2022

A Whole Systems Approach to Creating Health Equity, Wellness and Prosperity in Hastings

Hasting Health Equity, Wellbeing and Prosperity Group

6/6/2022

Contents Page

A Whole Systems Approach to Creating Health Equity, Wellness and Prosperity in Hastings

The **purpose** of this discussion and recommendations paper is:

- To make clear, frame[1], create a **common language and examination** around our definition and understanding of inequalities in relation to health, wellbeing, and prosperity.
- To communicate our **vision** for creating opportunities for people and place regarding creating health equity, wellbeing and prosperity in Hastings. By 'place' we mean Hastings. This is what it means for us to take a local approach.
- To **agree high level priorities and focus areas** to create health equity, wellbeing and prosperity in Hastings as means of addressing health inequalities. The agreed priorities and focus areas should inform and shape the way in which we operate, shape policies, projects, programmes of work, applying for future funding and attracting investment into the area.
- Put forward key strategic **recommendations** for the LSP Board and wider partners in which to embed a whole systems approach towards tackling inequalities locally whilst joining the system up
- To help inform the development of any **strategic approach** and thinking
- To capture, identify and deliver key **actions** across services and organisations in which to tackle the wider determinants of health (also known as the social determinants of health), create health equity, wellness and prosperity in Hastings across the 'whole system'. This will be supported through whole systems mapping.
- The purpose of this paper **is not to** communicate or map key programmes and activities around tackling health inequalities in Hastings at this stage. This will be done via the whole systems mapping exercise at the Hastings Health Equity, Wellbeing and Prosperity Seminar in September 2022.

The discussion paper has been developed by the Hastings Health Equity, Wellbeing and Prosperity Group.

Please contact Lourdes.Madigasekera-Elliott@eastsussex.gov.uk

Introduction

Introduction

"One of the reasons why people are dying earlier is due to the chronic stress that comes from living with unstable incomes, jobs and housing. When someone is constantly worrying about how they are going to pay rent, or if they will still have a job tomorrow, it can cause anxiety, depression, and other mental health issues. Chronic stress also puts a physical strain on people's bodies, leading to higher blood pressure, increased blood sugar, and an impaired immune system. In this way, chronic stress leads to increased risk for illness….. To close these gaps in life expectancy, we need to reduce the chronic stress that is cutting lives short by improving wages, jobs, and creating affordable homes[2]."

Health inequalities[3] is not a siloed issue. Good health and wellbeing cannot be left solely to the 'health sector'. For too long the UK has seen health as a cost to be contained, rather than the keystone of a fair and prosperous society. After the devastating Covid-19 pandemic, it's time to reconsider the approach. The pandemic showed that we can no longer accept the status quo of poor health, rife inequalities and an economic model that fails to 'price in' health as an asset[4]. We need a coordinated approach including that of health, the economy and environment. The economic gains from reducing place-based health inequality could be significant and doing so is crucial for our national and local economy, local prosperity, and our recovery from Covid-19[5].

We need to put 'health, wellbeing and prosperity' at the centre of all that we do, it must be the first and most important priority. We must put it at the centre of the 'whole system' if we are to reducing health inequalities in the long term and in a meaningful way.

For us prosperity is also key to having good health and wellbeing. The meaning of true prosperity is when all people have the opportunity to thrive by fulfilling their unique potential and playing their part in strengthening their communities and places. Because ultimately, prosperity is not just about what we have; it is also about who we become and where we want to be many years from now.

There is much talent, will and community strength throughout Hastings where great work is happening to produce better outcomes for our people and place. However, we recognise that our knowing and understanding of these are fragmented and there are opportunities for us to work better together, design, co-create and upscale. As part of the 'Levelling Up' agenda, now is the time to close the gaps – 'not just because it makes such obvious economic sense, but for the sake of simple justice and future generations to come'[6].

'Levelling up health' should be a core part of the cross-organisational levelling up activity in Hastings as a means for addressing health inequalities including poverty. No one should be left behind and we should plan and progress far beyond the point of levelling up. Developing an 'inclusive and sustainable economy' is key to this and should be met within the means of our planet. This requires collaboration between a wide range of place-based organisations including local enterprise partnerships, sustainability, our integrated care system, schools, colleges and academic institutions, voluntary and community sector organisations, social enterprises, and local businesses.

Creating health equity, wellbeing and prosperity must be at the centre of everything we do if we are to address health inequalities, social injustice, and poverty in Hastings. This includes making it the number one priority for our places and communities. As the number one priority it should inform the formulation and development of **all** policies, services, funding and spending, projects, and programmes of work. This collective mission must be as much about building for the future as it is about what we face in the here and now.

Today's current models that drive the economy, living day to day (including what's affordable and what is not), housing, education, employment is not benefitting all the population as it is leaving many behind. We must make Hastings fit for the future. This will require the need to reimagine the place of Hastings for all and those yet to come in terms of infrastructure (physical, social, environmental, and economic), housing, transport, services, neighbourhoods, and communities for example. This is where we will have the greatest impact and secure the best outcomes.

The Hastings Health Equity and Prosperity Group (endorsed by the Hastings LSP Board) have taken time to take stock, they will continue to learn, conduct analysis in which to examine fundamental considerations, concerns and questions related to how we create health equity, wellbeing, and prosperity.

At the heart of the matter, we recognise that systems are complex and changing, with multiple inputs and feedback loops, and control distributed across multiple stakeholders. However, despite this complexity we need to truly take a 'whole systems' approach to creating health equity, wellbeing and prosperity.

This approach will enable us to identify gaps, opportunities, new and collective ways of working, upscaling, and resourcing. This is by no means an easy or short-term task but a necessary one if we are to get on with the task in hand and achieve success as we progress. The cost of getting it right from the beginning will reap a multitude of co-benefits across our systems and for the people and place of Hastings.

Best Practice

"Reducing health inequalities is a matter of fairness and social justice. In England, the many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life[8]

Addressing health inequalities has often focused on actions by the health and care system, the NHS and the Department of Health and Social Care[7]. However, this focus misses the wider determinants of health such as education and employment, housing, social networks, the places, and environments in which we live and the extent to which it encourages exercise, a healthy diet, and important social connections. Therefore, actions to reduce health inequalities need to go beyond the provision and delivery of healthcare services,

which are of course important partners in a system wide approach to improving health and wellbeing. Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society, and across all the social determinants of health[8]. Given health inequalities have a wide range of causes, a joined-up, multi-agency and co-produced place-based approach is necessary to tackle the complex relationship.

The 2010 Marmot review sets out a framework for action under two policy goals: to create an enabling society that maximizes individual and community potential; and to ensure social justice, health and sustainability are at the heart of all policies. The report sets out 6 areas, which covers stages of life, healthy standard of living, communities and places and ill health prevention. These formed the basis for six areas of recommendations:

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.

The Health Equity in England: The Marmot Review 10 Years On report, published in 2020, outlines progress against these objectives, and highlights the essential components still required to reduce health inequalities linked to socio-economic factors:

- Develop a strategy for action on the social determinants of health aiming to reduce inequalities in health.
- Ensure proportionate universal allocation of resources and implementation of policies.
- Early intervention to prevent health inequalities.
- Develop the social determinants of health workforce.
- Engage the public.
- Develop whole systems monitoring and strengthen accountability for health inequalities.

Government guidance states that to have real impact at population level, interventions to address health inequalities need to be evidenced based, outcomes orientated well resourced, sustainable and systematically delivered at a scale to reach large sections of the population. These actions should be universal (at population level), but with a scale or intensity that is proportionate to the level of disadvantage[9]. This *proportionate universalism* would ensure that a greater intensity of action is targeted at those who most need it. Such interventions can be targeted in three ways:

1. **Intervening at different levels of risk** -. People experience different yet interconnecting levels of risk of poor health, with one risk often leading to another. For example, people may experience physiological risk (e.g. high blood pressure or high cholesterol); behavioural risk (e.g. smoking or lack of physical exercise); and psychosocial risks (e.g. loneliness and poor self-esteem). Therefore, actions and resources to address health inequalities need to understand the levels of risks and devise appropriate interventions aligned to the level of risk.

2. **Intervening for impact over time** – Different types of intervention will have different impacts over different time scales. For example, improving cycle routes could increase physical activity and contribute over the longer term to a reduction in long term conditions associated with sedentary behavior and being overweight, while stopping smoking will have an immediate impact as well as longer term improvements.

3. **Intervening across the life course** – Action needs to be taken to reduce the accumulation of health inequalities from before birth through to old age. In 2010, Michael Marmot emphasised how the wider determinants of health impact on people's lives and exacerbate inequalities across the life course. The review identified that in order to affect the ways determinants of health impact on people, some actions (those affecting early years, work and employment) need to be focussed on specific stages of the life course. Other actions (skills development) will impact on several stages of the life course, and some (community, standard of living) will impact at every stage of the life course.

Effective whole system strategies require system leadership and planning from a range of civic and community partners. They will need to understand and take relevant action of multi-component inventions: rooted in the place they will be delivered, that address individuals, communities, the living and working conditions and the wider socioeconomic and cultural system and policies.

PHE's publication, Place based approaches to reducing health inequalities, uses the Population Intervention Triangle (below) to describe how health inequalities can be addressed at scale through systematic collaborative leadership and action to meet local needs and priorities:

1. Individual and service-based interventions (such as workplace health and smoking cessation) use person centered approaches to address problems, and may provide information, skills, treatment or counselling.

2. Community based interventions aim to develop social cohesion, mutual support, and social interactions beneficial for health and wellbeing, by building on assets within communities such as skills, knowledge, social networks, local groups and community organisations.

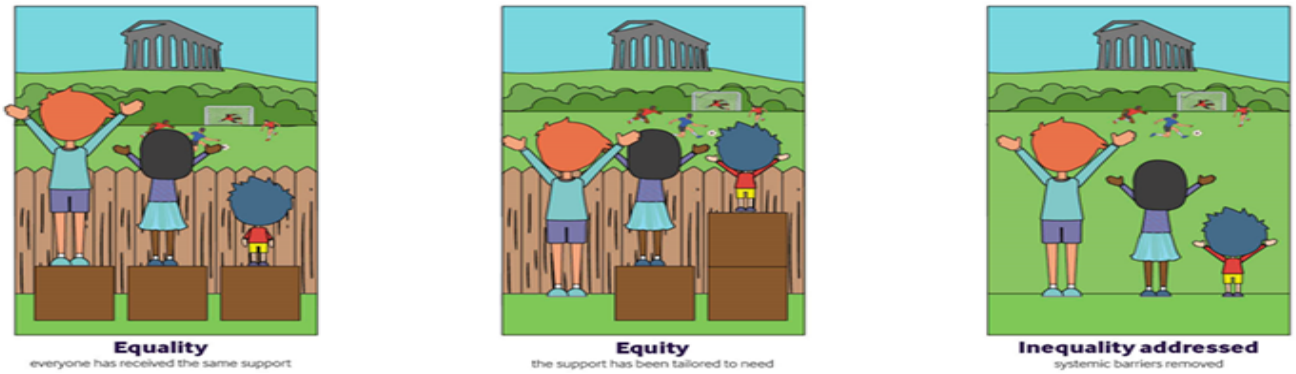
3. Civic level action and interventions (healthy public policy, such as safer and healthier workplaces, better housing, and better access to health and social care) aim to improve living and working conditions, and identify health-damaging environments, both at home and at work. Civic interventions have the greatest reach of any intervention, and therefore local authorities are a critical driving force behind place-based action to reduce inequalities

Population Intervention Triangle (PIT) model for planning action to reduce health inequalities

Source: Public Health England, 2021

Interventions at these levels can separately impact on population health, but joint working across the interfaces between the civic, service and community sectors would have a much greater impact.

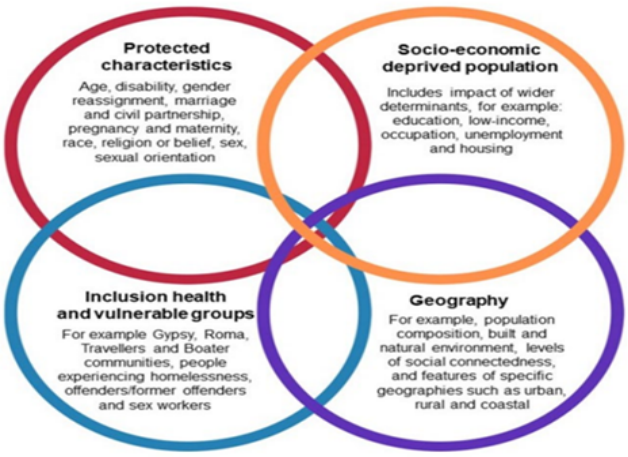
Inequalities can be addressed by creating health equity. This is key:



Health equity, wellness and prosperity gains in the future will require system working to maximise the protective prevention factors arising from the wider determinants, supporting positive lifestyle choices, addressing and managing clinical issues and utilising opportunities that the environment has whilst minimising and mitigating against any unintended consequences arising from these. Covid has impacted on health care services with long waits for hospital treatment with a focus on how the NHS will address this recently being published and as part of this, there is recognition of the need of the NHS as well as councils' roles in tackling the wider determinants of health that drive poor health outcomes. To really drive wellness and prosperity as well as support the efforts of the NHS, we need to focus on supporting poor health prevention and improving health, wellbeing and prosperity; as examples, reductions in heart disease will require economic growth and better jobs and better lifestyle choices around exercise, diet and smoking as well as clinical risk identification and action and diabetes management will require good lifestyle choices as well as access to weight management support for all who are overweight as well as more intensive clinical interventions targeted at those at most risk.

The Health and Care Bill which was published in 2021 proposes significant reform on how health services will be delivered with it due to being passed in 2022. This Bill and proposals within it, will impact on partners working across and within the health economy including those in the NHS, local government and community voluntary sector and focuses on how partners will work together through integration to support health and address health inequalities.

Good community assets including individuals, organisations, and physical assets are essential to help people maintain active and healthy lifestyles, access services, and are vital for positive mental health, reducing social isolation and mutual support in times of crisis. However, this is just one part of a larger picture and need. There is a real need to increase efforts to reduce inequalities across the socio-economic domains and those that are geographic.



The Health Foundation have explored the main drivers of health inequalities in depth:

- **Money and resources** - There is a well-established link between money and resources and variations in health. Poverty – having inadequate resources to meet basic human needs – is particularly associated with worse health. This is especially the case for persistent poverty. Employment is a key challenge in coastal communities and impacts health in multiple ways. ONS analysis shows that the unemployment and part-time employment rate is higher in coastal towns. There is also a greater dependency on the public sector for employment in coastal communities[10].
- **Work** - Unemployment, work quality, job security, can all have considerable influence on health. The nature of people's work matters for health, but also impacts other factors that influence health, such as having sufficient income and forming social connections.
- **Housing** - Housing affordability, quality and security can have a significant impact on people's lives, influencing their wellbeing and health.

- **Transport** - Transport can affect health directly, in terms of air pollution or active travel. It can also affect health indirectly through its relationship with other wider determinants of health, such as providing access to public services and an individual's place of work.
- **Neighbourhood and surroundings** – Neighbourhood and environment can have a marked impact on health and wellbeing. For example, access to good-quality green space is linked to improvements in physical and mental health, and lower levels of obesity. Access is likely to be worse for people in deprived areas, and areas with higher proportions of minority ethnic groups. Air pollution also impacts on health, cutting short an estimated 28,000-36,000 lives a year in the UK, with exposure linked to both poverty and deprivation.
- **Family, friends and communities** – Family and friends build the foundation for good health through positive relationships and networks for support and skill development, community cohesion and connection, opportunities for social participation, and shared ownership or empowerment which provides a sense of control and collective voice.

Money and Resources
- £1,000 increase in household income is associated with a 0.7 year increase in female healthy life expectancy
- 32% of people with the lowest income report less good health, compared to 11% with the highest income
- 14.5 million people in the UK (22%) live in poverty

Work
- 5.1 years is added to male healthy life expectancy for every 10% higher the employment rate is in an area
- 8.9 million employees were furloughed at it's peak in April 2020, falling to 3.8 million in December 2020
- 11% of all employees report poor health, with self-reported health lower in employees with low job security and satisfaction
- 1 in 3 employees experience two or more negative aspects of job quality

Housing
- 28% of private renters in non-decent homes rate their health as less than good, compared to 22% in decent homes
- 1 in 3 households in England experience at least one housing problem
- 26% parents moving home three or more times reported poor health compared to 14% who did not move
- 2x the number of children in poverty were likely to have moved three or more times compared to children not in poverty

Transport
- 1,190 preventable early deaths each year in England if walking and cycling rates nationally increased to the same level as regions with the highest rates
- 3x more likelihood of being able to access public services such as education, food shops and health care for those rating public transport as good compared to those rating it as poor

Neighbourhood and surroundings
- 9x less access to green space on average for more derived areas
- 28,000-36,000 lives estimated to be cut short by exposure to air pollutants, with exposure linked to deprivation and ethnicity.

Family, friends and community
- 1 in 10 people aged 18-24 often or always feel lonely – twice as many as for the population as a whole

Key statistics on the main drivers of health inequalities (Adapted from Health Foundation, 2010)

Recommendations

A Roadmap to creating Health Equality, Wellbeing and Prosperity in Hastings

We are mindful of the day-to-day challenges and pressures faced by our people and their communities; we are also mindful of the pressures on our services and systems. Therefore, strengthening our communities, making people responsible, safe, independent and resilient is a necessity. However, it is also dependent on the opportunities they are afforded and the influences that they do not control. For example, poorly designed neighbourhoods and the lack of opportunities to access healthy and quality housing, employment and food can provide very little opportunity for people to enjoy healthy, happy, and prosperous lives. The system has its part to play, and it can be played better by being more joined up and recognising the sum of its parts and the impact it has on the lives of people and planet.

As a 'whole system' we can create these better opportunities via several considerations which include:

- Framing and examining all that we do through a **health and environmental lens** to deliver against the vision for Hastings. This must become a collective methodology/approach for all partners looking to produce positive outcomes people and place.

- Balancing and addressing immediate needs, quick wins (jam tomorrow vs healthy food in the long term), **short term outcomes and impacts vs greater outcomes** to be achieved via longer term planning and application that takes time to produce longer term impacts and benefits for current and future generations
- Addressing the **social determinants** will meaningfully address the health inequalities in a truly impactful way and it will require 'Health in All Polices'/healthy policies across sectors, housing and infrastructure that supports starting well, living, and working well as well as ageing well.
- **Health and environmental impacts** will need to be worked through projects, policies, and programmes of work so that mitigations can be put in place to address negative health impacts and unintended consequences just as they are done for environmental impacts via environmental impact assessments. This will help us to **'create healthy and sustainable places.**

Every part of the system has its role to play to make health equity, wellbeing, and prosperity everybody's business. We acknowledge and stress that this will require:

- Resourcing, better resource allocation and a dedicated resource to work across the system to capture what is being done, what should be done and what needs to be done
- Greater evidence and intelligence sharing to support evidence-based decision making
- The creation of healthy and equitable policies
- Strengthening community assets
- Making health everybody's business across services, organisations, businesses and communities
- Giving people more ways to control and contribute to their communities as well as to be well, safe, and independent
- Encourage communities to mobilise and promote community enterprise
- Enhance use of community assets
- Drive culture change across the system as well as community led solutions

Based on these criteria the Hastings Health Equity, Wellbeing and Prosperity Group have examined what this means locally and put forward **eight recommendations and a number of actions** in which to create health equity, wellbeing and prosperity in Hastings. The recommendations have been informed by the Health Equity in England: The Marmot Review 10 Years On report, published in 2020.

The recommendations will help to achieve our **principal objective** which is to address health inequalities in Hastings through the creating of health equity, wellbeing, and prosperity.

Recommendation 1: Embrace Systems Thinking:

Systems thinking is a way of approaching problems and organising processes that is based on an idea of integration that is grounded in the belief that in a system, component parts act differently when isolated from other parts or the system environment. It allows us to understand the dynamics and properties of the complex systems in which we work, and what kinds of interventions can lead to better results.

Systems thinking is not about theory, it is 'a way of seeing and talking about reality that helps us better understand and work with systems to influence the quality of our lives.' Once we understand how systems work, and our own role in them, we function more proactively and effectively within them. Similarly, the more we understand systemic behaviour, the more we can anticipate that behaviour and work within the system for improvements.

- **Action** – Embrace and acknowledge the complexity of the problems that we are dealing with. Looking at the **whole, multifaceted system** that impacts upon a complex problem, rather than just parts of it, enables us to see how we can make changes that will have the greatest impact on the lives of people we are working to improve. The Health Equity, Wellbeing and Prosperity Seminar to be held in Hastings in September 2022 will bring partners together to facilitate whole systems mapping, launch the discussion paper which will inform the local strategy and delivery plan as well as;

- **Action** – Develop a Hastings Health Equity, Wellbeing and Prosperity Charter. This will include signing up to 4 key actions/deliverables whereby all partners/organisations can sign up to and implement within their own settings:

1. Embedding Health in All Policies (Hastings Borough Council to champion and embed via support from the Local Government Association)
2. Making use of Health Impact Assessments or and Health Equity Assessment Tool
3. Sharing evidence/data and NHS England » Core20PLUS5 – An approach to reducing health inequalities
4. Supporting each other through learning, monitoring and evaluation to understand our impacts

- **Action** – Complete whole systems mapping and develop a delivery plan to create healthy equity, wellbeing, and prosperity. This must be supported by partners, services, policies, and resources to make things happen.

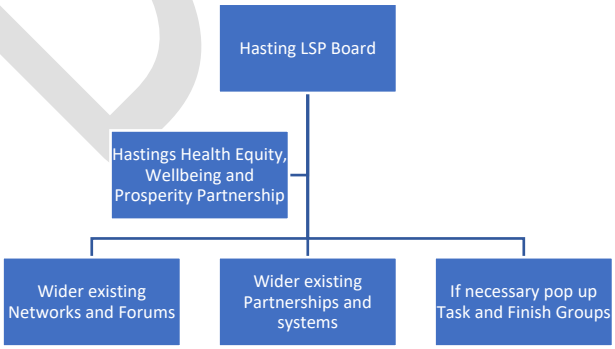
Recommendation 2: Make use of Best Practice:

Make use of best practice (Health Equity in England: The Marmot Review 10 Years On). This means that any strategic approach to tackling inequalities locally in Hastings should:

1.1 Develop a strategy for action on the social determinants of health aiming to reduce inequalities in health.

- **Action** - The "Hastings Health Equity, Wellbeing and Prosperity Group" should form a longer-term 'partnership' to develop, oversee and deliver a 'Health Equity, Wellbeing and Prosperity Strategy and associated Delivery Plan'. The partnership can feed into the LSP Board. Where appropriate Task and Finish Groups can stem from the Partnership to deliver sector specific actions. Membership of the partnership should be extended to those working across housing, planning, environmental health, licensing, sports and leisure, economy, services etc. It is necessary to work with them on this agenda and as a means of taking a whole systems approach/joining the system up.

- **Action** - Develop whole systems monitoring and strengthen accountability for health inequalities. Off the back of 'whole systems' mapping around health inequalities in Hastings (via the September seminar), existing forums and networks can lead on identifying key actions, gaps and opportunities and will be responsible for their delivery. Where necessary a task and finish group may be required. They will feed into the Hastings Health Equity, Wellbeing and Prosperity Partnership. For example:



- **Action** - We need a Strategy Whole Systems Plan for Hastings

We know that we cannot address many issues that impact on health and wellbeing by working in silo so this approach will allow us to respond to the priorities identified by any future strategy considering local population need, local community assets and local partnerships to support action.

- **Action** - Long-term, multi-sector, multi-component action

Health inequalities are driven by an unequal distribution of the wider determinants of health. Any programme of levelling up health needs actions across multiple sectors and which are cross-government to address this unequal balance of the wider determinants of health. Case study examples include the Preston model which involved the city council leading a multi-sector approach to build community wealth, and Healthy New Towns an initiative led by NHS England in partnership with 10 housing development sites across England and a range of different local organisations to design and shape new places so that they promote health and wellbeing[11].

Question - **What are these?**

1.2 Ensure proportionate universal allocation of resources and implementation of policies:

- **Action** - Examine how is funding allocated and delegated.

- **Action** - Levelling Up Health and Local Joined Up Strategy - A clear vision for 'levelling up health' and what success would look like is needed. This needs to be informed and supported by an agreed set of metrics. Any Strategy will need to provide a framework and direction for action across the system and at a more local level[12]. It will be an important tool and resource for partners and the public that informs the development and delivery of priorities and outcomes other local strategies.

- **Action** - We want to go further than levelling up in the long term. We do not want efforts to stop once Hastings has 'levelled up'. We want Hastings to be the best it can be. This will require having a 'future generations' approach which involves planning, building and securing opportunities that will grow and support the town in the long term.

1.3 Early intervention to prevent health inequalities:

- See Appendix 1

1.4 Focus on the wider determinants and develop a social determinants of health workforce:

A matter of life and death - The Health Foundation outlines an evidence-based framing strategy for shifting understanding and building greater support for action to address the wider determinants of health because the wider determinants of health matter greatly. This is backed up by the evidence that right now, in the poorest parts of the UK, people are dying years earlier than people in wealthier areas. We know this to be the case in Hastings especially in regard to men. It is for this reason that we need to show why the wider determinants of health matter and measure our outcomes via life expectancy for example.

- See Page 14 of Hastings Health Equity, Wellbeing and Prosperity Strategy

- **Action** – We need healthy policies, project and programmes of work that deliver the town vision and takes into account health and environmental impacts over the life course in relation to:

1.5 Providing a life-course approach means supporting a cradle to grave approach and offering the opportunity to:

- Starting Well (0-16 years of age)[13,14]
- Living and Working Well (17 -64 years of age)
- Ageing Well (65+ years of age)

- **Action** – All to make use of Health Impact Assessments and Health Equity Assessment Tool across services

1.6 Involve our communities as active partners:

- **Action** - We must ensure that we recognise and work with communities as active partners in the system, not as passive recipients of services. They are best placed to understand their own needs and challenges, but also how to design and deliver services that will work for their specific area or group.

- **Action** – Promote and involve our communities and partners in creating:

H	• Healthy and Happy
A	• Aspirational, Active and Working for All
S	• Safe, Sustainable and Secure
T	• Travel and Toursim that is eco-friendly
I	• Investing in our Places, Infrastructure, Neighbourhoods and Communities
N	• Nature and Climate Resilient
G	• Growing a Wellbeing Economy
S	• Sustainable Growth and Development

Recommendation 3**:** Resources and Capacity:

We need to build our resources and capacity. This is already stretched in local government, the NHS, services and organisation. Additional responsibilities for long-term strategy and partnership building should not impose greater demand without decent and reliable support. System change cannot be done on a shoestring.

- Question – **What resources do we have, what resources do we need and how do we free up or create more?**

5.1 **Funding**: The English model for funding local government is woefully inadequate and a consistent barrier to strategic action that improves health outcomes across different regions. This is a problem of scale, in that there is just not enough funding available, given the increase in demand and reduction in grant over the past decade. But it is also an issue of how that funding is delivered[15].

- **Action** - We need to move on from the piecemeal, ad hoc and short-term patchwork of ring-fenced pots that Whitehall makes available to councils for capital spending. Strategic planning for health requires stability and capacity. It cannot be done on a shoestring.

5.2 Local areas supporting the levelling up for health agenda need the adequate resources to effect change, working closely with local communities.

- **Action** - The Shared Prosperity Fund to be allocated to support the work of the Hastings Health Equity, Wellbeing and Prosperity Partnership and approaches to taking a wholes systems approach to creating health equity, wellbeing, and prosperity. This will be a first step.

5.3 Build capacity

- **Action** - Capacity is already stretched across the system. Additional responsibilities for long-term strategy and partnership building should not impose greater demand without decent and reliable support. System change cannot be done on a shoestring.

Recommendation 4: Increased Partnership Working and Alignment:

Strategic priorities and the documents that are set out to govern how organisations collaborate are crucial. They are not the end point, but along with trust and transparency in conversations between partners, these documents can be the basis of system-wide change. Getting the strategy right and making sure it is aligned is essential.

- **Action** - Make sure that all partners' strategic documents are aligned across the system

- **Action** - Tackling these issues will require partners to work more closely and collaboratively than ever before, however our recent experience from pandemic has taught us a lot about how we can work together as a partnership more effectively. It will be important to maintain the links we have made and build upon the lessons learnt from this experience in order to deliver the pace and scale of change that is needed in the future.

Recommendation 5: Place-Based Approach:

4.1 Delivery to tackle health and social inequalities will be through a place-based approach working with our partners at the appropriate level of place in order to achieve our ambitions.

ACTION(s) - for place (the borough of Hastings) based-action in relation to inclusive and sustainable economies/community wealth building where no one is left behind:

1. **Action -** Consider the 6-step inclusive and sustainable economies approach to support local whole system planning and action on this agenda.

2. **Action -** Seek opportunities to achieve social value to generate the greatest possible social, environmental and economic value from public spending.
3. **Action -** Unleash the potential of local anchor institutions to develop the integral role that anchor institutions play in local economies to increase the social, economic and environmental wellbeing of local populations and places.
4. **Action -** Support access to fair and good quality employment to drive new business and good quality employment opportunities locally.
5. **Action -** Promote inclusive labour markets to support those who are typically excluded from the labour market into training, volunteering or employment opportunities.
6. **Action -** Capitalise on local assets to build community wealth and vice versa: to retain more of the local wealth that they generate and reinvest in community assets that matter to local people.
7. **Action -** Build back greener to build back better to maximise the potential opportunities which green local economies offer for skills development, employment and sustainable economic growth.
8. **Action -** Leverage local policy and financial levers to better involve health and care organisations in the development and delivery of local industrial strategies.
9. **Action -** Ensure equitable access to local services so that services are targeted towards those with disproportionate need

These are proposed as specific actions that can be adapted to local circumstance, building on existing local structures and assets.

Also see and refer to About Doughnut Economics | DEAL and A Safe and Just Space for Humanity: Can we live within the doughnut? (oxfam.org)

4.2 Tackle the built and natural environment:

The built and natural environment are recognised as major determinants of health and wellbeing across the life course, they are a key aspect and can unlock many opportunities to create healthy and sustainable places to live, work and play. The place we have and create today is for now and for future generations. We should champion 20-minute neighbourhoods which are in close proximity to everything that people need.

Actions taken against the following areas within spatial planning, show how different parts of the system and wider partners can contribute to:

- Improving neighbourhoods
- Tackling issue related to housing
- Creating opportunities for healthier food, healthy high streets and health on the high street
- Enhancing, improving, and protecting natural and sustainable environments
- Promote and maximise opportunities for active travel and positive transport opportunities (a bold vision for cycling and walking/gear change)

Planning for Health is key as highlighted in PHE's 'Spatial Planning and Health: Getting Research into Practice (GRIP): study report' (2020). The NHS Five-Year Forward View sets out opportunities to test innovative approaches to health in new places with fewer constraints. In addition, the NHS Long Term Plan's (2019) and the Healthy New Towns programme, delivered by NHS England in partnership with Public Health England, identified the need to **action** the following:

1. Shape new towns, neighbourhoods and communities to promote health and wellbeing, prevent illness and keep people living independently.
2. Radically rethink the delivery of health and care services and to support learning about new models of integrated care.

3. Spread learning and good practice to future developments and regeneration areas.

- **Action** - To work with health commissioners to determine the type and level of services, infrastructure and workforce required to support people to live longer, healthier lives. The roll out of Integrated Care Systems (ICSs) and Primary Care Networks (PCNs) provides a platform for local NHS organisations to work increasingly in collaboration with councils and others, including on the development of new, healthier places.

- **Action -** Early engagement and collaboration are needed to ensure that health facilities are properly planned, and sufficient homes are available for NHS staff as these are crucial to the provision of services and a healthy community. As outlined in the NHS' 'Putting Health into Place' (2019), health commissioners have local clinical and estates strategies, which should inform local authority development plans and strategies to ensure that they are aligned, and the required services and infrastructure are planned with healthier built environments in mind and new ways of providing integrated health and care services that also provide social value.

Recommendation 6: Evidence Led:

- **Action** - This will be reflected through the delivery of an action plan and our approach needs to evolve as evidence from the JSNA emerges, partners develop their own local strategies and new partnerships emerge and mature. The wider system is changing with new opportunities for partnership working offered through integrated care partnerships and place-based Alliances which take into account this approach which is a positive and which will be explored as our work evolves.

Question - **What is the ICS expectation of us locally, how do we work closer together, what is our role?**

Recommendation 7: Align with new and emerging systems:

6.1 Work across systems and make sure that all partners' strategic documents and efforts are aligned across the system. Strategic priorities and the documents that are set out to govern how organisations collaborate are crucial. They are not the end point, but along with trust and transparency in conversations between partners, these documents can be the basis of system-wide change. Getting the strategy right and making sure it is aligned is essential

- **Action** - Where possible work with the wider system around tackling health and social inequalities. This includes efforts to support joint and shared priorities set out be the Integrated Care System for Sussex and Core20PLUS5 for example.

Source: Sussex Health and Care Partnership, 2021

6.2 System-wide budgeting

Action - Funding should be provided specifically for the coordination of strategic priorities across the system. Various models of single pot place-based financing, going back to Total Place, have been tried and shown to have positive impacts[16].

Recommendation 8: Focus on 'vulnerabilities' in relation to people and planet:

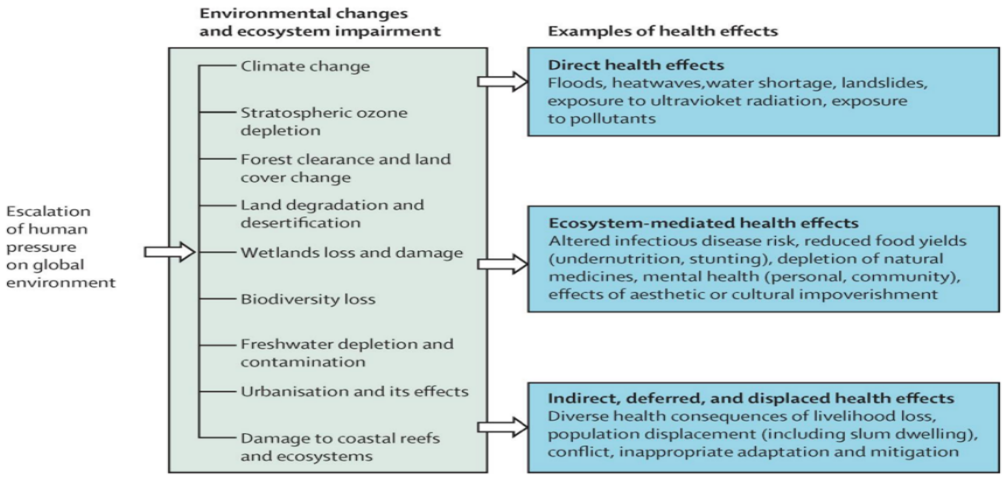
As pointed out in Chief Medical Officer's annual report 2021: health in coastal communities - GOV.UK (www.gov.uk), there is a synergistic relationship between the state of the environment and health and wellbeing in coastal communities. Global and local processes of environmental degradation and climate change currently, and will increasingly, negatively affect human health, with coastal environments and, therefore, coastal communities particularly at risk. The impact of environmentally related risks (e.g., floods, severe storms) often falls disproportionately on more deprived and marginalised coastal communities.

Appropriate environmental management, protection and sustainable development[17] may result in significant co-benefits for human and environmental health. For example, more severe storms and a rise in sea level are likely to result in coastal flooding, putting health and essential infrastructure at risk. An important response is the development of high-quality, co-beneficial green and built infrastructure that mitigates the impacts of environmental change, facilitates safe access to the coast, while protecting fragile coastal ecosystems. This coincides with what is good for the planet is good for people (planetary health) as outlined in Our Planet, Our Health (parliament.uk).

1. **Action -** We will tackle the 'coast specific issues', 'coastal excess'/'coastal effects'**.** (High levels of deprivation, driven in part by major and longstanding challenges with local economies and employment, are important reasons for the poor health outcomes in coastal communities).

2. **Action -** Focus on the most vulnerable and vulnerable areas. This includes issues related to the cost of living and destitution, people in relation to age, characteristics (including LGBTQ+[18]), economically vulnerable, geography, ill health, and coastal/community vulnerability.

Mechanisms by which the harmful effects of ecosystem change can affect human health[19]



Principles for working better together

- There are clear links between our physical, mental, and financial health. Research and the voices of people living and working in our place tell us that, for many, health issues and problems with money exacerbate each other. Uncertainty and worry about finances matter as much for health as the effects of living on a low income. As such, there is a **reciprocal relationship between financial health** and multiple long-term conditions.
- Systems and support services are fragmented and too often treat them as separate issues, worsening the negative impact each has on the other. **We will examine our systems and services and make the work as part of a whole system in which to better address health inequalities and the social determinants of health**.
- **Health and work are strongly linked**. Employers have enormous influence on health, especially in essential industries with large numbers of staff living on low incomes, for example in health and social care, supermarkets, waste collection and early years education. Job design, especially for low-income roles, routes out of precarious employment and ownership of decision-making are crucial components to averting the ill health effects of bad work.
- We will prioritise prevention and early interventions. This can be adopted across the whole system. We will **make 'prevention matter'** and make us of Health in All Policies/healthy and sustainable policies to create health and social equity.
- Make best use of the **intelligence, health intelligence, data and information** across the systems and service areas
- Make use of **targeted interventions/** to focus on those most in need.
- **Locally designed focus** - Services and programmes need to be designed around the specific needs of places and communities, especially in disadvantaged or ethnically diverse areas. Evidence suggests that programmes with good community engagement are more likely to be effective. Case study examples include the Big Local which provided 150 of England's most deprived neighbourhoods with £1million each over 10-15 years to improve their area and Fit for the Future which was a Gateshead Council initiative which shifted service design to a more grassroots approach[20].
- Putting **communities at the heart** of what we do
- Work to identify, understand and deliver co-benefits and ripple effects across the system
- We will work to **address the 'causes of the causes**. This will means focusing on the root causes rather than the symptoms. This means working collectively to address the wider determinants of health that drive poorer outcomes and long-term health inequalities.
- Adopt the principle of "**universal proportionalism**" in how we plan and allocate resources. We will be clear on what is our universal offer to all residents and which specific groups, cohorts, communities, or places might need extra support.as we develop action plans with partners.

- Share best practice and resources where we can in order to upscale and co-deliver
- We will embed and **scale up of community-centred and asset-based approaches** to public health to address health inequalities across Hastings in line with key policy directives that help protect people and places/environments
- **Test, innovate and learn from** new initiatives across sectors in which to address the wider determinants and reduce health and social inequalities
- Be driven by **common narratives and data to support ongoing investmen**t in community-centred and asset-based approaches
- Stay abreast of **emerging new technologies** and how to make best use of them
- Work to use our **collective assets** more effectively and efficiently to deliver our shared ambitions and improve outcomes for our residents
- Create **community capacity** in which to strengthen the local health and care system by encouraging more people to work in the sector and developing the role of the voluntary and community sector and communities in health and care

The actions to address the wider determinants of health, to create health equity and prosperity

PRIORITY	RECCOMENDATION	ACTIONS	RESOURCE	LEAD/PARTNERS	TIMETABLE
Neighbourhoods and Services	Planning for the ageing population in coastal and other peripheral areas, with consideration to migratory patterns, and the potential for a deficit of social care and healthcare workers relative to older populations			Cross government/All	
	Update and connect the public realm				
	Neighbourhoods need civic infrastructure to foster good health for all. Despite being the places where health is made, the role of neighbourhoods is under-recognised and under-funded today.				

Education and Work	Opportunities for joint working from early years through to further education to improve both health and educational outcomes for children and young people in coastal communities			DfE, DHLUC, ESCC	
	In 2016, Hastings was ranked 282 out of 324 on the Social Mobility Index, which compares the chances that a child from a disadvantaged background will succeed in education and work. From early education up to post-16, outcomes for disadvantaged children and young people in Hastings are well below the national average.				
Economy	Opportunities for joint working to maximize economic opportunities for coastal communities including maintaining the current focus on the role of the NHS as an anchor institution			NHSE/I, DWP, DHSC, DHLUC, ESCC	
	Make the Town Centre feel safer				
Housing	Review of incentives in the private rental sector in coastal communities, specifically HMOs			DHLUC, HMT, HBC	

	which draw a transient vulnerable population to coastal communities				
	Precarious tenancies and poor living conditions pair with ill health, especially mental ill health. We must focus on the private rented sector, making it more secure, affordable and accessible in cities, for maximum impact on health inequity				
	Better management of temporary accommodation?				
Transport	How to mitigate the transport links which make coastal communities more peripheral			DfT,ESCC	
	Specific plans for major risk factors concentrated in coastal communities – especially high rates of smoking in pregnancy, alcohol and substance misuse			DHSC, NHSE/I	
	Looking at funding formulas which disadvantage coastal communities			DHLUC, DHSC, HMT	
	Making more of the potential health and wellbeing benefits of living in coastal communities			DEFRA, DHLUC	

Actions and Tools that will help us to work better as a system and have the greatest impact

ACTIONS/TOOLS/RESOURCES	Detail	Lead Organisation	Resources
Action	Create a common language, vision and a shared approach as started by this paper	HHIG (Hasting Health Inequalities Group to organise) and All	
Action	Systems wide conversation (Seminar) and whole systems mapping	HHIG (Hasting Health Inequalities Group to organise)	
Action	'Whole Systems Partnership Agreement to increase wellness and prosperity' – A model of best practice. To be introduced at the Seminar	Whole System	
Action	A 'Wellness and Prosperity Charter' which supports the Equalities Charter? This will include **4 key actions within the 'Health, Wellbeing and Prosperity Charter'*** that all partners/organisations can sign up to and implement within their own settings. (HiAP, HIAs, Evidence/data and CORE 20 = Focus on need, Learning Monitoring and Evaluation)	Whole System	
Action	Upscale Hastings as a 'creative hotspot' (NESTA)		
Action	Maximise collective response to Covid and the coalition of organisations in Hastings (in the town – statutory, voluntary and community groups), how do we grow and maximise their organisational skills, creativity and effectiveness of Hastings?		
	LGA support brought in to make 'Prevention Matter'	HBC to Champion	
	'Spatial Planning for Health'	HBC Planning and Development Management	

Action and Tool	**Health in All Policies** to be adopted and embedded	HBC to champion and embed	
Tool	Health Impact Assessments (including the following toolkit)	Public Health	To be included as a requirement in the Local Plan to support healthy development Health Impact Assessment in spatial planning (publishing.service.gov.uk)
Tool	Health Equity Assessment Tool	HBC	To make use of Equality and Health Inequality Impact Assessment. This document is available from england.eandhi@nhs.net
Tool	**Place Standard - how best to use? Scottish Place Based Framework	HBC	
Tool	The Place Standard Tool for Children and Young People - A Place in Childhood	ESCC	
Tool	A framework for an inclusive and sustainable economies approach	HBC and ESCC	An inclusive and sustainable economies framework has been developed as a tool to focus whole system action. It illustrates that to achieve healthy people and thriving communities, increased productivity and shared prosperity, and healthy and sustainable places, action is required across the social, economic and environmental determinants of health. These are the 3 domains of an inclusive and sustainable economy.

*** 1. Health in All Policies** - Healthy policies and making prevention matter so that we can maximise positive impacts and mitigate against negative impacts. This means also making use of Health Impact Assessments (including the following toolkit). It helps to assess the impact on people of applying a proposed, new or revised policy or practice. HIIA goes beyond the public sector's legal duty to assess impact in relation to the Equality Act 2010, as HIIA looks at the impact on health inequalities; people with protected characteristics; human rights; and socioeconomic circumstances.

Health Equity Assessment Tool make use of Equality and Health Inequality Impact Assessment to support delivery of the 'Hastings & St. Leonards Equality and Human Rights Charter'.

***2. Evidence/ data sharing** - strengthening the evidence and policy driven by evidence as well as how we share this across the system

***3. Focus on Need** - focus on areas of most need first and take a more targeted approach

***4. Learning, Monitoring and evaluation** – understand our impact, what works and how we can support each other to better monitor and evaluate the impacts we are individually having as well as collectively

** The Place Standard tool provides a simple framework to structure conversations about place. It allows you to think about the physical elements of a place (for example its buildings, spaces, and transport links) as well as the social aspects (for example whether people feel they have a say in decision making).
The tool provides prompts for discussions, allowing you to consider all the elements of a place in a methodical way. The tool pinpoints the assets of a place as well as areas where a place could improve.

Measuring Outcomes

- Addressing the broader underlying determinates takes decades to see an impact and evidencing this depends on a static population. An influx of people from deprived London areas to Hastings for example or migration out of professional groups would lead to continued deterioration in LE.
- Clearly life expectancy (LE) is related to deprivation. The populations who suffer most material deprivation, and unemployment have lowest life expectancy. Separately from this issue, they also often make poorer lifestyle choices and find it harder to engage with services. All these issues need to be addressed.
- Use life expectancy to understand context and to set trajectory. We want to see life expectancy improve.
- It must be remembered that the key determinate of health is age and that an older population will tend to suffer poorer health than a younger one. It is likely then that absolute need for health and social care services will continue to grow as the population profile shifts to include a higher proportion of older people. However, we expect as the population ages, the health of an older person in the future will be better than that of an older person of the same age now mitigating to some extent the impact of aging on care needs.
- We wish to see improved LE in Hastings, but this indicator is around reducing the differences between areas. We will need to start as well to look at changes across deciles of deprivation.
- Drivers include broad determinates such as material wealth, employment, and poverty and these are in turn are driven by education and the economy as well as access to benefits. Other drivers are healthy lifestyle choices as well as preventative and curative clinical interventions. Changes to the drivers may take decades to impact on this measure e.g., Education, others especially clinical ones, as well as some lifestyles changes such as stopping smoking and undertaking physical activity may act quicker.
- We would expect to see continuing improvements in this measure as the economy improves and as we develop better services.
- With respect to healthy life expectancy, we need especially need to consider the impacts of frailty, mental health issues, and stressors such as deprivation, debt, fear of crime and social isolation. These overlap with Outcomes around Safety, the Economy and Independence.
- Key causes of death, as elsewhere in the developed world, remain cancers and cardiovascular disease including stroke with ill health additionally being caused by mental health issues together with frailty in the aging population.

- We would wish to see a proportional increase in the Life expectancy in Hastings similar to that seen elsewhere in the region and nationally. This is not a quick win and data is collected historically and takes several years to become available.
- Geographical variation across District Councils/Borough Councils is easy to measure. We also can and will look at the differences between more and less deprived small areas (MSOAs). However, in addressing inequalities we need to also look at differences between certain vulnerable groups who experience inequalities in life expectancy including people with mental health issues, people with learning difficulties, people with physical and sensory disabilities, Gypsy and Traveller groups and other ethnic minority groups, people who are LBGT Q and people who are homeless. These will be hard to measure locally but this must not detract from our endeavours to address these inequalities.

APPENDIX 1

Defining Health inequalities

- NICE Guidance: Health Inequalities and population health
- Marmot review Report – Fair Society, Healthy Lives
- The Marmot Review 10 Years on
- Local Government Association Health Inequalities Hub
- Deloitte: Identifying the gap: understanding the drivers of inequality in public health

To summarise, health inequalities are **avoidable, unfair and systematic differences** in health between different groups of people. There are many kinds of health inequality, and many ways in which the term is used. This means that when we talk about 'health inequality', it is useful to be clear on which measure is unequally distributed, and between which people.

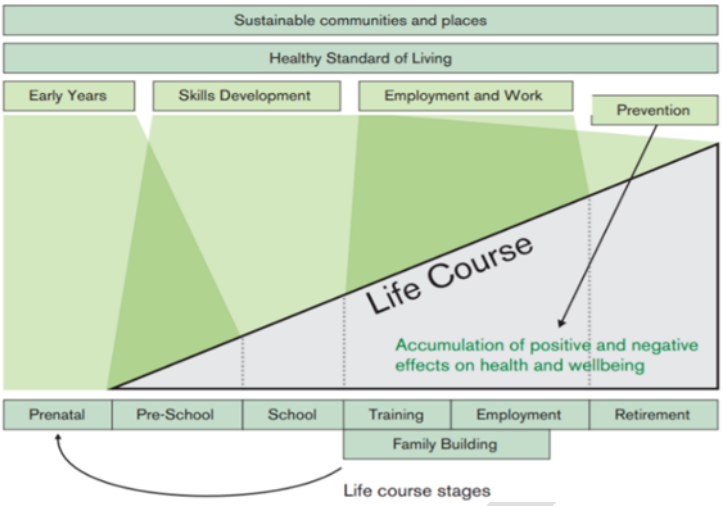
Differences in health status and the things that determine it can be experienced by people grouped by a range of factors. In England, health inequalities are often analysed and addressed by policy across four factors[21]:

- socio-economic factors, for example, income
- geography, for example, region or whether urban or rural
- specific characteristics including those protected in law, such as sex, ethnicity or disability
- socially excluded groups, for example, people experiencing homelessness.

People experience different combinations of these factors, which has implications for the health inequalities that they are likely to experience. There are also interactions between the factors. For example, groups with particular protected characteristics can experience health inequalities over and above the general and pervasive relationship between socio-economic status and health.

The increased widening of health inequalities nationally had been noted through the Marmot Review published just prior to the Covid-19 pandemic in 2020. The COVID-19 pandemic has exposed the health gap between those living in our most deprived and affluent communities. And it is our cities and urban areas that have the most striking contrasts in health[22].

The 2010 Marmot review described inequalities as occurring across a social gradient, and as accumulating throughout a person's life depending on their circumstances.

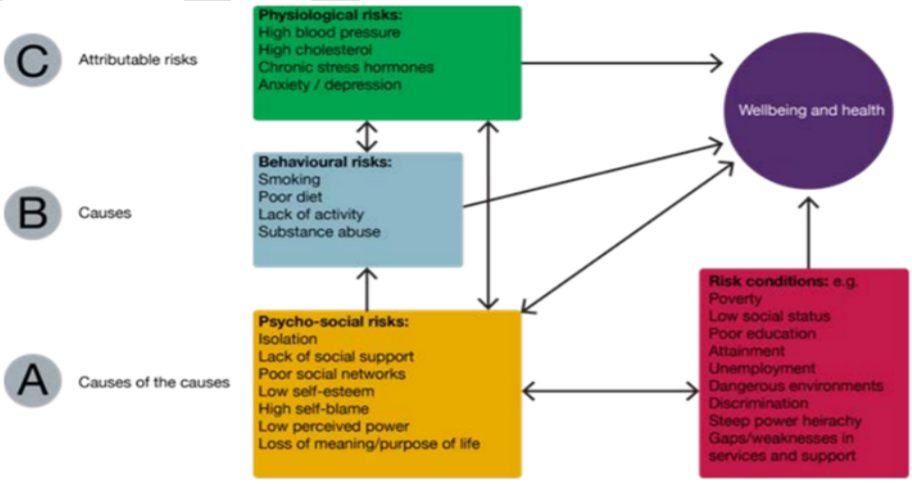


Actions to address health inequalities across the life-course(Marmot 2010)

- **A social gradient of health** - a systematic relationship between deprivation and life expectancy, meaning that the lower a person's social position, the worse their health. The social gradient on health inequalities is reflected in the social gradient on other areas, for example, educational attainment, employment, income, quality of neighbourhood.

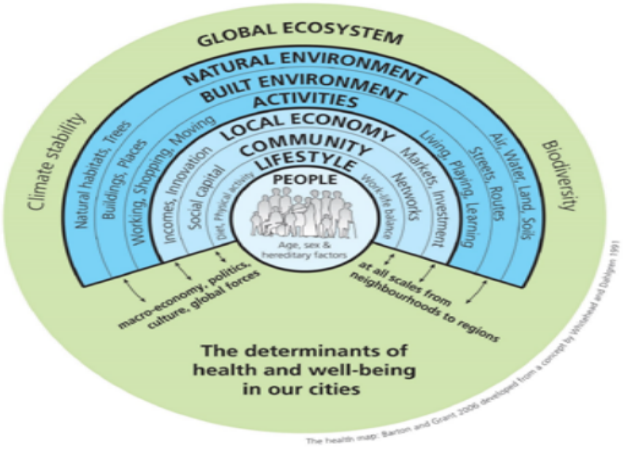
- **Inequality across the life-course.** Disadvantage starts before birth and accumulates throughout life. Social and biological influences on development start at conception, or earlier, in terms of genetic effects accumulating through pregnancy.[23] From the time of birth, the individual is exposed to social, economic, psychological and environmental experiences, which change as a person progresses through life. In this respect it is important to take a life-course approach (from cradle to grave approach).

The pandemic has further highlighted the differences we see between health and wellbeing outcomes of specific populations and communities. Data demonstrates the impacts on people negatively impacted by health inequalities including people with specific protected characteristics, people who are impacted by geographic differences, people who are impacted through socio-economic factors and socially excluded groups.



Patterns of risk affecting health and wellbeing: The Labonte Model of Health (Public Health England, 2017)

Inequalities across health, wellbeing, and prosperity is everybody's business. Differences in health, wellbeing and prosperity reflect the differing social, environmental and economic conditions of local communities and their places. The fact that 'place matters' is reaffirmed by the Marmot Review 10.



A person's chance of enjoying good health and a longer life is influenced by the range of interacting social, economic and environmental conditions in which people are born, grow, live, work, and age. These conditions are the *determinants of health*, and include individual lifestyle factors, community influences, living and working conditions, and more general social circumstances that influence our health. The health map illustrates how the factors that influence our health and wellbeing are multiple and complex.

The '**causes of the causes**' include key influencing factors such as housing and employment. These diverse range of factors are themselves influenced by the local, national and international distribution of power, money and resources in society which shape the conditions of daily life, causing some groups to experience different exposures and vulnerabilities to health risk. Health, wellbeing and prosperity is therefore significantly impacted by circumstance beyond an individual's control, with health and social inequalities not caused by one single issue, but by a complex mix of factors which can create, exacerbate and sustain inequalities that exist between people, communities and places.

Further tools and resources include:

- Public Health England: Addressing Health Inequalities through collaborative action
- NHS England: Reducing Health Inequalities resources
- Local Government Association: Health Inequalities Hub
- Public Health England: Health Equity Assessment Tool (HEAT)
- Public Health England: Reducing health inequalities: system, scale and sustainability
- Public Health England: Tools to support 'Place-based approaches' for reducing health inequalities
- NHS England: The role of businesses in reducing health inequalities

APPENDIX 2

Defining Prosperity

True prosperity is when all people have the opportunity to thrive by fulfilling their unique potential and playing their part in strengthening their communities and places. Because ultimately, prosperity is not just about what we have; it is also about who we become and where creating prosperity is for generations and future generations to come.

Whilst the plateauing of prosperity has been caused — at least in part — by the health and economic consequences of the COVID-19 pandemic, it has also been driven by the concerning erosion of many of the core features that underpin prosperity. There are three core principles that define and deliver prosperity:

1. Prosperity is underpinned by an **inclusive society**, with a strong social contract that protects the fundamental liberties and security of every individual. In a prosperous society:

- People live peacefully, safely and securely
- Everyone's inherent dignity is respected and is protected
- All institutions act with integrity and take into account respect for people, places and the environment
- Families are supported to thrive as stable families and supportive communities that instil the values that shape the culture and build the bonds of trust needed for society to flourish.

2. Prosperity is built by **empowered people**, who create a society that promotes wellbeing. In a prosperous society:

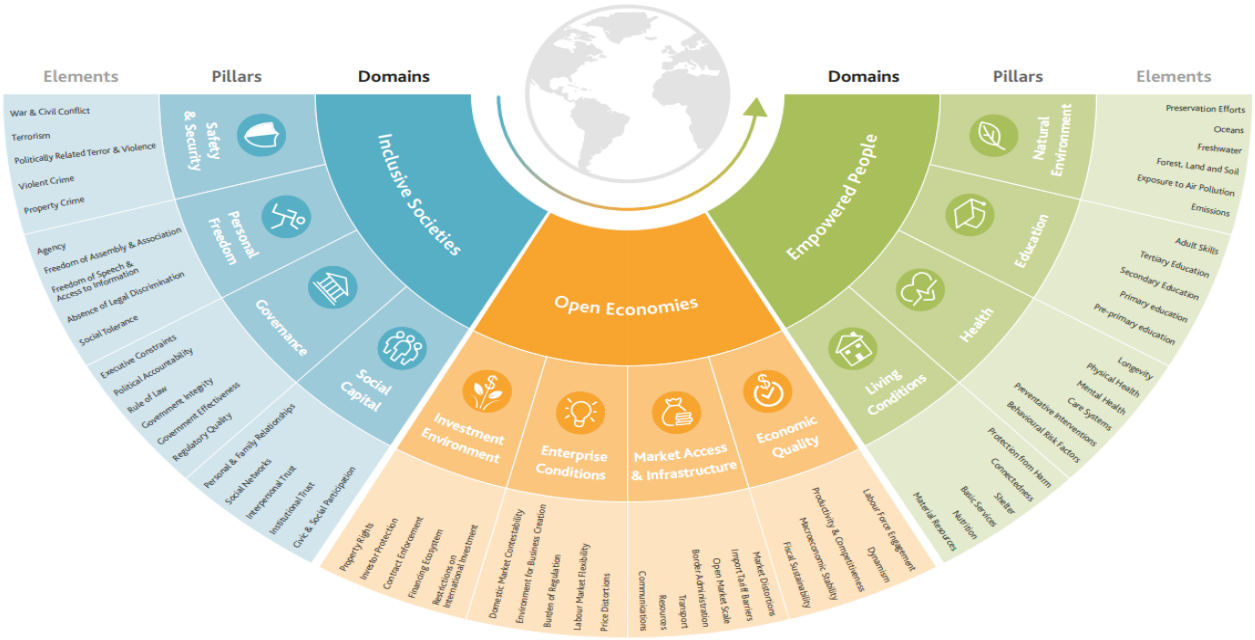
- Everybody is able to build a life free from poverty and exploitation
- People are able to take care of their physical and mental health and have access to effective healthcare and services
- Learning is valued and everyone receives a high-quality education, so they can reach their potential
- Opportunities for a healthy and prosperous life are available to all
- The natural environment is stewarded wisely, and its contribution is protected, enhanced and reciprocated, as a legacy for present and future generations

3. Prosperity is driven by an **open economy** that harnesses ideas and talent to create sustainable pathways out of poverty. In a prosperous society:

- Property rights are protected, so investment can flow.
- Business regulation enables entrepreneurship, competition, and innovation.
- Open markets and high-quality infrastructure facilitate trade and commerce.
- Fiscal and monetary policy are used responsibly to foster employment, productivity, and sustained economic growth

The Prosperity Index has been developed as a practical tool to help identify what specific action needs to be taken to contribute to strengthening the pathways from poverty to prosperity and to provide a roadmap. The Index consists of 12 pillars of prosperity, built upon 67 actionable policy areas (elements), and is underpinned by 300 indicators.

The Building Blocks of Prosperity



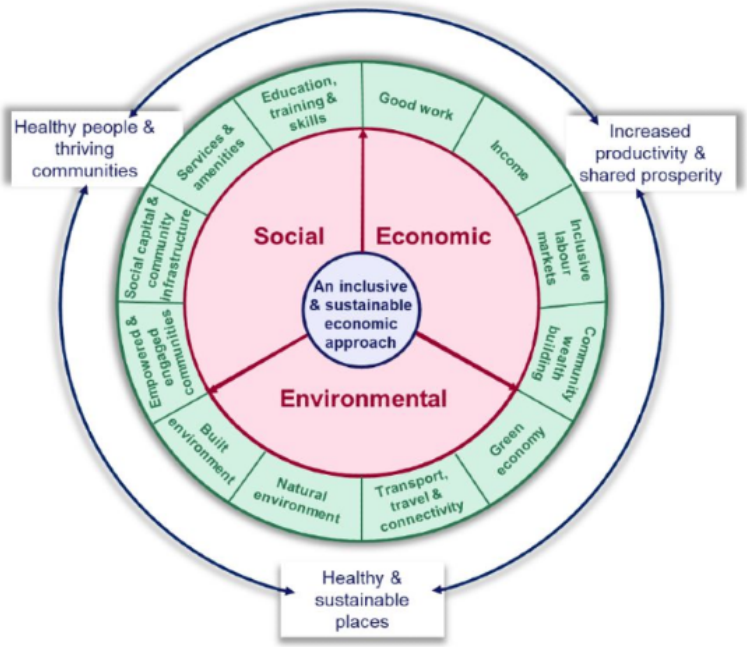
Pathways to Transformation

The pathways from poverty to prosperity are not necessarily uniform. When confronted with many challenges, navigating them can often seem like an overwhelming task.

1. **Transformation is a process, not an event**. For countries in the middle ranks of the Index, it is not necessary, or useful, to aspire to be Denmark – at least in the medium term. Intermediate benchmarks are much more helpful and effective.
2. **Iterative changes are often more powerful than striving for an ideal on any one dimension**. Given the highly complex nature of development, many factors impinge on others. There is little value in having a highly efficient, or even 'ideal', system of contract enforcement if the forms of corporate governance, investor protections, or property rights are much less developed. In fact, a lopsided approach can be detrimental, as it can generate unintended consequences. Each change of the ecosystem needs to move from one (relatively) stable state to another. These are often described as 'second-best institutions', but they are often the next-best solution.
3. **It is important to identify the most binding constraint to development, and use it to inform sequencing and prioritisation**. To give a rather simplified example, a country may find itself with a weak environment for foreign investment and also weak property rights. In such a situation, loosening restrictions on foreign investment is unlikely to have much of an impact, as investors will be wary of securing a return if property rights are not adequately protected. In such a circumstance, improving property rights would likely be a more impactful first step.

- Social Capital Spotlight: The crucial role of families in our collective well being :: Legatum Prosperity Index 2021 The economic cost of family breakdown in the UK is estimated at £51 billion each year, equating to around half of total government spending on education. Only around 66% of UK families are intact by the time children reach the age of 15, compared with 95% in Finland

Guidance from Inclusive and sustainable economies: leaving no one behind (executive summary) - GOV.UK (www.gov.uk) outlines:



APPENDIX 3

Hastings Pride, Passion and Challenges

"Our landscapes, our people and our iconic cultural heritage has always been a source of local pride and passion. The built and natural heritage of our town is extraordinary."

"Hastings is a lively, passionate and active town where the community and businesses are always keen to engage, lend their voices and get involved."

- **Level of Deprivation** - Hastings Borough was ranked 13/314 most deprived local authority in the index of multiple deprivation 2019, but alongside socio-economic challenges, the town also has considerable natural, built and cultural heritage and a strong sense of identity and community. As would be expected in an area with high levels of deprivation, there are significantly more children in low-income families in Hastings compared to the districts within East Sussex and England.
- **Growing and Ageing Population** - Between 2009-19, the Hastings population increased by 3.8% to 92,700. Most growth was in the 50-74 age group. The population is projected to increase by another 2.6% to 95,500 by 2024 including planned housing developments. Hastings has almost twice the national average of care home beds at 17.7 bed per 100 people aged 75+ vs England's 9.6 (PHOF, 2020)
- **Average life expectancy** - at birth in East Sussex is higher than England, but in Hastings it is more than a year lower than the England average. The gaps are significantly bigger at MSOA level with life expectancy at birth in Central St Leonards 11.2 years below Crowborough Northeast (nearby Wealden District) for males, and 8.7 years lower for females. Circulatory diseases are the single biggest cause of the gap in life expectancy for men and women. External causes including injury, poisoning and suicide are the second biggest cause for men – accounting for 20% of the gap, followed by respiratory disease.
- **Children and starting well** - Pupil absence rates and under 18s conceptions are high and attainment rates low in Hastings. On a more positive note, Hastings has the highest percentage of physically active children in the county, significantly more than the England average.

Key

Significance compared to goal / England average:

Significantly worse	Significantly lower	Increasing / Getting worse	Increasing / Getting better
Not significantly different	Significantly higher	Decreasing / Getting worse	Decreasing / Getting better
Significantly better	Significance not tested	Increasing	Decreasing
		No significant change	Could not be calculated

B. Wider determinants of health

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
B01b - Children in absolute low income families (under 16s)	<16 yrs	Persons	2019/20	19.0	15.6	%	↑	↓
B01b - Children in relative low income families (under 16s)	<16 yrs	Persons	2019/20	23.0	19.1	%	↑	↓
B03 - Pupil absence	5-15 yrs	Persons	2018/19	5.35	4.73	%	→	→
B08a - Gap in the employment rate between those with a long-term health condition and the overall employment rate	16-64 yrs	Persons	2019/20	6.62	10.6	Percentage points	–	→
B08d - Percentage of people in employment	16-64 yrs	Persons	2020/21	72.8	75.1	%	→	→
B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week	16+ yrs	Persons	2018 - 20	3.14	1.92	%	–	→
B09b - Sickness absence - the percentage of working days lost due to sickness absence	16+ yrs	Persons	2018 - 20	1.31	1.02	%	–	→
B12a - Violent crime - hospital admissions for violence (including sexual violence)	All ages	Persons	2018/19 - 20/21	55.3	41.9	per 100,000	–	–
B12b - Violent crime - violence offences per 1,000 population	All ages	Persons	2020/21	38.1	29.5 $	per 1,000	↑	→
B12c - Violent crime - sexual offences per 1,000 population	All ages	Persons	2020/21	3.01	2.29 $	per 1,000	→	→
B13a - Re-offending levels - percentage of offenders who re-offend	All ages	Persons	2018/19	24.3	27.9	%	–	–
B13b - Re-offending levels - average number of re-offences per re-offender	All ages	Persons	2018/19	2.91	4.00		–	–
B14a - The rate of complaints about noise	All ages	Persons	2019/20	8.13	6.37 ^	per 1,000	↓	↓
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	2020/21	21.4	11.3	per 1,000	–	↓
B15c - Homelessness - households in temporary accommodation	Not applicable	Not applicable	2020/21	6.26	4.03	per 1,000	–	↑
B17 - Fuel poverty (low income, high cost methodology)	Not applicable	Not applicable	2018	11.5	10.3	%	→	–
B17 - Fuel poverty (low income, low energy efficiency methodology)	Not applicable	Not applicable	2019	10.8	13.4	%	–	–
B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time	16+ yrs	Persons	2019/20	22.4	22.3	%	–	–
1.01i - Children in low income families (all dependent children under 20)	0-19 yrs	Persons	2016	25.7	17.0	%	→	→
1.10 - Killed and seriously injured (KSI) casualties on England's roads (historic data)	All ages	Persons	2016 - 18	49.2	42.6 $	per 100,000	–	–

Public Health Outcomes Framework - Data - OHID (phe.org.uk) April 2021

APPENDIX 4

Current key Activities and programmes of work to tackle health inequalities in Hastings

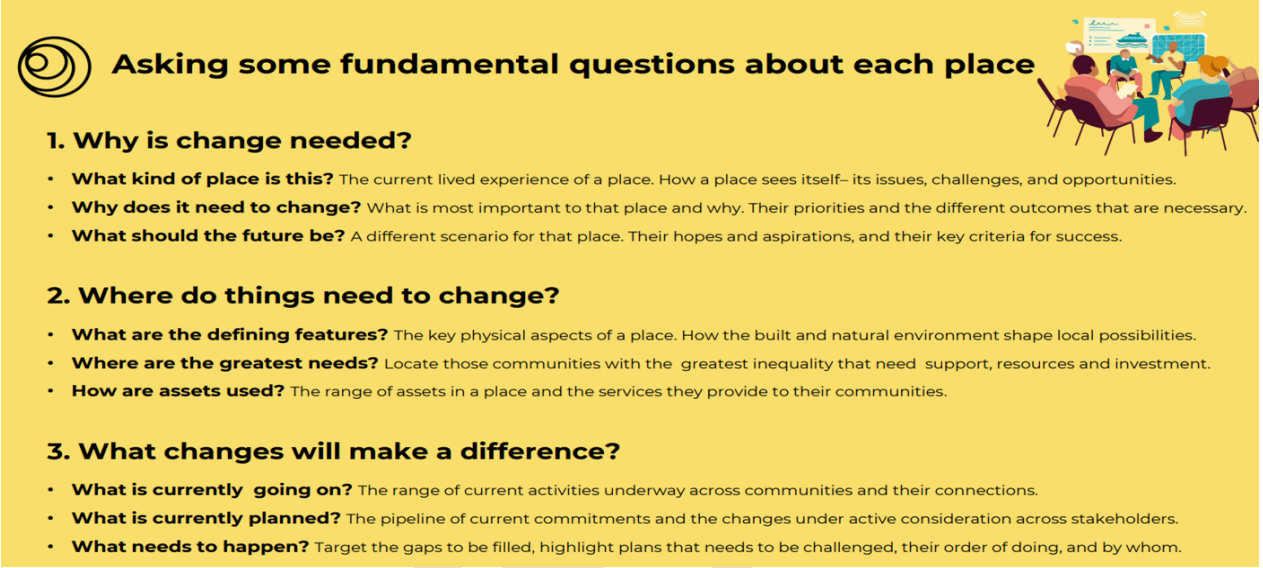
Sector/Organisation	Programme of Work	Evidence/Plans	Opportunities
Business Community	- Healthy Workplaces?		
Community Voluntary Sector - HVA - CAB1066 - HARC - RSI	- Community Hub	CirD - Trends Paper - Covid Exacerbated	
East Sussex County Council - Public Health - Transport - Environment - Infrastructure - Economy - Waste and Minerals - ASC - Children and Education	The Sussex local transformation plan for children and young people's mental health and emotional wellbeing has a number of key strategies to date aimed at reducing inequalities. East Sussex Health and Care Partnership Plan 2021/22 to reduce the gap in life expectancy and health life expectancy in the county. Equality and Inclusion Strategy Health in All Policies East Sussex whole-system healthy weight plan 2021-2026 | East Sussex County Council	JSNA - Local Briefings (eastsussexjsna.org.uk) JSNA - Comprehensive Needs Assessments (eastsussexjsna.org.uk) JSNA - Annual Public Health Reports (eastsussexjsna.org.uk) JSNA - Evidence Surveys & Links (eastsussexjsna.org.uk) JSNA - National Profiles (eastsussexjsna.org.uk)	
Hastings Borough Council			
NHS/ICS	- Hastings and Rother Programme - CORE20 PLUS 5?	**Healthy, Hastings and Rother programme** The HHR programme was set up by Hastings and Rother CCG in 2014/15 in recognition of the significant health inequalities experienced by their population. The programme had five key objectives: • Empowering communities to improve health and wellbeing • Empowering individuals to improve health and wellbeing	

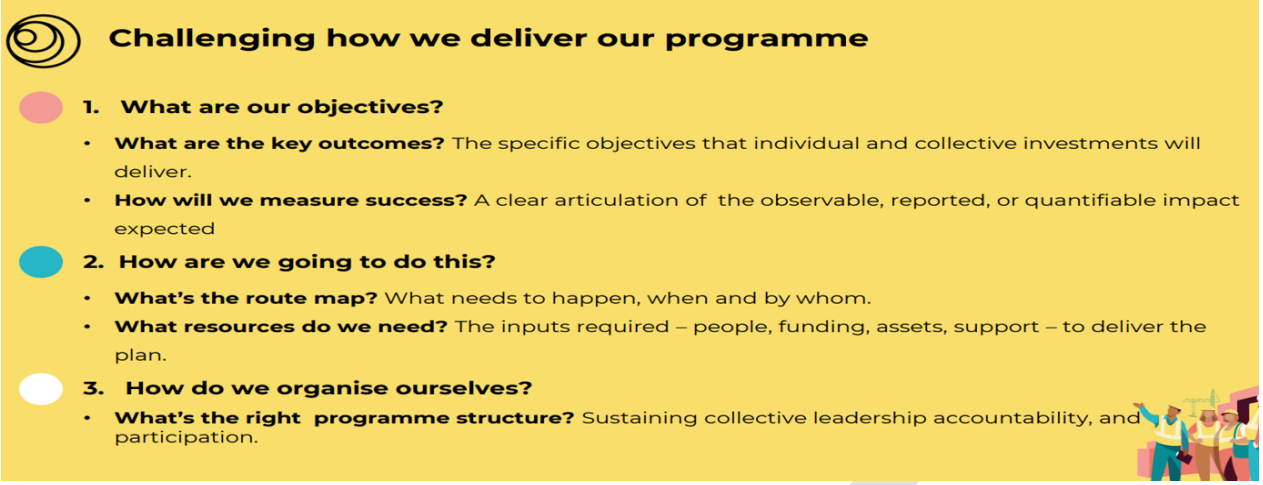
		• Enhancing support for the health needs of vulnerable population groups • Improving the social determinants of health • Reducing variation in access to or quality of services Over 70 different initiatives have been funded through the programme since 2014. Some were short-term, one-off projects, many of which are now incorporated into mainstream commissioning. and a small number continue to be funded under the umbrella of 'Healthy Hastings and Rother'. East Sussex CCG and Public Health have commissioned an independent evaluation of the programme to consider its contribution to system wide work to improve population health and reduce health inequalities, and to inform future work to tackle health inequalities. The evaluation which will report in June 2022. **Universal Healthcare Programme** A partnership endeavour to achieve the benefits for all of 'Universal Healthcare' is in the preparatory stages in Hastings. This partnership programme consists of a 12-month Innovation and Change Lab© methodology to co-design, prototype and embed successful initiatives which will seek to improve population health and reduce health inequalities. The opportunity is being progressed with local key stakeholders, including the voluntary, community and social enterprise sector in Hastings and the broader collaboration around this work, which includes the national Universal Healthcare Network, London South Bank University, Health Inequalities Improvement Team at NHSE/I and West Yorkshire Health and Care Partnership, another participating Integrated Care System in the programme.	

Education/Lifelong Services	-		
Emergency Services	-		

APPENDIX 5

Place is already at the forefront of policy. It plays a key role in priorities, in infrastructure investment, addressing health inequalities, climate action, and planning policies for example. Taking a place-based approach involves dealing with complexity. It recognizes that to achieve real change demands tackling more than one thing at a time. A consistent approach is needed and as well as a framework in which to guide and work with wider partners and the system. We recommend using the Scottish Place Based Framework .





Delivering transformational change requires a programme approach based on establishing:

Conditions for Success which reflect a leadership commitment from partners and stakeholders to engage and follow through, ensure that different voices are fully participating to reflect the diversity of each place, and support anchor collaborations.

A **Route Map** that addresses the core questions and confirms the programme objectives, setting out how to make things happens, within an accountable programme structure to oversee the process.

A **Basis for Action** which identifies the relevant national and local priorities supporting a compelling case for change, how proposed actions fit within wider system change programmes, and a coherent and credible pathway to delivery.
These essential steps recognise the need to underpin place-based aspirations with credible business cases that attract funding, with implementation plans that are feasible.

APPENDIX 6

Vision

The development of a Town Investment Plan for Hastings is crystalising a collective vision of Hastings becoming a "*healthy, vibrant and quirky seaside town that people love to visit, live and work in*".

H	• Healthy and Happy
A	• Aspirational and working for All
S	• Safe and Secure
T	• Travel and Toursim that is eco-friendly
I	• Investing in our Places and Communities
N	• Nature and Climate Resilient
G	• Growing a Wellbeing Economy
S	• Sustainable Growth and Development

[1] A matter of life and death - The Health Foundation
[2] A matter of life and death - The Health Foundation
[3] JSNA - Local Briefings (eastsussexjsna.org.uk)
[4] Launch of the IPPR Commission on Health and Prosperity | IPPR
[5] ESCC_CV-19-Impact-Stories_Final-Report_April-2021.pdf (eastsussexjsna.org.uk)
[6] Levelling up health for prosperity | IPPR
[7] https://www.health.org.uk/news-and-comment/blogs/tackling-health-inequalities-how-the-government-can-do-things-differently
[8] Marmot, M (2010) Fair Society, Healthy Lives: The Marmot Review. Institute of Health Equity https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives

[9] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/825133/Tool_A.pdf

[10] Chief Medical Officer's Annual Report 2021 - Health in Coastal Communities (publishing.service.gov.uk)
[11] Levelling-Up-Health.pdf (cam.ac.uk)
[12] Levelling-Up-Health.pdf (cam.ac.uk)
[13] JSNA - Previous Public Health Annual Reports (eastsussexjsna.org.uk)
[14] GCR_2021_Summary_0.pdf (childrenssociety.org.uk)
[15] LGIU-Local-Health-Systems-website.pdf
[16] LGIU-Local-Health-Systems-website.pdf
[17] THE 17 GOALS | Sustainable Development (un.org)
[18] East-Sussex-Lesbian-Gay-Bisexual-Trans-Queer-Plus-Needs-Assessment-Dec-2021.pdf (eastsussexjsna.org.uk)
[19] Source: Millennium Ecosystem Assessment, reproduced in: Sarah Whitmee et al., 'Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation–Lancet Commission on planetary health', The Lancet, Vol. 386 (2015), pp.1973–2028
[20] Levelling-Up-Health.pdf (cam.ac.uk)
[21] What are health inequalities? | The King's Fund (kingsfund.org.uk)
[22] IOUH-MLTC-FlagshipReport-min.pdf (urbanhealth.org.uk)
[23] Dyson A, Hertzman C, Roberts H, Tunstill J and Vaghri Z (2009) Childhood development, education and health inequalities. Report of task group. Submission to the Marmot Review