East Sussex
Health & Wellbeing Board

East Sussex Health & Wellbeing Board Development Sessions Summary Briefing

Session #5: Reducing Health Inequalities

1. Background

Two recent Peer Reviews of the Council have noted that in addition to performing its statutory role as a formal committee of the Council, the Health and Wellbeing Board (HWB) could be further strengthened to become a vehicle for genuine strategic stewardship of our system, focussed on the health, care and wellbeing needs of the population.

This complements 'Place' at upper tier/HWB level being a key point of subsidiarity in our Sussex Integrated Care System (ICS) for collaboration across the local NHS, Local Authorities and the voluntary, community and social enterprise (VCSE) sector – and reflecting the variation in inequalities, needs and context for delivery in Sussex.

Strengthening the focus and role of our HWB and our East Sussex Health and Care Partnership was agreed in July 24 as a local priority in the Shared Delivery Plan (SDP). To support this a programme of 7 informal development sessions was arranged, structured around the priority themes in our East Sussex Joint Strategic Needs Assessment (JSNA), starting in September 24. Both voting HWB members and non-voting members with speaking rights are invited to the sessions, which are aimed at deepening the shared understanding of our population's health and care needs and priorities. The priority has continued in our SDP plans for 25/26, with the current programme of sessions running until February 26. Overall, the sessions are an opportunity to:

- Improve consistency of shared knowledge and understanding about our population
- Generate innovation and ideas
- Inform our in-year plans and co-creation of the Health and Wellbeing Board Strategy refresh in 2 years' time

This briefing note sets out the summary outcomes and key messages from the **fifth** development session, which took place on **4 September 25** in Hastings on the theme of **reducing health inequalities**. Building on our previous discussions about system stewardship, the main aim of the session was to provide some time to grow shared understanding of the following:

- What we mean by health inequalities and what we know about health inequalities in East Sussex, and the collaborative work we do to reduce inequalities
- How we can approach measuring the impact of our work to improve population health and wellbeing, and how this can drive our joint work in this area

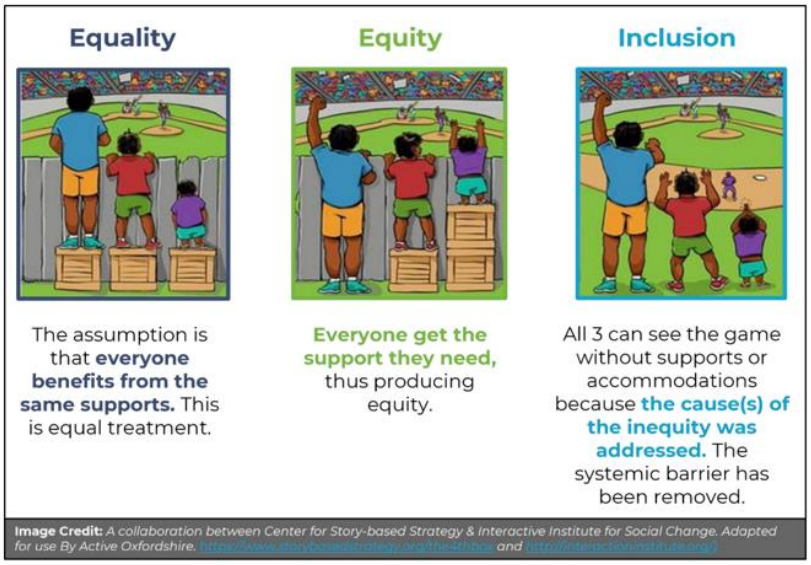
Acknowledging that the programme of development sessions has now been running for a year, the HWB also spent some time recapping past learning across the JSNA themes.

2. Briefing note

2.1 Reducing health inequalities

The JSNA topic for the session was **reducing health inequalities**. Our aim to reduce health inequalities for our population underpins everything we do. However, the gaps are always changing and not always in the direction we want them to.

Health inequalities are avoidable and unfair differences in health status between groups of people or communities[1]. Equality is the even distribution of resources across all people. Equity, on the other hand, is the distribution of resources based on need. The diagram below illustrates this:



Health inequalities refer to both preventable differences in health status and to factors that contribute to health status, such as **differences** in the care that people receive or the **opportunities** to lead healthy lives. Inequalities in these factors are interrelated, interacting with each other to **benefit or disadvantage different people or groups**.

The reasons for health inequalities can be complex and we also have to look at the things that **determine health** in the first place. A person's **chance** of enjoying good health and a longer life is influenced by the range of interacting **social, economic and environmental conditions** in which they are born, grow, live, work and age. These conditions are the determinants of health, and include individual lifestyle factors, community influences, living and working conditions, and more general social circumstances that influence our health. Consequently they can be hard for any one organisation to impact in totality.

Health inequalities are also affected by the experiences of **different people and groups** within our population, all of which can interact:

- **Protected characteristics** under the Equalities Act 2010 - race, sex, sexual orientation, pregnancy and maternity, disability, gender reassignment, marriage and civil partnership and religion or belief

[1] Public Health England, 2017

- **Socio-economic deprived groups** and the impact of the wider determinants e.g. education, low income, occupation, unemployment and housing
- **Inclusion health and vulnerable groups** who may be further disadvantaged through lack of access to services e.g. gypsy, roma and traveller and boater communities; people experiencing homelessness; offenders and former offenders, and; sex workers
- **Geography** which includes population composition; built and natural environment; levels of social connectedness, and; whether an area has urban, rural or coastal features

Facts and figures about inequalities in East Sussex

- In East Sussex 78,400 people (14%) of our 550,720 residents live in **'Core20' neighbourhoods** – the most deprived 20% of neighbourhoods nationally using the Index of Multiple Deprivation (IMD).
- The gap between the highest and lowest **life expectancy** in East Sussex at Medium Super Output Area[2] (MSOA) is 10.1 years for females and 12.7 years for males.
- The **average life expectancy** in East Sussex is 83.4 years for females (England average 83.1 years) and 79.9 years for males (England average 79.1 years).
- Life expectancy in East Sussex was improving until 2013-15, then stalled until 2018-20, and has dropped since the pandemic. It currently remains **lower than pre-pandemic levels.**
- The areas in East Sussex with the **highest and lowest life expectancy for women** are Frant and Groombridge (Wealden) – 88.7 years, and Central St Leonards (Hastings) – 78.5 years, respectively.
- The areas in East Sussex with **the highest and lowest life expectancy for men** are Crowborough North East (Wealden) – 86.2 years, and Pier (Eastbourne) – 73.4 years, respectively.
- The biggest **health contributors to the life expectancy gap** between the most and least deprived areas in East Sussex for both men and women are Cardiovascular Disease (CVD) and cancer[3].
- The biggest causes of **premature death** are Heart Disease, Chronic Lower Respiratory Disease, and trachea, bronchus and lung cancers[4].
- **Tobacco is the greatest risk factor** for both deaths and years lived in ill health. Smoking prevalence is declining but more slowly in more deprived communities. The gap in prevalence between the most and least deprived areas has increased[5].
- **Alzheimers and heart disease** are the biggest causes of death in East Sussex, with Alzheimers accounting for 1.5 times the number of deaths caused by heart disease[6].
- Together Alzheimers and Heart Disease account for 1.75 times more deaths than the next most common causes of death - stroke and chronic lower respiratory disease[7].

Our collaborative work

The national Core20PLUS5 approach launched by NHS England to reduce health inequalities at both national and system level underpins our joint action. The approach defines a target population group – the 'Core20PLUS' – and identifies '5' clinical focus areas requiring accelerated improvement.

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[2] MSOA is an area of approximately 8,000 people
[3] Institute of Health Metrics Evaluation, GBD 2023
[4] Public Health Mortality Files 2025
[5] Institute of Health Metrics Evaluation, GBD 2023
[6] Public Health Mortality Files 2025
[7] Public Health Mortality Files 2025

The ‘Core20’ is the most deprived 20% of the national population as defined by the Index of Multiple Deprivation (IMD). The ‘Plus’ are population health groups determined as experiencing poorer than average health access, experience or outcomes, but not captured in the ‘Core20’ alone. The 5 clinical areas of focus for adults in East Sussex are severe mental illness; cancer; maternity care; hypertension and Chronic respiratory disease. For children and young people the 5 clinical areas of focus are: asthma; epilepsy; diabetes; mental health, and; oral health.

In summary, using the above approach as part of broader plans and strategies, reducing health inequalities is treated as a cross-cutting theme in everything we do. It is at the heart of our Improving Lives Together Strategy, East Sussex HWB Strategy and the range of work described in the Shared Delivery Plan and other Place-based strategies and plans.

This extends to our collaborative action in our communities and neighbourhoods as part of developing Integrated Community Teams (ICTs). To help us reach, engage and improve outcomes for the 20% most deprived population our **ICT Profiles** include information on population size, Core20, diversity, healthy life expectancy, wider determinants of health and service use. This supports our shared understanding of communities within each ICT footprint to build on a range of activity aimed at improving outcomes and narrowing the gap in life expectancy and healthy life years, including:

- **Geographically targeted interventions** at our most disadvantaged communities such as Hastings, Eastbourne, Newhaven using data e.g. our asset-based community development
- **Working with councils, VCSE, community leaders** who have reach into socially isolated communities with low trust in services and multiple disadvantages
- **Outreach and digital inclusion** reducing barriers to access: transport, digital literacy, mistrust of statutory services
- **Embedding lived experience and co-production** through panels, listening events and targeted engagement with marginalised groups shaping culturally competent and trauma-informed services
- **Developing our workforce,** social prescribers, health visitors, housing officers and clinicians, to build relationships with underserved populations
- **Investing in VCSE infrastructure organisations**, community development and hyper-local organisations trusted by communities who don’t traditionally access statutory services
- **Aligning action on poverty, housing, employment, education, early years** e.g. warm homes, food insecurity and employability schemes
- **Risk stratification** to target preventative tailored interventions
- **Evaluation and continuous learning** tracking equity of access, experience and outcomes using data to monitor impact and adapt approaches

2.2 Improving population health and wellbeing

The session also spent some time exploring ways to understand and measure the outcomes and impact of our partnership work to support population health and wellbeing, through strategic tools such as the **Sussex Population Health Outcomes Framework** and the **East Sussex Shared Outcomes Framework** which includes a domain for population health and wellbeing. The following principles were helpful in choosing the specific measures and indicators within these strategic outcomes frameworks:

- Does the data exist already, is it reliable and can we access it easily
- Avoid duplication, for example cross reference with national outcomes frameworks such as the Public Health Outcomes Framework, Adult Social Care Outcomes Framework
- Choose measures and indicators that are hard to deliver without working well in partnership - that tell us something about how well we work together as a system
- Be prepared to work with 'proxy' indicators, and be clear that data and indicators only give one part of the picture about what is happening
- Keep the list short and focussed on key strategic priorities

Using the Population Health and Wellbeing Domain of the East Sussex Shared Outcomes Framework, the indicators and measures have recently been updated and a report of our position against these was shared for discussion. The indicators are set out over the life course and also the gap in health outcomes for the most and least deprived areas of East Sussex. The headlines from the data, mostly comparing East Sussex with the rest of England, were as follows:

Children have a good start in life

- Better (compared with England) for breastfeeding, and excess weight for 10 to 11-year-olds
- Worse (compared with England) for maternal smoking and emergency admissions for CYP
- Whilst MMR uptake is above England it's still below the 95% target for herd immunity

People are able to live well

- Better (compared with England) across adult social care measures (social care related quality of life, having enough social contact, feelings of anxiousness or depression)
- Worse (compared with England) for self-harm admissions and NHS Health Checks

People age well

- Better (compared with England) for Healthy Life Expectancy and preventable deaths
- Worse (compared with England) for emergency admissions due to falls

People have a good end of life

- Lower (i.e. better) for deaths that occur in hospital

The gap in health outcomes is improved (between most and least deprived areas in East Sussex – Wealden and Hastings)

- The gap in rates of childhood obesity in 4-5 years olds has widened, and there's little change for 10-11 year olds, since the last reporting period
- The gap in emergency hospital admissions has reduced since the last reporting period
- The gap in rates of preventable deaths has widened, but is starting to reduce for treatable deaths since the last reporting period

The discussion explored the benefits and limitations of what the report can tell us about the effectiveness of our partnership work to improve population health and wellbeing. The following key points came out of discussions:

- The outcomes in the domain of 'population health and wellbeing' are helpful in that they reflect the East Sussex JSNA themes covered in the informal HWB development sessions - improving healthy life expectancy; a whole life course approach; the building blocks of health, as well as reducing the gap in health outcomes (health inequalities)
- Although it's good to have choice, a smaller number of measures – e.g. two or three strategic barometer indicators, for example school readiness, would be of value to the

HWB in its role as a strategic stewardship group for the health and care system, rather than a delivery board

- The report is helpful in a delivery context to help drive the focus of strategies and delivery plans, and is already doing this, for example through partnership work on falls prevention led by Public Health, although the data always needs to be analysed further to understand what is happening behind the headline indicator.
- Theory of Change or Logic Models could be used to align strategic outcomes with service delivery plans and specific developments and initiatives to impact key indicators. This could also help inform our delivery plans and activity at ICT level

3. Reviewing progress and next steps

This briefing has been produced for sharing with organisations, partners and stakeholders to facilitate a wider understanding of how our HWB's role is developing to support our joint work. In this case we have looked at health inequalities and our collaborative work to reduce them, as well as the ways we can measure whether population health and wellbeing is improving as a result of partnership action, and how this can be used to drive strategies and plans going forward.

This information will be used to inform how we approach refreshing the HWB strategy in 2026. It will also be influence how we shape the new neighbourhood health plan that is expected to be produced under the leadership of HWBs, as recently set out in national 10 Year Health Plan and supporting planning framework that has recently been published by NHS England.

The next informal HWB development session is scheduled for **13 November 25** and will look at the JSNA theme of mental health and wellbeing, focusing on prevention and early support.

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