



ADUR & WORTHING
COUNCILS

Joint Strategic Committee
12 January 2021
Agenda Item 8

Key Decision [Yes/No]

Ward(s) Affected: All

An overview of the Adur and Worthing Public Health Strategy

Report by the Director for Communities

Executive Summary

Purpose

1.1 The purpose of this report is to provide:

- A high level overview of the progress that has been made on the Councils Public Health Strategy, which is due to come to an end March 2021,
- Discussion of the significant work that has been underway in relation to Covid and the challenges we face as we build back in a post-pandemic world, especially around tackling inequalities and being more inclusive, and
- A starting point for the development of a new strategy during 2021 which will engage our partners and communities

Recommendations

2.1 Members are asked to note the contents of this report and to strategically support the proposal to develop a 'place based' approach to tackling health inequalities to meet local needs.

3. Context

3.1 What is Public Health and why does it matter?

- 3.1 Public Health has been defined as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (Acheson, 1988; WHO). Prevention lies at the heart of this work and much of the factors that play a role in preventing and promoting good or poor health fall within the influence of councils. These can be referred to as the wider social determinants of health and are the conditions in which people are born, grow, live, work and age which are affected by housing; green spaces; leisure facilities; employment, education, social and economic.
- 3.12 The [Health and Social Care Act 2012](#) recognised the unique role of councils, and brought public health functions back under the control of local government and away from the NHS. Whilst public health sit with the County Council, the role for districts and boroughs is crucial, given their closeness to local communities and many of the core functions they have, including housing, the environment, planning policy, community development and engagement, community safety, benefits, regeneration and economic development; all of which are critical drivers for good population health.
- 3.13 However health is not something that is felt equally across our communities. In February 2010, Sir Michael Marmot’s report ‘[Fair Society Healthy Lives](#)’ and the follow up to this ‘[The Marmot Review 10 Years on](#)’, provide seminal overviews of the health inequalities felt across our communities, evidenced by the differences in life expectancy between our poorest and most affluent neighbourhoods, the need for early intervention and the case for ‘proportionate universalism’ i.e. providing services for all, but targeted most at those in need. Most importantly these reports underscore the role that local government plays in solving these issues.
- 3.14 Covid has shone a light on the death toll distribution across our country. [‘Build back Fairer: The Covid 19 Marmot Review](#)’ published December 2020, highlights the impact of this disease on communities that experience inequality in our communities including minority ethnic communities..
- 3.15 This evidence calls for the urgent need to do things differently and to build healthy equity into everything that the government does. District and Borough Councils clearly have a key role to play, not only through leadership and influence, but by providing and enabling conditions for people to thrive, and working alongside with local communities to deliver solutions that work.

3.16 This pandemic has really highlighted the differences our communities experience in access to the resources to maintain good physical and mental health in Adur and Worthing and the importance of good public health. There have been some positive impacts from the work of our community response and a greater raised level of awareness around health inequalities and the social determinants of health. This gives us a great foundation to build the next iteration of our public health strategy.

3.2 Our public health history and strategy approach

3.21 Good health and wellbeing lies at the heart of our Councils approach, with a clear and bold commitment to this within our pandemic bounce back strategy, [And then](#), and our broader strategy of [Platforms for our Places](#). Our work began early, with Members agreeing the first District/Borough Council Public Health Plan in West Sussex in 2014. This acted as a framework to develop more integrated and purposeful action on public health and was reviewed at [JSC in November 2016](#).

3.22 In October 2017, Members approved the follow on '[Public Health Strategy 2018-2021: Start Well. Live Well. Age Well](#)', which focused on five priority areas which were identified with stakeholders, using local health data. These priorities were:

- We all have the opportunity to enjoy good mental wellbeing and emotional resilience (at all life stages)
- We contribute to improved environmental sustainability
- We can all access and make positive use of our open spaces
- We all have the opportunity to enjoy a healthy lifestyle (diet, weight, smoking, physical activity, alcohol, drugs and sexual health)
- We can all enjoy good social connections via purposeful activity at all stages of our life.

3.23 Projects were identified in relation to each of these priorities and reported on a quarterly basis to the previous Director for Communities.

3.24 This plan is due to end in March 2021 and we are now providing a high level review of its impact in preparation for the creation of the new strategy.

3.3 Our role as a place leader for health and wellbeing

- 3.31 As a place leader, Adur and Worthing Councils have continued to play a key convening role around health and wellbeing and have been involved in the Adur and Worthing Health and Wellbeing Partnership for around 17 years. This includes a number of statutory and voluntary sector partners (including WSCC, Primary Care Networks, West Sussex CCG, Sussex Community Foundation Trust, Community Works, Mind, Citizens Advice, Guildcare, Age UK and many other charities and groups) and evolved from a partnership with funding to deliver public health work, to a partnership focusing on collaboration, sharing insights, addressing gaps and driving shared activity.
- 3.32 Over the last few years this partnership focused on key themes relevant to our places, the last one being around loneliness, using a design led approach to develop a shared understanding across the system to loneliness (see 3.82 for further details).
- 3.33 At the beginning of 2019 as a result of the drive towards more integrated working around population health, the NHS instigated the development of Local Community Networks (LCNs), to bring together local system partners to work with the NHS to focus on prevention activity around health and wellbeing. Adur and Worthing developed an LCN in each area, with our Councils played a key lead role in these partnerships, resulting in the formation of strong relationships and with Primary Care and a shared focus on some key priorities for our systems.
- 3.34 This in turn led to the development of important work around, for example, young people and mental health (Find it Out Plus, and children's social prescribing), adult health and wellbeing (social prescribing and the expansion of Going Local) and work around loneliness.
- 3.35 A combination of Covid and changes at the NHS has led to both of these partnerships being suspended whilst officers and NHS colleagues have focused on the pandemic response. However throughout this work, a partnership of statutory and voluntary sector partners have continued to meet throughout to ensure strong collaboration around health and wellbeing for our communities. A key part of this work has been through our partnership with Community Works and our own officers starting to make links with local communities, including minority ethnic groups, with regard to the impact of Covid-19 in our minority ethnic communities.

3.4 A look at our Public Health work

3.41 The following section looks at each of the Public Health priorities in turn and gives a flavour of some of the work that has been carried out.

3.42 **Priority 1: We all have the opportunity to enjoy good mental wellbeing and emotional resilience (at all life stages).**

3.421 Good mental health and wellbeing is fundamental for our communities and associated with an increase in life expectancy, improved quality of life, improved physical outcomes, improved education attainment, increased economic participation, and positive social relationships.

3.422 The Councils demonstrated their commitment to becoming **dementia friendly** organisations, by joining the Dementia Action Alliances through Members approval at the [Joint Strategic Committee in April 2017](#). This work has been taken forward through a coordinated action plan which focuses on: the training of front line staff; accessibility of our public buildings and open spaces and supporting staff who might be carers of someone living with dementia.

3.423 Around 20 key front line staff across different services have been trained as **Dementia Champions** including: Customer services, Theatres, Parking Services and the Car Park Operations Team. Dementia Champions play a key role by raising awareness and encouraging others to make a positive difference to people living with dementia in their community. They do this through the provision of information about the personal impact of dementia, and focusing on the built environment, which can have a profound impact on how a person with dementia perceives, experiences and engages with the places and spaces in which they live. People living with dementia have undertaken audits on our buildings and open spaces, which are accessible to the public, including the Town Hall, Portland House and the Crematorium and Beach House Grounds and identified ways in which improvements can be made including additional signage and markers.

3.424 More than 30 staff have been trained and certified as **Mental Health First Aiders** (MHFAs). MHFAs are trained to notice signs and symptoms of mental ill health, have the confidence to act promptly and the skills to provide initial support through non-judgemental listening and guidance towards the right help. MHFAs can also advocate on behalf of someone with mental health issues and work to promote and raise awareness of mental health issues across the councils.

3.425 The scheme is coordinated and supported by the Communities and Wellbeing Team. MHFAs report spending a varied amount of time supporting colleagues, from around 20 minutes a month. The types of issues reported to have been supported include:

- Stress
- Bereavement
- Relationship breakdowns/issues
- Family health conditions

MHFAs also report the training has enabled them to have more open and supportive conversations with their friends and family outside of work.

3.426 MHFAs have had to adapt their ways of working now that teams are mainly working from home due to Covid. They are actively checking in with team members, especially with those staff who live alone or who are showing signs of stress.

3.427 **'Well@Work'** is a staff led initiative promoting wellbeing for staff across the organisation. This is an internal campaign, to encourage staff to create and lead activities which improve their wellbeing. This programme, which was launched in 2018, was informed by a staff survey (43% of staff responded) that asked how happy, healthy and safe people felt in the organisation. It gave the opportunity for staff to suggest activities that would benefit their wellbeing and number of these were developed across teams. The impact of these have identified greater improvements in wellbeing in staff, which is fundamental to a strong and resilient workforce.

3.5 Priority 2: We contribute to improved environmental sustainability that supports our health and wellbeing

3.51 A range of work has been undertaken in relation to environmental sustainability to support our health and wellbeing and to connect to the Sustainable AW platform work. The draft Pre-Submission Worthing Local Plan includes a Strategic Policy on Healthy Communities (Policy SP3), which provides a high level policy that highlights the relevant elements needed to provide the foundations for achieving health and well-being amongst the built and natural environment in Worthing.

3.52 Health and well-being are cross cutting themes in this policy framework, and therefore Policy SP3 needs to be read alongside other policies in the Plan that seek to address the wider determinants of health. An example is Policy DM15:

Sustainable Transport & Active Travel which seeks to locate and design development and supporting infrastructure, to facilitate active and sustainable travel, to minimise the need to travel by car.

- 3.53 Furthermore, the policy seeks to ensure that sustainable forms of transport are considered in the first instance, with the provision of facilities that will encourage walking and cycling to be the natural choice for shorter journeys. Following approval at Worthing Council on 15 December, the Plan is due to be published for Regulation 19 Pre-Submission public consultation in late January. Following consultation, the Council will submit the finalised Plan to the Secretary of State for independent Examination by a government appointed Inspector.
- 3.54 The [Local Cycling & Walking Infrastructure Plan](#) is central to our public health efforts and is now complete, adopted and published on the council website. The Plan benefitted by expert input from the A&W Walking & Cycling Action Group attended by members, officers and local stakeholders. The Plan was developed following a highly successful public consultation in which 89% of respondents supported the principle of improving cycling infrastructure through over 350 responses received.
- 3.55 A [Staff Travel Action Plan](#) is being implemented and a new Staff Transport Policy is under development. This aims to support greater uptake of active travel and low carbon business travel. Donkey Bikes have been made available to all staff free for business travel and cycling facilities have been improved for staff. A new Cycle to Work scheme has been launched for staff, offering 32% off bikes up to £2,000 which allows for the purchase of electric bikes.
- 3.56 In order to improve air quality and reduce carbon emissions the councils are undertaking work to support the shift to electric and ultra low emissions vehicles. The councils work this year approved our involvement in a countywide EV charging network that will provide a consistent and affordable charging network across the county. All pool cars for business travel have been switched from petrol/diesel to hybrid electric and the first electric vans have been purchased and a trial of an electric Waste Collection HGV has been trialled in the effort to reduce carbon and air quality impacts.
- 3.57 Whilst development of the Adur Air Quality Action Plan has been delayed due to Officers working on Covid related activities and enforcement an update to the air quality modelling for Shoreham High Street has been completed which will assist the development of the Action Plan.

- 3.58 The [EASIT ADUR & WORTHING](#) travel discount scheme was set up by the councils in 2019 and has been extended and is now available via 26 Organisations to 26,000 staff, The scheme helps to make it easier and cheaper for employees of the councils and businesses across Adur & Worthing to choose sustainable travel options.
- 3.59 There has also been considerable community consultation on how to increase active travel undertaken through Zero 2030 the Community Led Climate Conference; and the AW Climate Assembly. This consultation will be built on throughout 2021 and a further programme of actions developed through the Assembly Recommendations and SustainableAW Community Actions.

3.6 Priority 3: We can all access and make positive use of our open spaces

- 3.61 There is an overwhelming body of evidence that highlights the beneficial outcomes for both mental and physical wellbeing from the presence and use of open spaces in our communities. Indeed, the Marmot report (above) identified the central importance of access to green spaces for good wellbeing.
- 3.62 The focus of our Parks Teams therefore forms a central part of this plan through the provision and maintenance of urban spaces of parks, playgrounds, residential greenery and access to outdoor space more generally are fundamental for good mental wellbeing and physical health, providing psychological relaxation and stress alleviation, stimulating social cohesion, supporting physical activity, and reducing exposure to air pollutants, noise and excessive heat.
- 3.63 There are clear interconnections between environmental sustainability and human health and wellbeing. The concept of wellbeing has internationally standardised metrics for the subjective wellbeing of the population (including quality of life, happiness, anxiety and life satisfaction). The associated research has indicated the potential importance of good quality environments to promote subjective wellbeing. The Parks and Foreshore team have brought health and the environment into the team's conventional economic decision making - commonly known as the 'Natural Capital' approach. Natural capital such as air, water and living things etc lead to ecosystem services like crops, trees, or our landscapes, which in turn impact on our food, physical health, mental health. Our management of our open spaces has natural capital

management at its core, therefore ensuring our ecosystems thrive whilst also improving our wellbeing-related goods and services.

3.64 Our Councils have also co-funded work of The Conservation Volunteers with the National Lottery (TCV). **Growing Communities** aims to improve the physical health and mental wellbeing of residents in Eastbrook and Northbrook through increasing engagement in and enhancement of local public green and blue spaces.

3.65 Growing Communities has worked with residents and community groups to identify projects and activities including: community gardening; Green Gym schemes and led walks. The project has improved some of our green spaces and increased the number of people using them. Focusing on a participatory development approach with communities to build the engagement of communities, skills and confidence to take part in and lead health and wellbeing work in our green spaces. Growing Communities has worked alongside the Councils team of Park Rangers which runs a variety of activities and events across our parks and open spaces that supports engagement, direct connections to nature and links to local communities. The rangers support volunteering opportunities across all of our parks and open spaces that also provides community networks and connections into nature.

3.66 This has been focused in two of our most disadvantaged areas - Northbrook and Eastbrook and has led to the creation of 600 activities since 2017, including green gyms, activities for families, friends of green space groups and more creative activities. This work has led to 18,000 attendances across 600 activities, with 4,773 people. All of those that participated reported reduced anxiety levels and greater life satisfaction.. (See Appendix 1 for more information)

3.7 We all have the opportunity to enjoy a healthy lifestyle (diet, weight, smoking, physical activity, alcohol, drugs and sexual health)

3.71 Evidence shows the main risk factors linked with cardiovascular disease to be: poor diet, physical inactivity, smoking and excessive alcohol consumption ([NICE Public Health Guideline 25](#)). A healthy lifestyle can help to prevent major causes of death and illness, such as type 2 diabetes and many cancers and increase life expectancy . This is vital for thriving communities and a strong economy.

- 3.72 To support the development of healthy lifestyles, the Councils have commissioned Dr William Bird, from Intelligent Health, to develop a **Physical Activities Strategy** for the communities of Adur and Worthing. The strategy will provide a clear vision for the Councils and our partners to encourage people to get active and enjoy and appreciate our outdoor green and blue spaces. Once approved by the Councils (in Spring 2021), this strategy will inform and involve key partners in the development of a co-produced delivery plan.
- 3.72 **Adur & Worthing Wellbeing** has become firmly established as the core service for people who want to adopt a healthier lifestyle. Funded by Public Health West Sussex County Council, the service is delivered through a team of staff within the councils, with additional projects contracted to external agencies for delivery on the Council's behalf. Its aim is to reduce health inequalities and help prevent ill health through interventions focussed around factors that affect a person's health and wellbeing such as: physical activity, weight management, smoking cessation and reduction of alcohol and targeted where we know we can make the most difference, using data and evidence of local need.
- 3.73 The service is delivered through one to ones, group based workshops and courses and pre Covid, was supporting on average 3,000 residents and people working in Adur and Worthing each year. The age breakdown of referrals of this adult targeted service is: 27% 18-39 yr olds, 37% 30-54 yr olds, 22% 55-64 year olds, 10% 65-74 year olds and 4% 75-84 year olds. 88% of referrals are White and White/British with 70% females and only 30% males.
- 3.74 Whilst there are many support options for people who want to manage a healthy weight or to stop smoking, we know that many of the people who experience greater health inequalities will also experience barriers to accessing these such as: prohibitive cost, cultural barriers and often, a lack of confidence. We therefore actively design our projects to reduce these barriers as much as possible, using the principle of 'proportionate universalism' i.e. the services are universally available for all, but are targeted very specifically towards those most in need.
- 3.75 One of the ways we actively target is through the use of different settings for delivery, for example, working in communities where we know there are reported higher levels of deprivation and through workplaces to reach particular groups of people less likely to readily access services such as men (who total only 30% of referrals) and also people in lower socio economic

groups. By targeting workplaces where we know men traditionally work such as garages, or where people are employed in lower paid jobs, we make it easier for people in these groups to engage with our services. (see the case study B in Appendix One).

- 3.76 The full Wellbeing programme this year includes: **adult weight management** courses (with some designed specifically to appeal to men). We deliver around 12 community based courses every year supporting almost 200 people to manage their weight. An average of 70% of participants achieve at least a 3% weight loss. Around 30 free **Pre Diabetes** Workshops (for people with a raised blood glucose level) are delivered each year, with up to 20 people, most of whom have been referred directly by their GP attending each session. **Physical activity taster courses** offer people who are inactive the chance to try low level exercise in settings such as local parks and community centres. Courses include; Couch to 5K, Introduction to circuits, Pilates and Boxing. Participants are supported to continue with exercise beyond the taster sessions and 100% of participants report that they have increased their activity levels. Free 12 week rolling **Falls Prevention Courses** are for anyone feeling less steady on their feet and are carefully designed to help people to build strength and confidence and prevent a fall. Our **Wellbeing Advisor for Alcohol** has recently joined the team and will be offering one to one interventions with people who are drinking too much, to help prevent potential dependency from early 2021. **Cookery Courses** support people with little or no cookery skills to master the basics of preparing healthy low costs meals from raw ingredients. The programme of interventions develops and refines each year, reflecting the changing needs of local communities.
- 3.77 The staff team that deliver the wellbeing programme were all reassigned to support the Councils Community Response to Covid 19 in early March 2020, in various roles. Toward the end of the Summer, as requests for help due to covid reduced, staff moved back into their substantive posts. The team have adapted this work in response to the pandemic and have created online offers for courses and one to ones, with the service starting again from early September 2020. The majority of the team are now fully back in their roles and covid specific requests are very low.
- 3.78 The nature of referrals seems to have changed compared to pre covid. Although the majority of requests are for support with managing a healthy weight, healthy eating and physical activity, we can see a marked increase (90%) in clients reporting wellbeing and mental health needs at all levels (low, medium and high). Pre covid, around 50% of people coming into the Wellbeing Service reported low to medium level of mental health needs.

People saying they have mental health issues are saying they have not been reporting feelings of depression and anxiety to their GPs and that therefore these feelings have intensified. We have also seen evidence of addictive behaviours which have been hidden or intensified.

- 3.79 [‘Going Local’](#) is another of the Councils’ approaches to good health and wellbeing, providing a critical bridge for people to social support and activity around their wellbeing. Social Prescribers support people who are referred by Primary Health Care staff to focus on the non-medical issues affecting their health - allowing for more focused interactions with their medical professionals. The Social Prescribers work closely on a one to one basis and guide people to find the support they need to improve their health, wellbeing and social welfare.
- 3.710 Normally, working from GP practices (but this year online/over the phone), these officers use motivational interviewing practices to really engage people and connect them into services and communities to improve their health and wellbeing. The Social Prescribers connect people with housing support, financial assistance and finding new and exciting activities for a person to get involved with - collaboratively forming a plan of action and empowering the person to make decisions. This work has been reported to this [Committee in 2018](#)
- 3.710 The Going Local Team provides social prescribing support for all of Adur and Worthing’s GP surgeries. To date in 2020, 1231 people have been supported by this service, an increase in 225 compared to 2019. As well as referrals from Primary Health Care staff, the team have, this year, started to accept self referrals, which now make up 35% of the caseload. This self referrals cohort reflects a group of people who are struggling but have not yet gone to their GP for help - an early help approach to support.
- 3.711 This year, the team has primarily been supporting people around their mental health and helping to address social isolation as well as accessing food, finance and improving lifestyle factors. Key services that referrals have been made to by Going Local include WHAT (for Housing advice), OneStop (for finances support), Time to Talk Befriending (for befriending) and MIND (for mental health). For people that have needed emergency need through the pandemic the team have been referring through to the Councils’ cohort of volunteers as well as the Mutual Aid Groups who have been providing extremely valuable support for those in emergency need.

3.712 Social prescribing especially forms a strong part of our prevention work, especially as part of our post-pandemic planning. The work of the social prescribers is about enabling people to identify and work with the change that is needed to improve their wellbeing and to connect them with the right types of services and activities to enable them to do this. This forms a central part of how officers are building the broader prevention work, working in person centred ways and linking people into the assets in our communities that can assist and improve their wellbeing

3.8 We can all enjoy good social connections via purposeful activity at all stages of our life.

3.81 Research shows that loneliness and social isolation are harmful to our health. The Mental Health Foundation Report '[The Lonely Society](#)' found that loneliness and social isolation are not just issues that affect older people; loneliness is especially a problem for younger generations, and changes in the way we live and work that affect our relationships, are having more of an impact on younger ages. Loneliness has been shown to increase the likelihood of poor physical and mental health, the risk of becoming involved in criminal activity and reduction in future employment opportunities. Chronic loneliness however is still most prevalent amongst the older adult age group and increases with age.

3.82 To respond to some of the challenges, the Thriving Connections project was led through the Health and Wellbeing Partnership and engaged with partners from across the system to explore loneliness and intergenerational approaches, using a service design approach to consider the benefits of children aged 5-11 spending time with older adults in community spaces.

3.83 More than 50 partners from different sectors took part in the project, attending stakeholder events and carrying out research interviews with professionals working in schools, parents, children, older generations, people from organisations working with older generations, managers of community spaces (parks, community managers). Officers focused on a geographic area in East Worthing to understand the problem at a very local level.

3.84 The design work, which took place over the course of a year has led to exploration around 'Outcome Based Commissioning' where service providers co-design activities, ensuring there are no duplication of activities in the system; an exploration of a micro grants scheme with an open call out to people (individuals, organisations, etc) for new ideas or existing solutions to address needs. There has also been a key outcome through the joining up of

professionals from different agencies to create a shared narrative around loneliness and social isolation.

- 3.85 People in our communities have reported feeling lonely through the covid pandemic with friends and families unable to get together as they have done previously and people adapting to working at home rather than in a shared space with colleagues. The Thriving Connections project, and approach, is being incorporated into the new place based approach we are developing with partners.

4.0 Issues for consideration

- 4.11 Our Adur and Worthing Public Health Strategy formally ends in April 2021. In recognition of the work still underway around Covid and staff capacity currently, this report forms a light-touch review. Whilst the Councils have achieved a significant amount during this period for our communities, it is clear that there remains much to do to sustain and build upon our public health work, especially in light of a new Covid world.
- 4.12 As we move through the pandemic, our focus is upon creating more integrated ways of working across health and wellbeing for a post-pandemic world, focusing on those things that really matter to people and enable them to cope, manage and hopefully thrive - access to finance and money skills, good work and skills, access to housing, healthy lifestyles, emotional wellbeing and connectedness. Our social prescribing approach outlined above, will form the centerpiece for how we want to develop this approach, focusing on a person centred ways of working with our communities and enabling and developing local community assets to assist people in their health and wellbeing journey.
- 4.13 The And Then document highlights the need to work closely with initiatives such as our new Adur and Worthing Food Partnership as well as the need to build on our work to integrate health and open spaces. This work is being developed and will form a core part of our new strategy. It will connect to our Housing Development strategy and the work that is needed to ensure that our residents have access to the homes that provide the foundation for a healthy life.
- 4.14 As we move forwards it is essential that we continue and elevate our focus on health and wellbeing. Our learning from Covid is being used to inform how we build back in a post-pandemic world our health and wellbeing approach, which centres around:

- A focusing on the core elements of prevention post-covid: access to finance/financial skills; work, learning and skills, emotional wellbeing and mental health;
- being truly person centred, and working with people in relation to their whole lives and what they need to thrive;
- Continuing and strengthening our work on inequalities in our communities and evidencing this better;
- How we can develop this work more inclusively across our communities, in recognition of the unequal impact of this pandemic on many of our ethnic minority communities;
- Working more locally in neighbourhoods across Adur and Worthing, where teams can work in more asset based (i.e. a communities strengths,, skills, time and energy) ways with our communities, mutual aid groups and voluntary sector in around health and wellbeing that focuses on local places;
- Aligning this work with housing and homelessness.

4.15 We are also reforming our partnership work around health and wellbeing from January to help develop and drive forward a place-based agenda with our partners for health and wellbeing. Given that health and wellbeing is a system wide issue, we will use this partnership as a platform to develop the next iteration of our health and wellbeing strategic approach for Adur and Worthing.

5. **Engagement and Communication**

5.1 The Public Health Strategy was developed through engagement with stakeholders including members, Senior Managers and public Health colleagues. Workshops were held to identify the priorities and projects that would benefit from increased cross council collaboration.

5.2 Engagement is a vitally important aspect of our public health work to ensure that officers understand the data and insight well to inform project design. For example, the new Physical Activities Strategy has been developed through a series of workshops with around 50 key stakeholders, who have been instrumental in helping us to understand the current picture and where we can focus to make the most difference and increase activity levels across all our communities.

5.2 Engagement for other projects has been carried out through surveys, questionnaires, monitoring feedback and workshops. Project plans are

developed and adapted as a result of the insight gathered and through working closely with partners.

6. Financial Implications

- 6.1 The cost of producing the new strategy will be met from within existing resources, primarily through staff time.
- 6.2 Much of the Councils' work in this area is funded by partners and the wellbeing team have a good track record in securing external funding to ensure delivery of these objectives.

7. Legal Implications

- 7.1 Section 111 of the Local Government Act 1972 provides the Council with the power to do anything that is calculated to facilitate or which is conducive or incidental to the discharge of any of their functions.
- 7.2 Section 1 of the Localism Act 2011 empowers the Council to do anything an individual can do apart from that which is specifically prohibited by pre-existing legislation.

Background Papers

- [Adur and Worthing Council's Action on Public Health](#); Joint Strategic Committee 02 September 2014; Approval of the Council's first Public Health Plan July 2014-
- [Public Health. Getting Ahead of the Curve](#); Joint Strategic Committee 08 November 2016; Update Report on the Councils Public Health Plan
- ['Start Well, Live Well, Age Well' - Public Health at the local level - A refresh of our strategy to encourage the good health of all our citizens](#); report to Joint Strategic Committee; 10 April 2018
- [Health and Social Care Act 2012](#); Government Legislation policy
- [Fair Society Healthy Lives](#); February 2010, A strategic review of health inequalities in England; Sir Michael Marmot
- [The Marmot Review 10 Years on](#); The Health Foundation; February 2020; Sir Michael Marmot

- [Build back Fairer - the Covid 19 Review](#); The Health Foundation; December 2020; Sir Michael Marmot
- [The Lonely Society?](#); 2010; The Mental Health Foundation
- [Young People's Stories from Worthing](#); pdf; 2017; An ethnographic study by local leaders in Worthing and a call to action to make Worthing a place for young people to thrive (available on request).
- [Local Cycling & Walking Infrastructure Plan](#)
- [Staff Travel Action Plan](#)

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Sustainability & Risk Assessment

1. Economic

Improving the physical and mental health of our communities will have a positive impact on the local economy. Improved individual health and wellbeing helps people to be more participative in their communities through paid employment and volunteering.

2. Social

2.1 Social Value

The move toward a more place based approach working with the strengths and assets that are already working well in communities will enable us to co design and co create activities with communities to support good physical and mental wellbeing and use our natural environment to promote good health and wellbeing in our places.

2.2 Equality Issues

Reducing health inequalities means targeting our approaches towards people and communities where we can make the most difference and. Impact assessments of the work around public health will help us to make sure that all groups are considered.

2.2.1 The council is subject to the general equality duty set out in section 149 of the Equality Act 2010. The council's legal duties (Equality Act 2010) have shaped the development of this work, helping to ensure that our services (and interventions) are designed to meet specific needs and address areas and issues of historic disadvantage and inequality. Our adoption of the 'proportionate universalism' model forms a key part of this response where we seek to provide services for all, but targeted most at those in need.

2.2.3 Our experience of working with communities during the pandemic has deepened our relationships with diverse and often marginalised groups and we are seeking to actively capitalise on these new ways of working and new relationships to better understand and respond to those most in need. Areas of investment identified in the plan, as well as other decisions relating to implementation of the plan, will require additional equality impact assessment.

2.3 Community Safety Issues (Section 17)

This programme will cut across community safety issues thereby having a positive effect in the reduction of crime and anti-social behaviour.

2.4 Human Rights Issues

Matter considered and no issues identified.

3. Environmental

Yes, positively. Approaches to public health will include a focus on the environment and ensure that we can all access and make positive use of our open spaces.

4. Governance

Our public health approach is important and contributes to many priorities in the Councils Platform for our Places, including: 2.4.1 2.4.3 2.4.6 2.4.7 2.4.8 2.5.1; 2.5.2; 2.5.3; and links to wider strategies including: Parks and Open Spaces and the developing Physical Activity Strategy.

Appendix 1

Case A - Going Local Case Study

Case A was referred by his GP and was living with a son after his wife passed away and he lost his home. He had a difficult relationship with his son who wasn't keen on them living together. He had several medical conditions and his son's property wasn't suitable for his needs. The son didn't want anyone in the house to carry out any assessments which made support really difficult. Case A thought his best option to move into a care home to enable him to leave the property and that's when he was referred to Going Local.

Housing options were discussed and he was referred to the WHAT worker and a Housing Advice form was completed but he wasn't eligible for support. His needs weren't significant enough for a care home but concerns about his welfare were raised with WS Adult Social Care. The Social Prescriber worked closely with an Occupational Therapist and the Social Worker and arranged an OT assessment at a different property to enable his needs to be assessed.

Case A was assessed as having care needs and there were concerns about his safety and wellbeing so he was offered and supported into Extra Care Housing. The Social Prescriber also helped Case A to purchase furniture and other household items as he left his son's property with a carrier bag of possessions.

The Social Prescriber also supported Case A to be more independent at managing his finances as there were concerns about financial abuse. Support was given to apply for Attendance Allowance which increased his income.

Case A is now living in Extra Care Housing, he has carers twice a day and he maintains his independence.

Case B - Wellbeing Hub Case Study

One of the Wellbeing Hubs' Advisors worked with Cedar Garage ahead of Men's Health Week to check in on their on-going process of improving their overall wellbeing having carried out Wellbeing MOTs with their staff.

A Wellbeing MOT evaluates a person's health including their hydration levels, emotional health, activity levels, lifestyle impacts, healthy weight and internal fat.

The Manager at Cedar garage said there's only been positive results from having Tyler visit and work with the team: *"Everyone I have spoken to has said it was worthwhile, and they were glad they'd done it. It's definitely inspired people to adjust their diet, adjust their calorie intake from sugary drinks."*

"I have personally started riding to work, I've cut down on smoking, I've cut down on coffees, I've had no chocolate in a month, it's made a big difference to me and it has had a positive impact on everybody who's had a chance to go through it."