

Hasting Health Equity, Wellbeing and Prosperity Group (Formerly known as the Hasting Health Inequalities Group)

TERMS OF REFERENCE

Purpose: to provide strategic coordination, direction and oversight on health inequalities work happening in Hastings. We will however **focus on addressing health inequities and creating health equity** (see appendix 1) by strengthening coordination and acting as a technical advisory group which includes the need to promote shared learning, peer support and collaboration to further understand and develop local policy approaches, community health assets as well as the development and scaling up of community-centred approaches to reducing poverty and tackling health inequalities in Hastings. We are a forum which enables collaborative and partnership working, the aim of the group is to identify ways in which to improve population health outcomes.

Scope/Priority Areas:

1. **Wellbeing Economy:** 'Community Wealth Building' and 'Regenerative Economy' – (Identifies 'anchor' economic institutions with strong linkages to the local economy, to foster 'bottom-up' and inclusive development. The latter focuses on building an economy that mimics nature by regenerating the social and ecological assets needed for wellbeing). See appendix 3.
2. **Infrastructure** – Creating 'Healthy Places' – (Healthy housing and development, accessible and connected communities, healthy high streets and nature for health)

First action – is to map what is or isn't being done in relation to the priorities identified. What are our 'wellbeing' priorities? We need to articulate and work from here.

Second action – to focus on a few of the gaps and where we can add value/unlock opportunities. What do we need to influence?

Objectives:

- To inform and support the embedding and scaling 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 (see appendix 1).
- To understand the priorities and needs of local systems, using this to shape local activity around prevention, health improvement and addressing health inequalities.
- Ensure alignment with Sussex ICS-wide strategy for improving population health and addressing health inequalities. This includes assisting with the delivery of the shared goals identified by the East Sussex Health and Social Care System Partnership Board and its Strategic Development Framework (see appendix 2).
- Support broader social and economic development in our diverse community in the long term
- To create space through which to develop and agree common narratives and/or data to support ongoing investment in community-centred and asset-based approaches
- To promote whole systems approaches to community-centred public health
- To serve as a forum to align priorities, share approaches, learning and promote networking and collaboration
- To share best practice and help address complex issues

Meeting Arrangements

- Meetings will be held in line with demand/needs of members, with a minimum of 4 meetings a year
- Meetings will be held virtually or face-to-face, in line with members preference/needs, with dial-in/virtual option available for those unable to travel to face-to-face meetings
- Meetings will be serviced by HBC
- Meetings will be chaired by a Public Health representative.
- Where beneficial and with the agreement of members, joint sessions may be held with other partner networks/meetings.

Governance, Accountability, and Reporting:

- The Hastings Local Strategic Partnership Board will support and maintain oversight of the group
- Reports on the group's activity will be produced as required by the LSPB
- A summary of key issues explored & actions agreed from each meeting will be produced and available for wider circulation.

Membership: the network is open to all with a lead role or interest in community-centred and asset-based approaches to health and wellbeing, including, but not limited to the:

- Local council – Hastings Borough Council and East Sussex County Council
- NHS – regional (including primary care & personalised care teams), ICS, CCG, PCN
- East Sussex Fire and Rescue Service
- Office of Health Improvement and Disparities
- Other relevant representatives from regional or sub-regional agencies
- The voluntary sector
- The business community
- Guests & specialist advisers will be invited to attend meetings, dependent on topics to be discussed

Review:

The Steering Group will review its relevance, value and the terms of reference at twelve months (November 2022)

Date created: 26th October 2021

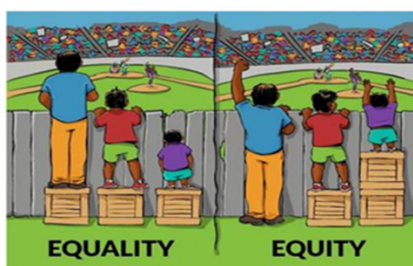
Appendix 1 Definition of Health inequities and health inequalities:

Health inequalities -

systematic differences in the health and wellbeing status of different groups

Health Inequities -

the differences in health status which are unnecessary, avoidable, unfair and unjust



Health inequities

- Male life expectancy in Hastings varies depending on neighbourhood residing in

Health inequalities

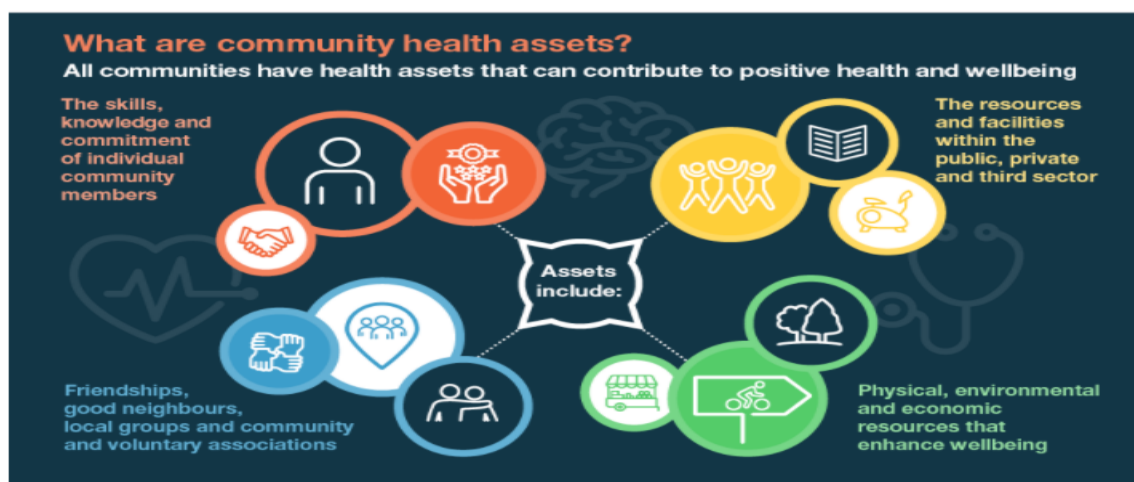
- Colour blindness is more prevalent in men than women
- Breast cancer is more prevalent in women than men
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We will focus on addressing health inequities and creating health equity

Appendix 2:

Public Health England

Healthmatters



Recognising assets helps value community strengths and ensure everyone has access to them. It builds on the positives and ensures that health action is co-produced equally between communities and services.

Community-centred ways of working are important for all aspects of public health, including health improvement, health protection and healthcare public health. It's not about expecting communities to do more and saving public money but about investing in more sustainable and effective approaches to reduce health inequalities.

Appendix 3:

Shared outcomes - slide 2/2: Supporting Sussex Vision 2025

Through working towards improving outcomes for our population in East Sussex, our East Sussex Health and Social Care Partnership will contribute to the shared aims and ambition of our Sussex Health and Care Partnership set out below. These are set out in [Sussex Vision 2025 Our vision for a healthier future](#). For more information visit:

[Sussex-2025-Our-vision-for-the-future.pdf \(sussexhealthandcare.uk\)](#)



Our Outcomes	Measured by	Our Goals
People will live more years in good health	Healthy and disability-free life expectancy at birth and at age 65	Starting well <ul style="list-style-type: none"> Improved mother and baby health and wellbeing, especially for those most in need Children growing in a safe & healthy home environment with supporting and nurturing parents and carers Healthy lifestyles and resilience will be promoted, including in school and other education settings Good mental health for all children Children and young people leaving care are health and independent
The gap in healthy life expectancy between people living in the most and least disadvantaged communities of Sussex will be reduced	Inequality in healthy life expectancy at birth	Living well <ul style="list-style-type: none"> Individuals, families, friends and communities are connected People have access to good quality homes providing a secure place to thrive and promote good health, wellbeing and independent living People have the knowledge, skills and confidence to self-manage, and to protect their own health People live, work and play in environments that promote health and wellbeing
People's experience of using services will be better. Our staff will be working in a way that really makes the most of their dedication, skills and professionalism	Access to health and care, quality of care, and experience of health and care	Ageing well <ul style="list-style-type: none"> Fewer older people feel lonely or socially isolated There is a reduction in number of older people having falls Older adults stay healthier, and happier More people are helped to live independently in the community by services that connect them with their communities People receive good quality end of life care and have a good death
The cost of care will have been made affordable and sustainable	Cost per capita of health and care	Better care <ul style="list-style-type: none"> Improved mental health and wellbeing and easier access to responsive mental health services Access to urgent care for those who need it is quick and effective Services are responsive and flexible and supported by effective use of technology Our specialist services are harnessing the potential of breakthroughs in medical science and the use of data

Appendix 4:

Standard economic strategy design is often 'deficit-based' in the sense that it focuses on the need for external investment, technology, or skills as the way of fostering economic development. However, as you work towards building a Wellbeing Economy, it can be useful to take a strength-based approach whereby you identify the existing economic activities, skills and behaviours that are already positively contributing to wellbeing. This will help you to develop an economic strategy that builds on the existing strengths and capacities in the community as the building blocks for our Wellbeing Economy.



Wellbeing-Economy-
Policy-Design-Guide_