

West Sussex
**Joint local
health and
wellbeing
strategy**
2025 to 2030



West Sussex
Health and
Wellbeing
Board



Welcome and foreword

I am delighted to present to you the West Sussex Joint Local Health and Wellbeing Strategy 2025-2030.

Since the publication of the previous strategy in 2019, we have experienced many things, including living through the global COVID-19 pandemic, with the effects still being observed in health needs, demand for services, people preferring to access some services in different ways, and more. We have also seen changes in the way health and care services are delivered locally, with the establishment of Integrated Care Systems (ICSs) throughout England, as part of the Health and Care Act 2022. In West Sussex, we are part of the [Sussex Health and Care Integrated Care System](#). Alongside this, we recognise the evolving landscape we are working within, with the introduction of devolution (the transfer of powers and associated funding from national to local government), local government reorganisation, and changes to the NHS.

Health and Wellbeing Boards continue to have a pivotal role in the local health and care system, with integration and partnership at the heart of their work. As such, our West Sussex Health and Wellbeing Board has engaged in a development process over the past year, supported by the Local Government Association, which focused on developing and strengthening its role within the context of the new Integrated Care System in Sussex. This included helpful reflection on the Board's role in supporting the local place of West Sussex within the wider Sussex geography and provided the foundations for creating this new Joint Local Health and Wellbeing Strategy for the county, re-energising the focus of the Board, as we move forward.

This strategy sets out the Board's overarching plan for improving health and wellbeing for residents and communities and reducing health inequalities in the county. It aligns with, and will form, a key part of the Sussex Health and Care Strategy '[Improving Lives Together: Our ambition for a healthier future in Sussex](#)' and its placed-based focus on West Sussex.

The Board has worked hard to develop a strategy that ensures their ambitions reflect the current and future context for local communities, and their work has the maximum ability to influence and impact positive health outcomes and reduce health inequalities, through effective partnership working. This strategy is the result of collaboration across the health and care system, and engagement and consultation with our residents.

We have agreed a vision, five priority areas, and three principles which are central to the delivery of the strategy:

We will:

- Reduce health inequalities, including tackling the wider determinants of health
- Build resilient and connected communities, including addressing loneliness and social isolation across the life- course
- Work in partnership to deliver the strategy

The strategy will be progressed through the implementation of Delivery Groups led by Board members, senior leaders, and topic specific experts in the Sussex health and care system.

I would like to take this opportunity to thank all those who contributed to developing this strategy, including our residents and communities, Board members, workforce, and wider partners.

Cllr Bob Lanzer

Chairman, West Sussex Health and Wellbeing Board

Cabinet Member for Public Health and Wellbeing, West Sussex
County Council



Our vision

Improving Lives Together in West Sussex

Introduction

This strategy sets out West Sussex Health and Wellbeing Board's overarching plan for improving health and wellbeing for residents and communities and reducing health inequalities in the county. It aligns with, and will form, a key part of the Sussex Health and Care Strategy '[Improving Lives Together: Our ambition for a healthier future in Sussex](#)' and its placed-based focus on West Sussex.

What is the purpose of the strategy?

The strategy presents the Health and Wellbeing Board's **vision** and **priorities** (five priority areas) for how they will improve the health and wellbeing of their residents and communities, and how the identified population needs in the Joint Strategic Needs Assessment (JSNA) will be addressed, including tackling health inequalities.

The Health and Wellbeing Board has ensured that their ambitions reflect the current and future context for local communities, and by working in partnership, they can maximise their impact on improving health outcomes and reducing health inequalities* across the county.

*See page 18 'What are health inequalities?'

Who developed the strategy?

The strategy has been developed by the Health and Wellbeing Board and wider partners across the health and care system, including the County Council, NHS Sussex, NHS providers, district and borough councils, Voluntary, Community and Social Enterprises (VCSEs), and Healthwatch West Sussex.

How will the strategy be delivered?

The Board has developed this **high-level strategy**, setting out its ambitions and goals for five priority areas. Five delivery groups (one per priority area) will be established to focus on delivering the priority areas, with each developing detailed action plans describing how they will achieve their ambition and goals. This approach enables flexibility over the strategy's five-year period, with the focus for priority areas reviewed annually and adapted, if required.



Priority areas

To focus the strategy, the Health and Wellbeing Board has agreed **five priority areas**, and **three principles** which are central to the delivery of the strategy.

A programme of work for each priority area will be developed. (See page 25 'Delivering the strategy – delivery groups' for further details).

Five priority areas

- **Food and nutrition**
- **School readiness**
- **Transitioning to adulthood** – children and young people's mental health and wellbeing
- **Tobacco control**
- **Health and wellbeing in temporary accommodation**

Three principles

We will:

- Reduce health inequalities, including tackling the wider determinants of health
- Build resilient and connected communities, including addressing loneliness and social isolation across the life-course
- Work in partnership to deliver the strategy



About West Sussex Health and Wellbeing Board

Why is the Health and Wellbeing Board important?

Health and Wellbeing Boards are a statutory committee of local authorities in England, and provide a forum where political, professional, clinical and community leaders from across the local health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities.¹

With integration and partnership at the heart of their work, Health and Wellbeing Boards:¹

Provide a strong focus on place (for example, West Sussex)

Facilitate joint working and improving the wellbeing of their local population

Set strategic direction to improve health and wellbeing

Membership

The West Sussex Health and Wellbeing Board is chaired by the Cabinet Member for Public Health and Wellbeing, and the Lead Officer is the Director of Public Health. Members of the Health and Wellbeing Board include representatives from across the health and care system, including the County Council, NHS Sussex, NHS service providers, district and borough councils, Voluntary, Community and Social Enterprises (VCSEs), for example, a

charity, and Healthwatch West Sussex.

Role and responsibilities

The Health and Wellbeing Board has a statutory role to plan how best to meet the health and wellbeing needs of their local population and tackle health inequalities. Their responsibilities include:

- Assessing the health and wellbeing needs of their residents through carrying out a **Joint Strategic Needs Assessment (JSNA)**, which assesses current and future health and social care needs of the local population.
- Developing a **Joint Local Health and Wellbeing Strategy (JLHWS)** to meet the health and wellbeing needs identified in the JSNA.

Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) is not a single document, or piece of work, but an ongoing series of analyses and monitoring of population health, focused on health and wellbeing outcomes including detailed needs assessments, profiles, projections, reports, and audits of specific issues, areas, or groups. The West Sussex Joint Strategic Needs Assessment has a dedicated [website](#) where information is published, including the [West Sussex Joint Strategic Needs Assessment Summary 2024/25](#), an overview of health and wellbeing in the county.

Discover more information about the [West Sussex Health and Wellbeing Board](#).

¹ [Health and wellbeing boards – guidance - GOV.UK](#)

Integrated Care System

All Health and Wellbeing Boards in England are part of an Integrated Care System (ICS), comprising of a range of partners across the local health and care system, including the NHS, local authorities, the Voluntary, Community and Social Enterprises (VCSE) sector, and many others.

West Sussex is part of the Sussex Health and Care Integrated Care System, together with Brighton and Hove, and East Sussex. Figure 1 provides an overview of the local system.

The role of Health and Wellbeing Boards

Health and Wellbeing Boards have an important role within Integrated Care Systems, with a focus on improving integration across local health and care organisations and setting strategic direction to improve the health and wellbeing of their local population and reducing health inequalities.

As part of the approach to improve integrated working locally, NHS Integrated Community Teams (ICTs) working at district and borough level, are being developed. They will comprise of professionals working together across different organisations with local communities, individuals, and their carers including primary care, community, mental health, local authority partners, voluntary, community and social enterprise organisations, and other partners. The developing Integrated Community Teams will have an important role in delivering the priority areas within communities, at neighbourhood level.

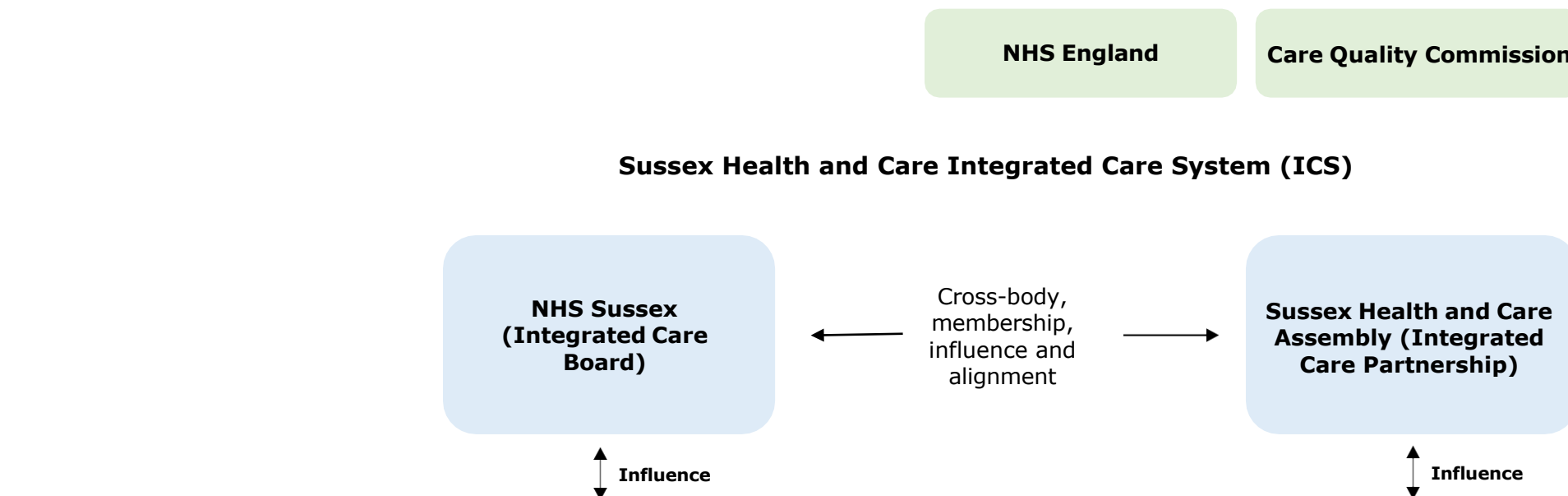
How does the strategy fit within the new Integrated Care System?

The West Sussex Joint Local Health and Wellbeing Strategy will directly inform the development of local joint commissioning arrangements and the co-ordination of NHS and local authority commissioning. The Health and Wellbeing Board has ensured that the strategy is complementary to the Sussex Health and Care Strategy '[Improving Lives Together: Our ambition for a healthier future in Sussex](#)', which includes a focus on tackling health inequalities. Our strategy will inform future iterations, providing a focus on West Sussex as a place, and the evidence base from which future priorities for the Sussex Health and Care Strategy, are identified.

What is commissioning?

Commissioning is the continual process of planning, agreeing, and monitoring services. It is not one action, but many, from a health needs assessment for a population (to identify population need), to the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment.² Examples of public health commissioned services include stop smoking services, specialist drug and alcohol misuse services, and sexual health services.

² NHS England. [What is Commissioning?](#)



Partnership and delivery structures

Geographical footprint	Name	Participating organisations
System Usually covers a population of 1-2 million	Provider collaboratives	NHS Trusts Voluntary, community and social enterprise (VCSE) sector organisations Independent sector
Place Usually covers a population of 250-500,000	Health and wellbeing boards Place-based partnerships	Integrated Care System (ICS), Healthwatch, local authorities, and wider membership if appropriate can include Integrated Care Board (ICB) members, local authorities, Voluntary, Community and Social Enterprises (VCSE), primary care, NHS trusts, Healthwatch
Neighbourhood Usually covers a population of 30-50,000	Primary care networks Local Community Networks (LCNs) Integrated Community Teams (ICTs)	General Practice (GP), community pharmacy, opticians, dentistry

Figure 1. Sussex Integrated Care System. Adapted from [The Kings Fund](#), May 2022

Developing the strategy

Strategy development process

The foundations for creating this strategy are in the development process that the Health and Wellbeing Board has engaged in over the past year, supported by the Local Government Association. This focused on developing and strengthening their role within the context of the new Sussex Health and Care Integrated Care System.

To develop the strategy, the Health and Wellbeing Board undertook the following tasks and activities, with support from the Council's Public Health team, and wider partners:



As part of this process, the Health and Wellbeing Board created and progressed a strategy that aligned to the following key points (see yellow box below), focusing on improving the health and wellbeing of the residents and communities of West Sussex and reducing health inequalities.

The Health and Wellbeing Board will:

- **Deliver** a 5-year strategy (2025-2030)
- **Review** the strategy every year
- **Align** strategy priorities across the local health and care system
- Ensure the strategy is **relevant** to our populations' needs
- **Measure** the impact to understand the difference we make
- **Take actions** that show impact
- **Manage** and **collectively own** the strategy
- **Lead** delivery groups with partners, for priority areas

Engaging with our residents and communities

The views of our residents and communities have been important in developing this strategy, providing rich local insight to population need, as well as existing data sources.

Our engagement with residents and communities, as part of the Joint Strategic Needs Assessment (JSNA), focused on gathering an understanding of our local populations' need, including health conditions, health behaviours, and how people like to access services, such as, online or in-person. Examples of this work includes:

- [Your Health Matters: West Sussex Community Health and Wellbeing Survey 2024](#) – we heard from nearly 6,500 residents!
- [All-age Public Mental Health Needs Assessment 2024](#) – applied a co-production approach, including focus groups to understand lived experience

Public consultation

A five-week public consultation was carried out to seek views from the public, professionals, and organisations across our communities on the draft strategy. The survey included a general and an easy read version, and asked for comments on each priority area, including thoughts and suggestions on how they may be delivered, and how people would prefer to be informed of progress and developments, such as, via newsletters, social media, or local events.

Who responded?

Overall, 408 responses were received. Of these, 358 were completed using the general survey and a further 50 used the easy read version. Respondents included (this question was only asked in the general survey):

- Members of the public (86%)
- Professionals (11%)
- Organisations (3%)



Identifying priority areas

Reviewing the latest data to identify key challenges and population need

This section presents a **summary** of information about our population, which identifies the key challenges they face and their needs (population need), including:

- Population size and the characteristics of the population
- Communities at higher risk of poor health
- Causes of ill health and causes of premature mortality
- Risk factors for poor health
- Deprivation and inequalities
- Healthy life expectancy
- Life expectancy

Why is this information important?

The Health and Wellbeing Board reviewed this information, together with more detailed evidence sources, which informed their decision of the priority areas they needed to focus on in this strategy. These evidence sources included:

- [West Sussex Joint Strategic Needs Assessment Summary 2024/25](#)
- [Your Health Matters: West Sussex Community Health and Wellbeing Survey 2024](#)
- [All-age Public Mental Health Needs Assessment 2024](#)
- [West Sussex Integrated Community Team profiles](#)

Alongside this, partners and stakeholders highlighted the increasing pressures for children and young people and the need to support them, in particular their mental health and wellbeing.

Will this information be used to deliver the strategy?

Yes. However, in addition, further, more specific information will be drawn upon as part of delivering each priority area to inform the development of action plans.



About our population

The population of West Sussex is growing, with around 900,900 people living in the county, and a growing older age structure

Over the last 10 years (2013-2023), population growth in the county (at 9.2%) has outstripped England (7.0%), Brighton and Hove (1.5%), and East Sussex at (4.2%).

At 900,900 people, the county's population accounts for 52% of the Sussex resident population.



Map © Ordnance Survey

Population (2023)

900,900

Change from 2013

↑ **9.2% overall**

↑ 7.1% under 15 years

↑ 7.1% 16-64 years

↑ 16.5% 65 years or over

Except for Crawley, there are more deaths than births in district and borough areas in West Sussex. Population growth is driven by inward migration – the movement (migration) of people from other areas of the country into the county.

The fertility rate in West Sussex continues to decline, with fewer than 8,000 births in 2023. Population projections project increases in older age groups, and declines in the younger population.

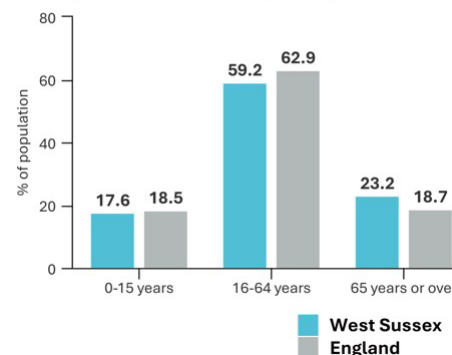
Births (2023) **7,768** A fertility rate of 1.49 - continuing a long term decline locally (and nationally).

Deaths (2023) **9,972** of which 2,475 deaths were of people aged under 75 years

Except for Crawley, all district and borough areas in West Sussex have an older age profile compared with England. Arun and Chichester are projected to have the highest old age dependency ratios in the county.

Population Age Structure (2023)

% of Population in Different Age Groups



Communities at higher risk of poor health

To tackle inequalities in health, it is important to understand people and groups at a higher risk of poorer health outcomes.

People and groups at higher risk of poorer health outcomes

- People with severe mental illness
- Children in care and care leavers
- People who at risk of/are homeless
- People with a combination of many different health needs
- People with increasing frailty

Causes of ill health and causes of premature mortality

The Global Burden of Disease study looks at the causes of disability and mortality worldwide. Using data from the study we can identify the leading causes of death, premature death, and ill health within West Sussex.

Data shows that cancer is the leading cause of death, followed by cardiovascular diseases, and in terms of living with a disability or health condition, musculoskeletal conditions, such as lower back pain and arthritis, and mental health conditions, are the leading causes. The mental health of children and young people has worsened in recent years. An estimated 14,500 children and young people aged 5-16 years have a mental health condition in West Sussex.

Figure 2 shows the top ten causes of death, and causes contributing to disability or health condition.

Rank	Cause of death	Cause contributing to disability or health condition
1	Cancer	Musculoskeletal disorders
2	Cardiovascular diseases	Mental disorders
3	Respiratory infections and tuberculosis	Neurological disorders
4	Neurological disorders	Other non-communicable diseases
5	Chronic respiratory diseases	Sense organ diseases
6	Digestive diseases	Diabetes and kidney diseases
7	Diabetes and kidney diseases	Unintentional injuries
8	Unintentional injuries	Chronic respiratory diseases
9	Other non-communicable diseases	Cardiovascular diseases
10	Self-harm and interpersonal violence	Skin and subcutaneous diseases

Figure 2 Top ten causes of death, and causes contributing to disability or health condition. Source: Global Burden of Disease 2021, University of Washington 2024

Risk factors for poor health

In the Global Burden of Disease Study, a risk factor is defined as an attribute, behaviour, or exposure, causally associated with an increased (or decreased) probability of a disease or injury. Some risk factors are modifiable at an individual level (such as smoking), and some are at population level (such as air pollution), so require a population level approach to improve, for example, reducing carbon emissions.

The top five risk factors for poor health in West Sussex (Figure 3) are tobacco, high Body Mass Index (BMI), dietary risk, diabetes, and high systolic blood pressure. Other top ten risk factors include alcohol consumption, occupational hazards, high LDL³ cholesterol, kidney dysfunction, and air pollution.



³ LDL = Low Density Lipoprotein

Top 5 Risk Factors for Poor Health



Tobacco remains the greatest risk factor for poor health and premature mortality. An estimated 90,000 people in West Sussex are smokers.



High Body Mass Index. Using data for 2022/23 almost 1 in 4 adults are estimated to be obese.



Dietary Risk. A poor diet is one high in sugar and salt, low in fibre, fruit and vegetables. In 2022/23 only 37% of adults in West Sussex said they met the '5-a-day' fruit and vegetable' consumption level.



High fasting Plasma Glucose. Diabetes is a rising concern. There are 60,000 people (aged 17+) on GP diabetes registers



High Systolic Blood Pressure. Action to tackle cardiovascular disease, including controlling blood pressure is key and has a considerable population level impact.

Figure 3 Top five risk factors for poor health in West Sussex. Source: Global Burden of Disease 2021, University of Washington 2024

Deprivation and inequalities

Overall, West Sussex is one of the least deprived areas in the country, but there are neighbourhoods which rank within the most deprived areas in England.

The “average” (at West Sussex or district/borough level) masks considerable inequality, and there is a social gradient to many health outcomes and measures. The term ‘social gradient of health inequalities,’ put simply, refers to the lower a person’s social and economic status, the poorer their health is likely to be.⁴ These unfair and avoidable differences need to be tackled, including, for example, by targeting resources according to need.

In West Sussex:

- 33,000 people live in areas ranked amongst the 20% most deprived areas nationally
- Coastal communities live with poorer health than their non-coastal neighbours
- 20,300 children living in poverty
- 9,000+ people in receipt of Carer’s Allowance
- 67.7% of children are achieving school readiness but this reduces to 44.4% of children who are eligible for free school meals
- There are around 27,940 pupils with special educational needs in West Sussex, equating to around 21.4% of pupils
- Almost 16,000 people on out-of-work benefits
- 1,463 households in temporary accommodation, including 1,390 children
- The smoking rate is three times higher in the most deprived areas compared to the least

Sources: West Sussex Joint Strategic Needs Assessment, Department for Education

West Sussex resident population; neighbourhoods by deprivation quintile;

Based on the English Index of Multiple Deprivation 2019 (IMD 2019);

Deprivation quintile Quintile 1 (most deprived 20%) Quintile 2 Quintile 3 Quintile 4 Quintile 5 (least deprived 20%)



LSOA (2011) based boundaries. © Stadia Maps; © OpenStreetMap contributors

⁴ Local Government Association. [Marmot Review report – ‘Fair Society, Healthy Lives’](#)

Healthy life expectancy

Whilst life expectancy in West Sussex has increased, so has the proportion of life spent in poorer health.

The healthy life expectancy of women in West Sussex has fallen to 64.9 years, and for men 63.8 years (figure 4), both similar to England (female 61.9 years and male 61.5 years).⁵ Healthy life expectancy is an estimate of lifetime spent in 'very good' or 'good' health and is estimated using annual population surveys and census data.⁶

In addition, 19.4% of females and 11.3% of males (aged 16-64 years and excluding full time students) are economically inactive.

What is the impact of this?

As well as an increased demand for health and social care due to people living in poorer health for longer, the fall in healthy life expectancy, locally and nationally, has considerable implications for the potential for economic growth, as health is a major contributory factor to economic inactivity. It also impacts people's quality of life, including their ability to contribute to community and social networks, and being able to care for others.

⁵ Office for National Statistics. Healthy Life Expectancy estimates 2021-2023

⁶ Government Actuary's Department. [Healthy life expectancy-Mortality Insights](#), December 2024

⁷ UK Government. [Economic activity November 2023](#)

What is economic inactivity?

Economic inactivity refers to people who are economically inactive – this means they are out of work and not looking for a job.⁷ More working age people are reporting long-term health conditions than ever before, with many with a health condition that is 'work-limiting,' meaning it limits the amount or type of work they can do.⁸ This limits long-term economic growth as it limits the pools of skills and labour available to employers.⁹

Why is this important?

The relationship between work and health is bidirectional.

Employment can bring better incomes, security, financial stability, and a greater sense of purpose, which can lead to higher living standards, healthier diets and exercise, and better mental health. In contrast, poor health can make it harder to participate in the labour market and sustain employment, but unemployment can also harm health.

People are more likely to have a lower healthy life expectancy in areas with higher economic inactivity.

As well as employment, however, there are likely other factors that play a significant role in people's health (see page 18 'What are health inequalities?'), as even when employment rates are around the middle point in the most deprived areas, they still have below average healthy life expectancy.¹⁰

⁸ The Health Foundation. [What we know about the UK's working-age health challenge](#). Nov 2023

⁹ Local Government Association. [Economic inactivity interdependencies in England](#). Dec 2024

¹⁰ The Health Foundation. [Relationship between employment and health](#). July 2024

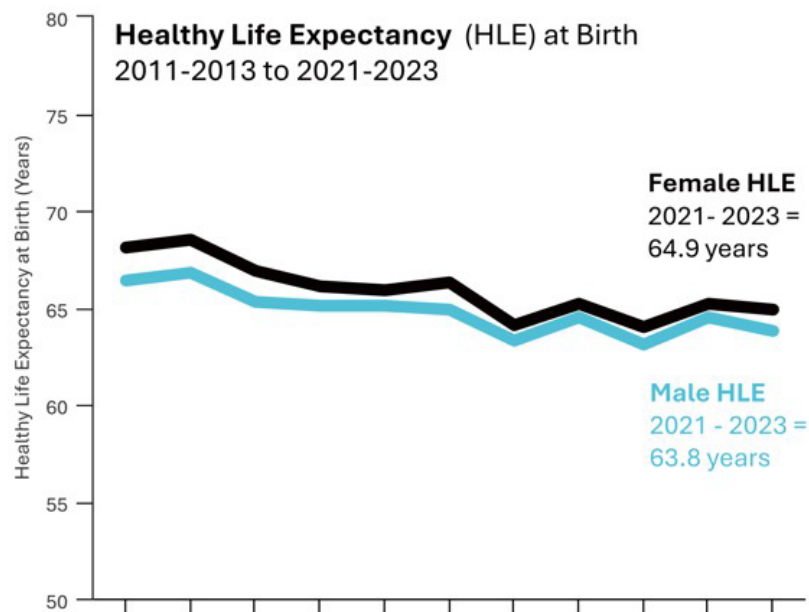


Figure 4 Healthy Life Expectancy (HLE) in West Sussex at birth 2011-2013 to 2021-2023

Life expectancy

Life expectancy is the average time someone is expected to live based on the year of their birth, current age, sex, and other demographic factors.¹¹ In West Sussex, although life expectancy has increased, it differs between people living in the most and least deprived areas, with poorer health outcomes concentrated along deprived coastal areas and south west Crawley.

There is a 14.5 year gap in life expectancy between the most deprived and least deprived areas in the county.

Some of the areas with the poorest health outcomes, such as Littlehampton and Bognor, also have older population age structures. This combination of deprivation and an elderly population provides multiple challenges for services, for example, the increasing need for NHS and social care services.

Figure 5 illustrates this 14.5 year gap in life expectancy for females and males by cause of death for the period 2020 to 2021 (latest data). It shows that circulatory disease (cardiovascular disease) accounts for the largest proportion of the gap followed by cancer.

Breakdown of the life expectancy gap in West Sussex by cause of death, 2020 to 2021.

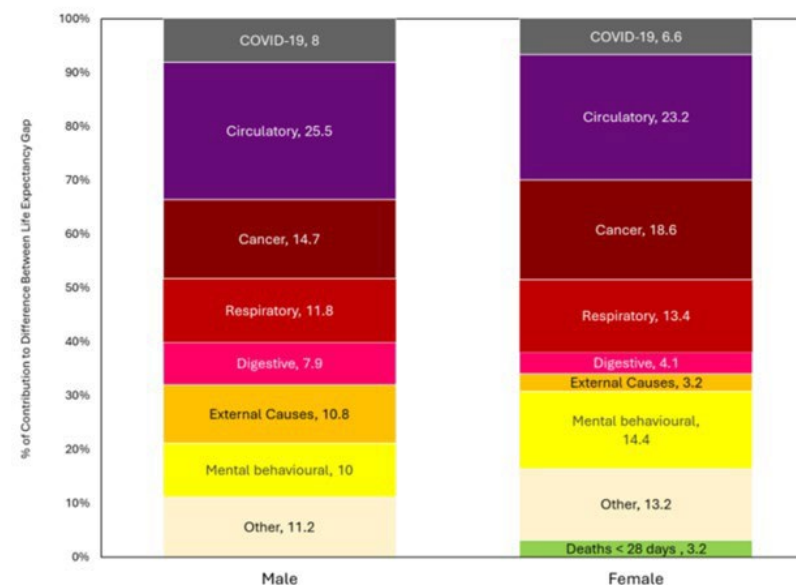


Figure 5 Breakdown of the life expectancy gap in West Sussex for females and males by cause of death, 2020 to 2021

¹¹ Office for National Statistics. [Period and cohort life expectancy explained](#). January 2023

What are health inequalities?

Health inequalities are unfair and avoidable differences in health across the population, and between different groups in society. This means that the life expectancy for two children born on the same day, within the same city, can be significantly different from one another, due to the influence of the wider determinants of health during their life-course.¹²

What are the wider determinants of health?

There are many factors that influence our health, in fact, almost every aspect of our lives, and ultimately, how long we live. This includes our homes, jobs, social connections, safe green spaces and public transport, access to education, the food we eat, experiences of discrimination or poverty, and more. These factors are referred to as 'wider determinants of health,' and are sometimes also called social or socioeconomic determinants of health or building blocks of health.

Communities that are thriving need every building block of health in place. If any are missing or eroded, it can harm people's health, and result in health inequalities.¹³

Figure 6 illustrates the factors that influence an individual's health and wellbeing.

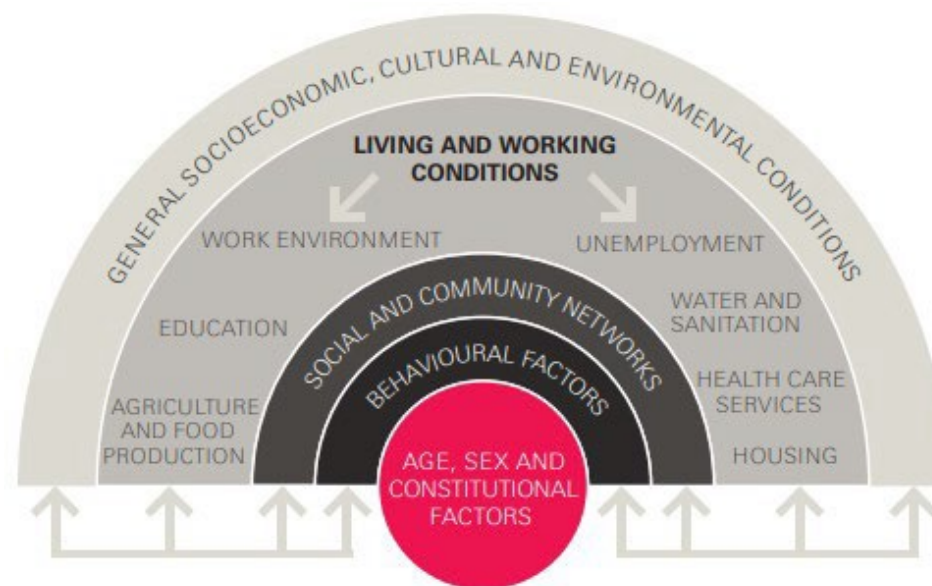


Figure 6: The factors that influence an individual's health and wellbeing

¹² [NHS England. What are healthcare inequalities?](#)

¹³ [The Health Foundation. What builds good health? An introduction to the building blocks of health](#)

Priority areas

Overview

To focus the strategy, after reviewing the latest evidence, the Health and Wellbeing Board has agreed **five priority areas** to progress during the five-year period of this strategy.

These priority areas reflect some of the wider determinants of health, for example our homes, the food we eat, and their importance to individual and community health and wellbeing, supporting the building blocks of health. They focus on tackling some of the most significant behavioural risk factors that drive poor health, premature mortality and health inequalities in West Sussex, and on the health and wellbeing of children and young people, recognising the importance of supporting them to grow and flourish as they become adults. The final priority acknowledges increasing pressure around housing and the need to support people in temporary accommodation to live well and reduce health inequalities in this population group. By focusing on these five priority areas, the Board aims to make a real and tangible difference to people's lives across the county. The Board has also agreed **three principles** which are central to the delivery of the strategy.

This approach is designed to **support** and **enhance** the existing work of the health and care system in West Sussex and the needs of our residents and communities, where the Health and Wellbeing Board partnership can provide **added benefit**, rather than focus on all areas of health and care.

An **ambition and high-level goals** are set out for each priority area, which will be further progressed by delivery groups as part of their work programme development (see page 25 'Delivering the strategy – delivery groups').

Five priority areas

- **Food and nutrition**
- **School readiness**
- **Transitioning to adulthood** – children and young people's mental health and wellbeing
- **Tobacco control**
- **Health and wellbeing in temporary accommodation**

Three principles

We will:

- Reduce health inequalities, including tackling the wider determinants of health
- Build resilient and connected communities, including addressing loneliness and social isolation across the life-course
- Work in partnership to deliver the strategy

Priority area: Food and nutrition

Our ambition

A whole systems approach to food and nutrition for all-ages across West Sussex will be established, working together to optimise the local food environment, improving access to affordable, healthy, and nutritious food, enabling people to make an informed choice about their food consumption whilst meeting their dietary needs

Our Goals

- The healthier choice will be the easier choice.
- People will have an improved understanding of food and good nutrition.
- Shifting the food environment and social norm towards healthier, balanced eating behaviours for better health outcomes.
- Schools and local organisations will provide healthy food environments and promote healthier choices for their students and community areas will be breastfeeding friendly environments.

What do we mean?

Many organisations and multiple factors influence people's food consumption and their individual dietary choices. This includes the commercial and wider determinants of health, for example, the food environment, media, economy, and infrastructure.

Consequently, we need to work collaboratively as part of a whole systems approach, with different people, communities and organisations across the county to improve outcomes for our population.

Why is this important?

Good food and nutrient consumption are vital for healthy growth and development during childhood, and the maintenance, protection, and promotion of health across the life-course. Dietary choice is heavily influenced by the food environment, it is important that we all feel supported to make choices that are informed, there is fairness in the options available, and choices are not limited due to affordability.

Priority area: School readiness

Our ambition

The proportion of children achieving school readiness will increase, with every child in West Sussex given the opportunity to reach their full potential

Our Goals

- A continuous and sustained strategic focus on school readiness is embedded across the local health and care system.
- More children who are eligible for free school meals will achieve school readiness.
- Existing community infrastructure that supports children's development, such as early years settings, and libraries, will be supported to have an increased focus on school readiness.
- Engagement with those who care for children, including their families and caregivers, will be increased, focusing on improving school readiness for all children, and continuing to grow and optimise communities as child and family friendly places to live, work and learn.

What do we mean?

School readiness refers to a child's transition from early years, for example nursery, to school, and how ready they are for the new environment, both academically and socially. This includes communication and language, personal, social and emotional development, physical development, mathematics, and literacy skills. Preparation starts from birth, with parents and caregivers playing a key role in this early development phase.

School readiness is measured as part of the Early Years Foundation Stage Profile (EYFSP) assessment, a statutory education requirement undertaken in the final term of the academic year in which a child turns 5 years old.

Why is this important?

There are currently just under 45,000 children aged 0-5-years living in West Sussex. Achievement of school readiness is a strong indicator of how prepared a child is to succeed in school, cognitively, socially, and emotionally, and sets out the foundations for future accomplishment. Children who do not achieve a good level of development aged 5 years are more likely to go on to struggle with key learning areas in their later education, and their overall school achievement, compared to those who do achieve these milestones. Evidence shows that differences by social background emerge early in life, with children from more disadvantaged background at risk of poorer development. Those who are eligible for free school meals are significantly less likely to achieve school readiness compared to those who aren't eligible, and so it is a goal for this priority to reduce this health inequality.

Priority area: Transitioning to adulthood – children and young people’s mental health and wellbeing

Our ambition	Children and young people have good mental wellbeing, and are supported in their transition to adulthood
Our Goals	<ul style="list-style-type: none">• Improved mental health outcomes for children and young people becoming adults.• Increased action on prevention and early intervention to preventing mental ill-health in young people so that they are better equipped going into adulthood and supported to stay mentally healthy.• Increased awareness and understanding of mental health, how it is impacted, such as, by harms from being online, the support that is available, and reduction of stigma within communities.• Data and intelligence systems and metrics are further developed to enable continuous improvements across pathways of support for children and young people into adulthood up to 25 years old.
What do we mean?	Protecting the mental health of young people during their development into adults helps ensure each individual has the opportunity to have the best possible start to their adult life, helping them to grow and flourish during these important years.
Why is this important?	<p>Mental health and wellbeing are important to our quality of life and our capacity to navigate and cope with the ups and downs in life. It is also protective against physical illness, unhealthy lifestyles, and social inequalities.</p> <p>Approximately 14,500 children and young people aged 5-16 years are estimated to have a mental health condition in West Sussex. Mental health outcomes have been getting increasingly worse for children and young people, and the demand for support has continued to grow, with gaps in support for young people as they become adults.</p>

Priority area: Tobacco control

Our ambition

Tobacco related harm is reduced through comprehensive and collective action including stop smoking support, smokefree places, and tackling illicit tobacco and underage supply

Our Goals

- Effective stop smoking pathways are in place across the county, providing fair access for all population groups to stop smoking services, and support to quit smoking.
- Stop smoking services for population groups at high risk of the consequences from smoking, for example, those who are pregnant, developed with their input, to maximise uptake and effectiveness.
- Smokefree environments are normalised across our health and care system, with key partners and organisations role modelling this movement.
- People are protected from illicit tobacco and underage supply.

What do we mean?

Tobacco control refers to interventions and programmes which aim to protect people from the effects of tobacco consumption and second-hand tobacco smoke (passive smoking). In West Sussex, the latest data (2021-2023) shows that 12.8% of the adult population (aged 18+) are smokers.

The Governments' new Tobacco and Vapes Bill 2024 is currently progressing through Parliament, and if it receives Royal Assent will mean that those born on or after 1 January 2009, will never be able to be legally sold tobacco products. Vapes as a quitting tool to stop smoking tobacco (as part of a wide range of options of tools available to quit smoking) are included in this priority area.

Why is this important?

Approximately 92,000 people in West Sussex smoke, and smoking remains the biggest cause of premature death in the county, and one of the most preventable causes of ill health and disability. Smoking also accounts for half of the difference in life expectancy between the least and most deprived communities in the county. The results of the West Sussex Community Health and Wellbeing Survey 2024 suggest that smoking prevalence in the least deprived areas of West Sussex are at 4.3%, compared to 16.0% in the most deprived communities. There are also wider impacts of smoking including, house fires, links to crime (illicit tobacco), the environment (smoking litter), and the impact of ill health on the economy/workforce. Prioritising reducing smoking prevalence will have a significant impact on the overall health of the population of West Sussex and reduce health inequalities.

Priority area: Health and wellbeing in temporary accommodation

Our ambition	The health and wellbeing of people living in temporary accommodation will be improved
Our Goals	<ul style="list-style-type: none">• A system-wide approach to improving health and wellbeing across temporary accommodation pathways is in place, with robust governance, communication and strong multi-agency partnerships.• Professionals who support this vulnerable group have the confidence, skills, and training to support them, especially those with the most complex health and wellbeing needs. This might include enhancing mental health training for housing workers.• Access to health, wellbeing, social support and other services will be improved to help individuals and families to live well in temporary accommodation.• Support to increase readiness to transition to move-on or permanent accommodation. This might include improved support to access employment or budget management training.
What do we mean?	Temporary accommodation is accommodation which is provided to individuals or families whilst a longer-term housing solution is found. This can be supported accommodation (e.g. hostels, refuges) or unsupported accommodation (e.g. hotels, privately managed self-contained accommodation or local authority/housing association stock).
Why is this important?	A secure and safe place to live is an important determinant of health and wellbeing. The number of adults and children placed in temporary accommodation is rising and the wait for longer-term accommodation can be lengthy. People living in temporary accommodation often have high levels of health and care needs which can escalate whilst living in temporary accommodation. They also may experience additional challenges in accessing services and support, for example, if they are placed in accommodation outside of their local area. Focusing on improving the health and wellbeing of people in temporary accommodation will help us to reduce the inequalities in health experienced by some of our most vulnerable residents and reduce repeat homelessness.

Delivering the strategy – delivery groups

Overview

Five delivery groups (one per priority area) will focus on delivering the priority areas and the Health and Wellbeing Board's commitment to reducing health inequalities, building resilient and connected communities, and to work in partnership to deliver the strategy. They will be an important part of wider and ongoing areas of work on these topics.

Delivery groups will:

- Be led by Health and Wellbeing Board members and senior leaders in the Sussex health and care system
- Report to quarterly Health and Wellbeing Board meetings, including one in-depth focus on a priority area at each meeting

This approach will be integrated into the Board's agenda planning process, contributing to the overall success of delivering the five-year strategy.

Membership

Health and Wellbeing Board members and wider partners across the Sussex health and care system have huge energy and enthusiasm to deliver this strategy collectively, to improve the health of the population of West Sussex and reduce health inequalities.

It is anticipated that delivery groups will comprise of members of the Health and Wellbeing Board, wider partners, and senior colleagues from across the health and care system to contribute to delivering the strategy. Delivery groups may also wish to

draw upon other topic specific experts' knowledge and guidance as and when required.

Developing a programme of work

Each delivery group will further develop plans for areas of focus within the overall ambitions of each priority and their approach over the course of the strategy. As such, for example, they could choose to focus on one or two topic areas for Year 1, and focus on another for Year 2, and so on.

They will review the latest evidence to inform the development of a programme of work, including:

- Current situation – what does the latest evidence tell us about population need in this priority area? Are there any gaps? How can the Board provide added benefit?
- Outline of work carried out so far/ongoing in relation to priority area
- Suggested areas of focus, based on the latest evidence
- Suggested approach – including draft goals, measures, and how the Delivery Group could achieve them

Measuring progress

How will we know that we have delivered the strategy?

Goals and measures for each priority area will be defined, enabling the delivery groups and the Health and Wellbeing Board to measure progress towards their goals throughout the five-year period of the strategy.

Strategic links

As the **overarching plan** for improving health and wellbeing for residents and communities, and reducing health inequalities in the county, this strategy has a wide range of strategic links. Figure 7 outlines some, but not all, of the key strategies and plans that link with this strategy

National

- NHS Long Term Plan
- UK Health Security Agency (UKHSA) Strategy Plan 2023-2026
- Major Conditions Strategy (interim report 2023)
- Women's Health Strategy for England
- From harm to hope: a 10-year drugs plan to cut crime and save lives
- Suicide prevention strategy for England: 2023-2028

Sussex

- Integrated Care Strategy: Improving Lives Together: Our ambition for a healthier future in Sussex
- Improving Lives Together: Our Plan for our Population (Shared Delivery Plan- how it will deliver the strategy)
- Sussex Suicide Prevention Strategy and Action Plan 2024-2027

West Sussex Joint Local Health and Wellbeing Strategy

Other plans at place (county) and neighbourhood levels (districts and boroughs)

- Our Council Plan 2021-2025
- Adult Social Care Strategy: The life you want to lead 2022-2025
- West Sussex Children and Young People's Plan 2022-2025
- West Sussex Suicide Prevention Framework and Action Plan 2023-2027
- West Sussex Early Years and Childcare Strategy 2024-2027
- West Sussex Climate Change Strategy 2020-2030
- West Sussex Community Risk Management Plan 2022-2026
- Breathing Better: A partnership approach to improving air quality in West Sussex
- West Sussex Transport Plan 2022-2026
- West Sussex Bus Service Improvement Plan 2024
- West Sussex Economic Strategy 2025-2035
- West Sussex Digital Infrastructure Strategy
- West Sussex Better Care Fund Plan 2023-2025
- District and Borough Council local plans
- NHS Sussex strategies/plans

Figure 7 Strategic links – National, Sussex, and other plans at place (county) and neighbourhood (district and borough) levels

