HealthyAW
2021 – 2024

A health and wellbeing strategy

for

Adur & Worthing Councils

Foreword

This document sets out Adur District and Worthing Borough Councils' health and wellbeing strategy for a two and a half year period to bring our planning horizon in line with West Sussex County Council. The Covid-19 pandemic has had a significant and profound impact on all of us in our community, both on how we live and work, and we need to build back. If we do not, the long-term impact of the pandemic on the NHS and other services will be overwhelming.

Whilst we are still understanding the full effects of the pandemic, we are clear that some people in our community have experienced a far greater negative impact than others. The health inequalities in our community have been clearly demonstrated. At the same time, it has been a period that has really shown the value and importance of communities, with neighbours helping neighbours and groups forming hubs and other community facilities making a real difference to people's lives. We recognise the value and importance of local communities and have taken an asset based community development approach to developing this strategy.

For those now working from home, whilst significant time is being saved from not having to commute, home working conditions may not be ideal for many and can lack the camaraderie and support provided in an office or team environment. But working from home highlights the value and importance of our community and green spaces. Both Councils continue to invest in innovative and exciting projects to improve our neighbourhoods, parks and urban spaces, including the acquisition of New Salts Farm and Pad Farm, and are promoting safe, active and sustainable travel. All of which helps the whole community's health and wellbeing and the environment we live in.

This Strategy provides a framework for using the powers and influence the Councils have, to bring about positive change and enable our communities to thrive and prosper, be healthier and more resilient. We want to see the golden thread of health and wellbeing running through all that we do and that we use this to influence our levers of change - in planning, in our green spaces and in our decisions. Adur & Worthing Councils have an important leadership role in supporting and enabling better health outcomes for people of all ages in our communities. We have potential to do this across all areas of the business, through a combination of statutory functions, support services, commissioned projects and collaborations. HealthyAW rightly focuses on those areas we know to have the strongest influences on people's health, which are the conditions in which people are born, grow, live, work and age, including: quality of housing, access to healthy food and open spaces, income and meaningful employment. We want to encourage people to be more active in their communities; we know that to do this people need to feel safe - our strategy on

dealing with crime and the fear of crime will be consistent with the aims of this strategy.

The Strategy set out below recognises that both Councils have limited resources and so we need to target those resources to those who are suffering the greatest inequality of health and wellbeing so they can bounce back quickly and not get left behind. It also builds on and recognises the extraordinary work of people helping their own community. We want to give people the health and wellbeing tools to help themselves and work with them to unlock the amazing potential of our community.

Cllr Kevin Boram

Adur District Council
Executive Member
for Health and Wellbeing

Cllr Sean McDonald

Worthing Borough Council
Executive Member
for Health and Wellbeing

Introduction

Good health and wellbeing really matters, to our communities and our places. It is linked to every aspect of how people live their lives, how local neighbourhoods and places function, the strength of our local economy and how we make use of and protect our natural environment. Whilst health as a concept is well understood, wellbeing is much broader, usefully described as "...a collective feeling of leading a good life, shared and created by people and organisations...more than the sum of people's individual wellbeing; it is the relationship between people and with place."[1] The relationship between people and place is an important one. As Councils, we are committed to tackling climate change and have pledged ambitious targets to work towards net zero carbon by 2045[2].

Our Councils value and prioritise good health and wellbeing. As outlined in our platforms strategy[3], we want our communities and places to be able to thrive; by which we mean that people are able to live their best lives, to have an abundance of resources in their communities and places (good work, good housing, access to green spaces, access to culture etc), to have strong connections with others and to have a sense of control over their lives. All of this really matters to our communities and it is essential for our places and economy; it is therefore a priority for our Councils.

HealthyAW is Adur and Worthing Councils' third health and wellbeing strategy, building on our previous *Adur and Worthing Public Health Strategy 2018-2021*.[4] *HealthyAW* is a two and a half year vision for how we want to create the conditions for thriving communities, working with our partners, communities and businesses, as part of our platforms strategy[5]. This strategy has been written in the context of the global pandemic and in a wider strategic context to connect with the *West Sussex Health and Wellbeing Strategy*[6] and the emerging work of the new Sussex Integrated Care System[7]. It sets the direction for our work over the next 2.5 years with an ambition to **enable <u>all</u> of our communities to thrive in Adur and Worthing.**

In writing this strategy, we are very clearly signalling what we see as the key role of the Councils in helping to shape the social determinants of health, described by Marmot as the 'conditions in which people are born, grow, live, work and age, and which can lead to inequalities[8]' and shows our commitment to using all of our opportunities to improve the wellbeing of our residents.

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[1] The Community Wellbeing Index
[2] SustainableAW 2021-2023, the new sustainable framework, published July 2021
[3] Platforms for Our Places Going Further: 2020-2022; Adur & Worthing Councils
[4] Public Health Strategy 2018 - 2021
[5] Platforms for Our Places Going Further: 2020-2022; Adur & Worthing Councils
[6] West Sussex Joint Health and Wellbeing Strategy 2019 - 2024; West Sussex County Council
[7] Sussex Health and Care Partnership; Website August 2021
[8] Health Equity in England, the Marmot Review 10 years on; Sir Michael Marmot; Feb 2020

Informed by our learning from the previous strategy and the pandemic, this work reflects what we have learned from our communities and businesses, what we have been told by our staff, elected Members, and our partners from the public and voluntary sectors. It is driven by data and evidence about what impacts on people's health and wellbeing, and by what matters to local communities. As coastal communities, Adur and Worthing face health inequalities with a combination of an ageing population and deprivation issues[9]. Covid has exacerbated these challenges with a differential impact on our local places and people.

Like so many communities up and down the Country, we know that not all of our communities are thriving. Indeed, many of our residents are only just surviving. They lack sufficient money to live - to feed themselves and their families, to heat their homes. Some have lost work and others have experienced homelessness. Drivers specific to coastal towns also add challenges: people - attracted to the area to retire will inevitably have more and increasing health problems. Although coastal towns benefit from being by the sea, this also creates a challenge, with foreshortened transport links and job catchment areas made smaller[10]. Recent pieces of national research, including *The Marmot Review*[11] and *The Human Rights Commision*[12] have found that the pandemic has disproportionately affected those communities who were already experiencing significant health and wellbeing inequality. These groups include older people, those with pre-existing health conditions (including mental health), those on low incomes and in insecure employment and housing. The pandemic has also significantly affected minoritised ethnic communities, young people and those with disabilities.

Over the last 18 months, we have witnessed extraordinary efforts made by many individuals, community groups, businesses and partner agencies to help people during this crisis. It has been truly heartening to see neighbours helping neighbours, businesses supporting local residents, residents stepping forward to volunteer and so many groups and organisations redoubling their efforts to support our communities. We want to build on and accelerate the work that has been done during this period.

Adur & Worthing Councils have an important role in driving and leading this work. Our scale means we are local enough to know our communities and places but significant enough to leverage change and have influence as leaders of our places, galvanising others into shared action too: between other statutory partners, local business leaders, the community and voluntary sector and residents of our communities. We have some policy and practice levers that influence the role and impact of the social determinants of health to shape good health and wellbeing -

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[9] Local Authority Public Health Profiles; Public Health England; 2020
[10] Chief Medical Officers Annual Report 2021; Health in Coastal Communities
[11] Build Back Fairer: The COVID-19 Marmot Review
[12] The Human Rights Commission: How the Coronavirus has affected equality and human rights.

access to good housing, parks and open spaces, benefits, advice provision, influencing planning policy and and public realm to design better and more healthy places, and providing a multitude of touch points with residents every day to undertake prevention and early intervention work. We are also deeply committed to a more sustainable future and how this connects to health and wellbeing - and many of the changes we need to make to decarbonise and create more sustainable places are also what we need to create healthier and wealthier places.

Whilst this is a strategy of the Councils, the efforts need to be collective, between the Councils and their partners (WSCC, the NHS, voluntary and community sector partners and local businesses), and most importantly, the communities we serve. For this, we need to grow our capabilities around 'participation', which means that we will involve people and communities more, enabling them to take a more active and influential part in decisions that are likely to affect them, and to work with us to create a future in which all of our communities can thrive.

To make *HealthyAW* work, we will need to see this strategy as the golden connecting thread that weaves itself into everything we collectively do. It needs to form a call to action which highlights the different ways in which people can be part of shaping Adur and Worthing as places that can thrive.

National Policy Context

The *Health and Social Care Act (2012)*[13] brought back the Public Health role to local Councils. At its heart is the recognition of the unique place of local government to effectively tackle the wider social issues that affect the health of our populations, including, education, work, income, housing, green and blue spaces and community cohesion. As District and Borough councils we have key roles in delivering across housing and community cohesion, but can also influence and shape what happens locally with respect to education, work and income levels.

We know there are differences in life expectancy and healthy life expectancy, not just between different geographical areas, but between different groups of people. The *Public Health Outcomes Framework: Healthy lives, healthy people: Improving outcomes and supporting transparency*[14] sets out a vision for these two high-level outcomes which reflect a focus, not only on how long people live, but on how well they live at all stages of life. The *Public Health Outcomes Framework* is refreshed every three years, most recently in 2019[15].

The *Chief Medical Officer's Annual Report 2021, Health in Coastal Communities*[16] forms an important framework for this strategy. The report demonstrates that many

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[13] Health & Social care Act (2012)
[14] Healthy lives, healthy people: Improving outcomes and supporting transparency
[15] Public Health Outcomes Framework: Indicator Changes 2019-2022
[16] The Chief Medical Officer's Annual Report 2021, Health in Coastal Communities

coastal communities have poor health and wellbeing outcomes (disease prevalence and life expectancy) across a range of physical and mental health conditions compared to other communities. This is driven partly by age structure and partly by concentration of deprivation. However, even after accounting for these and other factors, there remains a 'coastal excess' of disease. *Health in All Policies (HiAP)*[17], led by Public Health England, is a collaborative approach to improving people's health through incorporating health considerations into decision making across sectors, policy and service areas, and through addressing the wider determinants of health.

Local Policy Context

We have strong ambitions for the health and wellbeing of our communities, as set out in the Councils' strategic documents: *Platforms for our Places (2017-2019)*[18], *Platforms for Our Places Going Further (2020-2022)*[19] and our vision for bouncing back post pandemic: *And Then… Bouncing back in post pandemic Adur and Worthing (2020)*[20] . This approach recognises the interwoven nature of health and wellbeing across our platform priorities and has focused us even more on our post pandemic work.

Some of this is strategic; the adopted *Adur Local Plan (2017)*[21] and the *Submission Draft Worthing Local Plan (2021)*[22] propose ways to make our infrastructure more resilient to change, for example to the changes in seasonality of weather and flooding. These proposals link our wellbeing and sustainability agendas together and make sure, as we discussed at the Climate Assembly, that we create the link between people and the planet thriving together. The Local Plans identify opportunities for the provision of open space and green infrastructure, provision of active travel and energy efficient housing, all of which impact on public health and quality of life in place. This of course sits in the context of West Sussex County Council and the *West Sussex Joint Health and Wellbeing Strategy (2019-2024)*[23] which this work will connect to. The timing of *HealthyAW* will enable us to fall in step with the development of the next overarching county-wide strategy for health and wellbeing.

The resources and service reach of Adur and Worthing, as second tier authorities, is limited. In light of the impact of the pandemic on key groups, including early years, children and young people, people with disabilities and older people, we will need to actively consider the role of systems leadership in helping to address these issues.

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[17] Health in All Policies
[18] Platforms for Our Places 2017-2019; Adur & Worthing Councils; 2019
[19] Platforms for Our Places Going Further: 2020-2022; Adur & Worthing Councils
[20] And Then... Bouncing back in post pandemic Adur and Worthing; Adur & Worthing Councils; 2020
[21] Emerging Local Plan for Adur; Progress on Adur & Worthing Councils Website; July 2021
[22] Development of a new Worthing Local Plan; Adur & Worthing Councils Website July 2021
[23] West Sussex Joint Health and Wellbeing Strategy: Start Well, Live Well, Age Well 2019-2024

Systems Leadership describes the way we work when no one organisation or person is able to find the solution alone, and when no one organisation is in charge. It's about how you collaborate as one element in a complex system, recognising how changes to one part of the system will impact another. We want to explore how partnerships within and across this system can be strengthened, with the third, public and private sectors. This will include the Local Community Network (LCN)[24] rebooted and refreshed in 2021, the Economic Forum, the Safer Communities Partnership and the emerging Food Partnership.

As Councils, we have a key role in shaping our places. Be this the custodianship of our green and blue spaces, our commitment to delivering affordable homes for our communities, our work on local economic development or our role in shaping the public realm, in all of these things we can put health and wellbeing at the heart of what we do.

Connections with other Adur & Worthing Council Strategies

We have a number of strategies in place or in progress to support our Thrive ambitions to create healthier more resilient communities. *HealthyAW* is the golden thread which runs through and connects across other Councils Strategies.

We know that our open spaces have a multitude of benefits locked within them - Adur and Worthing Councils manage 91 parks, and more than 11 miles of coastline which can help support the health and wellbeing of our communities. Our open spaces need to be safe and accessible - community safety is more than reducing crime and disorder, it's about working hand in hand with communities to create the conditions where people can thrive.

Adur and Worthing have two of the most beautiful natural assets in England, with the South Downs National Park to the north, and the coast to the south.

Connecting to nature has many health benefits that include increase in physical activity which in turn reduces stress and anxiety, increased social connections and an increased sense of purpose and of belonging to a place.

Adur and Worthing Councils' *Open Space, Sports and Recreation Study (2019)* found that 38% of the population either never visit the beach or visit it less than once a month. 13% of the population have never been to the beach. To the north of the area, many people attributed reluctance to visit the National Park to lack of

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[24] An LCN is best described as a network of health, council, voluntary sector leaders, working with local communities to create a shared ambition and more integrated approach to organising and improving the health and wellbeing of their whole local population.

Public Rights Of Way and cycle paths, to poor signage and to inadequate footpaths and bridleways.

In acknowledgment of the fact that the pandemic is likely to have fundamentally changed the way we live and work, the Councils have included within the affordable housing *Delivering Pathways Strategy*[25], an ambition to undertake a more detailed community mapping exercise to better understand the future needs of our communities in terms of the spaces where they live and work. The outcome of this will inform the design of new homes, amenities and spaces that are fit for the future.

At the heart of our '*Good Work'* programme, is a focus on jobs that promote wellbeing, that grow and develop skills and capabilities and provide financial security. Good Work is a conceptual framework that bridges employment and skills and wellbeing. It's about supporting people into existing work and better jobs, encouraging local recruitment and developing skills for emerging work.

Having access to safe open spaces, opportunities to be active, having a secure and safe home, not just a place to sleep, and having a good job, are some of the most important and fundamental factors in enabling our communities to thrive.

The Local picture – What we know about the Health & Wellbeing of people in Adur and Worthing

The Councils are committed to better serving the varied and diverse communities of Adur and Worthing. Key to progressing this commitment is the use of both data and community engagement to inform and guide evidence based public service provision. Our *Proactive* project is an example of this approach, where we are using data and customer interactions to reduce the number of people becoming vulnerable, to better assist those in crisis and to effectively strengthen routes out of vulnerability.

We know that poor employment prospects underpin many drivers of poor health outcomes, and good quality, stable jobs are vital in ensuring positive health outcomes. The The *Chief Medical Officer's Annual Report 2021, Health in Coastal Communities*[26] warns that whilst the effects of COVID-19 will fade, coastal communities experiencing poor employment opportunities are likely to be slower in recovery and to be more vulnerable to economic and socio economic shocks going

[25] Delivering Pathways to Affordable Homes; a report by the Director for Communities to Joint Strategic Committee; 30 March 2021; Adur District and Worthing Borough Councils
[26] The Chief Medical Officer's Annual Report 2021, Health in Coastal Communities

forward. Drawing on this evidence, the report makes a clear call for the levelling up of public health outcomes through actions to address ongoing structural weaknesses in coastal economies. This Strategy for Adur and Worthing therefore seeks to make the necessary links to actions being undertaken by the Councils and other partners, to build back better and strengthen the economies of Adur and Worthing. This involves addressing immediate employment and skills gaps and seeking to establish good quality and stable employment opportunities for its communities.

This Health and Wellbeing Strategy is data and community insight informed, and we have, as part of this approach, undertaken an Equality Impact Assessment to ensure our health and wellbeing work responds effectively to the needs of all our communities. The process of being data informed is an ongoing development and we will need to test and adjust our plans as new information becomes available, for example, data on the impact of the pandemic on particular communities, the new demographic information that will be provided by the 2021 Census data and the resulting updated Index of Multiple Deprivation data.

Demographics

Adur's population is approximately 64,300, with 24% of its residents being over 65, 58% of working age and 18% under 16. The last reported census, of 2011, described the ethnicity of Adur as being 93% White British, 4.1% Non White, 1.7% Asian and 0.5% Black. We are expecting the next Census to report an increase in the percentage of Black, Asian and Non-White residents.[27]

With regard to economic vulnerabilities, the number of people of all ages claiming out of work benefits at the time of writing this report is 5%, which is lower than the UK figure of 5.6%, though higher than the South East figure of 4.5%. However, for young people (18–24) claiming out of work benefits, the picture is different; Adur's figure of 10% is higher than the South East figure of 6.4% and that of Great Britain at 7.%.[28] With regard to disability, the total number of residents claiming Employment and Support Allowance (ESA) and incapacity benefits is 2,160 or 5.8% of people, which is in line with the national picture of 6.1%.[29] There are approximately 2,240 children in low income families in Adur, giving a percentage of 15.7%, which is higher than the West Sussex average of 13.5% [30]

Worthing's population is approximately 110,600, with 23% of its residents being over 65, 60% of working age and 18% under 16. The last reported census, that of 2011, described Worthing's ethnicity as being 90% White British, 6% Non White, 3% Asian and 1% Black. We are expecting the next Census to report an increase in the percentage of Black, Asian and Non-White residents.[31]

[27] Local Insight profiles for Adur and Worthing areas; census 2011; Accessed online 2021
[28] Nomis Official Labour Market Statistics
[29] Nomis Official Labour Market Statistics
[30]Local Insight profiles for Adur and Worthing areas; Accessed online 2021
[31]Local Insight profiles for Adur and Worthing areas; census 2011; Accessed online 2021

With regard to economic vulnerabilities, the number of people of all ages claiming out of work benefits at the time of writing this report is 5%, which is lower than the UK figure of 5.6%, though higher than the South East figure of 4.5%. However, the picture for young people (18–24) claiming out of work benefits shows a different picture; the Worthing figure of 9.4% is higher than that for the South East at 6.4% and that for Great Britain at 7%.[32] With regard to disability, the total number of residents claiming ESA and incapacity benefits is 3,920, or 6% of people, which is in line with the national picture of 6.1%.[33] There are approximately 3,470 children in low income families in Worthing, giving a percentage of 14.5%, which is higher than the West Sussex average of 13.5%.[34]

Life expectancy and healthy life expectancy[35]

There are two overarching measures for health and wellbeing – life expectancy (the length of life lived) and healthy life expectancy (the years lived in good health, with the absence of poor health).

In Adur and Worthing, like the rest of West Sussex, the majority of people enjoy a good life expectancy, roughly similar to the England average.

Adur and Worthing life expectancy at birth is:

- For men: 80 years in Adur and 79 years in Worthing (against a West Sussex average of 80 years and a national average of 79 years), and
- For women: 83 years in Adur and 83 in Worthing (against the West Sussex life expectancy at birth of 84, and of England 83)[36]

In West Sussex, *healthy life expectancy* for women has fallen (with women spending on average 23% of their lives in poor health) and for men it has stalled (with men spending on average 18% of their lives in poor health)[37] This measure is crucial because it provides insight into what health and wellbeing problems may be impacting on people and communities into midlife and what additional pressure these may put on local systems.

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[32] Nomis Official Labour Market Statistics

[33] Nomis Official Labour Market Statistics

[34] Local Insight profiles for Adur and Worthing areas; Accessed online 2021

[35] Described in the WSCC JSNA as: 'Period expectation of life at a given age for an area, in a given time period, is an estimate of the average number of years a person of that age would survive if they experienced the particular area's age specific mortality rates for that period throughout the rest of their life (ONS, 2015). The figure reflects mortality among those living in the area in each time period, rather than the mortality among those born in each area. It is not therefore the number of years a person in the area in each time period could actually expect to live, both because the death rates are likely to change in the future and because many of those within the area may live elsewhere for at least part of their lives'; Accessed online 2021.

[36] West Sussex JSNA Website

[37] Life Expectancy, Healthy Life Expectancy and Inequalities, West Sussex Summary July 2021

Differences in healthy life expectancy are driven by: societal factors (the social, or wider determinants of health – the conditions in which you grow, live, work and play); by individual behaviours and by socio-economic factors (deprivation and poverty).

Excess deaths

When we consider the impact of COVID-19, excess deaths (number of deaths over what would have been normally anticipated) is a key measure across Adur and Worthing. Emerging data seems to show that some of our wards have been hit harder than others, notably Heene, in Worthing, but also Northbrook, Worthing and Lancing, Adur.[38] We will seek to understand the impact of the pandemic on excess deaths across our wards in the coming 12 months and we will use this information, in partnership with other agencies, to address vulnerabilities and increase resilience.

Key health issues

With regard to health deprivation and the prevalence of diseases and ill health, both Adur and Worthing fare well compared to national averages:

- **Adur** has a lower percentage of people living in health deprivation hotspots (2.2%) than the national average of 19.6%.[39] Attendance Allowance is payable to people over the age of 65 who are so severely disabled, physically or mentally, that they need a great deal of help with personal care or supervision. There are 1,891 people receiving this benefit in Adur, which is 12.5% of all people, slightly higher than the West Sussex average of 11.8%.[40] There are 11,600 inactive adults in Adur.[41] Moving these inactive adults into activity for more than 30 minutes a week adds the greatest benefits to mental and physical health. In general terms, key health issues across the entire population are broadly similar to national averages, with some exceptions, including levels of healthy eating and higher levels of disease prevalence around depression, diabetes, obesity and high blood pressure.[42]

- **Worthing** reports a lower percentage of people living in health deprivation hotspots (7.4 %) than the national average of 19.6%.[43] There are 3,263 people receiving Attendance Allowance in Worthing, which is 13.1% of all people, higher than the West Sussex average of 11.8%.[44] There are 18,200[45] inactive adults in Worthing, and as with those in Adur, moving these inactive adults into activity adds the greatest benefits to mental and physical health. Key health issues across the entire population are broadly similar to national

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[38] Office of National Statistics: Excess Deaths in neighbourhoods.
[39] Local Insight, Indices of Deprivation 2015
[40] Department for Work and Pensions (Jan-21)
[41] Active Lives Survey (up to May 2020)
[42] Local Insight, House of Commons Library (2019)
[43] Local Insight, Indices of Deprivation 2015
[44] Department for Work and Pensions (Jan-21)
[45] Active Lives Survey (up to May 2020)

averages, with some exceptions, including slightly higher levels of disease prevalence around diabetes, depression and high blood pressure.[46]

Social economic factors

However the average masks inequality, and differences between areas and between different groups within the population. We know that people from lower income groups are more likely to be in poorer health and more likely to have a limiting long term illness and lower life expectancy. (see Appendix 1 for a summary).

Deprivation

The 2019 Index of Multiple Deprivation (IMD) examines 7 domains of possible deprivation within local communities.

The Index identifies Adur as having generally low levels of deprivation but there are exceptions at very local level (Lower Super Output Areas or LSOA) and three wards have been identified as having particular challenges, these wards being Churchill, Peverel and Eastbrook. These three wards have deprivation measures around health, employment and education, for example, that are in the 10% or 20% most deprived in the nation.

The Index identifies Worthing as also having generally low levels of deprivation but also identifies five wards as having particular challenges, with these wards being Central, Heene, Broadwater, Castle and Northbrook. These five wards have deprivation measures around health, employment, education, children's wellbeing and the environment that are in the 10% or 20% most deprived in the nation.[47]

The impact of Covid

The pandemic has resulted not only in the excess deaths referred to above; data and insight from both national sources (including the Covid 19 Marmot Review[48] and the Equalities Commission[49]) and local sources (including recent data analysis by Policy in Practice[50]) tell us:

Key themes

- **A new health crisis** is at risk of emerging, created by a number of factors, including the outcomes from postponed or delayed health care, long Covid, increasing alcohol consumption, increased inequalities around smoking and obesity and declines in mental health.

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[46] Local Insight, House of Commons Library (2019)
[47] West Sussex Joint Strategic Needs Assessment Briefing, 2019
[48] Build Back Fairer: The COVID-19 Marmot Review
[49] How the Coronavirus has affected equality and human rights: The Human Rights Commission: October 2020
[50] Covid Benefit Measures impact on Vulnerable Residents: JSC Report, February 2021

- **Emotional wellbeing and social isolation is a key issue for many in our communities** and this is restricting people's ability and confidence to access support and re-engage well in communities.

- **The resilience of our workforce is challenging,** especially for many with insecure work, or who are losing work, working on the frontline and working long hours.

- **Financial resilience** in some deprived households has been reduced by the pandemic, leading to increases in debt, rent arrears and homelessness. Households that may have been disproportionately affected include single parent homes and homes of older people, people with disabilities and those with lifelong health conditions.

- **Food insecurity** has increased as financial resilience has decreased, with many households struggling to access good, healthy and affordable food.

- **Inequalities of coastal communities** driven by the challenges of population demographics and geography need to be taken into consideration.

Key Groups

- **Physical and mental wellbeing of older people and informal carer**s (often women) have been disproportionately affected by the pandemic, with many experiencing loneliness, loss and bereavement.

- **Disability and lifelong illness** are major factors that lead to inequality, and the pandemic seems to have increased the likelihood of this community experiencing disadvantages including unemployment, poverty and debt.

- **Younger people** are being disproportionately affected in a number of ways by the pandemic, perhaps most significantly through unemployment but also with regard to social and emotional development. The impact of isolation, uncertainty and other factors is shown in increased levels of self harm, anxiety and food disorders.

- **Minoritised ethnic communities** have also been disproportionately affected by the pandemic, and data indicates they are at greater risk of future unemployment and financial hardships than other groups. National research indicates these disparities are linked with systemic inequalities and structural racism (Marmot).[51]

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[51] We also know that people don't fit into single categories, and can experience multiple disadvantages. For example, you can be a woman with a disability who is from an ethnic minority. This 'intersectionality' matters and we need to acknowledge and consider everything that can marginalise someone.

Local engagement

As part of the development of this strategy, we asked partners and communities broad enquiry questions about their health and wellbeing and matched their answers to five themes which were considered to be the main drivers for good health and wellbeing (See Appendix II for the enquiry questions and initial themes).

We wanted to know more about what good health and wellbeing means to people, and any habits that might have formed over the last year that impact on their health and wellbeing - both good and bad. We asked how the place where people live impacts on their health and wellbeing, and what they might need in order to improve it.

Many responses to the enquiry questions focused on what people can do to improve their own wellbeing. 'Manage a healthy weight' and 'exercise more' were common responses. Others talked about having a good job, friends and the means to get support - being able to live life and do the things they wanted to do.

The responses enabled us to refine the initial themes into three priority areas for action, as detailed later in this strategy document.

Our Approach and Principles for Action

This Strategy will focus on priorities where we can change or influence areas of work to ensure we use our time and energy in the best way. Our unique role is around influencing and changing some of the key drivers for health and wellbeing – the **wider determinants of health** – including access to good housing, good work, and green spaces, on healthy environments, the future shaping of our towns and places, and community involvement and connection. We also aim to support both physical and mental health, acknowledging the strong link between them.

For this Strategy to be effective, it is essential that we are intentional about how we want to do this work. For this reason we are are focusing on a number of principles:

1. The first is to focus on 'building back with fairness',[52] focusing on the **health and social inequalities** that have been exposed and deepened by the pandemic. Our approach will use 'proportionate universalism'[53] in our action, which means we will work with all of our communities (universally) but that we will target action proportionate to the level of disadvantage.

2. The second is to ensure we use our **data** well to target and adapt our approach, ensuring we meet the needs of our communities in need, including those with protected characteristics identified under the *Equality Act 2010*. We have undertaken an Equality Impact Assessment to embed this approach in both the development and delivery of the strategy. We will continue to use data and community insight going forward to ensure our health and wellbeing work effectively responds to the needs of all our communities.

3. The third is to ensure we place **prevention and early intervention** at the heart of everything we do to help create the conditions to prevent poor health and wellbeing from becoming an issue and to act early where people need help to help and to strengthen the routes out of vulnerability.

Our approach will centre around three core domains identified in the Community Wellbeing Index[54]:

- **People:** Being person centred in our approach

- **Relationships:** Building trust and connection

- **Places:** Creating the right infrastructure for communities and places

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[52] Build Back Fairer: The COVID-19 Marmot Review
[53] Fair society, healthy lives: Health equity in England ten years on
[54] Being Well Together, The Young Foundation et al

We will be building on the work that has already been done and infrastructure that is already in place; strategy is an opportunity to accelerate progress, not stop and rebuild from the ground up.

People

We want to ensure everything we do is person-centred, that is to say designed around people and how they live their whole lives, and to ensure that we adapt ourselves and services accordingly. We will use our data and insights to get a fuller picture of what it means for people to thrive.

We will develop a more participatory approach that finds ways to involve people, and will work with communities so as to use their strengths (their skills, passions and time) to influence and shape health and wellbeing locally for all of our communities. For example, local walking groups can, not only develop greater community cohesion, reduce social isolation and increase physical activity, but they can also be a source of increased surveillance that may help to reduce anti-social behaviour and create a better connection to place.

We will reflect this in the way we work internally, ensuring that we are constantly striving to work in a more person-centred way; this is embedded in the work we are doing around developing our Proactive Approach[55] Our Proactive Approach is a key part of our recovery plan, and allows us to identify, target and support those who are experiencing financial hardship: to support them to avoid spiralling further into debt, and to support them with the wellbeing and mental health challenges associated with financial and social hardship. This proactive approach aims to help people before they are in a vulnerable situation, and assist those already in crisis.

Relationships – trust and connection

We want to focus our efforts on growing relationships and building trust, working alongside communities to enable them to grow their own capacity and capability and to solve their own and their community problems. There is an abundance of resources that can help improve people's quality of life in our places. Community assets like neighbours helping neighbours groups in Fishersgate and Worthing are examples of this. We want to help find and build on these community strengths (time, passions and skills), with services being there to support where needed.

We will reflect this in the way we embed relationship building and a culture of collaboration in everything we do, including our developing asset based community development[56] approach. Asset based working focuses on what's strong, rather than what's wrong. It's how we want to develop our social prescribing work in our communities. Deepening relationships with other important strategic partners will make it possible to plan together in a way that improves population health and

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[55] Proactive interventions to support low income residents; JSC Report; July 2021
[56] Asset Based Community Development for Local Authorities NESTA

reduces inequalities between different groups. With this approach we can play our part within the incoming Integrated Care Systems (ICS) model of health.[57]

Prosperous Places

We want to ensure our places have the right infrastructure to enable communities to thrive. This relates, on the one hand, to the physical infrastructure that we can influence and shape, including: making sure everyone has a good home to live in and access to green spaces and shops and access to culture; good meaningful jobs and healthier workplaces. This also includes social infrastructure, which is about creating and providing spaces, support and opportunities for communities, businesses and partners to form and strengthen, to come together and share resources, be creative, connect and collaborate on issues to solve problems and re-imagine future places, for example, shared community spaces provided with resources and time to help groups.

Providing a range of housing options to meet the needs of our communities through our *Pathways to Affordable Homes* is critical to realising our aims so that everyone in our community has the opportunity to thrive. *Pathways to Affordable Home*s work will increase the range of options and opportunities for those with a housing need and *Housing First* is a priority in this work; it relies not only on the provision of 'a roof' and support, but also social infrastructure to enable people to connect to their communities and build a home, not just a place to live.

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[57] What are Inequated care Systems?; NHS England

Priorities for Action

We are setting out three broad priorities for our action for this Strategy.

Priority 1 - To improve health and wellbeing for all, focusing most on our communities with the poorest health and wellbeing

What do we mean by this? We want all of our communities to have the opportunity to thrive, but we know that some of our residents are only just surviving. We will work with all of our communities but will focus harder on those that experience poor health and wellbeing, especially those that have been hit hardest by the pandemic and those that have protected characteristics under the Equalities duty.

Why is it important? Health inequalities are preventable; they create unfairness and limit people's opportunity to live longer, healthier lives and to thrive. We know some of our communities have been impacted more by the pandemic and that the full extent of the social and economic impact is yet to be borne out. Tackling health inequalities is also vital for our economy and places.

How will we do this? We want to focus on:

- using our data and insights to ensure our interventions are targeted well and reflect the work we need to do around social inequalities

- developing our social prescribing model to involve and enable our communities to participate in health and wellbeing and community-based solutions

- increasing the reach of Adur & Worthing Wellbeing to focus on those individuals we know are less well represented

- developing longer term ambitions to address the drivers of food poverty and working with local partners to help all of our communities have access to affordable and healthy food

- continuing to develop and deliver our community safety net of interventions through our *Wellbeing Programme*[58], *Social Prescribing*[59] and *One Stop*[60] interventions

- developing our work around financial exclusion for those at risk of debt and financial difficulties, through the proactive approach described earlier and a

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[58] Adur & Worthing Wellbeing; a WSCC funded programme of local public health interventions
[59] Going Local; a social prescribing intervention for Adur and Worthing
[60] One Stop; A range of services to support people with digital and financial skills; money problems and employment

variety of support interventions, including *Money Mentors* and the recommissioning of advice provision for our communities

- developing programmes like *Good Work* which links together interventions around health and wellbeing to help people back into work and shapes good existing work.

Priority 2 – To create places, spaces, and environments that promote and enable good health and wellbeing

What do we mean by this? We want to ensure our places have the right physical and community infrastructure in place to promote and encourage opportunities and behaviours for greater wellbeing and physical activity. This means ensuring they are places where everyone has a good home to live in and access to green spaces and good meaningful work opportunities; places where people are active and where active travel such as walking and cycling is the norm, where everyone can enjoy cleaner air and feel safe. We also use the term 'place' to mean social infrastructure, which refers to the support needed to enable community and social activity to take place, strengthen and grow. This includes: providing spaces for communities to come together to work on shared problems; providing the support needed for groups to learn, connect, grow, strengthen and share resources. It also includes providing access for communities (community transport).

Why is it important? The physical, economic and social characteristics of places and communities have an important influence over people's physical and mental health and wellbeing. Community infrastructure is important because it helps communities and social groups to grow and thrive, to work on shared problems and approaches, to be resourceful and be involved in activities and decisions. It also enables communities to have a voice and be involved in the shaping of our local places.

How will we do this? We want to focus on:

- leveraging our impact as a place shaper to ensure that wellbeing is considered as we develop our public realm, so as to design healthier places for our communities

- continuing to use all of our enforcement powers wisely and in accordance with our enforcement policies, to improve environmental public health for our local residents, businesses and communities, including matters such as air and water quality

- maximising the use of our green and blue spaces to support wellbeing: encourage and nudge people towards increased physical activity in these spaces, involve local communities in local food growing

- enabling and encouraging people to be more physically active by increasing their walking and cycling: encourage people to explore the open spaces, for example our parks and coastal area and the South Downs; make areas feel safe and make them accessible to everyone

- developing and implementing our *Fabric Adur* and *Fabric Worthing* projects[61], which aim to create a shared social space for communities and entrepreneurs to collaborate, share learning and resources and participate in creating a shared vision of our future places

- continuing our commitment around a *Housing First* approach, recognising the role that safe and stable housing has for people's health and our responsibility as a landlord of Adur Homes tenants

- enabling events and activities that promote greater levels of activity in our communities to improve health and wellbeing.

Priority 3 – To promote stronger community resilience in our communities and our workforce

What do we mean by this? Community resilience is about the sustained ability to respond, react and bounce back from adverse situations. We extend this definition to be about the capacity not just to respond but to adapt, manage uncertainty and really manage difficulties with a sense of control.

We know that mental health issues are worsening for our communities, especially young people, and that key services are stretched, leading to greater wait times and more people left without help. People's capacity to cope has reduced and we are sensing this with our partners through a general sense of rising complaints and dissatisfaction in our communities.

Why is it important? It is important to take a preventative approach; in the long term, if left unaddressed, anxieties can escalate into more serious situations requiring specialist support and significantly increase demand for mental health services. As services become stretched, and people present themselves for help with increasingly complex situations, it's important to have community based approaches to help to keep people well. Thriving people and communities are those which are engaged and connected, where people feel safe and well, resilient and independent, where people feel aspirational and hopeful and can provide support for those requiring it.

How will we do this? We want to focus on:

- identifying ways that we can understand community resilience and create opportunities to influence this with our partners and communities

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[61] Project Fabric: Press Release: Adur & Worthing Councils: September 2021

- working with Community Works[62], which connects charities volunteers and businesses to help develop and strengthen our community groups and organisations to better serve our communities and to create greater community resilience

- developing greater community resilience by working with our community partnership, including the Adur and Worthing Local Community Network[63], to ensure services are working together effectively and are signposting and referring the people who need support to the right service at the right time

- developing greater resilience in our own workforce

- growing the Adur & Worthing Wellbeing workplace health offer to support our local partners and businesses to develop opportunities to build greater wellbeing and resilience in our local workforce

- encouraging increased activity in our local workplaces. With the new pattern of working following Covid-19, working from home needs to inspire a greater amount of discipline to be active, since the simple actions of daily commute and the lunchtime walk may reduce the amount of activity significantly. There needs to be a creative, inclusive and exciting offer that engages all staff as part (rather than in addition to) their work. The culture must start at the top with senior management that makes this a priority for all staff. The benefits for the company are a healthier, more productive workforce and less absenteeism.

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[62] Community Works is a charity which helps to connect charities, volunteers and businesses in Adur & Worthing, Brighton and Hove.

[63] An LCN is best described as a network of health, council, voluntary sector leaders, working with local communities to create a shared ambition and more integrated approach to organising and improving the health and wellbeing of their whole local population.

Moving to delivery

In all our delivery work we are trying to strike the right balance between proactive, preventative work and making sure we have a safety net and interventions in place for when people need help. We will need a collective effort to be effective; we will work alongside and collaboratively with partners to make sure our interventions and actions are joined up and targeted where they are needed most.

Our three priorities are connected and so, in order to ensure some momentum with delivery, we are building them into main delivery projects that can iterate and develop their work, as well as ensuring links with frontline teams who are already supporting this work.

Some of our main delivery projects include:

- **Social prescribing**, known as the *Going Local* programme, is a network of Social Prescribers, working closely with our local GP surgeries to connect people into a range of community resources – helping people to address a variety of issues by focusing on what matters most to them. Both the referral network, and the portfolio of opportunities that the Social Prescribers and others can draw from, will be expanded as part of our *HealthyAW* strategy. Please see the [Going Local website](#)[64] for information on the Service.

- **Adur & Worthing Wellbeing** – reaching under-represented and disadvantaged groups that experience greater health inequalities, and supporting them to adopt healthier behaviours. Our programme is part of West Sussex Wellbeing and provides services including free and low cost support to people wanting to manage a healthy weight, give up smoking, increase physical activity and reduce alcohol. The programme also provides support to employers through workplace wellbeing advice. Please see the [Adur & Worthing Wellbeing website](#) for details of these and other services as part of the local programme to support people with healthier behaviours[65].

- **Food partnership** – Covering both the access to healthy food for all but also food growing and community participation in our food system – our food partnership is a central part of our *HealthyAW* work.

- **SustainableAW** This programme aims to address some of the most pressing environmental challenges facing all of us, including climate change, the loss of natural habitats, unnecessary waste and poor air quality. Many of the actions put forward to address climate change, such as promoting and enabling active travel, healthy sustainable diets, affordable warmth and clean energy and transport, also bring benefits to health.

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[64] [Adur & Worthing Councils website/Community-wellbeing/Going Local](#)
[65] [Adur & Worthing Wellbeing Website](#)

- **Good work** This programme is focused on one of the wider determinants of health: productive and rewarding work. It's about both connecting people to work and also helping to develop the steps we need to take to help people be ready to thrive in work.

- **Community spaces** This workstream is about making sure that we have provided spaces for our community groups to host and develop their own projects and programmes to support *HealthyAW.* The area of work also links with our social prescribing work, as well as programmes like the Great Outdoors (our series of events and activities that invite people into our green spaces).

The above priority projects are supported by work that is being delivered in other programmes or teams, for example:

- **Proactive** helping identify people who risk shifting from coping financially to not coping, and addressing their wellbeing needs as well as their financial challenges. The team provides practical support around debt and budgeting, getting online and learning digital skills, and building confidence in applying for jobs and preparing for interviews. It also advises people on which benefits they may be eligible for and, where needed, provides practical support on how to apply. It can refer people for help with loneliness and social isolation, for example to befriending services or to the social prescribing team, and it focuses on building an ongoing dialogue / relationship rather than a "once and done" approach.

- **Deliver pathways to affordable homes** – making sure that people have access to safe, affordable housing that promotes good health and wellbeing outcomes for its residents. A home is more than simply secure and well designed accommodation. It's a fundamental human need that underpins, not only the wellbeing of residents and their families, but also that of the communities they are part of. It is a place from which people can access day-to-day needs such as food, education and outdoor space, within a short walk from their home.

- **Developing the '15 minute city'[66] or '20 minute suburb'** concept locally. The 15 minute city is based on the premise that quality of life can be improved by creating areas where everything a resident needs can be reached within 15 minutes, either on foot or by bike. The concept requires minimal travel among housing, offices, restaurants, parks, hospitals and cultural venues, providing a 'hyperlocal' approach to place making. The ability to be close to and part of thriving neighbourhoods is key to continuing to lead a healthy and active life. This kind of thinking demands close links with partners, such as WSCC, who are responsible for some of the infrastructure needed here, but

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[66] The 15 Minute City (C.Moreno, 2019)

also with our own active travel ambitions where we can use walking paths or local cycling routes.

- **Fabric** - looking at how we bring health and wellbeing conversations into our community spaces and plans for town centres.

- **Local Plans** - making sure that we incorporate health and physical activity factors, as well as safety, into the design of our future public realm and housing.

- **Shaping our high streets and town centre**s Health and healthy activities are important in considering how to manage the best use of the public spaces in our town centres and seafront. When issuing concession licences, the team considers a blend of factors, including how health plays into that business or what that business generates for the location. Equally, our public spaces have a real opportunity to act as central health zones by providing for more formalised activity, such as marked out Parkrun sites (e.g. Worthing Promenade), walking trails and more 'sporty' activities such as watersports, in addition to the day-to-day activities such as walking and cycling.

- **Green and Blue space** – making sure that we are making our spaces accessible and inclusive and that they are designed, not just to support healthy and active living, but where increased activity is enabled and encouraged.

We will be reporting back on the delivery projects as well as tracking progress in the supportive programmes.

Appendix: Local Engagement

Draft priorities were developed which were based on published data, our learning from the pandemic and insight into how communities recover following a high impact event such as the Covid-19 pandemic.

The following draft priorities were shared with key stakeholders for their consideration and feedback:

- Emotional wellbeing and mental health

- Social connectedness

- The wider determinants of health – work, housing, finance etc

- Healthy environment: air quality, noise, access to green spaces, planning

- Physical activity and healthy lifestyles

A number of key questions were shared with residents and community groups around health and wellbeing and the responses summarised under themes which have been built into this strategy. Key themes were developed in response to enquiry questions, as follows:

Q1 What does good health and wellbeing mean to you?

Key themes:
- Meeting basic needs (food, shelter, work)

- Healthy body and mind (including exercise, healthy diet)

- Having friends and the ability to get support

- Feeling happy and positive, less worry, better resilience and balance

- Being able to live life and do the things you want to do

Example responses: *"Feeling resilient and able to cope with day-to-day stresses"* and *"Means not having to worry about basic needs and how you will source them"*.

Q2 What, if anything, has changed about your habits related to health and wellbeing in the last year (good and bad)

Key themes:

- 50/50 split of negative and positive changes reported

- Negative – particularly being more sedentary, less exercise, more isolated / less social, and busier

- Positive – finding more time to exercise, focus on diet and self-care

Example responses: *"I am more sedentary - go out far less, work from home and have moved to online shopping. So I am literally not moving as much"* and *"More flexibility in working hours so have been able to plan in exercise more flexibly"*

Q3 What do you need to support your health and wellbeing?

Key themes:

- Support for physical health – including diet, exercise and access to health care support

- More social connections and to get out more

- More space for self care and activities

- Building confidence and motivation

- Better employment and financial situation

Example responses: *"To build confidence again, lockdown to ease, more supportive employers"* and *"Reduce chocolate eating and increase exercise, which has begun"*

Q4 What are your hopes for your own health and wellbeing for the future?

Key themes:
- Remaining fit, well and healthy

- More exercise, better diet

- More social connection, space for self-care and activities

- To get help when needed

Example responses:*"Do a bit more exercise, more culture especially music and more time with friends in social scenarios"* and *"To live a full, long life with not too many episodes of illness"*