

Report To: Cabinet

Date of Meeting: Monday 1 August 2022

Report Title: Update on Health inequalities work in Hastings

Report By: Jane Hartnell, Managing Director

Key Decision: Y

Classification: Open

Purpose of Report

To update Cabinet on progress in addressing health inequality in Hastings

Recommendation(s)

1) To welcome the progress made in ensuring the issues of health inequality that blight the lives of many residents are being addressed.

Reasons for Recommendations

To update Cabinet on progress in addressing health inequalities since the Council motion was adopted in February 2021.

Introduction

1. The council agreed a [motion](#) in February 2021 regarding the health inequality gap experienced by residents of Hastings.
2. Since this motion was passed, the issue of health inequalities has been highlighted even further as we have better understood the impacts of the pandemic on deprived communities. There has also been a helpful focus on the poorer outcomes and the experience of health inequalities shared by coastal towns as a result of the Chief Medical Officer's July 2021 report which included Hastings as a case study.
<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2021-health-in-coastal-communities>
3. As a result of closer working between the NHS and further lobbying, the council and its Local Strategic Partnership partners have worked together to seize opportunities to develop a more focused strategy and joined up approach. There are now some exciting and innovative approaches being developed and tested here.
4. This report summarises progress made since the 2021 motion and sets out the plans for improving the health and wellbeing of Hastings residents.

Background

5. Hastings is the most deprived lower tier local authority in Sussex and one of the most deprived in the country. The experiences of deprivation contribute to higher rates of long-term illness, disabilities, cancer, lung disease and heart problems compared with the rest of England. Men in the most deprived areas of Hastings are expected to live 11.5 years less than those in other areas of the town - the biggest gap in the southeast of England. Life expectancy for both men and women is lower here than the England average.
6. The COVID-19 pandemic, including take-up of vaccines, has shone a harsh light on health inequality and further exacerbated inequalities that have persisted for decades. For some communities, particularly areas of deprivation and the Black, Asian and Minority Ethnic (BAME) population, likelihood of exposure and poor outcomes from COVID-19 has not been equal.
7. The pandemic also highlighted the need to ensure we adequately address the wider determinants of living a healthy life. Whilst access to good health care remains essential, the benefits of exercise, healthy eating, and access to quality outside spaces have all been firmly rooted in our understanding as being vital for physical health and mental well-being. In addition, education, housing and employment are shown to be major determinants of health. It is in this context the future of tackling health inequalities in Hastings is being framed.

Local Strategic Partnership (LSP)

8. The Hastings and St Leonards Local Strategic Partnership (made up of public sector partners, business and community and voluntary organisation representatives) established the *Hastings Health Equity, Wellbeing and Prosperity Group* in June 2021.
9. The group, chaired by Public Health, submitted a detailed report to the Local Strategic Partnership on 13th June 2022 which contained eight recommendations which the LSP fully

supported and committed to. The full report is available from here: [Local Strategic Partnership 13th June 2022](#)

10. In summary:

- a. The Group are working to ensure that all those partner organisations who are part of the wider 'system' understand how they can maximise the contribution they make to tackling inequalities and creating healthier places – this commitment needs to be long term to ensure long-lasting, generational change is embedded.
 - b. This work is solution-focused because the issues and evidence of harm are already well-known locally.
 - c. The Group recommended that a 'whole system' approach is needed for Hastings communities and stakeholders to not only understand the problem but also identify and test new ways of tackling health inequalities.
 - d. That health and well-being is not an issue that can be left to the health services alone to deal with.
 - e. 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 recovery from Covid-19.
 - f. That the constant allocation of short-term funding initiatives leads to 'initiativitus' and does not allow longer term solutions to be embedded, proven to work and show benefit.
 - g. There is a need for a place-based approach to tackling health inequalities in Hastings, improving the most for those who are furthest from the norm.
 - h. Key to success will be collaboration, peer support, learning from best practice, good evidence and data and by supporting and scaling up community-centred approaches to tackling inequality and poverty.
 - i. The link between environment and health cannot be underestimated - the impact of environment related risks (e.g. floods, severe storms) often falls disproportionately on more deprived coastal communities.
 - j. A focus on vulnerabilities in relation to people and the planet is essential. Global and local processes of environmental degradation and climate change currently, and will increasingly, negatively affect human health. There are huge co benefits between climate action and a commitment to an economy and place based on well-being.
 - k. The Group will act as technical advisory group, providing strategic coordination, direction and oversight on health inequalities work happening in Hastings
11. The Group is organising a seminar in September to progress this work and to develop an East Sussex Health and Equalities Charter. Professor Chris Whitty, the Chief Medical Officer, is expected to be attending to give the keynote speech.
12. As ever, the issue of resources and capacity to achieve the objectives set out by the Group was identified. Part of the solution to this challenge will be found from the Universal Healthcare Programme pilot (see below).

Investments in addressing health inequalities

13. The Hastings and Rother Clinical Commissioning Group (CCG) established a Healthy Hastings and Rother Programme in 2014/15. It focussed on people living in the eight most deprived wards in Hastings and Rother.

14. Over the eight years 46 projects and a total investment of £11.4million were committed. Of these a number have now been mainstreamed and are delivered by substantive contracts funded through joint health and social care or CCG funds.
15. The programme has been independently evaluated and the outcome of this review will be used to help shape future work.
16. In addition, during 2021, £3.4m funding that had been previously identified for health programmes in Hastings and Rother was re-allocated as legacy funding following lobbying by Cllr Mike Turner, the HBC representative on the East Sussex Health Overview and Scrutiny Committee.
17. The first c.£1m of this allocation has been invested during 2021/22 in schemes aiming to improve health inequalities in the short-term, including:
 - a. Children and young peoples' mental health support
 - b. Parental advice and support
 - c. Activity and exercise – via Active Hastings
 - d. Autism training for health and care staff
 - e. Support to street drinkers
 - f. Work to reduce use of dependence forming medications

Universal Healthcare Programme

18. Those involved in determining how the remainder of the one-off funding is best allocated and managed wanted to use the opportunity to do something different and not repeat the same approach with the same results.
19. The remaining £2.4m will therefore be used to support a new innovative Hastings-focused programme which starts with the recognition that that access to healthcare is currently unequal, and poverty is a key driver of poor health.
20. The year-long programme will bring together senior NHS leaders, community leaders and academics from the London South Bank University to oversee pilots of work in two communities – one in Bradford, West Yorkshire and the other in Hastings.
21. A programme manager (funded by NHS and Public Health) has been appointed to manage the programme. The council is still keen to secure funding to enable HBC to contribute to this and other health inequalities work at a strategic level.
22. This collaboration will:
 - a. pay attention to the most disadvantaged and seldom heard communities and work with them to improve their outcomes/experience.
 - b. amplify at a national level, the issues experienced in the places of Bradford and Hastings.
 - c. build shared communities of practice for cross-programme learning.
 - d. test and embed a new way of designing and delivering NHS services that improve population health and reduce health inequalities.
 - e. directly report into national thinking and policy on addressing health inequalities.
23. A local design team is responsible for bringing together a group of diverse stakeholders, and generating a system committed to acting together, including representation from:

- a. East Sussex CCG (NHS Sussex from 1 July)
 - b. Hastings Borough Council
 - c. East Sussex Public Health
 - d. Hastings Primary Care Network
 - e. Hastings Voluntary Action
 - f. Diversity Resource International
24. This is an amazing opportunity to be part of a programme that ideally will lead to significant changes in the way services are provided and puts tackling health inequalities at the centre of service design and delivery.
25. Whilst the initial programme is for 12 months, the expectation is that the work undertaken will influence further funding decisions and the commitment to this approach will be mainstreamed.

Other updates

26. In recognition of the importance that health and well-being plays in all aspects of life, HBC has appointed a portfolio holder for Health issues - Cllr Andy Batsford is the Lead Councillor for Health and Culture.
27. The Local Strategic Partnership has adopted a ‘Health in All Policies Approach’ to ensure health inequalities are embedded in our planning, policies and practice. HBC is using this tool to inform development of key policies including the new Local Plan, and its strategic approach to regeneration via the Town Deal, Levelling Up and the UK Shared Prosperity Fund.
28. The MP for Hastings and Rye, Sally-Ann Hart is the Chair of the All-Party Parliamentary Group on Coastal Communities which works on a cross-party basis to establish a framework for policy to help boost coastal communities across the United Kingdom, including the issues of health inequalities as raised by the Chief Medical Officer’s report.
29. HBC councillors represent local people on:
- a. the [East Sussex Health and Well-being Board](#) (Cllr Andy Batsford) - The Health and Wellbeing Board is committed to improving health and wellbeing across East Sussex, especially for people, places and communities who currently have the worst health outcomes.
 - b. The [Health Overview and Scrutiny Committee](#) (Cllr Mike Turner) - The East Sussex Health Overview and Scrutiny Committee (HOSC) is formed of elected councillors and voluntary sector representatives who scrutinise (carry out an independent check on) healthcare services in East Sussex.

Timetable of Next Steps

Action	Key milestone	Due date (provisional)	Responsible

Regular reports on progress to Cabinet	Post-commencement of Universal Healthcare Programme	November 2022 March 2022	Jane Hartnell
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Wards Affected

(All Wards);

Policy Implications

Reading Ease Score:

Have you used relevant project tools?: N/A – is an information report

Please identify if this report contains any implications for the following:

Equalities and Community Cohesiveness	Y
Crime and Fear of Crime (Section 17)	Y/N
Risk Management	Y/N
Environmental Issues & Climate Change	Y
Economic/Financial Implications	Y/N
Human Rights Act	Y/N
Organisational Consequences	Y
Local People's Views	Y
Anti-Poverty	Y
Legal	Y/N

Additional Information

N/A

Officer to Contact

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