



Date of meeting: 30 January 2017

Title of report:

- Wellbeing and Resilience in East Sussex, Annual Report of the Director of Public Health 2016/17 – Hastings specific findings
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Recommendation:

Hastings LSP are recommended to **note** the Annual Report, and particularly;

- the importance of the association between wellbeing and resilience;
- that building and developing personal and community resilience has the potential to alleviate the pressure on health and social care when implemented at scale and as part of wider system transformation.
- The changes in Hastings between 2008 and 2015 specifically the increases in the proportion of people saying Hastings is a good place to live, having a sense of belonging and being able to influence decision making. Across East Sussex, including Hastings a decrease in the proportion of people who say their health is good or very good.

Executive Summary:

The 2014/15 Director of Public Health (DPH) Annual Report, *Growing Community Resilience in East Sussex* (<http://www.eastsussexjsna.org.uk/publichealthreports/previous>) focused on community members coming together to identify and use community resources and strengths, e.g. voluntary groups, local businesses, parks, buildings etc. to help influence change in their community, e.g. to remedy the impact of a problem, gain more control over their wellbeing and manage their health and care support needs.

The 2015/16 DPH Annual Report, *Strengthening Personal Resilience in East Sussex* built upon *Growing Community Resilience in East Sussex* (<http://www.eastsussexjsna.org.uk/publichealthreports/previous>) by focussing on the need to develop and strengthen personal resilience to underpin and support growing community resilience. It outlines some of the ways in which building personal resilience is being supported through programmes and services and encourages people to take greater ownership of their own health and wellbeing, be more resilient, increasingly independent, self-sufficient and resourceful thus better able to help themselves

It is important that the messaging for people and communities to help themselves is maintained and amplified so the 2016/17 DPH Annual Report builds on both the 2014/15 and 2015/16 Annual Reports and highlights the importance of the association between wellbeing and resilience.

Wellbeing and Resilience in East Sussex, Annual Report of the Director of Public Health 2016/17 (<http://www.eastsussexjsna.org.uk/publichealthreports>)

By recognising the strengths or assets that everyone has a system can be designed which enables people to make the best of their own strengths, support others in their community to achieve their maximum potential, and working with communities ensure there is the right combination of formal and informal support. This includes new ways of working that ensure front line staff work proactively with the strengths and assets of local people such



as family, friends and local informal and formal support networks. Harnessing our joint efforts to achieve the shared goal of creating more resilient people and communities is essential in a climate of reducing resources and rising demand.

It is important that progress is monitored and success measured at a population level, as part of the personal and community resilience work stream, and this report is about that too.

The Director of Public Health Annual Report is organised into two distinct sections:

- The first section presents the rich information on personal and community resilience generated by a Community Survey for East Sussex. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a measure of mental wellbeing and the questions to generate WEMWBS scores were included in the survey so it can be used as a proxy measure of personal resilience, as wellbeing and resilience are constituents of positive mental health, and to develop a baseline to measure against over the next few years. See section 1 below for Hastings results.
- The second section uses the results from the Community Survey and the latest information from a variety of other sources to update and recalculate the Wellbeing and Resilient Measure (WARM), that was originally presented in the 2014/15 DPH Annual Report, to measure community resilience. It has been analysed and mapped it at local authority, electoral ward, clinical commissioning group and GP practice level to establish a baseline to measure against over the next few years. See section 2 below for Hastings results.

To inform delivery programmes and partnership working to support and strengthen personal and community resilience in East Sussex there are three recommendations in the Director of Public Health's Annual report:

1. The Community Survey is repeated in 2017 and 2019 to identify any changes in the areas included in this report and the WARM 2016 and WEMWBS scores.
2. Further more detailed work be undertaken to develop insight into the exceptional wards identified in this report (none in Hastings) – those with higher WEMWBS scores but fewer assets and those with lower WEMWBS scores and great assets, and learning that can inform developments elsewhere across the county, including Hastings.
3. Exploring 'patient activation'* further and how it can be implemented to reduce health inequalities and support the general public and patient's ability to be involved in and engaged with decision making about their health, wellbeing, care and support.

* Patient activation is a concept that describes the knowledge, skills and confidence a person has in managing their own health and health care.

Hastings information in the Director of Public Health Annual Report

1. From the Community Survey

1.1. Living in East Sussex – comparing results from 2008 with 2015

- **Satisfaction with Hastings as a place to live increased**
 - from 75% to 79% (agreeing very / fairly strongly)
 - Hastings had the biggest increase in ES, therefore closing the gap with



other D&B

- However, in 2015 some wards were still well about the East Sussex average for dissatisfaction with local area (6%): Tressell (24%); Central St Leonards (21%) and Baird (12%).
- Factors related to satisfaction with local area (p14) include: Being older >65 vs 16-34 years (88% vs 82%); being an owner occupier vs social tenant (88% vs 78%); having more qualifications NVQ level 4 or 5 vs no qualifications (89% vs 84%)
- **Sense of belonging increased in Hastings between 2008 and 2015**
 - From 57% to 63% said very / fairly strongly belong to their immediate neighbourhood (ES average 69%)
 - Wards with lower levels – Castle 55%; Hollington 54%; Gensing 53%; Central St Leonards 50%; Tressell 46%
- **Social Connectedness** (time with family and friends, barriers to leaving home, feeling lonely)
 - Loneliness – 29% of Hastings residents said they felt lonely often/ some of the time (ES 24%)
 - Wards with highest rates of loneliness – Central St Leonards (39%), Hollington (38%), Castle (36%) and Braybrooke (32%).
 - Biggest risk factors for loneliness (p24)
 - Worklessness (56% vs 18% in work)
 - Poor health (54% vs 17% in good health)
 - Social renting (47% and private renting 34% vs 18% owner occupier)
 - Disability 43% vs 18% of those without
 - LGBT 39% vs 22%
 - Barriers to leaving the home - more than 1 in 3 (35%) Hastings residents said there were barriers to leaving home. Higher than ES average 28%
 - Biggest barriers to leaving the home (p20) were reported as
 - Illness or disability (10%)
 - Financial circumstances / affordability (8%)
 - Fear of crime 8% (Hastings)
 - Cost of public transport 7% (Hastings)

1.2. Community Involvement and Volunteering

- **Increase in Hastings residents feeling able to influence decision making**
 - % of people who felt they could influence decision making increased from 25% in 2008 to 35% in 2015 (ES 27% to 38%)
 - Top three groups who feel more able to influence decisions (p27): BME residents 51%, Homemakers 45%, People aged over 65 45%
 - Wards with feelings of highest and lowest influence: Old Hastings ward 54% vs West St Leonards 27%
 - Around 29% of people in Hastings would like to be more involved in decision making
 - Majority say it depends on the issue
- **39% of Hastings residents involved in formal volunteering**
 - 39% of Hastings residents say they have done some formal volunteering in last 12 months (ES 46%, 28% on regular basis)
 - Three groups most likely to volunteer (p31) – Carers 58%, those with higher levels of education 54%, children in household 50%

- **48% of Hastings population involved in informal volunteering**
 - 48% of Hastings population vs 51% of East Sussex population
 - Three groups most likely to be informal volunteers (p 36): Carers – 66%, those with higher levels of education 56%, those *without* children 52%.
- **26% of population have caring responsibilities**
 - Lower in Hastings - 26% than the rest of East Sussex (27%)
 - Most likely to be carers (p39): Those aged 45-74 32%, those finding things difficult financially 31%, those with a disability themselves (30%)


1.3. Health and Wellbeing

- **Self- assessed quality of health in Hastings decreased**
 - % saying good or very good decreased from 75% in 2008 to 63% in 2015
 - Similar findings across county – from 77% to 69% in same period
 - % saying bad or very bad increased from 4% to 7% (Hastings 10%)
 - No hard information yet on why this is, but to be explored
 - People over 65 less likely to report good/ very good health 54% vs 83% of 18-35s (p41)
 - Social tenants much more likely to report bad health 23% vs 4% of owner occupiers
 - Four wards in Hastings have higher proportion of residents reporting bad/ very bad health: Central St Leonards 17%, Hollington 17%, Silverhill and West St Leonards, both 14%
- **Health problems and disabilities**
 - 21% of respondents say day-to-day activities are limited by a condition which will last for more than 12 months
 - Highest rates (p44) in workless residents 75% vs 8% in work, 48% in social tenants vs 17% of owner occupiers
 - Central St Leonards 33% and Hollington 30% are the wards with the highest rates
- **Mental Wellbeing** (Warwick-Edinburgh Mental Wellbeing Scale)
 - Used as a proxy for personal resilience.
 - Scores can be from 14 (low wellbeing) to 70 (highest level of wellbeing)
 - Hastings average score of 48.5 slightly lower than East Sussex and England average of 50 but not low enough to be poor.
 - Age group with the highest average wellbeing score are the 65-74 year olds 51.5 and 18-24 year olds have the lowest 47.5
 - As might be expected people with more qualifications, owner occupiers and non-disabled residents all have higher wellbeing scores
 - Hastings wards with lower than average wellbeing scores (p47) were:
 - Tressell, lowest at 45.6, then Hollington, Central St Leonards, Castle, West St Leonards and Gensing with 47.7.

2. From the Wellbeing and Resilience Measure (WARM)

Measure published in 2010 and used to look at strengths – assets within a community or area, as well as vulnerabilities. Focuses on strengths and what people and areas have to use and build one.

Although reported on in the 2014 DPH Annual Report, it used findings from a 2008 survey. Not possible to directly compare all 2014 and 2016 domains, so 2016 will be used as a baseline for comparison against future years.

Domain	Component	
SELF	Life satisfaction *	
	Education *	
	Health *	
	Material wellbeing *	
SUPPORT	Strong and stable families *	
	Belonging	
SYSTEMS AND STRUCTURES	Local economy	
	Public Services	
	Crime and anti-social behaviour *	
	Infrastructure	

- Hastings has the best average ranking across the county for public services and is a close second for local economy
- Hastings doing less well for all other areas with the worst ranking for six other domains (marked *)

Work and activities informed by the DPH Annual reports

East Sussex Better Together Community Resilience
Hastings and Rother CCG Inequalities Programme

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