

**Minutes of a meeting of the
Joint Overview & Scrutiny Committee
Adur District and Worthing Borough Councils**

Remote Meeting via Zoom

16 September 2021

Councillor Joss Loader (Chairman)
Councillor Ann Bridges (Vice-Chairman)

Adur District Council:

Carol Albury
Vee Barton
Mandy Buxton
Joe Pannell
Sharon Sluman
Debs Stainforth

Worthing Borough Council:

Charles James
Richard Nowak
Russ Cochran
Louise Murphy
Jon Roser
Sally Smith
Carl Walker
Tim Wills

Absent

Councillors Sluman, Stainforth and Walker

JOSC/21/21-22 Declaration of Interests

Cllr Sally Smith declared an interest as an employee of Worthing Medical Centre

Cllr Russ Cochran declared an interest as a member of HASC

Councillor Jeremy Gardner declared an interest as a Vice Chair of Health Watch West Sussex

Councillor Louise Murphy declared an interest as a policy advisor to the Executive Member for Customer Services in Worthing.

JOSC/22/21-22 Substitute Members

Councillor Margaret Howard declared a substitution for Councillor Carl Walker

Councillor Jeremy Gardner declared a substitution for Councillor Sharon Sluman

Councillor Robina Baine declared a substitution for Councillor Debs Stainforth

JOSC/23/21-22 Confirmation of Minutes

Resolved: That the minutes of the meeting of the 15 July 2021 be confirmed as the correct record

JOSC/24/21-22 Public Question Time

There were no questions from the public

JOSC/25/21-22 Items Raised Under Urgency Provisions

There were no urgent items

JOSC/26/21-22 Consideration of any matter referred to the Committee in relation to a call-in of a decision

There were no questions

JOSC/27/21-22 Interview with Executive Members for Health and Wellbeing

Before the Committee was a report by the Director for Communities, a copy of which had been circulated to all members, a copy of which is attached to the signed copy of these minutes as item 7. The report set out background information on the Portfolios of the Adur and Worthing Executive Members for Health and Wellbeing to enable the Committee to consider and question the Executive Members on issues within their portfolios and any other issues which the Executive Members were involved in connected with the work of the Councils and the Adur and Worthing communities.

The Executive Members were present to answer questions

A Member asked the following question: *Anti social behaviour continues to be an issue at Shoreham Fort, despite our combined efforts to resolve this. Please can we have an update regarding the CCTV which has been promised for at least a couple of years and achievable timescales for its installation.* Members were told that the works were at the snagging stage. The time frame for completion of the work, delivery of the cameras and completing governance procedures was up to 2-3 weeks.

A Member asked the following question: *With WSCC withdrawing Children & Family services from the Wave and other community centres please can you advise how this will impact on WBC. Are there any contingency plans by WBC to mitigate any impact to vulnerable families?* Members were told that 12 hubs would remain open 5 of which were across Adur and Worthing. The Service had been redesigned by West Sussex so that services were not provided from a building. Early help would be taken straight to families. WBC would continue to support families that were vulnerable in a variety of different ways, including through support to voluntary and community sector groups and organisations which worked with families provided by Community Works, and through funding the provision of advice services such as the service delivered by Citizen's Advice. WBC provided services which were designed as a safety net for people, for example the Proactive project, Social Prescribing, One Stop Junction and Adur & Worthing Wellbeing. Additionally, WBC worked in a preventative way to help support families before they became vulnerable such as the work around the development of a food partnership and a more integrated local food system, and support to the Community Food Network of projects supporting families with emergency food and other help such as school uniforms

A Member asked the following question: *What are the key health and wellbeing challenges in Worthing going forward for the next 12 months?* Members were given the following priorities Priority 1 - To improve health and wellbeing for all, focusing most on our communities with the poorest health and wellbeing, Priority 2 - To create places, spaces, and environments that promote and enable good health and wellbeing, Priority 3 - To promote stronger community resilience in our communities and our workforce

A Member asked the following question: *Looking at the new Health and Wellbeing strategy, I can't see evidence here of the Council producing a detailed health needs assessment for Adur? A health needs assessment is an analysis of the distribution and experience of social determinants of health across towns in Adur and can be used to develop a clear strategy? Has a detailed health needs assessment been done in Adur and if so can you share the key findings? If not, why has it not been done prior to the development of the strategy?* Members were told that the Health and Wellbeing Strategy had been developed based on available data and insight, which would be developed further as part of the Strategy Delivery Plan. Up to date detailed data summaries were available at Ward and District/Borough level areas through Local Insight. These reports, which were also publicly available, detailed the health issues of each area, and the wider determinants of health such as employment, housing, access and transport.

A Member asked the following question: *In the most recent health profile of Adur, life expectancy is 7.3 years lower for men and 6.6 years lower for women in the most deprived areas of Adur than in the least deprived areas. Going forward, what will be the key interventions to meaningfully reduce these health inequalities, which areas will they be targeted toward and why?* Members were told that in general terms, key health issues across the entire Adur population were 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. There was a higher than the county average of low income families in the Adur area and the Authority would use data and engagement to work in a more informed way to reach and support in order to prevent those families becoming vulnerable. The Authority also knew for example that there were issues with higher levels unemployment amongst the 18-24 age group in Adur compared to the South East, so support through interventions such as the Youth Employment Hub will be particularly important. There were three wards which had been identified as having particular challenges - Churchill, Peveral and Eastbrook. These wards had deprivation measures for health, employment and education that are in the 10% or 20% most deprived in the nation. The Strategy Delivery Plan would clarify the key interventions to reduce health inequalities, which included better use of data and community engagement to help inform and guide the design and delivery of services. Interventions would include projects such as Proactive, which aims to intervene early to reduce the number of people becoming vulnerable and effectively signpost to the available support to strengthen routes out of vulnerability.

A Member asked the following question: *The new HealthyAW 2021-2024 strategy has, as one of its three key priorities, the ambition to promote stronger community resilience. Whilst I appreciate that the delivery plan will take another two and a half months to formulate and be published, would you please provide some insight for the committee as to the mechanisms which might be deployed by the Council on the ground to deliver this ambition?* Members were told that the Strategic Delivery Plan would be available in November 2021.

A Member asked the following question: *I have been in regular touch with officers regarding the reinstatement of the suspended out-of-hours noise service. What is the current status for reinstating this service and timescales, please?* Members were told that the Councils were working with the current provider and Arun DC (with whom we share the out of hours service) to ensure relevant and robust Data Protection procedures were put in place - the lack of which was the reason the service ceased at the end of June. This was taking longer than hoped.

A Member asked the following question: *Does WBC intend to adopt new procedures to identify those who could fall through the gaps and will WBC monitor the effect on vulnerable families?* Members were told that the teams were doing a range of significant work to meet the needs of vulnerable people and families, including supporting the work around food, Good Work and mental health and wellbeing. The work of Proactive is also an important part of this and would continue to enable the Councils to use data, triggers and indicators that a family might be in difficulties, such as missed rent or Council Tax payments, and to contact them before they had got into debt to see whether they needed support and/or signposting and referring them onto help.

A Member asked the following question: *Our new Health and Wellbeing Strategy notes that residents and community groups have been consulted in the development of this plan. Can you give detail on this? Exactly how many Worthing community groups and residents have been involved and how have they played a role in its development?* Members were told that the engagement process to develop the Strategy included: Invited feedback on draft themes with stakeholders 06 July - 23 August 2021 through email and meetings leading to the strategy themes being refined; Distributed to voluntary and community organisations (VCS) through Community Works networks, Presentations given to the Older People's Forum and the Community Food Network and a virtual interactive workshop held with the Community Food Network to gather responses; Detailed email responses were received from a range of internal council staff teams & external people including: GPs, Health and Wellbeing Partners, Councillors, Public Health West Sussex, Community Works, South Downs Leisure & Health Watch; Invited response to enquiry questions April - May 2021 via an online questionnaire - responses were used to test themes. Distributed via email networks with 45 responses received for Adur and Worthing combined (postcodes were not taken for confidentiality)
Draft of the strategy shared 12 August 2021 for comment with partners - comments considered and incorporated into final draft.

A Member asked the following question: *The most recent health summary for Adur suggests we perform worse in hospital stays for self-harm, excess winter deaths and hospital stays for alcohol-specific conditions than the national average. Why is this and how will our new Health & Wellbeing strategy address these?* Members were told that with regard to health issues such as self harm and alcohol abuse, there was a complex set of driving factors, and the causes are not always unknown as reasons will be different for different people. It could be a way of dealing with something that had happened in the past, or that's happening at the moment. Any difficult or painful experience can cause someone to self harm. Alcohol use disorder typically developed gradually over time. It's also known to run in families. There needed to be a collective effort between the Councils and partners (WSCC, the NHS, community and voluntary sector partners, schools and colleges) to work together in a preventative approach to support people before they became unwell. A Delivery Plan for the Strategy would be developed which would include detail on the focus for work over the next 2.5 years. This would clarify the detail of what

the Councils would do to help prevent self harm and alcohol abuse such as working on a 1:1 basis with people who had recognised their drinking has increased through our dedicated Alcohol Wellbeing Advisor, and signposting people who were already dependent to the local Drug & Alcohol service provided by CGL. The Councils would also be developing work with the LCN (Local Community Network) partners which have recently agreed to focus on young people and mental health as a priority going forward and to better collective and collaborative action across the system to make a difference. The Strategy also looked to make better use of data and engagement, to support working in a preventative way, enabling community assets and providing a safety net for people.

A Member asked the following question: *With the closure of childrens and family centres in both Sompting and Fishersgate, how will other asset-based community development in Adur be mobilised to meet the level of need in these areas?* Members were told that this would form part of wider work in communities as part of the new A&W H&W Strategy, including an agenda around food and prevention and especially work to develop more asset based ways of working. The Authorities were also prioritising young people and mental health as part of partnership working.

A Member asked the following question: *Priority 2 of HealthyAW 2021-2024 describes the ambition for places, spaces and an environment that promote and enable good health and wellbeing and the strategy document states that this means, inter alia, ensuring everyone has a good home to live in. In this context, and in relation to privately-owned housing stock, would you please provide the committee with an indication of the possible delivery pathway(s) for such an ambition and how can this be practically delivered by Council staff and affordably achieved given our budgetary constraints?* Members were told that it was the Councils' ambition and would be achieved through a variety of work streams and interventions:

Private Sector Services inspect properties with disrepair issues and carry out enforcement when needed, working with the Housing Needs Team when not fit for occupation; Delivering Pathways to Affordable Homes Strategy will bring focus to a variety of housing streams that will raise standards of TA through delivering owned stock. Work with communities, developers and RSL's to realise the full potential on development sites to meet our local need as well as expanding our Opening Doors scheme to deliver more homes; Opening Doors provides grants for improvements and repairs for privately rented homes on the scheme; Partnership working with WSCC to deliver Extra Care and Young Persons housing schemes; Working with MHCLG and Homes England to maximise our grants to develop our stock

Working in partnership across the County to develop housing interventions that meet the needs for complex need homeless and rough sleepers to reduce repeat rough sleeping.

A Member asked the following question: *What are the biggest challenges to community safety being reported at the moment and how are these issues being addressed?* The Committee was told that the biggest challenges to community safety included the increased volume and complexity of casework. For children, young people and adults impacted by crime, disorder and ASB the Authority was witnessing increased mental health concerns and multiple issues impacting families. There were strong partnerships which ensured that the Councils were signposting appropriately. The Councils had successfully gained funding which supported a public health approach to addressing the root causes of offending, for example, piloting an approach to reduce school exclusions, and using grant funding to increase access to mentoring and bespoke support for children. The Councils were increasing the resources in the Communities and Wellbeing Team to support people impacted by ASB and hate crime.

A Member asked the following question: *GP access continues to be an issue and I have welcomed the discussions we've had with the MP. What is ADC doing to help ensure that primary care access improves this Winter, as part of its "cross-cutting health issues and NHS liaison" responsibilities, particularly for those who struggle with telephone or digital access (for example, those where English is their second language or older residents who may have hearing or sight loss)?* Members were told that Primary Care colleagues remained under immense pressure with significant demand for their services. Many were working with the EConsult platform to enable people to self refer themselves to surgeries and balancing this with telephone and face to face appointments. Each of the surgeries worked to ensure access for patients and therefore have access to translation facilities. In addition, Social Prescribing and Wellbeing Services were available for GP's and other primary health care staff to refer their patients too. People in Adur & Worthing often accessed their GP surgery for a variety of non-medical reasons and our services can support and motivate these people to be connected into their communities, establishing meaningful links and improving health & wellbeing along the way. Those connections could include support for people who were socially isolated or those who struggled with communication or access needs. This meant GPs and other primary health care staff were more available to treat those in need of medical care.

A Member asked the following question: *The strategy talks about the 'asset-based community development' approach, but fails to describe what that is or mention any assets in Worthing. What is asset-based community development and exactly how will community assets in Worthing be used to meet the strategic aims of our new strategy?* Members were told that asset-based community development (ABCD) was about working with the strengths (or assets) within communities to help solve complex issues. Assets could be people's time, skills, or passion. They could also be physical infrastructure such as buildings or places. Taking an ABCD approach meant identifying and working with the assets we have in ways that acknowledge that communities are also the experts in terms of their lives, their communities and how to solve their own issues. As part of the A&W Health and Wellbeing Strategy the Councils would be working to identify community assets and to share this data and insights with communities. More detail would be provided as part of the Strategy Delivery Plan.

A Member asked the following question: *Given the importance of asset-based development in our new strategy, what are the key community assets that the council have identified across Adur and how will these be used to reduce health inequalities in the different towns across the area?* Members were referred to the previous answer and were told that the authorities were developing an online interactive map of community assets which identified assets such as community groups, services, open spaces etc across areas. This would be used to work on a place based basis, developing a multidisciplinary approach to help enable those community assets.

A Member asked the following question: *How will we know if the new Healthy AW strategy is successful? What are our outcome measures?* The Committee was told that these would be set out in the forthcoming Strategy Delivery Plan, which would include impact and outcome measures.

A Member asked the following question: *Given that Worthing hospital rates for self harm were substantially worse than the national average in every year of the last ten years, how can you give us confidence that this new strategic plan can finally address these?* The Committee was told that there needed to be a collective effort between the Councils

and partners (WSCC, the NHS, community and voluntary sector partners, schools and colleges) to work together in a preventative approach to support people before they become unwell. A Delivery Plan for the strategy would be developed which would include detail on the focus for work over the next 2.5 years.

This would include working with the LCN (Local Community Network) partners who had recently agreed to focus on young people and mental health as a priority going forward, and to collective and collaborative action as a system in order to make a difference. The Youth Employment Hub opened its doors this year to young people aged 18-24 who had been referred by a work coach. The Councils were working in partnership with Sid Youth to provide additional coaching support to people attending the Hub, which could signpost them to other support available. Adur & Worthing Wellbeing would continue its preventative approach to alcohol misuse, working on a 1:1 basis with people who had recognised their drinking had increased, and signposting people who are already dependent into the local Drug & Alcohol service provided by CGL. The Safer Communities 3 year strategy also prioritised early intervention to support young people who were experiencing multiple stressors in their school or home life. The Councils had continued to use external funding to provide mentoring to young people experiencing a variety of challenges including emotional wellbeing.

A Member asked the following question: *The pandemic had seen a sharp rise in dog ownership nationally. Has this caused a significant issue with dog control in Worthing?* Members were told that the Councils had not noticed any particular issues in Worthing. The numbers coming through remained consistent with previous years and related mainly to lost dogs, dogs barking, dogs off leads and dog fouling.

The Councils believed social media was being used to 'self help' with some issues, with for example dog Facebook groups in Worthing having been set up to help with lost and found dogs. Engagement was being sought with these groups to ensure working better together and avoiding duplication of work.

The Executive Members were further questioned on deprivation, how grant money was being filtered to district and borough and the work of the Licensing team.

JOSC/28/21-22 Joint Overview and Scrutiny Committee Work Programme for 2021/22

Before the Committee was a report by the Director for Digital, Sustainability and Resources, a copy of which had been circulated to all Members, a copy of which is attached to the signed copy of these minutes as item 8. The report updated Members on the progress of the Work Programme.

Members noted the work programme and asked that they receive a copy of the Joint Strategic Committee report on the Strategic Delivery Plan in 2022

Resolved: that the Work Programme be noted as amended

The meeting was declared closed by the Chairman at 8.15 pm, it having commenced at 6.30 pm

Chairman