Health and Well-being in East Sussex

Director of Public Health
Annual Report 2012
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Welcome to the 2012 Director of Public Health report on health and well-being for NHS East Sussex Downs and Weald, NHS Hastings and Rother, and East Sussex County Council. The report is aimed at those working to improve health and well-being and reduce inequalities in East Sussex.

The report highlights the six health priorities identified through the 2011 Needs Profiles produced as part of the East Sussex Joint Strategic Needs Assessment Programme and calls attention to areas where action should be taken to improve the health and well-being of East Sussex residents.

Chapter 2 focuses on measuring health and well-being and the prevalence of unhealthy behaviours and lifestyles of East Sussex residents over the last 20 years.

Finally, the report outlines what are known to be effective prevention services and makes recommendations about what more needs to be done to improve the health of East Sussex residents.

The 2010 public health White Paper Healthy Lives: Healthy People addresses the widest concept of health and well-being, tackling physical and mental health issues within the context of daily life. It also sets a vision for a reformed public health system in England:

Local authorities to have new leadership responsibilities for public health. This will include establishing a Health & Well Being Board, a Health and Well Being Strategy and further development of the Joint Strategic Needs Assessment.

Establishing Public Health England to drive improved outcomes in health and well-being and protect the public’s health at national level.

Public health has a clear priority across government.

Commitment to reduce health inequalities, drawing on the findings of The Marmot Review to tackle the wider determinants of health and complementing the role of the NHS.

I would like to thank all who made contributions to this report:

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Diana Grice
Director of Public Health and Medical Director
NHS East Sussex and East Sussex County Council
What is public health?

Public health is about preventing illness and promoting health. Public health is concerned with the health of populations recognising that prevention is better than cure.

There are three domains of public health:

1. **Health protection** – is focused on protecting the population from communicable diseases and environmental hazards.

2. **Health improvement** – is concerned with reducing inequalities in the health of populations by addressing the wider determinants of health such as lifestyles, housing and education.

3. **Service improvement** - the planning of and improving the effectiveness of services.

While these areas of public health have distinct features, they also overlap and integrate with each other.

What affects health?

Many factors can have positive or negative effects on a person’s health. These include our age, family history, friends, our lifestyle choices, income, housing conditions, access to services and education (Figure 1). To improve health, action is required not just at the individual level but also in communities and through working and living environments.
Figure 1: The main determinants of health

Chapter 1
Health Priorities for
East Sussex
Health Priorities for East Sussex

Six key health priorities for East Sussex have been identified through the 2011 Needs Profiles, produced as part of the local Joint Strategic Needs Assessment Programme (JSNA). The issues reflect areas where health inequalities are significant, effective health gain is achievable or where East Sussex is out of line with the national picture. The list highlights where action should be focused to improve the health and reduce health inequalities of our population. These are:

1. life expectancy and the wider determinants of health;
2. chronic disease, cancer and mental health;
3. improving and protecting health by encouraging healthy lifestyles;
4. older people;
5. accidents and falls;
6. end of life.

These priorities are at a high level and this chapter describes in detail the areas that require further action.

Life expectancy and the wider determinants of health

Life expectancy

Life expectancy at birth is one of the key measures of health inequalities. Health inequalities are defined as differences in health status between population groups. Some health differences are attributed to causes that are fixed, such as biological variations, and little can be done to change them. However, others such as lifestyle choices are modifiable. External environmental conditions, which are mainly outside the control of individuals, also contribute to health differences (see Figure 1).

Where uneven health distribution is avoidable, unjust or unfair, such as between ethnic groups or socioeconomic groups, these differences lead to inequalities. It is important that we all work together towards reducing health inequalities to ensure that all of our population have the opportunity to experience good health and well-being.

Life expectancy is above the national average for both men and women in East Sussex, but there is variation across districts and boroughs. On average men in Lewes live for 4.3 years longer than men in Hastings and women in Lewes live for 4.0 years longer than women in Hastings. At an electoral ward level, in East Sussex, the gap between the two wards with the lowest and highest life expectancy is just over 15 years for all persons (2005-2008).

At an East Sussex level, circulatory diseases, cancer and respiratory diseases are the three main contributors to the life expectancy gap between the most and the least income-deprived areas, and there is variation at district and borough level. Further information on the local position is described in the JSNA Health Profiles at District and Borough and Clinical Commissioning Groups level on the JSNA website: http://www.eastsussexjsna.org.uk/

The wider determinants of health

The wider social and economic determinants of health have significant bearing on the capacity of individuals and communities to achieve optimum health.

Deprivation

Deprivation is a relative term used to describe standards of living or quality of life below that of an acceptable threshold. Levels of deprivation are linked to health, with those from areas with high levels of deprivation having worse health than those from areas with low levels. Measures of deprivation are created for the specific purpose of identifying disadvantaged areas or populations.

1. www.eastsussexjsna.org.uk
2. WHO (http://www.who.int/hia/about/glos/en/index1.html)
At a county level, East Sussex is less deprived than the England average. However, across the county, 22 out of 327 (7%) Lower Layer Super Output Areas (LSOAs) are amongst the most deprived 10% LSOAs in England. Fifteen are in Hastings, five in Eastbourne and two in Rother. In Hastings, over 28% of LSOAs in the district are in the most deprived 10% nationally, making it one of the 20 most deprived local authorities in England.

**Long-term unemployment**

Unemployment is a significant risk factor for a number of health indicators. Poverty and worklessness are closely linked to poor health outcomes. In addition, there are significant psychological consequences from being out of work, especially for the long-term unemployed. Work also plays an important role in developing social networks and the ways we participate in society.

Across the county one in eight (12.6%) working age adults claim out-of-work benefits; this is higher in Hastings (20%).

**Housing**

The link between housing and health has been well documented. Homelessness in particular is associated with poorer outcomes in terms of physical and mental health and living in temporary accommodation has been shown to increase rates of infection, impair child development and is related to poorer educational attainment.

Overcrowding is one of the key issues which link housing and health. There is evidence that overcrowding relates to higher levels of mortality and higher prevalence of respiratory conditions, tuberculosis and meningitis in children. Overcrowded living conditions also impact on mental health, creating feelings of stress and irritation.

It is important to address the issue of housing in East Sussex to ensure that everyone has access to decent living conditions. Across the county 5.6% of the population live in overcrowded households. This is highest in Eastbourne at 8.6%, significantly worse than the England average.

**Education**

Education provides children with the knowledge and skills to enable them to realise their full potential. A well educated workforce is essential to the future well-being of East Sussex’s residents. Although school results for children under five are good across the county and the gap between the lowest achieving children and others has narrowed, by age 16 results are below the national average. This is particularly true in Hastings where achievement is significantly worse than the England average for 5 GCSE A* - C results.

**Teenage pregnancy**

As a county, the rate of teenage pregnancy, defined as conceptions to females aged under 18, is significantly better than the national average at 37 per 1,000 females aged 15-17. However, in Hastings (55 per 1,000) and Eastbourne (48 per 1,000) these figures are significantly worse than the England average.

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6 2010 JSNA Health Profiles (www.eastsussexjsna.org.uk)
8 European Observatory on the Social Situation, LSE. 2005. LSE, 2005:87
9 2010 JSNA Health Profiles (www.eastsussexjsna.org.uk)
Crime
Crime and the fear of crime have an impact on our overall quality of life and can significantly affect how people conduct their personal, business and leisure activities. Compared to England, both Eastbourne and Hastings have significantly worse rates of alcohol related crime and violent crime. The rate of sexual offences is also higher than the national average in Eastbourne.\(^{12}\)

Chronic diseases, cancer and mental health

The health of people in East Sussex is generally better than elsewhere in England. However, there are key areas where improvements need to be made.

Chronic diseases
Chronic diseases are those that can only be controlled and not, at present, cured. Reducing the risk of developing chronic illnesses, including type-2 diabetes, cardiovascular diseases and various cancers, is associated with living a healthy lifestyle. Improving the detection, systematic management and treatment of all chronic diseases – particularly diabetes, circulatory and respiratory diseases - is a priority for the county.

Cancer
Cancer is one of the key contributors to inequalities in life expectancy in East Sussex.

In the local authorities of Lewes, Rother, Wealden and Hastings there are a higher percentage of deaths from cancer in the younger age groups (0-64 years) in comparison to the national average. No one type of cancer is indicated as the leading cause of early death across the county. However, in Hastings deaths from lung cancer are clearly identified as an important cause of early death.

Reductions in cancer death rates can be achieved through lifestyle changes such as giving up smoking, improved access to screening, earlier diagnosis and high quality hospital cancer services.

Cancer survival at one year in England is poor in comparison with other European countries. Hastings and Rother area survival at one year for lung cancer is below the national average, possibly a reflection of late presentation (Tables 1 and 2).

Work to improve survival at one year in East Sussex has included: the piloting of an assessment tool for use by GPs; undertaking an audit of cancer case referrals from GP practices to secondary care; and, initiatives to raise awareness of the early signs of cancer, targeting men in lower income areas, in order to encourage earlier presentation.

Table 1: One year survival rates

<table>
<thead>
<tr>
<th>5 year annual averages</th>
<th>Breast (Female)</th>
<th>Colorectal</th>
<th>Prostate (male)</th>
<th>Lung(1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Consensus Target</td>
<td>97</td>
<td>79</td>
<td>96</td>
<td>37</td>
</tr>
<tr>
<td>East Sussex, Downs &amp; Weald</td>
<td>96</td>
<td>73</td>
<td>95</td>
<td>30</td>
</tr>
<tr>
<td>Hastings &amp; Rother</td>
<td>97</td>
<td>69</td>
<td>91</td>
<td>22</td>
</tr>
<tr>
<td>Sussex Cancer Network</td>
<td>96</td>
<td>72</td>
<td>95</td>
<td>25</td>
</tr>
<tr>
<td>England</td>
<td>96</td>
<td>75</td>
<td>95</td>
<td>30</td>
</tr>
</tbody>
</table>

Source: National Cancer Intelligence Network, (December 2011).  
Note: (1) Lung also includes trachea and bronchus.

Table 2: Directly age-standardised mortality rates per 100,000, number of deaths over the 3 year period in parentheses

<table>
<thead>
<tr>
<th>DSR per 100 000 population</th>
<th>Breast (Female)</th>
<th>Colorectal</th>
<th>Prostate (male)</th>
<th>Lung(1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>26 (29 800)</td>
<td>17 (40 203)</td>
<td>24 (26 098)</td>
<td>38 (83 962)</td>
</tr>
<tr>
<td>East Sussex, Downs &amp; Weald</td>
<td>24 (247)</td>
<td>16 (339)</td>
<td>21 (220)</td>
<td>27 (527)</td>
</tr>
<tr>
<td>Hastings &amp; Rother</td>
<td>32 (168)</td>
<td>20 (225)</td>
<td>27 (150)</td>
<td>38 (388)</td>
</tr>
</tbody>
</table>

Source: NHS Information Centre (December 2011)  
Note: (1) Lung also includes trachea and bronchus.
**Mental health and well-being**

Experience of mental health problems is widespread. The World Health Organisation has estimated that one in four people will be affected by mental or neurological disorders at some point in their lives. In the UK approximately 12% of the health budget is spent on mental health services.

Mental illness affects not only the individual with the condition, but also family, friends and the wider society. Populations with good mental well-being have better physical health, recover more rapidly, are admitted to hospital less frequently and have higher levels of employment and productivity.

The 2011 Needs Profiles for East Sussex describe data from the Mental Health Needs Index. These suggest that Hastings and Eastbourne boroughs have a higher prevalence of severe mental illness than the country as a whole, with high levels of neuroses, psychoses and depression. Lewes district also has a higher prevalence of depression and dementia with the highest levels of hospital admissions for self-harm.

The Needs Profiles indicate that suicide rates in East Sussex are at similar levels to the national rate. This does not mean that we can be complacent in relation to suicide prevention work. The new national suicide prevention strategy will be published in 2012 and we need to ensure that we implement recommendations arising from this report.

As the population ages the incidence of dementia will increase. Undiagnosed dementia among older age groups is prevalent and there is a need to improve early diagnosis. Good communication and liaison between staff in in-patient, primary care and community settings facilitates early diagnosis.


The physical health of those with mental illness is on average poorer than the general population’s health. It is also of note that the health of offenders is poorer than that of the general population, and specifically offenders have higher levels of mental illness. Health and social care services will be working to address these issues in the coming year.

**Improving and protecting health**

**Improving Health**

Some of the key lifestyle issues to be addressed in East Sussex are smoking, harmful alcohol and drug use, lack of physical activity especially among children and poor diets.

Smoking poses an issue for all areas within the county. The number of adults smoking in Hastings remains high and the rate of women smoking throughout their pregnancy is an important public health problem. In some areas of the county the number of people quitting smoking successfully is lower than the national average.

Services for drug misusers focus particularly on opiates and crack cocaine. There are an estimated 2,224 opiate and crack users in East Sussex, of whom 1,509 are known to treatment. People using other drugs, particularly powder cocaine, are also engaged in effective treatment.

There are an estimated 25,172 people in East Sussex who are ‘higher risk’ drinkers: men drinking more than 50 units each week, or women drinking more than 35 units each week. A further 89,802 are ‘increasing risk’ drinkers: men drinking between 22 and 50 units each week or women drinking between 15 and 35 units each week.


15 NWPHO ‘Local Alcohol Profiles for England’
Protecting health

Health protection activity covers a range of issues, including emergency planning, vaccination and immunisation, communicable disease management and screening programmes. It requires media communications work and liaison and partnership working with statutory and voluntary services, businesses and the public.

Immunisation

In order to protect the public, the World Health Organisation recommends that we achieve 95% uptake across all childhood vaccinations. Across East Sussex we almost meet this target for primary vaccinations of babies. The latest available data, July to September 2011, shows that we reached 96.7% in Hastings and Rother and 94.7% in East Sussex Downs and Weald Primary Care Trust areas. These are the highest rates that have been achieved in East Sussex in the last ten years.\(^{16}\)

There is still room for us to improve as vaccination uptake for secondary courses among older children generally declines.

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16 COVER 2000-2011

In East Sussex, public information and social marketing work from health protection nurses has been commissioned to support improving vaccine uptake. The nurses are providing training sessions for health visitors and practice nurses and are visiting practices to support them to increase vaccine uptake. It is recommended that this work is continued because it already shows significant improvement in vaccine uptake.

A recent focus has been on measles, a highly infectious disease which can have serious complications. In 2011, we continued to see measles cases and outbreaks in East Sussex. Measles is preventable by immunisation. The measles, mumps and rubella (MMR) vaccine is safe and effective with two doses needed for the best protection. Uptake of MMR vaccine has improved in East Sussex in recent years to 81.4% in East Sussex Downs and Weald and 86.5% in Hastings and Rother\(^ {17}\) but remains well below the 95% level needed to eliminate measles.

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17 COVER September 2011
Tuberculosis
Tuberculosis (TB) rates in the South East Region are lower than national rates, but have recently experienced a year on year increase - from 6.1 per 100,000 population in 2002 to 9.0 per 100,000 population in 2010. However, within East Sussex numbers of TB cases have remained relatively stable, ranging between 13 and 26 new cases per year. In 2010 there were 19 new TB cases in East Sussex and 100% of TB cases in East Sussex had their treatment outcome recorded. However, in 2011 only 71% of cases in the East Sussex Downs and Weald Primary Care Trust area and 80% of cases in the Hastings and Rother Primary Care Trust area had treatment completed within one year. The Health Protection Unit (HPU) is working with TB service staff and public health staff to introduce a TB cohort review to Sussex to improve this situation, and it is recommended that this work continues to be supported.

Norovirus outbreaks
Norovirus is the most common cause of gastro-intestinal illness in the UK. The illness can be contracted at any age, as there is no long-lasting immunity. Norovirus infection is generally mild and lasts for two to three days, but in the very young and very old it can be more serious and can lead to dehydration.

This infection has presented particular challenges in East Sussex care homes, hospitals and a small number of hotels. The infection spreads rapidly and transmission can occur via respiratory, oral and faecal routes. The HPU works with environmental health colleagues to control outbreaks in community settings.

Cervical Screening
Our aim is to achieve the 80% uptake target across East Sussex. Uptake of cervical screening continues to improve in younger women aged 25-49 years. In 2007/08, the rates were 72.5% in East Sussex Downs and Weald Primary Care Trust (PCT) area and 74% in Hastings and Rother PCT area; compared with 76.6% in East Sussex Downs and Weald PCT and 76.3% in Hastings and Rother PCT in 2010/11. For older women aged 50-64 years, uptake has slightly dipped from 80.4% to 78% in East Sussex Downs and Weald PCT and from 80.1% to 76.6% in Hastings and Rother PCT during the same time period. However, performance varies widely with some practices achieving 87% uptake while others achieve 72%. The factors that affect uptake include issues related to deprivation such as temporary accommodation, drug and alcohol issues, poor mental health, lack of awareness about the importance of attending for screening, and language and/or cultural issues. GP practice level data is used to inform the work of the Lead Nurse for Cervical Screening whose role is to improve our rates.

The screening programme will change from April 2012 to include HPV (human papilloma virus) testing. Training will be offered to all practices in 2012.

Breast Screening
Women are now invited for breast screening between the ages of 47 and 73 and in November 2011 98% of women were invited for their screening within 3 years.

18 The Health and Social Care Information Centre. 2011. Cervical Screening Trends in South East Coast,
Older people

The population of East Sussex is older than that of England. Almost one in four (23.5%) people are currently aged over 65 years within the county, compared to the England average of 16.5% ranking East Sussex second highest amongst the counties for the population of over 65s. East Sussex has the highest proportion of over 85s in the population than any other English county (3.9% and 2.3% respectively).

Population growth over the period 2010-2030 will be mainly amongst post-retirement age groups, as the population continues to age and those born during the ‘baby boom’ of the 1950s and 1960s reach retirement age. The proportion of persons aged 65 and over is projected to remain well above the national and regional levels up to and beyond 2030 (Figure 2).

The over 65s are projected to reach around 32% of the population by 2030. All elderly age groups are expected to increase in size, with the very elderly, aged 85 and over, projected to increase to over 6% of the population by 2030.

Figure 2: Population projections for persons aged 65 years and over

![Image of population projections]

Source: National trend based population projections, ONS, May 2010
Accidents and falls

Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged above 75. However, falls are not an inevitable result of ageing, and are a serious concern to many older people and to the health and social care system.

Older people have a higher risk of accidental injury that results in hospitalisation or death than any other age group. It is therefore important to ensure that as individuals grow older they are enabled to maintain health, well-being and independence for as long as possible, and receive prompt, seamless, quality treatment and support when required.

Accidents and falls are an issue for East Sussex and for each of the districts and boroughs. Hospital admissions for falls in older people are significantly higher than England in all districts and boroughs in East Sussex, with the exception of Rother (Figure 3). After a serious fall many older people never regain their independence and rely on others in order to get through their daily activities, the human cost is enormous. Falls awareness and the importance of maintaining independence through improvements in assessing and preventing falls is a clear priority for the county.

Figure 3: Hospital admissions due to falls in persons aged 65 years and over, 2008/09

Source: Older People Atlas for England, West Midlands Public Health Observatory
Work is underway to review current community falls prevention services to ensure we are maximising the impact of these services. We are also exploring development and introduction of a Fracture Liaison Service in the community in conjunction with the wider falls work to ensure that an integrated falls pathway is developed.

Following wider consultation on the proposed redesign of falls and fracture liaison service further work to model the service is being pursued. This includes more detailed activity and demand modelling to ensure expectations are managed and the largest impact gained.

All districts and boroughs in East Sussex, except Eastbourne, have significantly higher rates than England of people killed or seriously injured on the roads.

Hastings, Rother and Wealden are significantly worse than England for the hospital admission rate for unintentional and deliberate injuries to young people aged 0-17.

**End of life**

The services needed by people approaching the end of life cover different sectors and settings. An improved approach to planning, contracting and monitoring of these services is needed across health and social care. As long as high quality appropriate care can be assured and they feel that their families and carers will not be overburdened most people approaching the end of life would prefer to be cared for in their usual place of residence, whether this is their own home or a residential home.

In much of East Sussex the proportion of deaths which occur at home is lower than expected. However, as many East Sussex residents live in care homes figures on usual place of residence show an improved picture. East Sussex, Downs and Weald PCT rates of death at usual place of residence are above the national comparator rate and those in Hastings and Rother PCT are equivalent to the national rate.
It is recommended that the Health and Well-being Board should ensure that action is taken through the commissioning plans for health and social care services to tackle the six priority areas identified by the JSNA health profiles to improve health and reduce health inequalities in East Sussex.
Chapter 2
Health and Lifestyle
Health and Lifestyle

Health and lifestyle surveys have become an established national and local method of gathering public health information. They are used to monitor changes and plan health improvement work.

In 1992 a health and lifestyle survey (HealthQuest) was carried out in East Sussex. A repeat health and lifestyle survey was carried out in 2003 (Health Counts 2003) and again in 2011 (Health Counts 2011).

This chapter focuses on the key findings from measuring self-reported health and well-being and the prevalence of unhealthy lifestyles over nearly 20 years since the original survey in 1992. Data has been analysed and presented at three different levels: East Sussex County Council, district and borough local authority and emerging clinical commissioning groups (CCGs). The full report of the 2011 survey is included in ‘Health and Lifestyle in East Sussex 1992 – 2011’ which is published separately and available on the joint strategic needs assessment (JSNA) website.¹

This chapter also includes important new information as the 2011 survey included an attitudinal segmentation tool called Healthy Foundations. This tool assigns respondents to categories (or segments) based on their own views of both their health status and their ability to change their health. Using Healthy Foundations segmentation to understand the profile of the East Sussex population will increase the effectiveness of interventions and offers of help with behaviour change.

The Health Profiles published by the Department of Health (DH) give a picture of health in an area and are useful for identifying the needs of a local area. They are used in this chapter to provide a comparison to the survey data. They present a range of health indicators benchmarked against England. However, the indicators described are modelled estimates for the local area rather than being drawn from actual data from the local area. The 2011 Health Profiles provide information on smoking, increasing and high risk drinkers, physically active adults, healthy eating, and obesity for East Sussex.²

¹ www.eastsussexjsna.org.uk
Measuring Health and Well-being

Over the last 20 years at an East Sussex population level there has been a reduction in the proportion of people reporting good health. In 1992, 84% of people in East Sussex perceived themselves to be in good, very good or excellent health but in 2011 it was only 78%. Figure 4 presents the results from asking a question about the individual’s perception of their own health.

In East Sussex, the percentage of people reporting they are in ‘at least good health’ in 2011 is statistically significantly lower than in 1992. At district and borough and emerging CCG levels, it is statistically significantly lower in the local authorities of Lewes and Wealden and for CCG areas it is lower in Havens and Lewes, and Coastal Community Healthcare Consortium (CCHC).

The percentage of people reporting a long-term disability or health problem across the three surveys is shown in Figure 5. In 2011, 33% of East Sussex residents reported having a long-standing illness, disability or health problem, compared to 28% in 1992, which is statistically significantly higher. At district and borough and CCG level, Hastings and Hastings and Rother Commissioning Consortium (HRCC) both have statistically significantly higher percentages of people reporting a long-term disability or a health problem in 2011 compared to 1992.
Figure 4: People’s perception of their own health (East Sussex) 2011


Figure 5: Percentage of people reporting any long-term illness, disability or health problem which limits their daily activity/work

We have also been measuring well-being using a validated tool called the ‘Short Form with 36 questions’ (SF-36) to measure well-being. The SF-36 was designed to measure overall functional status and well-being. The instrument is composed of 36 items and covers three major health attributes and eight health concepts. Each concept scale has a range from 0-100, where 0 represents the worst state while 100 represents the best possible.

Definitions of the SF-36 concepts and the meaning of a high or low score for each of the concepts are presented in Table 3.

Table 3: SF-36 health status measurement definitions of concepts

<table>
<thead>
<tr>
<th>Concepts</th>
<th>Low</th>
<th>High</th>
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<tr>
<td><strong>FUNCTIONAL STATUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHYSICAL FUNCTIONING</strong></td>
<td>Physical functioning – extent to which health limits physical</td>
<td>Limited a lot in performing all physical activities including bathing</td>
</tr>
<tr>
<td></td>
<td>activities including bathing or dressing</td>
<td>or dressing</td>
</tr>
<tr>
<td></td>
<td>Problems with work or other daily activities as a result of</td>
<td>Performs all types of physical activities including the most vigorous</td>
</tr>
<tr>
<td></td>
<td>physical health</td>
<td>without limitations due to health</td>
</tr>
<tr>
<td></td>
<td>Role limitations due to physical problems – extent to which</td>
<td>Problems with work or other daily activities as a result of physical</td>
</tr>
<tr>
<td></td>
<td>physical health interferes with work or other regular activities</td>
<td>health</td>
</tr>
<tr>
<td></td>
<td>Social functioning – extent to which physical health or</td>
<td>Extreme and frequent interference with normal social activities due</td>
</tr>
<tr>
<td></td>
<td>emotional problems interfere with normal social activities</td>
<td>to physical and emotional problems</td>
</tr>
<tr>
<td><strong>SOCIAL FUNCTIONING</strong></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Social functioning – extent to which physical health or</td>
<td>Performs normal social activities without interference due to</td>
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<tr>
<td></td>
<td>emotional problems interfere with normal social activities</td>
<td>physical or emotional problems, past 4 weeks</td>
</tr>
<tr>
<td><strong>WELL-BEING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ROLE EMOTIONAL</strong></td>
<td>Problems with work or other daily activities as a result of</td>
<td>No problems with work or other daily activities as a result of</td>
</tr>
<tr>
<td></td>
<td>emotional problems</td>
<td>emotional problems, past 4 weeks</td>
</tr>
<tr>
<td><strong>BODILY PAIN</strong></td>
<td>Very severe and extremely limiting pain</td>
<td>No pain or limitations due to pain, past 4 weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MENTAL HEALTH</strong></td>
<td>Feelings of nervousness and depression all of the time</td>
<td>Feels peaceful, happy, and calm all of the time, past 4 weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ENERGY/FATIGUE</strong></td>
<td>Feels tired and worn out all of the time</td>
<td>Feels full of energy all of the time, past 4 weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GENERAL HEALTH PERCEPTIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HEALTH PERCEPTION</strong></td>
<td>Believes personal health is poor and likely to get worse</td>
<td>Believes personal health is excellent</td>
</tr>
</tbody>
</table>
The health status scores (SF-36 scores) have changed little over 20 years, except for ‘bodily pain’ where there is a significantly worse scoring and ‘role emotional’ which has a significantly better scoring. Figure 6 illustrates the SF-36 health status scores for the East Sussex population across the three surveys.

There is no significant difference between the 1992 and the 2011 scores for any of the district and borough local authorities or any of the CCGs.

At an East Sussex level, 32% of people are at risk of major depression. The percentage of people at East Sussex, district and borough and CCG levels at risk of major depression has not significantly changed over the last 20 years.

Figure 6: SF-36 Health Status Scores (East Sussex)

Smoking

In 1992, 26% of East Sussex people were smokers and in 2011 this had statistically significantly decreased to 18%. Smoking is highlighted as being significantly worse in Hastings compared to the England average.\(^3\)

At a district and borough level, there has been a significant reduction in the percentage of smokers in Lewes, Rother and Wealden in 2011 compared to 1992. However, this is not the case for Eastbourne and Hastings. For Hastings, the 2003 survey showed that smoking had increased compared to 1992, and the 2011 survey has shown that it had decreased again and is now similar to 1992. For Eastbourne, the percentage of smokers has remained very similar across the surveys. In all the CCG areas there has been a statistically significant decrease in the percentage of people smoking in 2011 compared to 1992.

The reduction in smoking prevalence in East Sussex is broadly in line with national trends in smoking prevalence with the proportion of the population who are smokers gradually reducing over time. In England prevalence has reduced from 39% in 1980 to 21% in 2009\(^4\). In addition at an England level there has been a reduction in smoking prevalence in young people aged 11-15 from 13% in 1996 to 5% in 2010. Over this period there have been a number of developments that may contribute to reducing smoking prevalence, including public policy measures such as the ban on smoking in public places, and increases in taxation of smoking products, as well as measures to support smokers to stop smoking such as national campaigns on the risks of smoking and expansion of NHS stop smoking services.

Figure 7 shows the change in percentage of smokers 1992-2011 in a raindrop chart.

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\(^4\) (Ref 1 - Statistics on smoking in England (2011) The Health and Social Care Information Centre)

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**Figure 7: Change in percentage of smokers 1992-2011**
Alcohol

Alcohol misuse leads to a range of public health problems, and the long-term effects of excessive alcohol consumption are a major cause of avoidable hospital admissions. Alcohol affects all of society, from the burden on the NHS in terms of hospital admissions and treatment in primary care, the economic burden due to loss of employment and reduced capacity to work, through to other negative effects of alcohol on the social and behavioural welfare of communities.

The percentage of people drinking did not increase significantly between 1992 and 2011. However, the percentage of those who drink at levels which classify them as ‘increasing risk’ or ‘higher risk’ has risen. So, drinkers are drinking more.

At a district and borough level, in 2011, the percentage of people that drink has remained the same (86%), except for Hastings where it is slightly lower (83%). Across East Sussex as a whole, and within Eastbourne borough individually, there has been a statistically significant increase in the percentage of drinkers classified as ‘increasing risk’ and ‘higher risk’ in 2011 compared to the 1992 figures.

At CCG level, High Weald has the highest percentage of people that drink but Havens and Lewes have the highest percentage of drinkers who are classified as ‘increasing risk’ and ‘higher risk’. High Weald has had a statistically significant decrease in the percentage of people that drink in 2011 compared to 1992. However, High Weald has also had a statistically significant increase in the percentage of drinkers who are ‘increasing risk’ and ‘higher risk’ in 2011 compared to 1992. HRCC and CCHC CCGs have also had a statistically significant increase in the percentage of drinkers classified as ‘increasing risk’ and ‘higher risk’ in 2011 compared to 1992.

Figure 8 shows the change in the percentage of the drinking population who are increasing risk and higher risk drinkers between 1992 and 2011.

**Figure 8: Change in the percentage of drinkers who are increasing risk and higher risk drinkers between 1992 and 2011.**

![Figure 8: Change in the percentage of drinkers who are increasing risk and higher risk drinkers between 1992 and 2011.](source: East Sussex Health and Lifestyle Surveys, HealthQuest 1992 and Health Counts 2011)
Exercise

The 2011 Health Profiles provide the following estimates of the prevalence of adults participating in 30 minutes of physical activity on 5 or more days per week in East Sussex (2009/10 data). Table 4 shows that the prevalence for all local authorities, except Wealden, is not significantly different to England. In Wealden the prevalence is significantly better.

In the 2011 Health Counts survey, self-reported physical activity has increased. Compared to 2003, statistically significantly fewer East Sussex people in 2011 never exercise or exercise less than one day a month, and statistically significantly more people are exercising three or more times a week.

Table 4: Prevalence of adults participating in 30 minutes of physical activity on 5 or more days per week (%)

<table>
<thead>
<tr>
<th></th>
<th>Prevalence (%)</th>
<th>Significantly different from England</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>11.5</td>
<td></td>
</tr>
<tr>
<td>East Sussex</td>
<td>12.4</td>
<td>Amber</td>
</tr>
<tr>
<td>Eastbourne</td>
<td>12.2</td>
<td>Amber</td>
</tr>
<tr>
<td>Hastings</td>
<td>11.2</td>
<td>Amber</td>
</tr>
<tr>
<td>Lewes</td>
<td>11.3</td>
<td>Amber</td>
</tr>
<tr>
<td>Rother</td>
<td>12.3</td>
<td>Amber</td>
</tr>
<tr>
<td>Wealden</td>
<td>15.3</td>
<td>Green</td>
</tr>
</tbody>
</table>

Source: Health Profiles, APHO and Department of Health, 2011

Green indicates significantly better than England
Amber indicates not significantly different from England
Red indicates significantly worse than England

At a district and borough level, only Rother has not seen a statistically significant reduction in the percentage of people who never exercise or exercise less than one day a month. Both Lewes and Wealden have had a statistically significant increase in the percentage of people who exercise 5 or more days per week. For both HRCC and CCHC there has been a statistically significant decrease in the percentage of people who never exercise, or exercise less than one day a month. CCHC and Havens and Lewes have seen a statistically significant increase in the percentage of people exercising 5 or more days per week (Figure 9).
Figure 9: Change in the percentage of people participating in 30 minutes of exercise on at least 5 days per week between 2003 and 2011.


<table>
<thead>
<tr>
<th>District/Borough</th>
<th>Clinical Commissioning Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Sussex</td>
<td>HRCC</td>
</tr>
<tr>
<td>Eastbourne</td>
<td>CCHC</td>
</tr>
<tr>
<td>Hastings</td>
<td>HW</td>
</tr>
<tr>
<td>Lewes</td>
<td>HL</td>
</tr>
<tr>
<td>Rother</td>
<td>change from 2003</td>
</tr>
<tr>
<td>Wealden</td>
<td>2011</td>
</tr>
</tbody>
</table>

Filled drops indicate a statistically significant change.
Diet

The 2011 Health Profiles provide estimates of the prevalence of adults eating five or more portions of fruit and vegetables per day in East Sussex (2006/08 data). Table 5 shows that the prevalence for East Sussex as a whole, and Wealden district individually, is significantly better than England, but in Eastbourne, Hastings, Lewes and Rother there is no significant difference from England.

In the 2011 Health Counts survey, fruit and vegetable consumption has gone up since 2003. Consumption of the recommended five or more portions of fruit and vegetables per day has statistically significantly increased at an East Sussex level.

<table>
<thead>
<tr>
<th>Prevalence (%)</th>
<th>Significantly different from England</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>28.7</td>
</tr>
<tr>
<td>East Sussex</td>
<td>31.1</td>
</tr>
<tr>
<td>Eastbourne</td>
<td>31.0</td>
</tr>
<tr>
<td>Hastings</td>
<td>25.6</td>
</tr>
<tr>
<td>Lewes</td>
<td>31.4</td>
</tr>
<tr>
<td>Rother</td>
<td>32.8</td>
</tr>
<tr>
<td>Wealden</td>
<td>33.2</td>
</tr>
</tbody>
</table>

Source: Health Profiles, APHO and Department of Health, 2011

- Green indicates **significantly better** than England
- Amber indicates **not significantly different** from England
- Red indicates **significantly worse** than England
At the district and borough level, although there is no statistically significant change in the proportion of people eating five or more portions a day, fruit and vegetable consumption has gone up across the county. In Eastbourne and Rother there are a statistically significant lower percentage of people eating only 1-2 portions of fruit and vegetables a day in 2011 compared to 2003. In Hastings there are a statistically significant higher percentage of people eating 3-4 portions of fruit and vegetables a day compared to 2003.

At CCG level, fruit and vegetable consumption has gone up too but the only statistically significant changes in consumption are in HRCC and CCHC, reflecting the changes at district and borough level.

Figure 10 shows changes in the percentage of people eating at least the recommended five portions of fruit and vegetables a day between 2003 and 2011.

**Figure 10: Change in the percentage of people eating at least 5 portions of fruit and vegetables per day between 2003 and 2011.**

Weight

The prevalence of obesity in the adult population in East Sussex is illustrated in Table 6. This shows prevalence for all local authorities, except Hastings, is not significantly different to England. In Hastings the prevalence is significantly worse.

Alongside the Health Profile data, local data (Figure 11) shows that compared to 2003 there has been a statistically significant increase in the percentage of East Sussex people that think they are the right weight and a statistically significant decrease in the percentage of people who perceive themselves to be overweight. However, 52% of people still think they are overweight.

At district and borough local authority level, Lewes and Rother have both shown a statistically significant increase in the percentage of people that think they are the right weight and a statistically significant decrease in the percentage of people who perceive themselves to be overweight.

There are no significant differences between the surveys at CCG level.
Table 6: Prevalence of obese adults (%)

<table>
<thead>
<tr>
<th></th>
<th>Prevalence of obese adults (%)</th>
<th>Significantly different from England</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>24.2</td>
<td></td>
</tr>
<tr>
<td>East Sussex</td>
<td>24.7</td>
<td>Amber</td>
</tr>
<tr>
<td>Eastbourne</td>
<td>24.8</td>
<td>Amber</td>
</tr>
<tr>
<td>Hastings</td>
<td>27.0</td>
<td>Red</td>
</tr>
<tr>
<td>Lewes</td>
<td>24.7</td>
<td>Amber</td>
</tr>
<tr>
<td>Rother</td>
<td>22.9</td>
<td>Amber</td>
</tr>
<tr>
<td>Wealden</td>
<td>24.3</td>
<td>Amber</td>
</tr>
</tbody>
</table>

Source: Health Profiles, APHO and Department of Health, 2011

Green indicates significantly better than England
Amber indicates not significantly different from England
Red indicates significantly worse than England

Figure 11: People’s weight perception in East Sussex

Source: East Sussex Health and Lifestyle Surveys, 2003 and 2011
Healthy Foundations


A summary of the motivational differences between the Motivational Segments is presented in Table 7. It shows that both ‘Live for Today’s’ and ‘Unconfident Fatalists’ have more negative motivation and that ‘Health Conscious Realists’ and ‘Balanced Compensators’ have more positive motivation. We need to ensure that all public health interventions and services are informed by our understanding of what motivates people and how these motivations are affected by their social and material circumstances.

Table 7: Summary of the motivational differences between the Motivational Segments

<table>
<thead>
<tr>
<th></th>
<th>Health Conscious Realists</th>
<th>Balanced Compensators</th>
<th>Live for Today’s</th>
<th>Hedonistic Immortals</th>
<th>Unconfident Fatalists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value health</td>
<td>High</td>
<td>High</td>
<td>Med</td>
<td>Low</td>
<td>Med</td>
</tr>
<tr>
<td>Control over health</td>
<td>High</td>
<td>High</td>
<td>Med</td>
<td>Med</td>
<td>Low</td>
</tr>
<tr>
<td>Healthy lifestyle is easy/enjoyable</td>
<td>High</td>
<td>High</td>
<td>Low</td>
<td>Med</td>
<td>Low</td>
</tr>
<tr>
<td>Health fatalism</td>
<td>Low</td>
<td>Med</td>
<td>High</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Risk taking</td>
<td>Low</td>
<td>High</td>
<td>Med</td>
<td>High</td>
<td>Med</td>
</tr>
<tr>
<td>Short termism</td>
<td>Low</td>
<td>Med</td>
<td>High</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Self esteem</td>
<td>High</td>
<td>High</td>
<td>Med</td>
<td>High</td>
<td>Low</td>
</tr>
</tbody>
</table>

**Key:**
- More positive motivation
- More negative motivation

Source: Healthy Foundations Life-stage Segmentation Model Toolkit, Department of Health, April 2010
The Healthy Foundations results from the 2011 survey show that for the East Sussex population, district and borough local authorities and CCGs, the five core motivational segments break down as presented in Figure 12.

If East Sussex is compared with the national picture, East Sussex has a statistically significantly higher percentage of ‘Health Conscious Realists’ and ‘Unconfident Fatalists’ and a statistically significantly lower percentage of ‘Balanced Compensators’ and ‘Hedonistic Immortals’. ‘Live for Today’s’ and ‘Unconfident Fatalists’ have more negative motivation and in East Sussex there is a higher percentage for both compared to England (47% compared to 43%). ‘Health Conscious Realists’ and ‘Balanced Compensators’ have more positive motivation and East Sussex has a similar percentage for both compared to England (39% compared to 38%).

Figure 12a: East Sussex Healthy Foundations segmentation by district and borough

At district and borough local authority level, all the local authorities except Rother have statistically significantly lower percentages of ‘Hedonistic Immortals’ and all local authorities including Rother have a statistically significantly higher percentage of ‘Unconfident Fatalists’ when compared to England. Lewes and Wealden have statistically significantly lower percentages of ‘Live for Today’s’ and statistically significantly higher percentages of ‘Health Conscious Realists’. Hastings has a statistically significantly lower percentage of ‘Balanced Compensators’.

At CCG level and compared to England, all the CCGs have a statistically significantly lower percentage of ‘Hedonistic Immortals’. Both High Weald and Havens and Lewes have a statistically significantly lower percentage of ‘Live for Today’s’. Both HRCC and CCHC have a statistically significantly lower percentage of ‘Balanced Compensators’. All the CCGs except High Weald have a statistically significantly higher percentage of ‘Unconfident Fatalists’. All CCGs, except HRCC, have a statistically significantly higher percentage of ‘Health Conscious Realists’.

The Segmentation Model makes it possible to tailor interventions and services to particular ‘segments’ and improve their effectiveness and efficiency by promoting a more targeted use of resources.
Key Findings

- The percentage of people reporting ‘good’ to ‘excellent’ health in 2011 (78%) is statistically significantly lower than in 1992 (84%).

- Thirty three percent of East Sussex people reported having a long-standing illness, disability or health problem, in 2011 compared to 28% in 1992, which is statistically significantly higher.

- Health status scores have changed little over 20 years.

- The percentage of people at risk of major depression has not changed over the last 20 years. It remains at 32%.

- In 1992, 26% of people in East Sussex were smokers and in 2011 this has statistically significantly decreased to 18%. Hastings (25%) and Eastbourne (20%) have the highest percentage of smokers.

- The percentage of people drinking alcohol has not increased between 1992 and 2011. However, the percentage of those that drink and are classified as ‘increasing risk’ or ‘higher risk drinkers’ has increased. So, drinkers are drinking more.

- Physical activity has increased. Compared to 2003, statistically significantly fewer people in East Sussex in 2011 never exercise/exercise less than one day a month. Both Lewes and Wealden have had a statistically significant increase in the percentage of people who exercise 5 or more days per week.

- Fruit and vegetable consumption has gone up since 2003, and the consumption of the recommended 5 or more portions of fruit and vegetables per day has statistically significantly increased at an East Sussex level.

- Compared to 2003 there has been a statistically significant increase in the percentage of people in East Sussex that think they are the right weight. However, 52% of people still think they are overweight.
1. The results from the health and lifestyle surveys should be used to:
   - provide a baseline for monitoring the impact of interventions and services designed to improve health and well-being;
   - provide information that could be used to plan new services;
   - highlight areas to explore further, especially in terms of health inequalities;
   - inform targeting of health and social care resources appropriately in order to improve the health of the population.

2. The Healthy Foundations Lifestyle Segmentation Model analysis should be used to tailor interventions and services to specific population segments, in order to improve their effectiveness and efficiency in changing behaviours.
Chapter 3
Effective public health interventions
Effective public health interventions

Helping people to lead healthy lifestyles requires a comprehensive multi-agency approach. Healthy lives, healthy people: our strategy for public health in England (DH, 2010) recognises the influences of families, friends, peers, communities and society on health-related behaviour. A 2011 evidence review of effective interventions for health promotion primary prevention and social care prevention, commissioned by NHS East Sussex, has identified effective health improvement services. This review has focused on identifying the highest ranking evidence for each area, for example, reviews of systematic reviews or randomised controlled trials and is available in full on the JSNA website.

This chapter summarises the evidence review and describes the effective interventions to bring about behaviour change and support people to live healthier lifestyles. Information on cost effectiveness is also presented using quality-adjusted life years (QALY) as a measure where this is available. The QALY is based on a combination of life years saved or gained and the quality of life in those remaining years. Generally, the National Institute for Health and Clinical Excellence (NICE) designates £20,000 to £30,000 per QALY as an acceptable limit for cost effectiveness of interventions.

1 Public Health Action Support Team (PHAST), East Sussex evidence review of effective interventions for health promotion primary prevention and social care prevention, NHS Sussex, 2011
2 www.eastsussexjsna.org.uk
Smoking

Tobacco control and smoking cessation – evidence review summary

Although rates of smoking in East Sussex have decreased since 1992, there has not been a significant reduction in smoking rates in the boroughs of Eastbourne and Hastings. Comparison of smoking prevalence in priority groups also indicates that the proportion of women continuing to smoke during their pregnancy in East Sussex, specifically in Hastings and Rother, remains significantly higher than the regional and national averages. Identifying effective ways to reduce the number of people who smoke remains a priority.

Smoking continues to be a significant contributor to ill-health and health inequalities in East Sussex. The following interventions were identified in the evidence review as effective ways to reduce the number of people who smoke:

• Brief, skilled, advice on the benefits of stopping smoking and the help available. The incremental cost per QALY ranges between £491 and £1426 for brief advice from a GP.

• Marketing services to smokers using mass media campaigns targeted at particular risk groups.

• Stop smoking services (where services are delivered in line with national service guidelines) such as 1:1 counselling, targeted services for pregnant women and services which offer web and text support.

• Group-based counselling, which is also delivered by stop smoking services, is the most cost–effective way to provide support.

In addition to helping smokers to stop, it is essential to help people to avoid starting to smoke. This is particularly important for young people as those who start smoking early are likely to smoke more, find it hardest to give up, and are at greater risk of developing smoking related diseases. School-based smoking prevention interventions are effective and are likely to be more cost effective when given by a trusted professional. NICE guidance indicates that mass media interventions aimed at young people, and restricting access to tobacco products, are also effective at preventing young people from starting smoking or delaying the age at which they start.

The Tobacco Control Plan for England outlines six strands for comprehensive tobacco control, these are: stopping the promotion of tobacco; making tobacco less affordable; effective regulation of tobacco products; helping tobacco users to quit; reducing exposure to second hand smoke; and effective communications for tobacco control. Co-ordinating actions to address these six strands is identified as an effective way of ensuring that the complex causes of tobacco use and actions to address them are aligned and supported at a local level.

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3 South East Coast Strategic Health Authority. 2010. Quality observatory maternal smoking dashboard.
5 Preventing the uptake of smoking by children and young people. National Institute for Health and Clinical Excellence, 2008
What’s in place in East Sussex

- A range of stop smoking services are available. Services include: 1:1 and group-based interventions in general practices, clinics and community locations; workplace services; web-based stop smoking groups; telephone support to stop smoking; text message support for people stopping smoking; home visiting service for priority groups e.g. pregnant women.
- Brief advice training for front line workers.
- Marketing campaigns encouraging smokers to use stop smoking services.

Recommendations

Commissioners should:

- Continue to commission a range of accessible and evidence-based stop smoking services. They should increase the effectiveness of these services and prioritise services in areas where smoking remains highest, such as Hastings and Eastbourne, and among pregnant women.
- Commission further training and support to enable frontline workers to give brief advice on the impact of smoking on their health and the health of their families, and refer people to stop smoking services.
- Ensure that tobacco control messages and information about the reasons not to start smoking, the benefits of stopping smoking and the availability of services and support are targeted and communicated effectively – using the findings of the 2011 Health Counts survey.
- Commission school-based services to prevent young people from taking up smoking.
- Establish a multi-agency partnership to co-ordinate and tackle the harms caused by tobacco use in East Sussex.
Effective public health interventions

Alcohol and drugs

Alcohol and drugs – evidence review summary

Levels of alcohol use in East Sussex remains an area of concern. Chapter 2 shows that, although the percentage of people drinking has not increased, the percentage of those that drink and are classified as ‘increasing risk’ and ‘higher risk’ has increased. Lewes district has the highest percentage of drinkers who report ‘increasing risk’ and ‘higher risk’ drinking. However, both East Sussex overall and Eastbourne borough specifically have also seen significant increases in these groups over recent years.8

Preventing substance misuse and keeping levels of alcohol consumption to within the recommended limits are important public health goals. Brief screening and advice for alcohol misuse in primary care is the most effective and cost effective preventive intervention for adults. The incremental cost per QALY for brief intervention in primary care for high risk drinkers is estimated to be around £13,500.9 Social marketing campaigns targeting high risk drinkers are also effective, as is brief advice on alcohol in hospital settings.

Effective interventions to prevent alcohol and substance misuse problems arising more frequently focus on influencing the behaviour of young people, and this is particularly so for substance misuse. Family focused interventions which develop parenting skills and school-based programmes which include parental and community involvement and which focus on developing life and social skills are effective, as are those that use peer educators to change social norms. Mentoring for ‘at risk’ young people may also be effective. Community programmes targeted at preventing underage purchase of alcohol are also effective in reducing hazardous drinking in young people.

The National Treatment Agency (NTA) was established in 2001 to improve the availability, capacity and effectiveness of drug treatment in England. The functions of the NTA will transfer to Public Health England from April 2013. The NTA reports strong public backing for effective support that helps drug users to overcome addiction. Drug treatment makes communities safer and protects public health. Every £1 spent on drug treatment saves £2.50 in costs to society.10

What’s in place in East Sussex

The East Sussex Alcohol Strategy sets out wide range of work that is underway and being developed. Examples are provided below:

- Primary care staff offer brief screening and advice to new patients.
- Targeted youth support services are trained to offer brief advice on drug and alcohol misuse to high risk young people.
- A range of parenting support programmes are in place through children’s centres, health visiting services, and voluntary organisations.
- Social marketing campaigns are undertaken. However, these may not always be targeted at high risk drinkers.

The East Sussex Drug and Alcohol Action Team (DAAT) has led the improvement of treatment services for adult drug and alcohol misusers through local joint commissioning strategies. Its priorities for development are:

- Increasing the number of people leaving treatment in a planned way.
- Promoting the services to people using a wider range of drugs, particularly cocaine users.

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8 East Sussex Health and Lifestyle survey, Health Counts 2011
10 www.nta.nhs.uk
• Redesigning the substance misuse service at HMP Lewes.
• Further development of peer-led recovery networks.

Waiting times for drug treatment are low - 96% of patients wait less than three weeks to start treatment. Treatment is ‘effective’ (patients are engaged for at least 13 weeks or leave in a planned way before then) for 97% of the people who start. The proportion of ‘successful completions’ of those in treatment is 42% locally, compared to 32% nationally.

Recommendations

Commissioners should:
• Commission alcohol workers to provide assertive outreach in Accident and Emergency (A&E) departments to reduce repeat attendance in A&E where alcohol use is an issue.
• Extend brief screening and advice in primary care to high risk groups.
• Ensure that social marketing campaigns are specifically targeted to high risk drinkers.
• Review school based interventions to prevent drug and alcohol use.
• Identify opportunities to use peer educators to change social norms in schools to support drug and alcohol prevention work.
• Support the commissioning priorities developed by the East Sussex DAAT
Physical activity and exercise

Overall self-reported rates of physical activity across East Sussex have increased. However there is variation between geographical areas, in particular in relation to the proportion of people who achieve the recommended levels and those who never or rarely take part in physical activity.11

Achieving the recommended level of physical activity is an important contributor to reducing the risk of diseases such as coronary heart disease and cancer. The evidence suggests that developing good habits early in life has benefits both in childhood and beyond. Interventions in school settings, including cycle training and providing sustainable travel information, such as mapping walking routes to school and bike to school days, can lead to sustained self-reported increases in physical activity. In particular, targeting children who live within one mile of school may be most effective at increasing walking and cycling levels for school journeys. Approaches which bring in external agencies and use volunteers are likely to increase success and sustainability. Outside of school settings, family interventions using information packs to stimulate physical activity are also effective.

Maintaining physical activity levels in adult and later life remain important elements of living and ageing well. Services and support to increase walking levels are effective, as are those where people are supported in community settings as part of a social network. Helping people to think about and undertake changes in their behaviour is also effective in increasing physical activity. Interventions in primary care such as ‘Let’s Get Moving’, and services which offer individual behaviour change programmes are also both effective.12 Behaviour change and physical activity programmes in the workplace are effective in increasing physical activity and reducing staff absenteeism.

The estimated cost per QALY for brief intervention by primary care staff ranges from £20 to £440, and for physical activity in the workplace from £495 to £1,234 per QALY. For older adults individual and group activities which promote physical activity are effective.

What’s in place in East Sussex

- A health walks scheme for the county has been commissioned.
- A ‘Let’s Get Moving’ pilot is being developed in six practices across East Sussex.
- Voluntary organisations have been commissioned to develop group and individual physical activity opportunities across East Sussex. They will support vulnerable groups, including older people and people with mental health needs, to access community-based physical activity opportunities.
- The health trainers service across East Sussex supports individuals to plan and undertake health-related behaviour change.
- Change 4 Life resources and materials which offer targeted advice to families on how to take simple steps to increase physical activity levels continue to be distributed to families.
- All local authority schools across East Sussex have developed a travel plan. This provides a framework for schools to identify and deliver initiatives, information and secure training to promote safer, sustainable and healthier travel to and from school.

Recommendations
Commissioners should:

• Work with employers and local business to develop workplace health programmes.

• Encourage schools through existing health improvement work streams to refresh their travel plans.

• Evaluate the ‘Let’s Get Moving’ pilot and extend to all general practices if it is effective.
Diet and weight

Diet and weight – evidence review summary

Eating a variety of foods in the right proportions is important in maintaining a healthy weight. Poor diet increases the likelihood of developing a range of health related conditions including coronary heart disease, cancer and diabetes. The proportion of people who eat 5 or more portions of fruit and vegetables a day has increased overall across East Sussex, but that there is variation across the county. Consequently there is more to do to encourage everyone to eat the recommended minimum levels of fruit and vegetables as part of a healthy lifestyle and take action to maintain a healthy weight.

Building good habits in early life is important. Incorporating healthy eating into the school curriculum and offering after school obesity prevention programmes are both cost effective ways of enabling young people to maintain a healthy weight. Helping moderately obese and overweight young people to lose weight through interventions linked to general practice settings is also effective in the short term (there is limited information available about long term effectiveness). Added to this, social marketing campaigns aimed at increasing physical activity in young people, for example Change 4 Life, are also effective.

Healthy Weight, Healthy Lives: One Year On (2009) indicates that family-based, lifestyle interventions that include a behavioural programme aimed at changing diet and physical activity provide significant and clinically meaningful decreases in the numbers of children and adolescents who are overweight and obese. This is in comparison to standard care or self-help regimes.

There is less evidence available on the most effective ways of helping adults to maintain a healthy weight and eat a healthy diet. Commercial and community weight management programmes appear to be cost effective ways of helping people to lose weight, as do a range of interventions supporting combined dietary change and increasing physical activity.

The 2008 Foresight Report identified the importance of a matrix approach addressing the key causes and individual variables which contribute to obesity. Key recommendations from this report include: making the built environment more supportive of walking and cycling; targeting health interventions at those most at risk; controlling access to foods and drinks which are likely to cause obesity; and, increasing the responsibility of organisations for the health of their employees.

The 2011 evidence review also discusses pharmacological interventions and surgery. Targeting surgery to morbidly obese people with impaired glucose tolerance is likely to be very cost-effective.

What’s in place in East Sussex

- The ‘Community Fruit and Veg Project’ in Hastings and Rother is increasing the availability of fresh fruit and vegetables in areas with the least access to fresh fruit and vegetables.
- Support to develop high quality Personal Social and Health Education (PSHE) has been offered free of charge to priority schools, and as a purchased service to other schools.
- Active Hastings and Active Rother projects develop and co-ordinate targeted physical activity opportunities for priority groups.

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14 Healthy Weight, Healthy Lives: One Year On, Department of Health, 2009
• A food-in-schools co-ordinator supports schools to develop a whole school approach to healthy food, increasing the uptake of school meals and the proportion of children who are given nutritionally balanced and appropriate food portions in their lunch box.

**Recommendations**

Commissioners should:

• Commission family-based weight management programmes linked to primary care for children and young people.

• Undertake further assessment of the evidence-base for weight management interventions for adults, in order to commission the most effective programmes.

• Work with employers to enable people to be supported to eat healthily through making information, advice and support available in the workplace.
**Accident Prevention**

**Accident prevention evidence review summary**

East Sussex has a significantly higher rate of falls in older people than the national average, and falling remains a significant cause of preventable injury in East Sussex. In older people targeting interventions to those at high risk of falling is effective at reducing the rate of falling, as are individually designed exercise programmes for targeted risk groups.

Preschool children are also at higher risk from accidental injury than other age groups. NICE guidance on preventing unintentional injuries to the under 15s identifies comprehensive system-wide services and approaches to reduce unintended injury in children. These include: specific engineering interventions such as 20 mph zones that are estimated to reduce road casualties by around 40\%\textsuperscript{16}; appointment of a child injury prevention co-ordinator; co-ordination of injury prevention activity; training for key staff groups; and incorporating plans into local strategy. In addition, enforcement devices such as cameras, together with targeted mass media campaigns are effective at reducing road accidents in children. To prevent accidents in the home, increasing the availability and use of specific home safety equipment such as stair gates through free or discounted schemes is effective.

**What’s in place in East Sussex**

- Older adults are supported to remain physically active through community exercise programmes.
- Agencies across East Sussex are working together to co-ordinate existing child safety equipment schemes to enable priority families to have child safety gates supplied and fitted in their home free of charge.
- East Sussex Casualty Reduction Steering Group co-ordinates road safety activity across East Sussex and is reviewing its activity against NICE guidance for preventing unintended injury in children aged under 15.

**Recommendations**

Commissioners should ensure:

- NICE guidance on preventing unintentional injury in the under 15s is fully implemented.
- Evidence-based falls prevention activity is included in commissioning and clinical strategies.
- Effective co-ordination of childhood injury prevention.

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\textsuperscript{16} Preventing unintentional injuries among the under 15s. Key facts for local councillors, Local Government Improvement and Development, 2011
Effective public health interventions
Mental well-being

Mental well-being – evidence review summary

The ability to cope with life’s problems and make the most of life’s opportunities is the essence of good mental well-being. Within East Sussex, the Mental Health Needs Index suggests that Hastings and Eastbourne boroughs have a higher prevalence of severe mental illness than the country as a whole, with high levels of neuroses, psychoses and depression. Lewes district also has a higher prevalence of depression and dementia with high levels of hospital admissions. At an East Sussex level, 32% of people are at risk of major depression.

The following are shown to be effective in improving mental well-being:

- Supporting parents through parenting groups and cognitive behavioural parenting programmes are effective interventions. Parent training programmes for children with conduct disorder are estimated to save £9,288 (total gross savings over 25 years, per child).\(^{17}\)
- For people of working age, access to employment and support to manage debt including referral to these services by general practices.
- Mass media campaigns promoting knowledge of mental health issues.
- Flexible working arrangements and brief interventions to promote mental health at work.
- Being physically active is also associated with good mental well-being, and promoting this through the workplace is effective.
- Good mental health in older age is linked to increasing mental and physical activity in mid-life.

- Being a volunteer in a face-to-face service has a positive effect on mental health in older age as does participation in community based exercise programmes.
- No health without mental health lists five ways to mental well-being that individuals can be aware of to support good mental health.\(^{18}\) These are: connect – with the people around you - family, friends, colleagues and neighbours; be active – go for a walk or a run, garden, play a game; take notice – be curious and aware of the world around you; keep learning – try a new recipe, learn a new language, set yourself a challenge; and give – do something nice for somebody, volunteer, join a community group.

What’s in place in East Sussex

A range of parenting support programmes are in place through children’s centres, health visiting services, and voluntary organisations.

Community-based exercise opportunities for older people have been commissioned.

Debt advice and support is available through a network of Citizens Advice Bureaux.

The ‘My Top Two Inches’ campaign raised awareness of the importance of good mental health and what people can do to improve their mental well-being.

\(^{17}\) No health without mental health. Delivering better mental health outcomes for people of all ages. Department of Health 2011

\(^{18}\) No health without mental health. A cross Government mental health outcomes strategy for people of all ages, Department of Health, 2011
Recommendations
Commissioners should:

- Work with employers to promote good mental health through the workplace.
- Raise awareness of the national ‘Health for Work Adviceline’ which offers free occupational health advice to employers with 50 or fewer employees.
- Ensure that there are good links between GPs and debt and employment advice services to enable referral.
- Ensure that health promotion programmes target those in mid-life to support good mental health in older age.
- Ensure that opportunities for older people to volunteer are available, in particular in face-to-face roles.
In order to improve the health and to reduce health inequalities in the population of East Sussex a clear understanding of the health needs of the population and a solid evidence base of what interventions and services are most effective is required.

Six key health priorities for East Sussex have been identified through the 2011 Health Needs Profiles, produced as part of the local Joint Strategic Needs Assessment Programme. The issues reflect areas where health inequalities are significant, effective health gain is achievable or where East Sussex is out of line with the national picture. These are the priority areas where action should be focused to improve health and reduce health inequalities in our population:

1. life expectancy and the wider determinants of health;
2. chronic disease, cancer and mental health;
3. improving and protecting health by encouraging healthy lifestyle;
4. older people;
5. accidents and falls;
6. end of life.

This report builds on our local evidence base particularly around encouraging healthy lifestyles. The 2011 Health and Lifestyle Survey provides new insight into current lifestyle behaviours of East Sussex residents and new, innovative approaches to targeting specific lifestyle and behaviour interventions based on health segmentation of the population to bring about behaviour change. Some of the key findings from this survey are:

- The percentage of people reporting ‘good’ to ‘excellent’ health in 2011 (78%) is statistically significantly lower than in 1992 (84%).
- Thirty three percent of East Sussex residents reported having a long-standing illness, disability or health problem, in 2011 compared to 28% in 1992, which is statistically significantly higher.
- Health status scores have changed little over 20 years.
- The percentage of people at risk of major depression has not changed over the last 20 years. It remains at 32%.
- In 1992, 26% of people in East Sussex were smokers and in 2011 this has statistically significantly decreased to 18%. Hastings (25%) and Eastbourne (20%) have the highest percentage of smokers.
• The percentage of people drinking alcohol has not increased between 1992 and 2011. However, the percentage of those that drink and are classified as ‘increasing risk’ or ‘higher risk’ has increased. So, drinkers are drinking more.

• Physical activity has increased. Compared to 2003, statistically significantly fewer people in East Sussex in 2011 never exercise/exercise less than one day a month. Both Lewes and Wealden have had a statistically significant increase in the percentage of people who exercise 5 or more days per week.

• Fruit and vegetable consumption has gone up since 2003, and the consumption of the recommended 5 or more portions of fruit and vegetables per day has statistically significantly increased at an East Sussex level.

• Compared to 2003 there has been a statistically significant increase in the percentage of people in East Sussex that think they are the right weight. However, 52% of people still think they are overweight.

The health promotion primary prevention and social care prevention evidence review provides a robust evidence base for commissioning clinically and cost effective services of the recommendations of this report are:

1. The Health & Well-being Board should ensure that local action is taken through the commissioning plans for health and social care services to tackle the six priority areas identified by the JSNA health profiles to improve health and reduce health inequalities in East Sussex.

2. The results from the health and lifestyle surveys should be used to:
   • Provide a baseline for monitoring the impact of interventions designed to improve health and well-being.
   • Provide information that could be used to plan new services.
   • Highlight areas to explore further, especially in terms of health inequalities.
   • Inform targeting of health and social care resources appropriately in order to improve the health of the population.

3. The Healthy Foundations Lifestyle Segmentation Model analysis should be used to tailor behaviour change interventions or services to particular population segments to improve their effectiveness and efficiency in changing behaviours.

4. The specific health improvement recommendations in each of the key health areas in Chapter 3 based on the evidence review, should be implemented by commissioners.