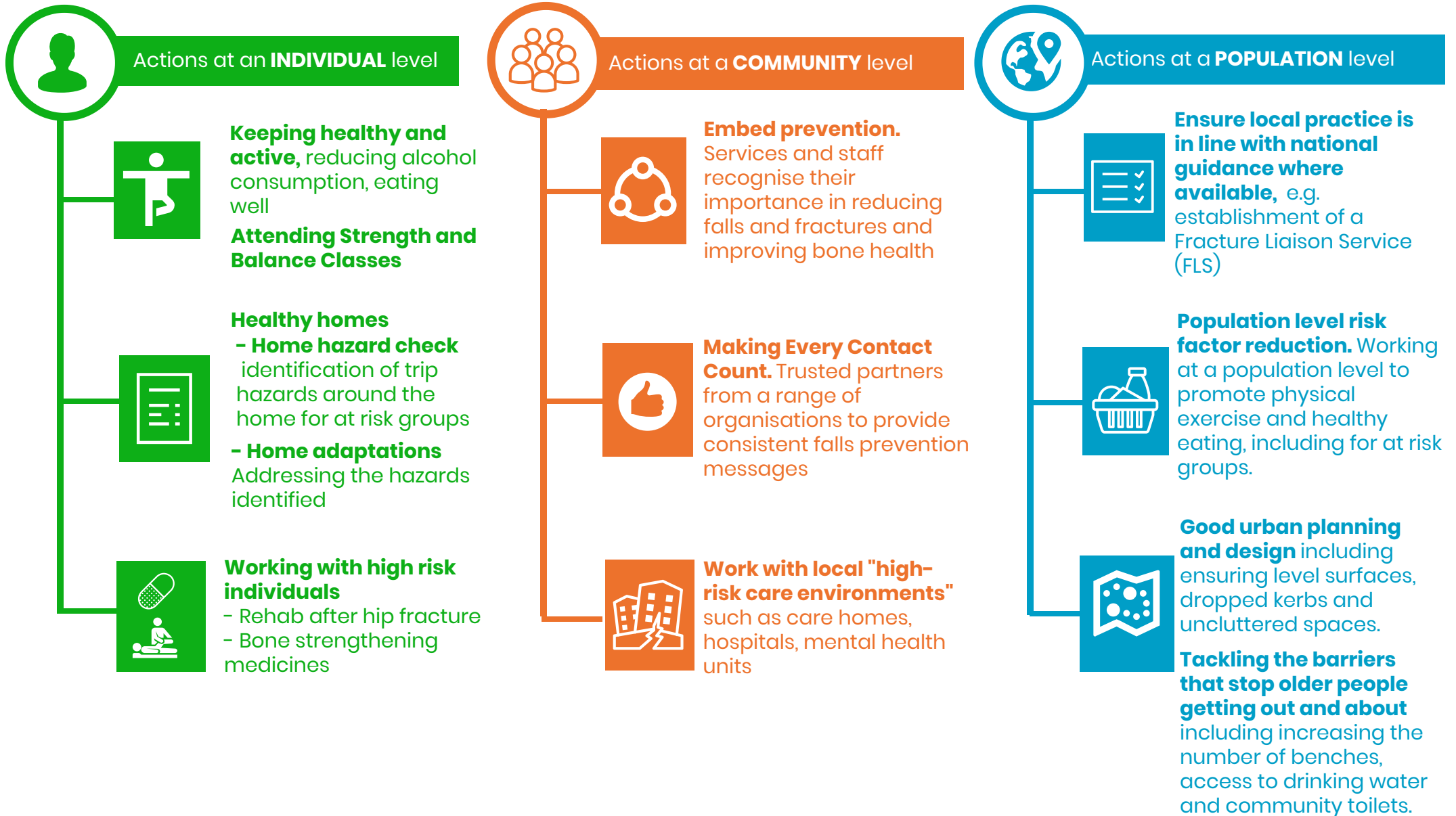
The following factors also increase risk:



Case Study 2 FALLS AND FRACTURES

What can be done to prevent falls and fractures

Here are three examples at each level.



Case Study 2 FALLS AND FRACTURES

What are the "co-benefits" of preventing falls and fractures?

- A home hazard assessment and modification, for patients admitted to hospital with a fall-related injury, reduces the rate of falls by 31% and an estimated return on investment to the health and care system of £3.33 for every £1 invested.
- The optimal intervention for those at low to moderate risk of falls is **strength and balance exercise programmes**, with evidence suggesting that these reduce the rate of falls by 29%. Estimated to be cost neutral in terms of reducing falls, there are considerable co-benefits, including reductions in cardiovascular and all-cause mortality, preventing the onset of frailty and reductions in social isolation.
- Patients presenting with a fragility fracture should be assessed for osteoporosis and receive effective management to improve their bone health and reduce their risk of future falls and fractures. Hospital based Fracture Liaison Services identify patients with a first fracture and reduce subsequent risk. These have been shown to reduce hip fracture rates by 2.3%.



Who are the key players?

West Sussex Older People's Community Falls and Fracture Prevention Strategy 2017-20 outlines action in four priority areas:-

- Identification and early intervention for higher risk individuals,
- Up-stream community falls prevention interventions,
- Community awareness raising to promote self-care,
- Partnership working to reduce falls and fractures.

Lots of partners have a role to play in falls prevention, many of whom sit on **West Sussex's Falls Steering Group**. For example:-

- WSCC and District and Borough councils
- Multi-agency teams (including the Prevention and Assessment Team)
- NHS (Sussex Community NHS Trust)
- Ambulance Service
- Leisure providers
- Careline



For further information refer to libby.hill@westsussex.gov.uk

Cost effectiveness of interventions - what this could mean in West Sussex



It is estimated that the cost of a hip fracture is £16,510 (National Osteoporosis Society.)

In 2016/17, West Sussex had 4,495 emergency admissions for fall-related injuries, of which 1,240 were for hip fractures. **This gives an estimated annual cost to West Sussex of £20.47 million.** Many of these costs could be prevented. Using national tools^[1] it has been estimated that the establishment of a Fracture Liaison Service would prevent 236 hip fractures over five years, resulting in savings of £1.84 million.

Resourcing around 400 additional home hazard assessment and modifications would cost £100,000 and result in 24 fewer hospital admissions, 15 for hip fractures, with net savings of £316,932 (£255,775 for the NHS and £61,157 for the County Council.^[2]

[1] National Osteoporosis Society Fracture Liaison Service benefits calculator

[2] PHE Falls Return on Investment tool

Case Study 2 FALLS AND FRACTURES

What are we doing to prevent falls and fractures in West Sussex

Fracture Liaison Services (FLS)

...identifies people with a first fragility fracture and then treat and monitor them to reduce the risk of a second more serious fracture. While these are mostly hospital based, **Crawley FLS** is an innovative GP-based service which offers care closer to home and frees up consultant time.

WSCC Independent Living Service

works with adults who have a physical impairment or illness, including people who have experienced falls-related injuries or who have a history of falling. Occupational therapists assess the home environment to identify hazards and barriers to independence and then provide advice and assistance around home adaptations to address these.

West Sussex Wellbeing hubs

... provide evidence based strength and balance exercise programmes for people who are scared of falling, feel unsteady or have a history of falls.

Prevention focused exercises for older population West Sussex County Council Public Health team funded 15 spaces on an **OTAGO Exercise Programme training course**, with graduates of the course running programmes at Wellbeing Hubs and Age UK

Chichester Careline

...is an independent living service that provides telehealth for falls detection and response. This includes wearable pendants and units that can be used to raise an alarm call in the event of a fall and fitting falls detection sensors in the home.

West Sussex Falls and Fracture Prevention Service

... is the specialist community NHS service for older people at risk of falls and fall-related injuries. It offers a range of services including multifactorial risk assessment in the home, strength and balance exercise programmes, home hazard assessment and modification, as well as education and training for other professionals.

There are teams in Chichester, Haywards Heath, Horsham and Worthing.

Case study 3 HEALTHY BEHAVIOURS

What do we mean by healthy behaviours?

For this section we are examining four lifestyle risk factors: **lack of exercise, smoking, alcohol misuse and poor diet.** Often these issues are tackled individually, but increasingly we see a “clustering” of behaviours, with many of the same people at risk of two or more of these behaviours. While some interventions work best focussing on a specific behaviour (e.g. smoking cessation), similar actions can be taken across all four.

Why are they important to us?

These four unhealthy behaviours (alongside poor emotional and mental wellbeing) are responsible for at least a third of ill health and are amenable to cost-effective preventative interventions. If these behaviours are clustering amongst fewer people, we need to consider how we work with people in their day-to-day lives rather than separate issues.

Who is most at risk from unhealthy behaviours?

- **People from deprived backgrounds** – routine and manual workers are more likely to smoke and children in deprived areas are more likely to be overweight/obese.
- **People with mental health problems** are more likely to smoke, be physically inactive, and misuse alcohol or drugs
- **“Generational” behaviours** – children of people with substance misuse problems or smokers are more likely to adopt these behaviours themselves.
- **Young women** are more likely to be physically inactive than young men & have higher smoking initiation rates.
- **Older people** and people of pension age.

What does this look like in West Sussex?



Smoking prevalence in West Sussex is at an all-time low at 12.8% (2017). However there is variation across District and Boroughs, and routine and manual workers are twice as likely to smoke than other groups.



- **23.7% of adults regularly drink above** the “lower risk limits”.
- **7,000 adults** estimated to have alcohol dependency.
- **2,700 children live** with an alcohol dependent adult.
- In 2016/17 there were **16,304 hospital admissions** where the primary, or any secondary, reason was linked to alcohol.
- **Admission episodes for intentional self-poisoning** by and exposure to alcohol conditions significantly higher than the England average, highest for women.
- In 2016 there were **400 alcohol-related deaths**.



- People on average consumed **2 to 3 portions of fruit and 2 to 3 portions of vegetables per day.**
- **60.1% of adults were overweight** stating a BMI of 25 or above.
- **19.5% of children in reception and 28.6% of children in Year 6** were measured as overweight or obese.



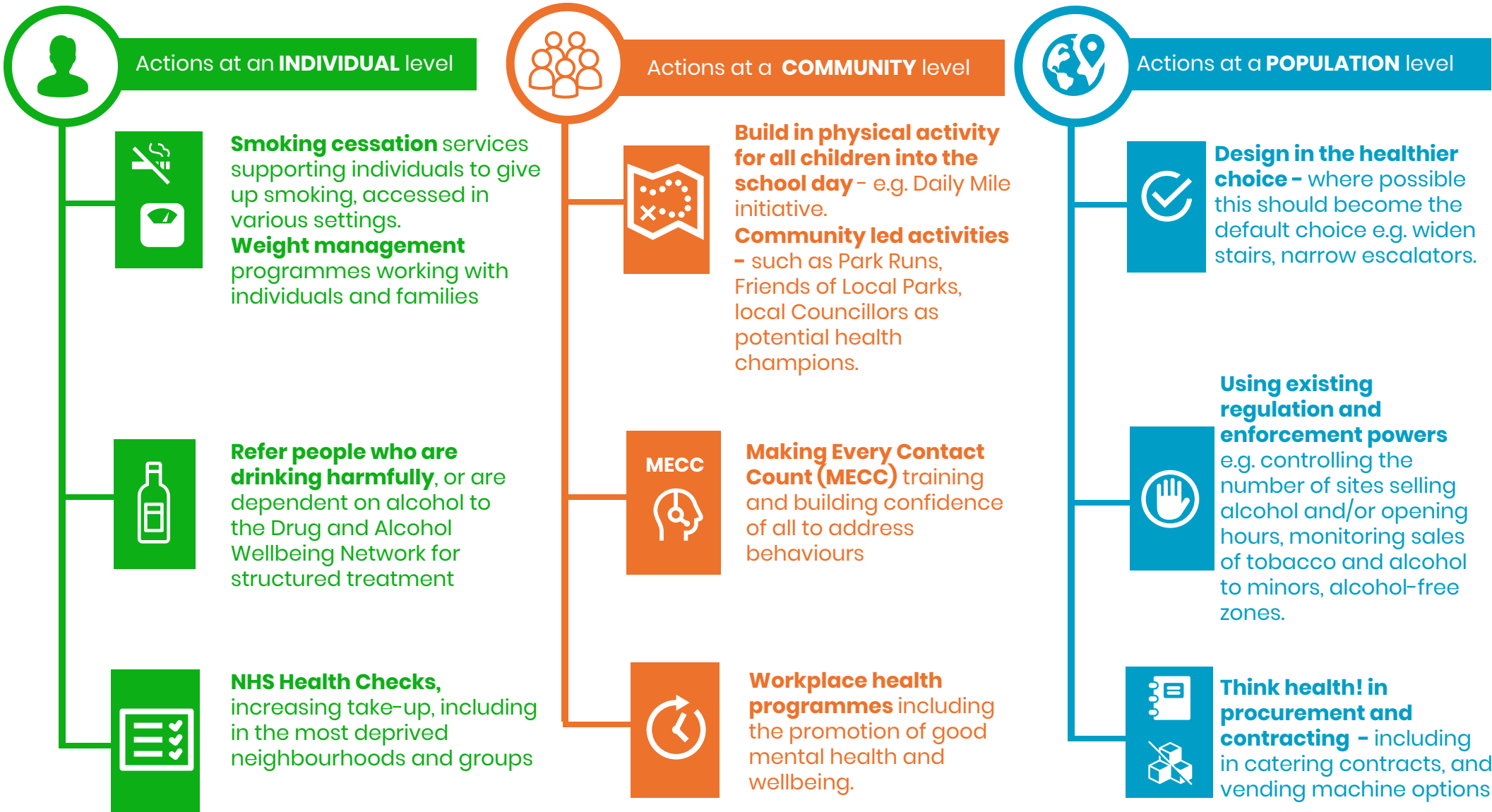
- In 2016/17 in West Sussex **68.3% of adults are estimated to be physically active, with 19.3% physically inactive.**
- Physically activity rates highest in Chichester and Mid Sussex (71.3%), lowest in Arun (66.9%) and notably Crawley (62.2%). Physically inactivity rates lowest in Mid Sussex, highest in Crawley (23.5%).



In 2017/18 a local survey (the Happiness Survey) of Year 6 pupils was undertaken in some West Sussex schools. This survey included information on healthy behaviours and mental and emotional wellbeing. For further information contact Tim Martin (tim.martin@westsussex.gov.uk) or Robert Whitehead (robert.whitehead@westsussex.gov.uk)

Case Study 3 HEALTHY BEHAVIOURS
What can be done to promote healthy behaviours?

Here are three examples at each level.



Case Study 3 HEALTHY BEHAVIOURS

What are the co-benefits of promoting health behaviours?



Tackling child poverty.....

A packet of 20 cigarettes can cost more than £10.

Smoking affects many people who are living below the poverty line. Modelling from Action on Smoking on Health (ASH) estimates that getting more people from low income households to quit smoking has the potential to take over 5,500 households in West Sussex above the poverty line, lifting about 3,000 children out of poverty.



Alcohol is a major factor in road accidents.....

It is estimated that alcohol consumption is responsible for 1 in every 7 of road deaths .

Compared with England, West Sussex has a significantly higher rate of people killed and injured in traffic accidents. The proportion of traffic accidents where at least one driver failed a breath test is also higher.



With an ageing population it is increasingly important to have a healthy and productive workforce....

In West Sussex (in 2016) there were 145 people of working age for every 100 people of dependent age (children and older people) within 20 years this will reduce to 120.

Interventions on all of the four behaviours will be needed to improve working age health. Obesity rates have been increasing and physical activity rates are low. Sedentary behaviour developed in childhood persists into adulthood.



Who are the key players?

There are a number of groups/partnerships where specific health-related behaviours are addressed.



The local Tobacco Control Alliance – West Sussex

Smokefree Partnership leads across many organisations to reduce smoking prevalence in West Sussex. It is a multi-agency group includes public health, trading standards, District and Borough councils, the NHS (via the Health4Families programme) and midwifery.



District and Borough council licensing committees

make decisions on the granting, varying and reviewing of licences to sell alcohol.

Responsible Authorities (including police, fire service, public health, trading standards, environmental health, child protective services) all have an opportunity to influence this process by making recommendations to the committee. Members of the public are also free to make a representation.



West Sussex Wellbeing is a partnership between West Sussex County Council and the 7 local District and Borough councils. The programme is offered within each council across the county, with their own local branding as part of the wider West Sussex Wellbeing brand. The programme is tailored to address local needs and inequalities and is designed to reach those who are the least engaged to access support.

Case study 3 HEALTHY BEHAVIOURS

What are we doing to promote healthy behaviours in West Sussex?

Making Every Contact Count (MECC) is an approach that can be delivered by anyone who works with patients, service users or members of the public. Irrespective of role or location or organisation.

The MECC programme involves people having brief conversations about healthy lifestyles, and recognises that people may be open for change at different times.



PARK RUN – weekly 5km timed runs, that are free and open to all. There are a number of Park Runs in West Sussex in Bognor, Chichester, Worthing, Horsham and Lancing. There are also some local junior events for 4-14 year olds.

"I've always had problems managing my weight... I wanted to do something about it and stop worrying about whether I was the biggest person in the room... The Wellbeing service provided somewhere for me to go and talk to someone without feeling judged or criticised. My Wellbeing Advisor, helped me find my own solutions and her 1-1 support has been crucial to my success."

Resident from Littlehampton



WEST SUSSEX WELLBEING is a partnership between West Sussex County Council and the local 7 District and Borough councils.

This includes **lifestyle intervention programme** available to all adults who live and/or work in West Sussex. The programme offers 1-2-1 support from trained Wellbeing advisors who use motivational interviewing and brief advice to support individuals to set goals to address and improve their health and wellbeing.

"Sugar in primary school meals has been cut by over a kilo", thanks to West Sussex's work as a Sugar Reduction Champion!

John Figgins, County Catering Services Manager, West Sussex County Council.
Alison Thompson, Public Health Project Officer, West Sussex County Council.

Introduction

Sugar reduction is a priority for West Sussex County Council; one in three children in Year 6 are above a healthy weight, this is improving diet and reducing calorie intake is a key focus, with sugar reduction largely contributing towards this.

In 2015, the Council focused on sugar reduction within primary school meals. Serving 30,000 meals a day to children from Reception Year to Year 6, this was a great opportunity to make small changes that could yield large health gains, reducing sugar consumption by young people at no extra cost.

Methods

Over a 20 month period, Public Health professionals worked with the Council's County Catering Services Team, allowing the Catering Team to agree a partnership approach with the school meals service provider, Charmwell. The strong working relationship between all three parties enabled targets to be set for sugar reduction. Through intelligent menu engineering, recipe development, and portion size control, the menu was adapted without detriment to food choices, and maintaining the requirements of the School Food Plan standards.

Results

1 kilo less

• Reduced sugar in school meals over 20 months, saving 1,000g of sugar, or 1kg, across all primary schools in West Sussex.

• Daily sugar consumption reduced from 16g to 15.5g per child.

• In total, during the 20 month period, the amount of sugar reduced in primary school meals was equivalent to 1,000g of sugar, or 1kg.

• Customer satisfaction remained high, 98% of parents rated children's overall experience of having school meals as excellent, very good, and good.

• Unfettered Infant Free School Meals (IFSM) uptake rate is 95%.

• Menu items provided by the Catering Team and used by the 'Miles to Go' team, as well as providing delicious choices for the catering services team, and the Council's Catering Team, ensuring United Kingdom's Food Plan standards.

• Customer trend is now towards fruit and vegetable choices, moving away from traditional sugary food packages, supported with emphasis on education to encourage healthy choices selection.

• Good morning and packaging has been reduced.

Conclusion

This project has delivered significant results. It is a good practice example of achieving sugar reduction on a county population scale, at no extra cost. The results are generalisable to other UK primary school populations, and it is recommended as an effective sugar reduction tool that could be replicated across the country.

Sugar Reduction Tool for the Wider School Population

There are 1,000,000 children eating Universal Infant Free School Meals (UFSM) across England each school day (10% of those eligible).

Assuming the baseline of sugar in UFSM across England is similar to the WSCC baseline 20 months ago, application of the Sugar Reduction Tool across England could remove 2,062,500g (2,062.5 tons) sugar from pupils' diets in years Reception to Year 2 alone.

That's around the same weight as 172 double decker London buses!

x 172

For enquiries, please contact: john.figgins@westsussex.gov.uk

West Sussex County Council logo, Sugar Reduction logo, and other logos.

Nationally recognised as exemplar practice, **WEST SUSSEX SUGAR REDUCTION WORK** has successfully reduced sugar in school meals.

A DAILY MILE FOR CHILDREN

Many schools are now building in physical activity into the school day.

Parklands School in Chichester introduced a daily mile initiative in spring term 2018, with Year 4 children going out on the field each day to complete their mile, either running, walking, skipping, chatting, backwards, with balls – basically any way they wanted! This is now being extended across the school, supported by the installation of an all-weather track to ensure all-year round physical activity.

Case Study 4 SUICIDE AND SELF HARM



Self-harm is defined as “any act of self-poisoning or self-injury carried out by a person, irrespective of their motivation”.

The UK National Statistics definition of suicide includes all deaths from intentional self-harm for persons aged 10 and over, and deaths where the intent was undetermined for those aged 15 and over.

Suicide and self-harm in West Sussex?

Suicide is the leading cause of death in people aged 20–34 years in the UK. In addition to the considerable distress to family and friends, there are economic costs. In West Sussex suicide-related costs, including lost output, police time and funerals, were estimated to be £367.4 million between 2013 and 2015.

It is widely recognised that suicides are preventable.

Although self-harming should not be viewed as the same as suicide or attempted suicide, self-harming has been identified as a risk factor in terms of suicide.

Nationally it is estimated that 50% of people who commit suicide have a history of self-harm. The 2017 West Sussex suicide audit found that 34% of suicides in the audit had a history of self harm, and this increased to over 50% of under 24 year olds.

Who is most at risk of suicide and self-harm ?

Suicide

There are some differences in the risk factors for suicide and those for self-harm. The highest frequency of suicides is in early middle age, suicides are less common in those under 45 years in West Sussex compared with England.



Men



Low income



Long-term health condition



Divorce or bereavement



Being a carer



Substance misuse

Self-harm

Whilst anyone can **self-harm**, some groups at higher risk are:-



Women



Younger people



People who are lesbian, gay, bisexual or transgender



Substance misuse



People in contact with the criminal justice system

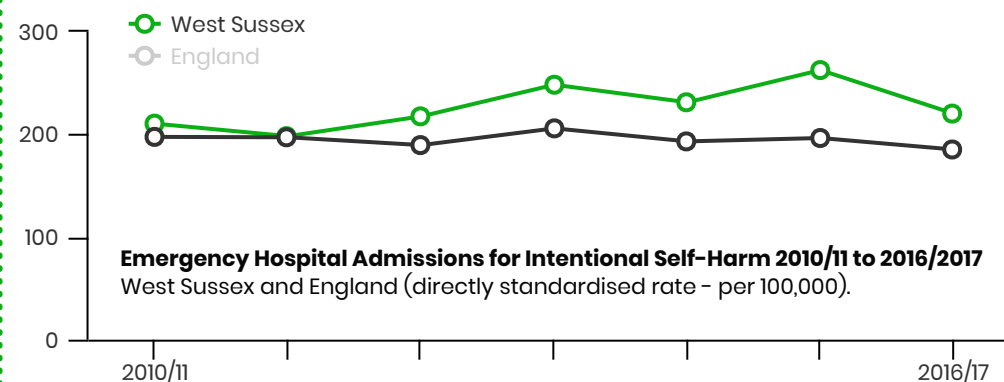


People who experience poor mental health problems.

Individual factors include: personality traits, family history, exposure to trauma, social isolation, significant life events, deprivation and income. These can all contribute directly to, or influence the risk of self-harm and wider mental health problems.

Suicide - For the period 2014–2016, there were **215 deaths** given an underlying cause of intentional self-harm or an injury/poisoning of undetermined intent. This has risen in the last 10 years, there were 164 deaths between 2007–2009.

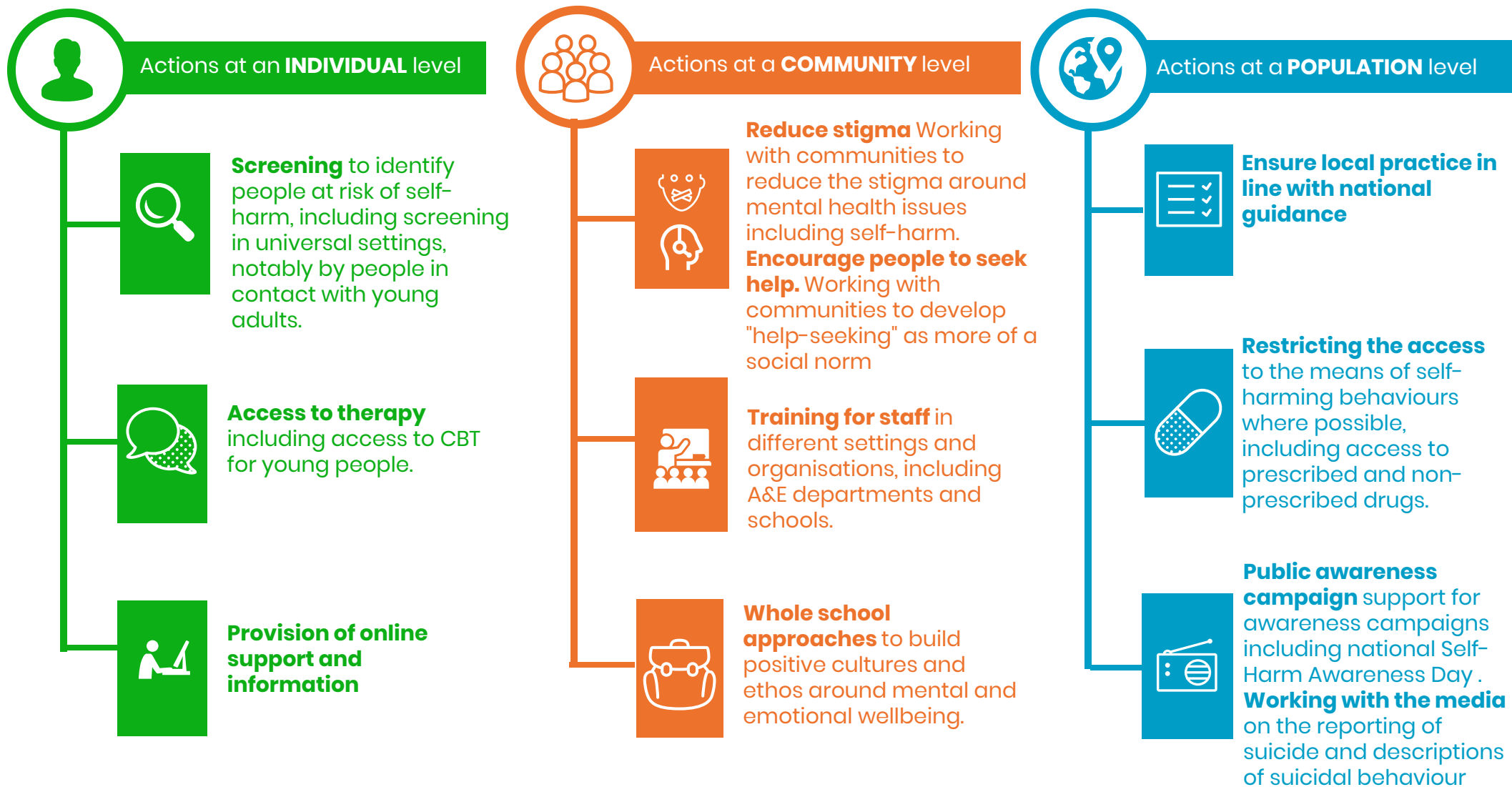
Self-harm In 2016/17 there were 1,714 emergency admissions for self-harm, this represented a rate of 220.3 admissions per 100,000 population. This was significantly higher than the England rate.



Case Study 4 SUICIDE AND SELF HARM

What can be done to prevent suicide and self-harm?

Here are three examples at each level.



Case study 4 SUICIDE AND SELF HARM

What are the co-benefits?

A recent study estimates the average cost per admission for self-harm at £809 (with adolescent admission costs being significantly higher) suggesting the **cost to acute care in West Sussex in 2016/17 is over £1.38m**. There are additional community health and social care costs related to following NICE guidance around supporting people following admission.

Most self-harm occurs within the community and most suicides occur in people who are not known to mental health services. Therefore a population approach which targets people before they self-harm and the promotion of wellbeing and resilience across the life course is likely to be the most effective approach to prevention.

The evidence shows that:

- **For children and young people**, whole school approaches and specific activity around screening, psychological skills and training are most effective.
- **For the general public at risk**, public awareness campaigns, encouraging help seeking behaviour, reducing stigma, improving media reporting and portrayal of self-harm and suicide are all population-level tools able to reduce prevalence of self-harming behaviour.
- **For those young people at particular risk**, Multi-Systemic Therapy (MST) has been identified as a cost effective method of early intervention, reducing risk behaviours across the spectrum, including self-harm.



Cost-effectiveness

Croydon Council have modelled the costs of their own Best Start programme based on an integrated, multi-system model delivering the Healthy Child Programme. **They estimate that for every £1 invested, a return of £2.34 can be expected.**



Who are the key players?

The **West Sussex Suicide Prevention Steering Group** is multi-agency and was set up to coordinate local implementation of the national strategy "Preventing Suicides in England".

The **West Sussex Suicide Prevention Strategy 2017–2020** was drafted using analysis provided by the West Sussex Public Health and Social Research team who conducted a detailed audit of coroner's inquests for suicides spanning the years 2013 and 2015. Self-harm has also been included in the work of this group, The local suicide audit found that 34% of suicides had a history of self harm, and this increased to over 50% of under 24 year olds.

The Strategy outlines 9 priorities.

1. Focus on reducing suicides in vulnerable middle-aged and older people, particularly those experiencing financial difficulties and social isolation
2. Focus on preventing suicides in people in contact with mental health services, particularly those recently discharged or disengaged from care
3. Focus on preventing suicide in people who misuse alcohol or drugs, particularly those with a dual diagnosis
4. Focus on reducing self harm, particularly in young people
5. Focus on preventing suicide in people with long term conditions or requiring end of life care, and their carers
6. Improve support for people bereaved or affected by suicide
7. Increase confidence and skills of paid and volunteer workers to support people at risk of suicide, maximising the use of existing resources and support
8. Reduce access to the means of suicide, focusing on self-poisoning, railways and other public places
9. Monitor suicide patterns and trends in West Sussex

Case study 4 SUICIDE AND SELF HARM
What are we doing to prevent suicide and self-harm in West Sussex?

Mind the Gap

The Mind the Gap project provides intensive support and advocacy for 16-25 year olds in supported housing whose mental health or emotional wellbeing needs put them at high risk of self-harm or suicide and / or losing their tenancy.

Youth Emotional Support (YES)

a free service for young people aged 11-18 looking for support with their well-being, including self-harm, mood, anxiety, relationships, unhelpful thoughts and self-esteem. Referrals can come from GPs, Child and Adolescent Mental Health Services, the School Nurse Service and self-referral via Find It Out Centres. They provide one-to-one support and group working and give information about other support that is available.

YMCA Downslink

offers telephone and face to face counselling within the centres, and also leisure centres and libraries providing on-line counselling and support.

The main issues young people present with are self-harm and suicidal thoughts, isolation, bullying, arguments at home and alcohol/drug use.

FIND IT OUT CENTRES

There are **8 WSCC Find It Out Centres** across West Sussex providing advice, information, support and signposting for children and young people aged 13-25 years.

Building skills, knowledge and confidence across the workforce working with children and young people in order to help identify mental health and wellbeing issues earlier and provide prompt and appropriate support is a priority for WSCC. Following a local training needs analysis **Coastal West Sussex MIND** has been commissioned (in partnership with Grassroots, YMCA Downslink, SPFT, Lifecentre and Allsorts) to provide 108 training courses, including suicide prevention, young people living with self-harm and self-injury for all ages..

