

Formulating a wellbeing approach to prevention in Adult Social Care

Background document

DRAFT

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1. Introduction

1.1 About this background document

This is the background document to the prevention strategy we are developing for East Sussex County Council (ESCC) Adult Social Care (ASC). It sets out our approach to prevention and the direction of travel for improving how we prevent, reduce, and delay situations for people that lead to the need for avoidable care and support and that diminish their wellbeing and independence. While the strategy focuses on adult social care, it also touches on how the preventative work of adult social care integrates with other key work such as public health initiatives, community development, children's services, health improvement programmes, housing and infrastructure development, and economic development, employment, and skills. We hope therefore that it will be of interest to a broad range of stakeholders beyond those directly involved in the design, delivery, and use of ASC.

This background document is written as a detailed 'source' document that sets out our approach in detail and how we have arrived at this approach. Based on this document, we will produce a public-facing version of the strategy, and an action plan for 2025-26, with a range of communications, events, and training to help land this strategy in practice.

1.2 How is the strategy being produced?

Development of the strategy has included four main phases of work:

- **Steering group** - a cross-sectoral steering group was established to guide the development of the strategy, with representatives from across ESCC ASC, Public Health, Children's Services, and East Sussex Integrated Care System (ICS), representatives from the Voluntary, Community, and Social Enterprise (VCSE) Alliance, and Citizens' Panel representatives.
- **Scoping review** - this includes desk-based review of national frameworks and legislation, approaches to prevention in ASC across other local authorities in England, key academic and grey literature, and Care Quality Commission (CQC) reports on recent assessments of local authority ASC.
- **'Discussion document'**¹ - this summarised findings from the scoping review and set out initial ways of developing our approach to prevention. It was intended to stimulate discussion with a wide range of stakeholders and help codesign the strategy.
- **Workshops** - a series of in-depth workshops to develop our strategic approach to prevention. This involved over 160 stakeholders across a range of practitioner, managerial, and strategic staff from ESCC, VCSE staff and volunteers, care providers, and local residents and people we support. A number of further dedicated meetings and workshops were held with key groups including East Sussex Seniors Association (ESSA), Disability Rights Reference Group (DRRG), East Sussex Citizens' Panel, Inclusion Advisory Group (IAG), Practice Managers' Forum, Operational Managers' Forum, Operational Commissioning Group, Partnership Plus Executive, Health Outcomes Improvement Mental Health Working Group (HOIMHWG), Children's Services Locality Management Team, and the Social Care Future Working Group.

These conversations have served to improve our shared understanding and approach to prevention - what works best for different people and communities - and the roles we all play in helping ourselves and others to live the lives we want and are capable of living.

Just as prevention, and its ultimate purpose of helping people to stay well and independent, cannot be ‘delivered’ by any one person or organisation, so the prevention strategy aims to better combine the knowledge, skills, resources, perspectives, and ideas of everyone concerned. We hope the strategy will act as a stimulus for us all to co-produce the best possible future we can individually and collectively bring into being.

1.3 Structure of this document

Following this introduction, the document sets out the context for the work, before describing how we will go about prioritising prevention through our processes and relationships. It then describes our framework for prevention - the cornerstone of our approach - and then sets out how we hope to apply this framework strategically. The document then summarises the key findings from our workshops and how they have informed how we will build preventative capacity, which is set out in the penultimate section. It ends with commentary on how the strategy will be developed and applied over time, and how it might inform a system-wide approach to prevention.

2. Context

2.1 Wider adult social care strategy

We are far from being at a standing start on prevention work - much good work is being done already through existing adult social care services, public health initiatives, the work of VSCE organisations, training providers, progressive employers, and the daily actions of people, families, and their wider communities to keep themselves and each other well.

ESCC recently set out its direction of travel for the development of adult social care through the publication of our ASC strategy, *What Matters to You*,² which set out six priorities local people said were the most important enablers of a good life.



These priorities reflect the different dimensions of life that help us to maximise important aspects of our wellbeing, and contain important elements of preventative work:

- They aim to maintain our social and economic health, and the homes that help us to stay independent and secure.
- They reflect the importance of the different communities we belong to, and through which we find purpose, support, and enjoyment.
- They recognise the importance of clear, timely information and advice to guide choices about care and support we might need to help us stay well and independent.

A focus on wellbeing is central to our prevention strategy. The Care Act (2014) requires that adult social care works to promote people's wellbeing and independence. Consequently, wellbeing and independence are taken as the overarching purpose of adult social care and therefore of the prevention strategy.

While there are many possible definitions of wellbeing, the strategy is guided by Sir Michael Marmot's definition of a wellbeing approach as "enabling people to have the capabilities they need to lead lives of purpose, balance and meaning".³

The impact of attending to wellbeing is expressed in our vision for adult social care, adapted from the Social Care Future movement, which aims to reimagine social care, and how it is designed, delivered (or enabled), and resourced:⁴

*Every person in East Sussex lives in the place they call home,
with the people and things they love,
in communities where we look out for each other,
doing the things that matter to them.*

The prevention strategy seeks to build on our existing ASC strategy and contribute to our overarching vision by improving and systematising our focus on prevention. The ambition to improve preventative work is about increasing the wellbeing and flourishing of our residents and communities whether they use adult social care service or not. It is not simply about cost-cutting but is about ensuring resources and capacity flow to those who need it most in the most efficient and effective way.

2.2 What do we mean by prevention?

Preventative activity is wide ranging, from whole-population measures focused on promoting healthy living, to more targeted, personal interventions aimed at improving an individual's health and wellbeing. Prevention covers many different types of services, facilities, and resources and as such is best thought about as a system.

There is no single accepted definition of prevention. The Social Care Institute for Excellence (SCIE) describes prevention in terms of wellbeing, and emphasises an individual's responsibility in maintaining their wellbeing:

*'Prevention in social care is about encouraging people to be more proactive about their health and wellbeing. It can increase independence and prevent, reduce or delay the need for care and support services.'*⁵

Drawing on this and the way in which prevention is set out in the Care Act, and with recognition that people may need to draw on a wide range of resources to help them maintain their wellbeing, our definition of prevention is:

Prevention means working together to prevent, reduce or delay people’s need for our services and to enable wellbeing and independence. This includes helping people access other kinds of support.

Prevention is often broken down into three areas: primary, secondary and tertiary prevention, which go from promoting wellbeing to and for all, through targeting people at risk, to helping people with established/complex needs respectively. Sometimes, a fourth aspect of prevention, quaternary, is added, which aims to prevent over-intervention and associated problems. We describe these more fully and how we propose to use these different forms of prevention later in the ‘framework for prevention’ section of this document.

2.3 Why is prevention important?

In addition to prevention being a route to wellbeing and the lives people wish to live and are capable of living, the ESCC ASCH portfolio plan overview states that “demand facing Adult Social Care and Health (ASCH) locally reflects local demographic changes, financial constraints over the last decade, and the need to integrate more closely with health and develop closer working with the voluntary and community sector.”⁶

Below we give an overview of the key statistics and dynamics that inform our focus on prevention. Further to the summary below, an Equalities Impact Assessment (EqIA) has been completed to give detailed analysis to inform the directions of work stemming from the strategy.

ASCH commissioning context⁷

Key statistics⁸

Approximately 23,000 adults with care and support needs and carers with support needs with open cases

ASCH net budget 2023-24 - £233.244million, almost a third of the entire ESCC budget

Activity⁹

	2022/23
Key activity	
Contacts received	128,083
Assessment of need (ANTs) completed	5,461
Assessments completed	8,224
Reviews completed	15,355
Statutory work completed	7,666
Safeguarding episodes completed	4,891

	2022/23
Front end demand	
Number of new 'care' contacts. (Contacts where the person is requesting support around their care needs. Safeguarding and Deprivation of Liberties (DoLs) contacts as well as for things like blue badges, disability registers or access to their files are excluded)	30,742
Percentage of new 'care' contacts that progressed to an assessment	17.9%
Percentage of new 'care' contacts that progressed to an assessment that resulted in a support plan	85.5%

Life course

A person's chance of enjoying good health and a longer life is influenced by the system of social and economic conditions in which they are born, grow, work, live and age. These affect the way people look after their own health and use services throughout their life. More challenging circumstances, relatively and absolutely, are more likely to lead to worse health and wellbeing.¹⁰

The East Sussex Health and Social Care Transformation Team, which leads work on establishing and implementing Integrated Community Teams (ICTs) across East Sussex, has produced detailed data packs on each district and borough council area within East Sussex, showing how each area scores on a basket of 52 measures across four stages of the life course - starting well, living well, ageing well, and dying well - and how each score compares to national averages (where this data is available).

The table below shows the aggregate scores for each council area within each life course stage. On each of the 52 measures, an area scores +1 if they are significantly better than the national average, 0 if they are comparable to the national average, and -1 if they are significantly worse than the national average.

Aggregated indicator scores by district/borough council

Domain	Eastbourne	Hastings	Lewes	Rother	Wealden
Starting well	+2	-1	+6	+4	+6
Living well	-1	-2	+2	1	+2
Ageing well	-1	-6	+2	+1	+6
Dying well	0	0	+1	0	0
Net overall score	0	-9	+11	+6	+14

The table shows that, generally, areas perform better in the first stage of the life course - starting well - than in the stages of life that follow. Aggregated starting well scores are higher than scores in other life stages in four of the five areas, and joint highest in Lewes and Wealden. The table also shows wide variation across the council areas. While Wealden has a net score of +14, meaning that compared to the national average, people in this area score significantly higher on 14 different measures, Hastings has a net score of -9.

Despite the indicators showing a relatively good start in life, we have also experienced increases in demand for Special Educational Needs and Disabilities (SEND) services,¹¹ within the wider context of increases in mental health problems experienced by children and young people,¹² both of which can impact on the future demand for ASC. Alongside

considering the ageing population of East Sussex, it is important to understand and support wellbeing early in the life course, including through collaborative working with Children's Services.

Ageing

We expect the increase in population to be driven by people moving into the county from elsewhere in the UK. The coastline and rurality of the county attracts many people who relocate to East Sussex as they approach retirement, resulting in an older population already at levels that will not be reached nationally for decades. Across East Sussex, 26% of the population is comprised of people aged 65 or over, compared to 18% for England and 19% for the South East. Compared to 2023, by 2027 there will be an increase in the population of working age people (age 18-64) of 4,500 (1.5%), however the population of older people (age 65-84) will increase by 11,900 (9.8%). Of the population of East Sussex (all ages), 4.4% of people will be aged 85+, a significantly greater proportion than England at 2.4%.

Within our age profile, it is important to understand the years of health our ageing population will experience. Healthy life expectancy (HLE) for males in East Sussex is the same as for England (63.1 years), while HLE for females (63.3) is slightly below the national average (63.9). There is, however, significant variation in HLE across the county - men and women in the most deprived areas in East Sussex (Central St Leonards and Hollington) have almost 20 years' less HLE than their counterparts in the most advantaged areas (Frant and Groombridge). People in more deprived areas live more of their lives in poorer health, and these areas should be a focus for preventative work. Factors that drive inequalities in HLE include diet, smoking, obesity, occupation, alcohol, disability, health conditions, economic activity, and physical activity. Some 50% more physically inactive adults, for example, experience low HLE.¹³ The 2021 Census shows that the proportion of East Sussex residents that identify themselves as disabled was 20.3% (110,550), higher than the South East average of 15%.

Changes in levels of childlessness may also impact on the support future generations of older people will be able to draw on in their familial networks. The Office for National Statistics (ONS) forecasts that in two decades' time, the proportion of people aged 80 without children in 2045 will be three times higher than the current proportion.¹⁴

The proportionately higher number of older adults compared to those of working age means there is also pressure on the provision of ASC, with higher numbers of people requiring social care support and relatively fewer people per person in receipt of ASC available to work within the sector.

Long-term limiting illness

According to the State of the County report,¹⁵ it is estimated that in 2023 there were 69,650 people aged 65+ in East Sussex living with a long-term illness which limits their day-to-day activities. Over half (39,450, 57%) were 'limited a little' in their day-to-day activities, while the other 30,200 were 'limited a lot'.

These figures are projected to rise to over 80,000 people aged 65+ living with a long-term illness which limits their day-to-day activities by 2030, an increase of 15% compared to 2023. Nearly 14,000 people aged 65+ are projected to have dementia by 2030, an increase of 18% from 2023.¹⁶ By 2028, around 20,000 more people in East Sussex will be living with two or more long-term conditions compared with 2018.

While the total number of adults receiving long-term support has increased by three percent in 2022-23 to 9,369, the proportion of older people (age 65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services increased to 89.7% and remains significantly above the national figure of 81.8%.

Carers

Data from the 2021 Census indicates that 51,406 people, almost ten percent of the population in East Sussex, provides some form of unpaid care, compared to the national average of 8.8%. However, Care for the Carers, an independent charity and the Carers Centre for East Sussex, estimates that there are over 69,000 carers in the county, with an additional estimated 15,000 young carers in East Sussex.¹⁷

The percentage of people providing unpaid care varies by age: 16% of those aged 50 to 64 provided some unpaid care a week, with the majority providing 19 or less hours. Although the percentage of those aged 65 and over providing unpaid care is lower, people in this age group were more likely to be providing 50 or more hours unpaid care a week.

Population wealth

East Sussex has both rural and urban areas, which brings challenges in ensuring the right support is accessible to all. Our coastal communities reflect the patterns of inequality and poverty highlighted nationally in the Chief Medical Officer's report from 2021,¹⁸ and there is also hidden poverty in our rural areas.

Of the 329 Census 'lower super output areas' that make up the ESCC area, 22 are in the most deprived 10% nationally, with 16 of these in Hastings, four in Eastbourne, and two in Rother.

As East Sussex is an attractive area to live, house prices are higher than the national average. In 2022 the median house price in East Sussex was £335,000, almost 11 times the average annual earnings of residents at £31,145. In comparison, the average house price in England was £275,000, eight times average annual earnings of £33,208. Housing in the private rented sector presents a similar challenge, with the cost of private rented accommodation rising by up to 27% between 2018 and 2022.¹⁹ New data shows housing affordability in East Sussex has become more challenging, with house prices now more than 12 times median salary levels, while private rent, at an average of over £1,100 per month, is equivalent to approximately half of the monthly income for a median full-time local salary of £26,880.²⁰

Further, there are some 57,000 economically inactive people of working age in East Sussex, of whom 13,400 have retired early and may not have sufficient income to support them in later life. Around 10,000 are students, meaning 34,000, who with support and the right opportunity, could be working and earning. Earnings in the county are on average some 11% lower than the average for the South East²¹ at an average monthly salary at £2240 per month. The dominant employment sectors in East Sussex, such as health and social care and roles in the visitor economy, tend to offer lower than average rates of pay. Most publicly advertised jobs are for low paid and low skilled roles, and skills in East Sussex are relatively low among adults (only 54% are skilled at level 3 and above), further limiting the earning potential of our working age adults.

The Government's 'Get Britain Working' white paper identified tackling economic inactivity and unemployment as key to improved health and wellbeing.²² 'Work, Skills and Health', the annual report of the East Sussex Director of Public Health in 2022 identified that:

“There is clear evidence that good work improves health and wellbeing across people’s lives and protects against social exclusion. Our occupations, work and employment forms part of our identity and sense of self which contributes to our health and well-being. Conversely losing a job, experiencing unemployment, and not having access to skills and employment opportunities can negatively impact our health and wellbeing.” (p.4)²³

The Health Foundation also found that work to support a healthy life should pay fairly, offer lasting security, ensure good working conditions, and provide training and opportunities to progress.²⁴ It also identified links between low skilled work and poor health, with 52% of employees from unskilled occupations facing long-term health conditions compared to 33% from professional occupations. An analysis of 33 research studies published by the ONS in 2018 identified that strong evidence was found for a protective effect of employment on depression and general mental health.²⁵

3. Scoping review

To help guide and inform our prevention strategy, and develop existing and new practice and interventions, a scoping review of a range of materials relating to prevention in adult social care was undertaken, including:

- learning how different local authorities approached prevention in adult social care - including documents and online content from across 70 local authorities
- reviews of Care Quality Commission (CQC) reports on prevention within recent assessments of local authority ASC, including reports on five local authorities participating in the new pilot CQC approach and all assessments since²⁶ and
- summarising key learning points from selected academic and grey literature

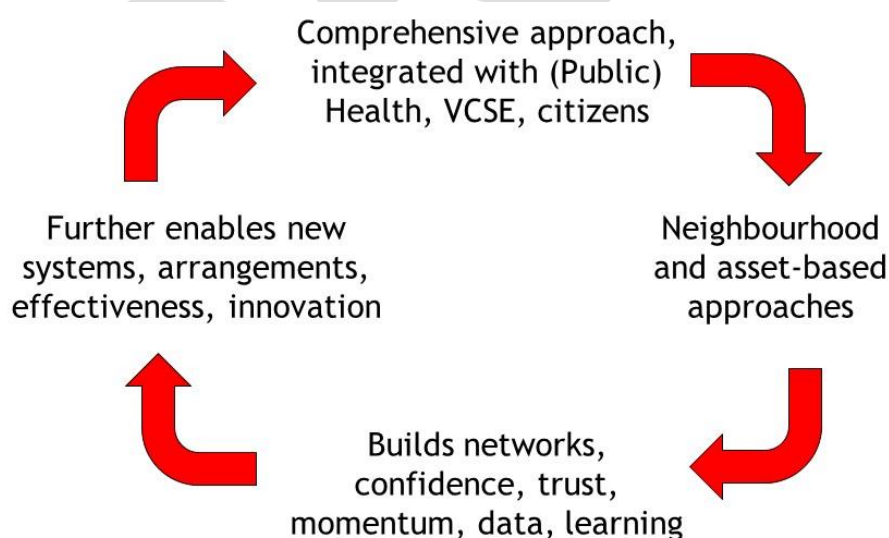
Key points from the review include:

- the importance of having a **dedicated prevention strategy with associated activity** (both activities dedicated to prevention and as part of other activities)
- **co-producing** prevention through the design, enabling, commissioning, delivery, and evaluation of preventative strategy and associated activity
- genuine collaboration that **maximises strengths and local assets**, which understands and works with local contexts, and that is **creative** in harnessing individuals’ and communities’ ideas and capabilities
- focusing on building and supporting good **relationships** between people, services, VCSE organisations and volunteers
- using and generating good **data and evidence** in an iterative cycle, including the use of data in understanding local populations, capturing data on the impact made by different interventions, and using it to inform the development of prevention strategy and practice
- the importance of local, **place-based** approaches, which includes understanding local contexts, fostering community connections and social assets through community development, establishing and utilising community hubs, and working through Primary Care Networks (PCNs) and social prescribing services

- embedding and maximising **Making Every Contact Count (MECC)**, an approach to behaviour change that aims to support people in making positive changes to their physical and mental health and wellbeing through the day-to-day and opportunistic interactions organisations and people have with other people²⁷
- providing clear, timely, and effective **information, advice, and guidance** connected to maintaining wellbeing and independence through multiple channels and formats and across the life course
- use of **technology**, including generic, specialised, and **Technology Enabled Care Services (TECS)** that variously help people to maintain their independence and wellbeing, stay connected, receive and use information, and manage long-term conditions
- development and implementation of **specialised programmes** to meet needs for care and support, and that reflect local contexts and cultures
- **integration** of adult social care strategy and action to prevent, reduce, and delay the need for care and support with the work of Public Health, Health, VCSE organisations, employment support and training providers, and businesses, as well as wider system partners through the Integrated Care System (ICS)
 - This includes ‘reciprocal integration’ in which, for example, public health preventative work and perspectives are integrated into adult social care, and vice versa. It also includes effective working with Children’s Services on supporting transitions, carers of children, and young carers.

While all the above points are important, embedding a co-productive approach into prevention is particularly key. The cycle below illustrates how taking a comprehensive approach to prevention that views and responds to wellbeing holistically, and applying this at the local level through the development of local networks, creates new possibilities that can strengthen a preventative ecosystem.

Common ingredients of integrated co-production



In addition to the above, the delivery outcomes associated with ESCC’s priority of ‘Helping people help themselves’ should also guide our approach to prevention.²⁸ This means:

- commissioners and providers from all sectors put people first when providing services and information to help them meet their needs
- people with the greatest vulnerabilities get the support they need to maintain their independence, and this is provided at or as close to home as possible
- through working well with the voluntary, community and social enterprise sector, individuals, families and communities are supported to thrive

Finally, our prevention strategy will continue to hold in mind our responsibilities under the Care Act (2014) and, with respect to prevention: promote an individual's wellbeing (including unpaid carers) and independence; enable choice and legal rights; and provide accessible and proportionate information and advice about care and support for adults, and support for carers.

The key points from this scoping review, along with the values and learning from our participation in Social Care Future, provide the basis for developing **prevention design principles** that we will develop to underpin and guide all prevention-related work that stems from the strategy.

4. Prioritising prevention

This section sets out how we aim to 'institutionalise prevention'.

4.1 ASCH Departmental priority

Firstly, ASCH has agreed five departmental priorities, which includes a focus on prevention, and which is in the Council Plan for 2024-25:

ASCH Departmental Priority 1 - Prevention: working together to prevent, reduce or delay people's need for our services to enable wellbeing and independence. This includes helping people access other kinds of support.

Building on the scoping review and the above principles, the strategy aims to support a systematic focus on prevention and will take forward the approaches outlined below.

4.2 Portfolio plan

ESCC portfolio plans provide the main direction for services in future years, and set out how priority outcomes will be achieved.¹ The 2025-26 ASCH Portfolio Plan sets out the organisation's commitment to a dedicated prevention strategy and the development and implementation of a prevention action plan (building on this document) on how adults will be supported and enabled to grow and maintain their wellbeing and independence for as long as possible. This establishes and maintains the strategic, corporate focus on preventative work.

4.3 Investment strategy

To build our preventative capacity, we will explore adopting an investment strategy that shifts the balance of attention from reactive to proactive. This approach draws on the work set out by Demos on creating a 'preventative state'.²⁹

Such an investment strategy would require that new spend has a focus in whole or part on growing and sustaining multi-dimensional wellbeing (not just the treatment/management of a problem) and the internal and external resources people need to keep themselves and

¹ See <https://www.eastsussex.gov.uk/your-council/about/key-documents/council-plans/portfolios>

each other well. This can include more holistic services/support and/or better coordination between services/support. This approach will work alongside our ongoing commitment to meet statutory obligations at the highest possible quality, and will take account of any pressing need to meet here and now issues. We will adapt business case, project initiation documentation, and other processes to reflect this strategic approach to developing new work.

4.4 Prevention in All Policies (PiAP)

To further support a focus on prevention, we will grow a 'Prevention in All Policies' (PiAP) approach. This is a version of the 'Health in All Policies' (HiAP) approach, which systematically considers the health implications of policy decisions; targets social determinants of health; looks for synergies between health and other core objectives (within an organisation and in collaboration with partners); and seeks to avoid or minimise harm through policy decisions in order to improve the health of the population and reducing inequity.²

Our PiAP approach will similarly aim to take a systematic approach to embedding prevention across our policy portfolio. Our Policy and Strategic Development Team, for example, will aim to identify and progress relevant opportunities to embed prevention into strategies, policies, and operational guidance as they are developed, and as they come up for renewal.

Preventing, reducing, and delaying the need for adult social care and support can be supported in any policy area. All aspects of policy have the potential to support a preventative agenda - as illustrated in our prevention framework described in later sections of this document - and we will explore how best to roll out a PiAP approach. To facilitate this, we will develop 'prevention principles' to help all those who lead on development of policy documents, plans, strategies and commissioning approaches across the scope of our prevention work to identify where prevention can be strengthened or included.

Early examples of taking forwards this approach include embedding the prevention framework in ESCC's new community capacity development programme from April 2025, and contributing to prevention principles for the East Sussex Housing Strategy.

4.5 Team planning

ASCH utilises an approach to team planning that helps to develop objectives that align with organisational priorities. All ASCH teams are required to establish, review, and update team plans at least every six months. As prevention is everyone's business, we have set out a requirement for all teams to consider how they can contribute to the Department's prevention priority and how they can facilitate other teams to work preventatively. Team plans will be reviewed by the ASCH Strategic Policy Team, collating and summarising work that contributes towards prevention, which will assist in maintaining a strategic approach and focus on prevention.

4.6 Strategic communications

An organisation-wide approach to prevention will be supported by our strategic communications function. This work will involve creating communications, events, and

² Local Government Association (LGA) (2016). *Health in all policies: a manual for local government*. [Available at: <https://www.local.gov.uk/publications/health-all-policies-manual-local-government>

training on the prevention strategy and associated work streams for segmented internal and external audiences in a variety of formats, and will help to deepen a preventative culture and common understanding of how we seek to build preventative capital in people, organisations, communities, institutions, and their aggregated systems. This will link to wider work being undertaken to review and refresh our information and advice content and how it is communicated.

4.7 Modelling and driving a wellbeing approach to prevention

ESCC employs over 10,000 people³⁰ across a diverse range of jobs, and 90% of all employees are resident in the county. Beyond this, we connect to thousands more people in the local economy through commissioning, funding, procurement, and partnership arrangements.

Internally, ESCC offers a wide range of advice and support to staff across a range of preventative domains including mental, economic, and physical wellbeing (including exercise), as well as individual capital (in the form of training and education, and through building personal resilience) and enabling infrastructure (in the form of facilitating access to bicycles, cars, and technology, for example). Staff are offered a 'midlife MOT' and a dedicated strand of the Sussex-wide Life Transitions Service, which supports people to prepare for later life, has been made available to staff, with particular encouragement given to older workers to access the service as part of helping people stay in the labour market for longer. ESCC also has a pan-organisational Wellbeing Project Group currently delivering a three-year action plan.

Access to Making Every Contact Count (MECC) training, which helps people find their own motivation to make positive changes and which supports a preventative approach, is available to anyone in the county.³¹ A range of relevant training and education is also made available to all external provider services, VCSE organisations, and personal assistants (PAs) if they work in the East Sussex.³² More widely, training developed by the Department of Health and Social Care (DHSC) and Royal Society for Public Health (RSPH) to enhance the confidence and skills of those in the social care sector by integrating public health approaches into their daily practice to contribute to effective and holistic care is promoted to staff.³³

Beyond this, we will explore how to build greater external capacity to support wellbeing through our organisational relationships. East Sussex Public Health operates the Wellbeing at Work scheme,³⁴ which recognises employers' commitment to supporting employee wellbeing through an accreditation programme and framework for improving health and wellbeing in the workplace. As a way of fostering wellbeing in the county, we will explore how take-up of the scheme could be increased. This could include encouraging all organisations in receipt of grant funding or commercial contracts from ESCC to participate in the scheme and demonstrate how they attend to the wellbeing of their workforce, either by supplying a wellbeing policy or by signing up to the Wellbeing at Work scheme, for example. This approach would sit within our wider application of the Public Services Social Value Act (2012).³⁵ Consideration will be given to how smaller organisations (those without dedicated human resource functions, for example) could be supported to participate in and benefit from the programme.

4.8 Strategic alignment and integration

Taking a system approach to wellbeing and prevention means that this prevention strategy needs to support and be supported by wider systems.

The East Sussex Health and Wellbeing Board has set out its vision to:

“Protect and improve health and wellbeing and reduce health inequalities in East Sussex, so that everyone has the opportunity to have a life that is as safe, healthy, happy and fulfilling as possible.”³⁶

Achieving this vision means supporting personal and community resilience and making sure that prevention and early intervention is central. The Board is committed to increasing prevention and early intervention to improve people’s chances of a healthy life and to help us to manage demand for health and care services in the future.

Similarly, the Sussex Health and Care Partnership set out its commitment to investing in prevention, personalised care, and other activities to drive reductions in health inequalities in its delivery plan, *Improving Lives Together*.³⁷

This includes establishing Integrated Community Teams (ICTs), which integrate health, social care, other health-related services, and VCSE partners across local communities to improve quality and reduce inequalities. ICTs have strong focus on prevention, aiming to grow capacity in communities that builds on the strengths and assets of individuals, families, and communities to support physical wellbeing, socially connectedness, mental wellbeing, and a sustainable environment. A range of ASC staff are participating in the development of all ICTs across the county.

This approach is strategically aligned to national work on the new 10-year plan for the NHS and the three shifts in the way health and care services work:³⁸

- Shift 1: moving more care from hospitals to communities.
- Shift 2: making better use of technology in health and care.
- Shift 3: focusing on preventing sickness, not just treating it.

ICTs are a key delivery vehicle for these shifts and for neighbourhood delivery more generally. While this prevention strategy focuses on ASC, it is intended that there is both strong strategic alignment and collaborative work in practice to improve preventative work and thus wellbeing in local communities.

Further, to help build greater community resilience, a Community and VCSE Development Programme will be established. This will see ESCC strategically investing in VCSE infrastructure organisations to further enable the shift to more person-centred and community-based approaches to health and wellbeing

The prevention strategy is also well aligned to the East Sussex Health and Care Partnership Health Outcome Improvement Programme, which prioritises mental health, cardiovascular disease, respiratory disease, and frailty/healthy ageing.³⁹ This prevention strategy is now well integrated with the mental health strand of this work, with each informing the other’s development.

More broadly, we are also well-aligned to wider directions of travel in prevention in the context of ASC. A recent joint publication from the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS), Social Care Institute for Excellence (SCIE), Mencap, Skills for Care, Think Local Act Personal (TLAP), The Care Provider Alliance, and Social Care Future, states that prevention should be considered as services and support that help people to keep living in a place they call home, connected and contributing to supportive communities, and doing things that matter to them so that their wellbeing and independence is maintained or increased for as long as possible.⁴⁰ The report also emphasises the importance of helping people to feel more able to do things for

themselves, rather than providing things to people, and of infrastructure to help link people to services and support. As later sections of this document set out, these are some of our priority areas of work in East Sussex.

4.9 Developing prevention in practice

One of the co-authors of the above report is Social Care Future (described in the Context section of this document), and who developed the original version of a vision of social care from which ours is adapted.

ESCC is a member of the Social Care Future community of support for local authorities and participates in each of the thematic strands of learning and development, which are:

- the ADASS roadmap
- sharing power through co-production at all levels
- person centred practice - including transforming assessment, support planning and focusing on self-direction
- early action and asset-based commissioning - 'prevention' and use of all local resources
- developing better support - with a focus on good support at home and when people need accommodation with support
- people power - focused sessions specifically for people who draw on social care to help them co-produce local change

Social Care Future is rich in ideas and content and has much to inform how to make co-produced prevention more effective. ESCC staff members and local citizens who currently participate in Social Care Future sessions have formed a community of practice to help embed the learning in strategy, communications, behaviours, and delivery. This community will help to embed this prevention strategy in practice, for example by running a series of 'prevention in practice' with key sets of stakeholders.

5. A framework for prevention

5.1 Prevention matrix

To help organise thinking on prevention and to understand how preventative work is currently being implemented, our prevention strategy sets out a 'prevention framework' that describes different layers of prevention in the different domains of wellbeing in which they occur.

The framework is visualised below, with each of the dimensions described in turn.

		Dimensions of wellbeing and independence								
		Individual capital	Family wellbeing	Community wellbeing	Physical wellbeing	Mental wellbeing	Social wellbeing	Economic wellbeing	Housing	Enabling infrastructure
Dimensions of Prevention (addressing need for care and support)	Primary: Focus on prevention and promoting wellbeing ; aimed at people with no current particular health or care and support needs									
	Secondary: Focus on Prevent/Reduce , early intervention; targeted at people with an increased risk of developing needs									
	Tertiary: Focus on Reduce/Delay ; aimed at minimising effect of disability/deterioration for people with established or complex needs, supporting people to regain skills and manage or reduce need where possible									
	Quaternary: Focus on activities to mitigate or avoid consequences of ' over-intervention ' and on interventions which are acceptable; aimed at people identified or at risk of excessive intervention									

Field of interventions

Field of interventions

5.2 Dimensions of prevention⁴¹

The vertical dimension of the framework describes different types of prevention, which are outlined below.

Primary: Focus on **prevention** and promoting wellbeing; aimed at people with no current health or care and support needs.

Primary interventions are the earliest form of prevention and aimed at people who have no current care and support needs with a view to avoiding the development of future needs arising. They include activities like promoting and enabling healthy lifestyles, reducing loneliness and social isolation, developing inclusive and active communities, making sure there is suitable local housing, supporting families, and providing information to people that helps them stay well and informs decision-making now and in the future. They are available to everyone.

Secondary: Focus on **prevent/reduce** and early intervention; targeted at people with an increased risk of developing care and support needs.

Secondary interventions aim to provide services or resources that help to prevent developing needs from becoming established, or that slow down or reduce progression of needs. This early support can help to prevent the impact of one problem snowballing into multiple problems or more severe problems and help people to maintain or improve their wellbeing and independence.

Interventions at this level can include things like housing adaptations to help people maintain their independence in their own home as their mobility or functional fitness starts to change; or falls prevention clinics that rebuild strength, balance, confidence, and that enables changes that reduce the risk of someone falling again. They also include supporting people who are becoming carers to support them in their role and to help them deal with their own wellbeing.

Effective and efficient secondary interventions rely on good data to help identify people and communities with emerging needs or who are at risk of needs developing.

Tertiary: Focus on **reduce/delay**; interventions for people with established or complex needs aimed at reducing or slowing deterioration of long-term health conditions and minimising the impact of these condition or disabilities; and helping people to (re-) gain skills, confidence, and connections to manage their situations and reduce the likelihood of further needs arising or their impact.

Tertiary interventions target people with established or complex/long-term health conditions and aim to maintain wellbeing and minimise deterioration and the impacts of these situations. This includes, for example, supporting people with dementia and other progressive conditions, and supporting people with deteriorating sensory conditions to manage their lives in ways that maintain/improve their wellbeing and independence. They also include supporting carers to maximise their wellbeing and independence as well as supporting their role as a carer.

Tertiary interventions also take in reablement or rehabilitation services: time-limited support to help a person to regain or maintain their independence in their own home. This intermediate care, often for older people, aims to help people going into residential care or hospital unnecessarily, or to help people be as independent as possible after a stay in hospital, for example, after a stroke or a fall.

Quarternary: Focus on activities to mitigate or avoid consequences of 'over-intervention' and on interventions which are acceptable to a person; aimed at people identified or at risk of excessive intervention.⁴²

The Chief Medical Officer's 2023 annual report on health in an ageing society makes the point that "improving quality of life in older age sometimes means less medicine, not more" and that "over-treatment is as inappropriate as under-treatment in all patients, including older patients" (p.8).⁴³

Translating this to adult social care, quaternary interventions aim to identify and protect people against the unnecessary accumulation of intervention or intrusion in their lives, particularly that does not appreciably contribute to their wellbeing and independence. Such interventions can be embedded in person-centred practice and reviews that aim to promote choice and control, and to help people to help themselves.

5.3 Dimensions of wellbeing and independence

There are clearly many factors that contribute to a person's wellbeing. The above framework includes nine domains that have been identified as contributing to wellbeing and independence from an adult social care perspective. These domains have been informed by the description of individual wellbeing given in the Care Act (2014);⁴⁴ from work undertaken by the ESCC and Rother Voluntary Action Healthy Ageing through Innovation in Rural Europe (HAIRE) Project (2020-23);⁴⁵ and by identifying common areas of activity (and associated definitions) within the scoping review for the strategy.

There are many ways to define each dimension of wellbeing. The definitions below have been selected to focus on forms of wellbeing (as described above), to be person-centred, to promote co-production, and to support sustainable outcomes.

Housing - the suitability of a person's living accommodation, particularly with respect to maintaining wellbeing and independence, and ensuring a person's accommodation feels like a home to them.

Mental health and wellbeing - mental health as a state of mental wellbeing that enables people to cope with the stresses of life, realise their potential, learn well and work well, and contribute to their community.⁴⁶ Mental wellbeing as a combination of how we feel (our emotions and life satisfaction) and how we function (relationships with others, personal control, purpose in life and independence).⁴⁷

Physical wellbeing - the ability to maintain a healthy quality of life that allows us to get the most out of our daily activities without undue fatigue or physical stress,⁴⁸ and the practice of caring for our bodies through physical activity, good diet and hydration, sufficient sleep, and choosing healthy behaviours.

Social wellbeing - the building and maintaining of healthy relationships through which there is meaningful, authentic interaction with other people.⁴⁹

Economic wellbeing - having present and future financial security. Present financial security includes the ability to consistently meet basic needs and have control over day-to-day finances, and the sense of security, satisfaction, and personal fulfilment that results. Future financial security includes the ability to absorb financial shocks, meet financial goals, build financial assets, and maintain adequate income throughout the life course.⁵⁰

Individual capital - is a person's set of internal resources and experiences that include human capital (skills, knowledge, and experience),⁵¹ psychological capital (hope, efficacy, resilience, and optimism),⁵² the experience of personal dignity and respect, control over day to day life (including care and support), freedom from abuse and neglect, and active citizenship (civic and political participation and the exercise of equal and responsibilities).⁵³

Family health - a state in which the family is a resource for the day-to-day living and health of its members.⁵⁴

Community wellbeing and vitality - the ability of a community to sustain itself into the future and provide opportunities for its residents to pursue their own life goals and experience positive life outcomes. A 'vital community' has community capacity (the ability to plan, make decisions, and act together), and to realise positive social, economic, and environmental outcomes.⁵⁵

Enabling infrastructure - the set of facilities and systems that enable people to be active citizens⁵⁶ and experience wellbeing including, for example, transport, digital, political, and security facilities/systems. It can also include the generation and use of evidence.

5.4 Comments on the framework

The framework deliberately aims to integrate the language of adult social care and the Care Act (prevent, reduce, delay) with the language of public health (primary, secondary, tertiary prevention) to assist the integration of strategy and activity, particularly adult social care and health, as local systems move forward.

The framework also integrates two key imperatives of the Care Act: to promote individual wellbeing, and to prevent, reduce, and delay the need for care and support. Our wellbeing approach to prevention means that we prevent, reduce, and delay the need for care and support *by attending to people's wellbeing*. Wellbeing is positioned as the fundamental purpose as it directly concerns the individual and their quality of life, is person-centred, and aligned to our direction of travel through the Social Care Future movement. While this document concentrates on describing our approach to wellbeing, it also implicitly means that we are always focusing too on preventing, reducing, and delaying the need for care and support.

Relatedly, prevention is not a 'one-off' activity. While some preventative activities may be well bounded (such as the examples of intermediate care given above), prevention should be seen as an ongoing, adaptive activity, seeing the person's whole life, potential trajectories and the opportunities within them.

While the framework might imply that prevention activities are organised into separate layers, domains, and related service areas, it is a multi-dimensional, multi-disciplinary practice that should be integrated, systematised, and draw on all available personal, professional, and community-based resources. For example, a person receiving more advanced forms of housing support to assist living with a long-term condition could benefit from more general, primary forms of prevention aimed at strengthening social connections within communities. In this way, the framework aims to help us consider and join up all layers of prevention and domains of wellbeing within the context of the whole person's situation and preferences.

It is hoped that setting out the framework in this matrix format will help us take a strategic, coordinated approach to prevention. It will help all stakeholders to:

- see the distribution of preventative activity across the different types of prevention and the different (but interconnected) domains of people's lives
- identify where there are gaps, and where we need to make connections between different types of preventative activity
- make explicit theories of change for preventative work within and across the different domains of wellbeing - how an intervention works to prevent, reduce, or delay the need for care and support in ways that enable wellbeing and independence for an individual

The domains of the framework can be thought of as the outcomes that help to deliver the impact of wellbeing and independence. For example, a healthy eating intervention can produce a positive, measurable difference to physical wellbeing, the impact of which will (hopefully) be a subjective improvement in wellbeing.

In the version of the framework set out below, mapping of preventative activity focused on adult social care activity, but strays beyond this boundary to include work that originated in other parts of the health and care system but is supported by or connected to adult social care activity, such as the stewardship approach to loneliness. The framework is therefore flexible to the inclusion of wider sets of interventions and could be further developed within a wider, integrated prevention strategy.

5.5 Mapping activity against the framework

To help understand our current state of play, preventative activity has been mapped onto the framework, focusing on adult social care interventions (see following page). At this stage, the mapping is not comprehensive, but still contains nearly 150 interventions and is illustrative of the breadth of activity across the domains of wellbeing and across the different layers of prevention.

Disseminating the mapped framework across all stakeholders will help different interventions to be aware of and join up with each other where needed to support an individual's holistic wellbeing.

Interventions have been placed in what could be considered as their 'primary location' but most interventions reach across different domains, and many act to prevent, reduce, and delay the need for care and support and so span the different tiers of prevention. 'Pen portraits' of selected activities that describe the reach of each respective intervention and indicate where they contribute to the Adult Social Care Outcomes Framework (ASCOF) are available as an appendix to this document.

5.6 Mapped framework of prevention

Dimensions of Wellbeing and Independence																		
	Individual Capital	Family Wellbeing		Community Wellbeing		Physical Wellbeing		Mental Wellbeing		Social wellbeing	Economic wellbeing	Housing	Enabling Infrastructure					
Dimensions of Prevention (addressing need)	Primary: Focus on prevention and promoting wellbeing; aimed at people with no current particular health or care and support needs	Life Transitions	Sure Start Centres	Family Rights Groups	East Sussex Community Voice	Eastbourne Cultural Involvement Group	Stronger For Life Active Sussex	NHS Health checks	Community Mental Health Transformation	Transition: e-learning & e-motion	Library Service: plus IT For You	Welfare Benefits Helpline Benefits Calculator	Advice Services (eg C.A.B.)	Sussex Armed Forces Network	Veteran Aid	Community Wellbeing Advisory Group	Skills East Sussex	
		Veteran's Hub	Dementia Research Unit Croyborough	Dementia Action Alliances	Diversity International Resource	ESSA & HOPE - G	VCSE Alliance	Freedom Leisure Healthy Communities	Smoking Cessation	Men's Sheds		Forces Connect App	Back to Work Programme	Financial Inclusion Project	Warm Homes Check Scheme	Housing Partnership	VCSE Alliance	
			The Health Child Programme		Reading Friends	Welcome Wheels	Wave Leisure Centre, Sovereign Centre	One You East Sussex	National Screening Programmes	Growing Spaces		Making it Happen					Tribe	1Space
					Changing Places	Citizens Panel				Every Mind Matters		MECC Training		HARC	Turn 2 Us		ESCRIS	Integrated Community Teams
													Adult skills and learning provision				HSCC	
	Secondary: Focus on Prevent/Reduce, early intervention; targeted at people with an increased risk of developing needs		Association of Carers	Care Future Carers	Hastings Learning Disability Friendship Group		Local Active Health Partnerships	Joint Community Rehabilitation	Hastings Mental Health programme, Men Mind & Muscle Partnerships Believe in You	Association of Carers - Voluntary Respite Centres	Southdown Wellbeing Centres	Befriending Schemes	Supported Employment Services - Little Gate	Hastings Advice Service	Temporary Housing Assistance Programmes	Floating Support Service	Flexi Bus	
		Health Appt Respite Grants (HARGs)	Care for the Carers	Carers Centres	Foodbank - Community Fridges	Social Prescribers	Community Arts Projects - Compass	Running Space	St Leonards Mens Mental Health Project	Talking Therapies	Good Neighbourhood Scheme	Foodbank	Eastbourne Advice Service	Steps To Work (Learning Disability)	BWC Womens Accommodation Support Service	Extra Care Housing		
		Learning Disability Respite Centres	0 - 19 Early Help - Keywork	ADFAM	Sanctuary Cafe	Community Connectors	Joint Integrated Community Equipment	Occupational Therapy	Pan Sussex Mental Health Services	Thinking Well	Peer Support Groups		ESTAR		Home Adaptations - Millbrook	Southdown Housing		
							Community Respiratory Service	Smoking cessation services	East Sussex Mental Health Action Group	Health in Mind			Employment support providers					
									Staying Well Cafes	Support Classes - Grief								
	Tertiary: Focus on Reduce/Delay; aimed at minimising effect of disability/deterioration for people with established or complex needs, supporting people to regain skills and manage or reduce need where possible		Domestic Abuse Peer Support Programme - LOTUS	Child to Parent Violence Programme	Day Services for Older People		Remote Monitoring Respiratory Virtual Care Pathways	NHS Pulmonary Rehabilitation Programmes	Mental Health Support Coordinator Service	CGL Domestic Abuse Services	Breathe Easy				Brighton Housing Trust Residential Support	Brighton Housing Trust Advice	Seaview	
			Domestic Abuse Peer Support Programme - LOTUS				Beathill Breathers	Hearing Hopper	Mental Health Community Outreach Service	Southdown Discharge 2 Assess	Shared Lives				East Sussex Refuge Service	Rough Sleeping Initiative		
							Telecare	Respiratory Clinics	The Good Company People	Screen and Intervene					Residential Care / Nursing Homes	Sheltered Housing		
							Lifeline		Peer Support Service						Emmaus			
	Quaternary: Focus on activities to mitigate or avoid consequences of 'over-intervention' and on interventions which are acceptable; aimed at people identified or at risk	Ongoing/periodic reviews with people using services																

6. Applying the prevention framework

6.1 Three levels of the framework

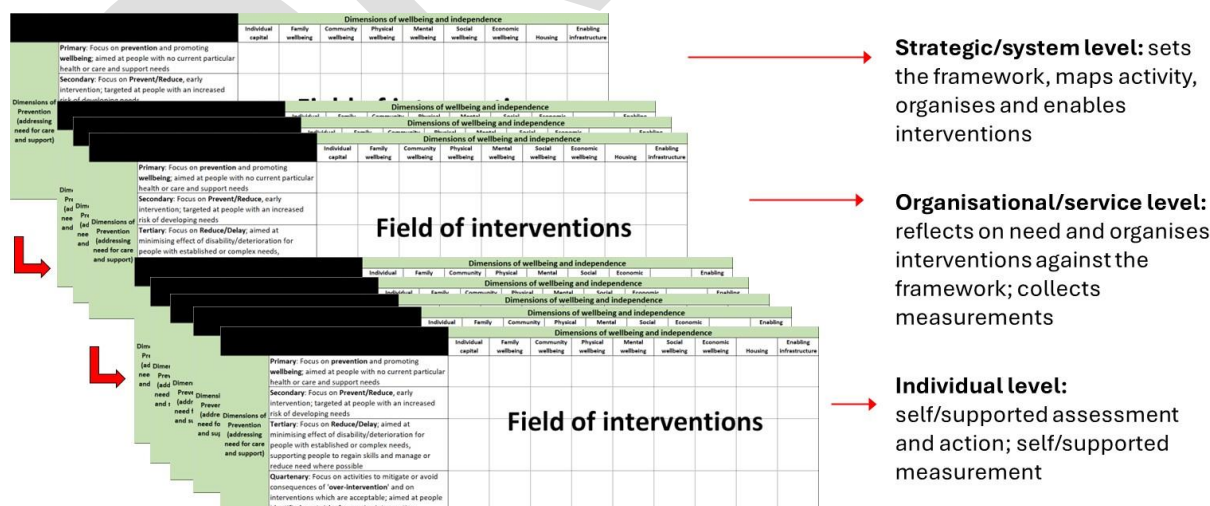
The 'Prioritising prevention' section of this document set out ways in which a focus on prevention is embedded from strategic priorities through policy development, corporate practices, and team plans.

Building on this, we will embed the prevention framework at three inter-connected levels to create a thread from system planning, through organisational activity, to individual preventative action and outcomes:

Strategic/system level: The cycle of activity at this level sets the prevention framework, maps activity against it, organises and enables desired interventions, drives and supports coordination between interventions, embeds a consistent approach to evaluation through the system, and uses data to reshape and invest in the preventative system.

Organisational/service level: An organisation or service uses the framework to assess how they attend to the holistic wellbeing of the people they support. Consequently, organisations can add ways to enhance wellbeing directly or connect to other organisations/services to enable more multidimensional support where required. The set of mapped interventions against the framework facilitates this coordination. Organisations/services also use the framework with people in their operational footprint at the individual level, as described below.

Individual level: An individual uses the framework to assess their current wellbeing and independence, and the trajectory of their life. People are directed to resources that support their level and domain of need by using a version of the mapped framework and other, integrated resources from ESCIS (a free online community resource, listing local organisations, events and activities in East Sussex, as well as providing information and advice),^{lvii} 1Space (a free online resource to help people find local groups and services to support them, their family, and their friends),^{lviii} and Tribe (a free online resource to help people find volunteering opportunities and local groups/ activities).^{lix}



Creating a ‘thread’ between these levels facilitates a common approach to prevention, and consistent data that will help us to understand where preventative work is needed and the impact of preventative interventions. Guidance will be developed to support use of the framework at each level.

At an individual level, the framework will be operationalised into specific measures of wellbeing and independence that help people to reflect on their life and what they need. This will provide consistent data across the whole preventative footprint (through individuals using the self-assessment version of the framework through a new ‘prevention portal’ described in the ‘Building preventative capacity’ section below), and through organisations/services using it with people they support). This will enable us to understand what is working for whom, in what circumstances, and at what cost. The resultant data will help to guide future service development and investment decisions.

We set out our initial data and evaluation framework below.

6.2 Data and evaluation framework

The second section of this document set out our prevention strategy in the context of our wider vision for ASC and our existing ASC Strategy, What Matters To You. The data and evaluation framework below sets out how we will develop measures that can assess an individual’s wellbeing across the domains of the prevention framework, and contribute to understanding the extent to which local people experience the different dimensions of our vision and the priorities outcomes in our ASC strategy.

	Domain of measure	Metrics for each dimension of wellbeing and independence								
		Individual capital	Family wellbeing	Community wellbeing	Physical wellbeing	Mental wellbeing	Social wellbeing	Economic wellbeing	Housing	Enabling infrastructure
All possible values/categories for each metric mapped onto appropriate dimension of prevention	ESCC ASC vision	Measure of whether I have things in my life that I love		Measure of whether my community looks out for me			Measure of whether I have people in my life that I love		Measure of whether I live in a place I call home	
		Measure of whether I do things in my life that matter to me		Measure of whether I look out for people in my community						
	ESCC ASC Strategy (What Matters to You) priorities			Measures of groups activities, hobbies and volunteering			Measures of personal connection with others	Measures of cost of living and cost of care, now and in the future	Measures of a suitable home	Measures of info and comms about care and support
	Prevention framework measures	Basket of metrics drawn from East Sussex Health and Social Care Outcomes Framework, ASCOF, Public Health, National Wellbeing Dashboard measures, and other sources to provide consistent, comparable data. Core metrics will include 1-2 key measures in each domain, with optional additional measures within each domain for more detailed service/project evaluation								

The overarching theory of change within the framework is that by building and maintaining wellbeing and independence, local people can experience the stated priority outcomes, and in turn the vision.

Alongside developing measures that operationalise the vision and ASC strategic priorities, we will develop a basket of measures for each domain of wellbeing in the prevention framework. These will be drawn from the UK Measures of National Well-being Dashboard^{lx}, Adult Social Care Outcomes Framework (ASCOF),^{lxi} East Sussex Public Health measures, and other measures, meaning that we can compare East Sussex against other geographies using reliable metrics.

We propose to develop a ‘core set’ of measures that can be used to evaluate as many interventions as possible. The wider basket of measures can be selected to deepen evaluation on any particular intervention.

Beyond this, we will seek to make better use of the Sussex Integrated Dataset (SID), which combines primary and secondary health and social care data from health and care providers in Sussex.^{lxii} (see box below.) Data in the SID is connected through an individual's NHS Number, meaning that each contact with a service is traceable and can be assigned to the right person. Personal data is anonymised and can be analysed to help us better understand the interdependencies between different parts of the health and social care system. The SID currently contains Short and Long Term (SALT) ASC data, which will be replaced by Client Level Data (CLD) from 2024-25, which contains more timely, granular level data, enabling more flexible and broader analysis.^{lxiii}

Realising the potential of SIDS for ASC

To progress our ambitions for utilising SIDS data, we will design and implement an exemplar project with Public Health colleagues. This will explore how people with both mental and physical health challenges have used different services and support across ASC and health, how different interventions have impacted their service take-up and outcome measures, and what cost-benefits result. This retrospective evaluation will be used to inform future design and delivery of support, and illustrate the potential of greater use of SIDS data. Through this project we will also explore how to build capacity within ASC to undertake more, and more sophisticated data that realises and grows the potential of SIDS, and how data collected through new evaluation measures described above can combine with this data.

7. Co-developing our preventative approach

7.1 Key findings from stakeholder engagement

As outlined in the introduction, following completion of our scoping review, provisional design of our prevention framework, and initial mapping of interventions against the framework, a range of workshops and follow up meetings were held with three main objectives:

- consider what we mean by 'prevention', and what we are aiming to prevent, reduce, or delay
- test and develop the prevention framework, including mapping additional preventative interventions and identifying good practice
- identify prevention priorities - domains of wellbeing, levels of prevention, inequalities

Over 160 stakeholders participated in these in-depth discussions, including a range of practitioner, managerial, and strategic staff from across ESCC; Voluntary, Community, and Social Enterprise (VCSE) staff and volunteers; care providers; and local residents and people we support. A number of key groups were engaged directly, including East Sussex Seniors Association (ESSA), Disability Rights Reference Group (DRRG), East Sussex Citizens' Panel, Inclusion Advisory Group (IAG), Practice Managers' Forum, Operational Managers' Forum, Operational Commissioning Group, Partnership Plus Executive, Health Outcomes Improvement Mental Health Working Group (HOIMHWG), Children's Services Locality Management Team, and the Social Care Future Working Group.

Below is a summary of the key findings from the range of stakeholder engagement described above:

- When stakeholders were asked what they were trying to prevent, reduce, or delay, more than 40 different answers were given, reflecting the complexity of prevention

and the multiple domains of wellbeing and service areas in which people are engaged. Answers ranged from the fundamental (hopelessness, death), through various forms of poor wellbeing and ill-health, to service demand (volume and cost). Two main themes, however, emerged: preventing a 'crisis', and preventing 'lack of personal capabilities and agency' (which in different language, could be described as 'helping people to help themselves', one of ESCC's four overarching priorities).^{lxiv}

- There is something of a tension between a view of prevention as avoiding a crisis, which is more likely to be thought of as requiring a service intervention, and a view of prevention that builds individual, family, and community-based capacity. Getting the balance right, and shifting the balance, over time, from a service-oriented response towards a wellbeing and capabilities approach will be part of maximising the potential of this prevention strategy.
- Physical wellbeing has the highest proportion of existing interventions, and is considered by stakeholders to be the highest priority for preventative work. This domain therefore provides an immediate focus and opportunity to develop preventative work.
- Individual capital is the least well-served domain of wellbeing, although it should be recognised that work to build individual capital happens indirectly within some other services focused on different domains of wellbeing. The individual capital domain therefore provides a focus for preventative work in order to reflect one of the key ways in which prevention is viewed (described above), and to contribute to the overarching corporate objective in a fundamental way.
- Stakeholders reported that enabling infrastructure (e.g. transport, digital infrastructure, community assets) was under-resourced compared to the priority people gave it, and as viewed as a set of key resources to help oil a preventative ecosystem. Closing this 'prevention gap' both helps people to access support for different forms of wellbeing, and helps people to utilise and experience the forms of wellbeing they have.

These findings inform the next section of this document, which outlines how we will develop capacity across the different domains of wellbeing in our prevention framework.

8. Building preventative capacity

8.1 Overview

This section sets out how we intend to put our framework into action, and grow and maintain wellbeing and independence, and by doing so improve our collective ability to prevent, reduce, and delay the need for adult social care and support.

As indicated in the previous section, our first set of priorities will focus on two domains of wellbeing: individual capital and physical wellbeing, as set out below. However, work to improve wellbeing across the remaining domains - which supports, builds on, and is in addition to work already being undertaken - will also be progressed. The sections on individual capital and physical wellbeing are therefore more developed than the sections for the remaining domains.

While the sections below are organised by domain of wellbeing, many of the lines of development set out below contribute to several or sometimes all domains. The cross-

cutting nature of this work helps to weave an integrated prevention system, rather than silos of activity.

While the sections below set out our direction of travel, the key focus within each strand of work will be on addressing inequalities in the different forms of wellbeing - supporting those who need most support at each level of prevention and in each domain of wellbeing. A detailed Equalities Impact Assessment (EqIA) has been completed alongside this document and has informed the actions set out below. It will be reiterated as we progress our work.

Alongside a focus on inequalities, there will be a strong focus on place-based approaches that integrate the work across the domains of wellbeing within communities. As set out in section four of this document, Integrated Community Teams (ICTs) will be key to moving this forward in a way that is co-produced and sensitive to local communities and contexts, and that enables a holistic approach to supporting people with multiple and complex needs.

Following dissemination of this document we will set out a more detailed action plan, which will be supported by relevant data analysis in each domain and iterated over time, and which will aim to build capacity across the framework.

8.2 Individual capital domain

***Individual capital** - is a person's set of internal resources and experiences that include human capital (skills, knowledge, and experience),^{lxv} psychological capital (hope, efficacy, resilience, and optimism),^{lxvi} the experience of personal dignity and respect, control over day to day life (including care and support), freedom from abuse and neglect, and active citizenship (civic and political participation and the exercise of equal and responsibilities).^{lxvii}*

Helping people to help themselves is one of ESCC's four overarching priorities.^{lxviii} Helping to build people's individual capital is the most fundamental way of contributing to this priority. While building people's individual capital happens within some services, there are relatively few interventions that explicitly aim to build these types of resources as their primary focus.

To address this, we will aim to build a set of resources that help people to reflect on the resources they have and need to maintain and grow their wellbeing and independence. We will:

- Draw on findings from the evaluation of the Life Transitions Service^{lxix} to better understand what motivates and supports people to take preventative action with respect to their wellbeing and independence.
- Utilise the Full of Life^{lxx} brand and its county-wide engagement with residents on healthy ageing, to create a quarterly brochure that helps to build people's awareness, knowledge, skills, agency, and hope for wellbeing and independence in current and later life. Evaluation of the Full of Life Festival has shown demand for regular content around healthy ageing in digital and hard copy formats.
- Create an online 'prevention portal' and explore how the contents of the portal can be made available in hard copy. This will be based on an accessible version of the prevention framework that will help people to:

- understand what preventative action is and why it is important to them (*see box below*)
 - assess the different domains of their life and experience according to the framework, and help them to identify their strengths as well as the areas they need to attend to (by themselves and/or with support)
 - access information on how to improve and maintain their wellbeing and independence
 - access information and referral pathways to services and support where people need external support
- Position the prevention portal as a first step on the pathway to Health and Social Care Connect (HSCC) - ASC pages on the ESCC website currently receive some 26,000 unique page views per month, providing a significant opportunity to connect people to preventative resources before they engage with the HSCC team.
 - Link the Life Transitions Service, East Sussex Community Information Service (ESCIS), and East Sussex 1Space to the new 'prevention portal' as part of creating a 'family of services' aimed at building near future and later life preventative capital. Further, incorporate information about these services into our wider work on information and advice.
 - Embed the prevention framework as a reflective and evaluative tool for individual use in services and organisations.

Framing prevention

The choices we make can be strongly influenced by the way they are presented to us - how they are framed - and we can be more influenced by the words chosen to describe information, than by the information itself. Drawing on insights from the FrameWorks Institute^{lxxi} we will design and communicate the prevention portal in ways that help people to understand and prioritise their holistic wellbeing. This will involve several steps:

Awareness - we can't care about an issue we don't think about.

Understanding - most people won't understand prevention and social care the way people with lived or professional experience do - we need to explain the issues and their importance.

Support - to progress, we must not only understand, but support change - we need to describe our collective wellbeing challenge as something we can impact.

Demand - creating a sense of the possible builds narratives that bolster the demand for change - a virtuous circle that fuels preventative efforts.

Beyond these objectives, the Mental Health Working Group, which leads one of four priorities under the Health Outcomes Improvement Programme, has adopted and adapted the prevention framework to organise its work. This now includes a focus on 'self-help and resilience', which is a particular focus within the wider individual capital domain. The Strategic Development Team will support (and be supported by) an evidence review focused on self-help and resilience and the identifications of 'quick wins' aimed at improving people's mental wellbeing.

8.3 Physical wellbeing domain

Physical wellbeing - the ability to maintain a healthy quality of life that allows us to get the most out of our daily activities without undue fatigue or physical stress,^{lxxii} and the practice of caring for our bodies through physical activity, good diet and hydration, sufficient sleep, and choosing healthy behaviours.

Two thirds of the primary reasons for people receiving support from ASC relate to physical wellbeing.^{lxxiii} Consequently, and as the mapping has shown, the physical wellbeing domain has the highest number of interventions. Physical wellbeing is also stakeholders' top priority in taking forward this prevention strategy.

While the proportion of all adults in East Sussex who are physically active has improved from 67.4% in 2017-18 (similar to England rate of 66.3%) to 72.0% in 2022-23 (significantly higher than the England rate of 67.1%)^{lxxiv}, physical activity declines sharply among older adults: while 67.5% of over 65s in East Sussex are physically active for the recommended time each week, this drops to 46.7% for over 75s.^{lxxv}

A troubling and impactful consequence of low physical wellbeing is seen in the emergency admission rate to A&E. Admissions among the 65-79 age group have increased by 13% from 2017-18 to 2021-22 (compared to a decrease of four percent across England), as have admissions in the 80+ age group (compared to a decrease of three percent across England).^{lxxvi} East Sussex now has the third highest rate at county level, and Hastings, Eastbourne and Rother are second, third, and fourth highest at district level in the South East region respectively.

Falls, however, are not an inevitable result of ageing. As a response to falls in the local population and our current and emerging demographic profile, East Sussex Public Health, Active Sussex, and the ASC Strategic Development Team have established a partnership and work programme to embed and drive a focus on physical wellbeing across the ASC footprint. This includes hosting the Active Sussex Strategic Relationship Manager on a part-time basis within the ASC Strategic Development Team to facilitate connection to ASC activity and rollout of a funded programme of work aimed at improving physical participation in the community and homes (of all types) of people who use ASC services.

Under this prevention strategy, this work will focus on:

- continuing to extend the Stronger for Life project into targeted areas of East Sussex, where data shows gaps in strength and balance exercise provision and high incidences of falls among older populations, particularly in areas of deprivation where health and other inequalities are likely to be more prevalent
- identifying and pursuing opportunities to develop other targeted work on physical participation in key areas (e.g. Hastings)
- building capacity in the workforce to support people utilising ASC and health services to move more and be more active.
 - Staff within ASCH services will be trained to deliver the 'Helping People Become More Active' workshop as part of the Active Medicine Programme, which will then be delivered across various departments and services.
 - This will help to upskill staff on communicating and encouraging the importance and benefits of physical activity, types of activity and national guidelines, practical tips and common barriers to staying active, and signposting and resources.

- Further MECC training can also support effective encouragement of physical activity
- with Public Health colleagues, understand activity provision and attitudes to physical activity in care homes, informed by an evidence review to be undertaken by a Foundation Year 2 Doctor on placement to East Sussex
- exploring the opportunity to identify, train and develop volunteers to support greater activity at a community level, targeting the most inactive areas with the greatest barriers to activity.
 - The volunteer role would potentially operate as a link between services and local residents while facilitating activities to support people to move more within their own community and environment.
 - This may also include upskilling through the 'Helping People Become More Active' workshop and where appropriate 'Live Longer Better' training programme delivered by Learning with Experts
- further integrating public health approaches and work into ASC, for example, working to include smoking cessation in the East Sussex Care Home plan to support smoking cessation with staff and residents, and exploring work with JCR to providing training to support the ASC workforce raise the issue of smoking with the people they support
- aligning resources and supporting the wide range of other ongoing work across the system which supports the physical wellbeing of East Sussex residents
 - This includes, for example, the stroke deconditioning project, which brings together partners from East Sussex Healthcare NHS Trust, East Sussex Public Health, district and borough councils and VCSE organisations.
 - We will explore how to expand the reach and impact of this work by assessing whether it is possible to livestream stroke deconditioning classes into further hospitals, with volunteer mobility champions supporting patients to undertake exercises safely and correctly.

This work programme directly addresses recommendations from the East Sussex People Scrutiny Committee's review of healthy ageing, which concluded that the ASC department should work to maximise opportunities to embed physical activity into ASC processes and pathways.^{lxxvii}

Our focus on physical wellbeing, however, goes beyond an instrumental means to address falls - it is an important foundation of wellbeing in its own right, and facilitates other domains of wellbeing. While being physically active is one of the 'five ways to wellbeing', it also supports self-esteem (a form of individual capital) and mental wellbeing.^{lxxviii} A range of evidence shows the importance of physical activity for an individual's overall health as well as wider physical, social, emotional, and mental health outcomes.^{lxxix}

To deepen our work on physical wellbeing, we will explore how to embed a focus on this within commissioned services that principally address other domains of wellbeing. Through our Operational Commissioners Group, we will first work with our Mental Health Strategic Commissioning Team to develop a stronger focus on physical wellbeing for people who use these services as a means of holistically supporting their wellbeing.

Further, we aspire to a situation in which everyone is able to move and be active in a way that works for them. We will explore how we might establish a local 'rights-based

approach' to physical activity through which forms of discrimination in the realisation of this right would be prevented, and through which priority would be given to people in the most marginalised or vulnerable situations who face the biggest barriers to realising this 'right'.^{lxxx} This approach may help to drive demand and expectation, and attendant planning and support/service responses.

8.4 Community wellbeing domain

Community wellbeing and vitality - the ability of a community to sustain itself into the future and provide opportunities for its residents to pursue their own life goals and experience positive life outcomes. A 'vital community' has community capacity (the ability to plan, make decisions, and act together), and to realise positive social, economic, and environmental outcomes.^{lxxxi}

Community wellbeing is foundational to an enabling approach to ASC. Work from our Healthy Ageing through Innovation in Rural Europe (HAIRE) Project found that community vitality was linked to individual wellbeing and to a community's capacity to innovate to meet its need, and that belonging to a 'community' was a strong predictor of individual mental wellbeing.

Through the strong relationships between ESCC, the VCSE sector, and other partners, we will:

- work with the VCSE to deliver the Community and VCSE Development Programme and build capacity, wellbeing, and resilience within communities, local groups and organisations
- align relevant aspects of the prevention framework and associated metrics with the new continuous learning approach being developed for the Community and VCSE Development Programme
- work with partners, including Helpforce, to explore and strengthen how active citizenship, and strategies which support and enable volunteering, can add further value to the work of ASC
- explore, create, and test new volunteering opportunities that support the wellbeing and independence of local people
- support the development and promotion of the Tribe platform to increase awareness, interest, and take up of volunteering opportunities in local communities
- develop and support a place-based approach to ASC, particularly by continuing to participate in and shape the development of Integrated Community Teams (ICTs) across East Sussex^{lxxxii}
- embed prevention as a key approach that underpins our work with partners (e.g. through Partnership Plus) and across departments at ESCC (e.g. through the Community Wellbeing Advisory Group)
- continue to draw on the learning from the Age Friendly Communities initiative and our participation in the Age Friendly Two-Tier Counties Network

8.5 Housing domain

Housing - the suitability of a person's living accommodation, particularly with respect to maintaining wellbeing and independence, and ensuring a person's accommodation feels like a home to them.

The Strategic Development Team in ASC now participates in the East Sussex Housing Partnership Board, and a member of the Homelessness Health and Support Group (a sub-group of the Board), which helps to support a focus on prevention in this domain of wellbeing. The East Sussex Housing Strategy is in development and includes a strong focus on preventative action, particularly in preventing homelessness across each of the prevention layers in our framework:

- The partnership strategy seeks to ensure that preventing homelessness is a priority across all services. The homelessness prevention priority focuses on early identification of people at risk of homelessness and holistic support services with a focus on wellbeing and support to access employment and training. This approach also seeks to promote physical wellbeing and build individual capital. We will ensure housing delivery is tailored to needs identified through homelessness services.
- The housing and health priority seeks to ensure that housing is an enabler for people to live healthy, independent lives for as long as possible. This priority includes responding to the needs of an aging population, including seeking to ensure that homes are adaptable to meet the needs of people as they age.
- Ensuring housing is part of the core offer in emerging community-based models within health and care, including Integrated Community Teams.

Our social care vision for East Sussex residents includes that people live in a place they call home. Our prevention framework therefore includes a focus on *homes* as well as *houses*. From a preventative perspective, house building should sit within the context of community building, ensuring that new developments give people access to local community assets, services, places to meet and enjoy being with others, and places and opportunities that enable them to be purposeful and pursue their interests. This focus is strongly aligned to the view of the Older People's Housing Taskforce, which takes a wellbeing and community-based approach and which describes 'home' as holding "significant meaning for individuals of all ages, serving as a safe space where people can truly express themselves, pursue interests, connect with others and build memories" (p.7).^{lxxxiii}

This should be supported by adequate enabling infrastructure, including transport and digital access, and access to education, training, and employment opportunities. The Strategic Development Team will support the Housing Partnership to foster the relevant preventative capital across the multiple dimensions of wellbeing in our framework.

8.6 Mental wellbeing domain

Mental health and wellbeing - mental health as a state of mental wellbeing that enables people to cope with the stresses of life, realise their potential, learn well and work well, and contribute to their community.^{lxxxiv} Mental wellbeing as a combination of how we feel (our emotions and life satisfaction) and how we function (relationships with others, personal control, purpose in life and independence).^{lxxxv}

The Strategic Development Team and the Mental Health Working Group (MHWG, part of the Health Outcomes Improvement Programme) have forged a strong, synergistic collaboration through developing both the adult social care prevention strategy and a new mental health prevention strategy. The MHWG have adopted and adapted the ASC prevention framework, considering the same levels of prevention and highly related domains of mental wellbeing, focusing on physical wellbeing, social isolation and loneliness (social wellbeing), work and skills (economic wellbeing), housing, self-help and resilience (individual capital), and trauma. Evidence and practice reviews across these two strands of work will inform both, facilitating integration between public health, wider health, and ASC services in particular.

Initial strands of work under the mental wellbeing domain will include:

- continuing to support the MHWG work in ways that maximise prevention
- applying learning from the MHWG's work on self-care and resilience to inform development of our approach to individual capital and the associated 'prevention portal'
- exploring ways to foster peer support, in relation to mental wellbeing as well as other domains
- explore the potential for deepening a holistic approach to wellbeing through existing mental health services and activity, with particular focus on physical wellbeing

8.7 Social wellbeing domain

Social wellbeing - the building and maintaining of healthy relationships through which there is meaningful, authentic interaction with other people.^{lxxxvi}

Over 3,000 people received ASC services in 2023 who had social support need as their primary support reason. Having supportive social networks enables people to access a range of emotional, social, and practical support, and enables access to important information, opportunities, and other resources. Our work to foster inclusive, constructive social networks and greater social wellbeing will include:

- utilising findings from our three-year Healthy Ageing through Innovation in Rural Europe (HAIRE) project,^{lxxxvii} including insights on the psychology of loneliness,^{lxxxviii} techniques to improve co-production with local people, and identification of key hubs and social connectors through our social network mapping and analysis
- continuing to support the county-wide system approach to tackling loneliness across East Sussex through contributing to the Stewardship Group,^{lxxxix xc} and in particular integrating this work into the ASC footprint
- evaluating, developing, and promoting the 'social wellbeing module' contained within the Life Transitions Service
- continue to support the development of a relational approach to ASC and wider support
- embedding a focus on social wellbeing through exploring a volunteer-supported approach to wellbeing through ASC (see community wellbeing domain section above)

8.8 Economic wellbeing domain

Economic wellbeing - having present and future financial security. Present financial security includes the ability to consistently meet basic needs and have control over day-to-day finances, and the sense of security, satisfaction, and personal fulfilment that results. Future financial security includes the ability to absorb financial shocks, meet financial goals, build financial assets, and maintain adequate income throughout the life course.^{xcii}

While the rate of economic activity in East Sussex is comparable to the regional average, earnings in the county are on average some 11% lower than the average for the South East.^{xcii}

Addressing this relative disadvantage and maximising people's income supports wellbeing in all other domains. The East Sussex Multi-Agency Financial Inclusion Partnership, with over 40 representatives from ESCC and district and borough councils, VCSE organisations, NHS Sussex, Department of Work and Pensions (DWP), housing, works on increasing financial inclusion, with a particular focus on welfare benefits and debt advice. The purpose of this approach is to support financial wellbeing, build resilience and financial capability, address financial exclusion and financial vulnerability, and work to mitigate the worst effects of poverty and disadvantage.

Work stemming from this partnership includes a 'cost of living support' web page hosted by ESCC and development of other information resources including a cost of living leaflet;^{xciii} Money Guiders training, delivered in partnership with the Money and Pension Service, which has delivered training to over 100 professionals across public and third sector organisations; and the Low-Income Families Tracker (LIFT) platform,^{xciv} which undertakes campaign activity to encourage and enable financially vulnerable residents to apply for the benefits they are eligible for and not claiming.

An early LIFT campaign for pension credit undertaken by the district and borough councils in 2023-24 brought in an additional £198,000 into residents' income. Further collaborative partnership work has included joint campaigns on Healthy Start, Free School Meals, Pension Credit, Council Tax reduction, and Attendance Allowance.

The Partnership also supports Money Advice partners to deliver a range of debt advice and welfare benefits advice provision to people with complex needs and longer-term health needs. An example of the type of support and intervention provided is outlined below:

Client's circumstances:	Advice given:	Outcomes:
Male, 67, retired. Single dad to 3 children.	We were able to provide translation services to the him	He received backdated housing benefit of £3,198.90 which successfully cleared the rent arrears
At risk of homelessness after being issued with a section 21	Assisted him to chase up his claim for Pension Credit by contacting them on his behalf and requesting an immediate release of benefit	Successfully claimed a one-off backdated payment of Pension Credit of £14,515.48, and fortnightly payments at £740.18
£850 worth of rent arrears and small payments owed to family	The DWP advanced customer support team also agreed to backdate the benefit	Client was able to repay any informal debts and outstanding payments
Client has an extremely limited use of the English language - this has led to issues with claiming Pension Credit and his Housing Benefit being stopped	We supported the client to obtain evidence needed to have his housing benefit reinstated and rent arrears paid off	The family's financial circumstances have now improved significantly. They are no longer required to rely on financial support from friends and family and are now able to live debt free

In terms of developing local people's skills, Skills East Sussex (SES), the county's strategic body for employment and skills, has priorities to support economic wellbeing including: improving digital skills and inclusion; upskilling our workforce, and supporting people who are unemployed and unqualified. Related work includes that of the ESTAR Employability network, which supports marginalised adults into employment and the Adult Learning Network, which builds the skills and earning potential of residents.

The ESCC Employment and Skills Team supports delivery of actions determined by SES and includes programmes such as: Connect to Work, supporting up to 1,000 economically inactive people with health barriers into work; Homelessness Prevention Employment Service, to support those at risk of being evicted due to a lack of sustainable income into work; and Skills Bootcamps to upskill those in low paid work or unemployed to Level 3. The team is also working with the ICB to explore how referrals of economically inactive people and those with mental health and physical health needs can be made from primary care services into employment support and training schemes, and vice versa.

Through this prevention strategy, we will:

- collaborate through the East Sussex Multi-Agency Financial Inclusion Working Group to support economic wellbeing
- explore links with other key work, including for example, employability and skills programmes to encourage people to re-engage with and access employment, and the energy partnership
- promote and maximise the benefits of the Money and Pension Service^{xcv} and other external resources
- review and promote resources available to practitioners including the Anti-Poverty Practice Framework^{xcvi}
- support ways in which the LIFT platform can be maximised and sustained
- work with Skills East Sussex, its networks, and the Employment and Skills Team, to maximise residents' ability to learn and earn
- consider how volunteering (see community wellbeing domain) can support pathways into labour, training, and education markets

8.9 Family wellbeing domain

Family wellbeing- a state in which the family is a resource for the day-to-day living and health of its members.^{xcvii}

Carers are a key focus of support within ASC activity. It is estimated that there are over 69,000 adult carers in East Sussex, around 70% of which are of working age, with the remaining 30% aged 65+. Around 30% of carers have a disability, compared with 20% of the overall population. In addition, there are an estimated 3,000 young carers in the county.

ASC supports the development of the multi-agency East Sussex carers' partnership plan, which sets out goals closely aligned to our prevention framework, including:

- prevention: early identification, recognition, and intervention, aiming to identify and support carers before a crisis
- improve carers' physical and mental health and wellbeing

- enable carers to look after their own physical and mental health and wellbeing
- financial support, particularly through having the right information and advice to maximise income and access benefits, and that carers are supported to stay in, enter or return to work, education and training, with both employers and employees aware of carer rights (economic wellbeing)
- technology and digital approaches help to maximise carer wellbeing (enabling infrastructure)

Carers will continue to be a strong focus of preventative work, and alongside strengthening connections to ESCC Children's Services, we will:

- continue to support the development and implementation of the carers' partnership plan
- strengthen our family-based approach to care and support through work with Children's Services, particularly around the point of transition to ASC

8.10 Enabling infrastructure domain

Enabling infrastructure - the set of facilities and systems that enable people to be active citizens^{xviii} and experience wellbeing including, for example, transport, digital, political, and security facilities/systems. It can also include the generation and use of evidence.

Enabling infrastructure is key to enabling people to grow and maintain their wellbeing and independence. As earlier sections of this document indicated, stakeholders perceive there is room to improve our enabling infrastructure. This is borne out by data from the Indices of Multiple Deprivation (IMD), which includes measures across seven different domains to give an overall index score. Among the 151 upper-tier local authorities in England, East Sussex ranks 93 overall where 1 is the most deprived and 151 is the least deprived. The table below shows that the 'Barriers to Housing and Services' domain, which assesses the physical and financial accessibility of housing and local services has the lowest ranked score of all domains, and falls in the top quartile of most deprived upper tier authority areas.

IMD rank	Barriers to Housing and Services rank	Income rank	Employment rank	Education, Skills and Training rank	Health Deprivation and Disability rank	Crime rank	Living Environment rank	IDACI rank	IDAOPi rank
93	36	92	77	70	98	122	94	91	108

IDACI is Income Deprivation Affecting Children Index

IDAOPi is Income Deprivation Affecting Older People Index

Work to build capacity in in our enabling infrastructure will include:

- supporting the promotion and participation of local people on the Tribe platform (as described above) to help people become and stay connected to their communities
- raising awareness and take-up of Flexibus service,^{xcix} which helps people in areas with limited or no public transport to connect with their local area and the wider public transport network, and helping to make this a sustainable service
- reviewing and developing the role of generic, off the shelf and wellbeing/care-specific technology to support wellbeing and independence and augment ASC services and support - we take the view that digital tools and technology in care should enable quality of life, not just the delivery of care and support

- supporting an ‘infrastructure first’ approach to housing with a focus on homes and communities that enable and sustain wellbeing and independence
- supporting action to maintain our local environment (key infrastructure in itself that enables wellbeing) through the East Sussex Climate Change and Health programme^c
- supporting the respiratory air pollution action plan as part of the delivery of the East Sussex Health Improvement Programme, which covers internal air pollution, travel and transport, sustainable healthcare and community planning

9. Developing the prevention strategy and putting it into practice

9.1 Next steps

This background document is the first step in setting out our approach and deepening our preventative work. From here we will produce a summarised, public-facing prevention strategy.

Alongside this, we will work with the ESCC Communications Team and Prevention Strategy Steering Group to distil the strategy’s goals, key messages, and actions, and disseminate these through a range of formats and channels. We will explore the possibility of including a ‘grassroots approach’ as part of the communications mix. This would particularly target seldom heard/engaged groups and less advantaged communities, and seek to engage small groups/individuals on a face-to-face basis through trusted messengers.

Building on the previous section of this document, we will develop an action plan for 2025-26 which sets out key work that will be taken forward in priority areas, and other domains of wellbeing as resources allow.

Much data has been collected during the course of developing our prevention strategy, and the action plan will be supported by detailed data analysis. This is being organised through an Equalities Impact Assessment (EqIA) to inform where preventative work should be targeted and with whom. Our evaluation framework will be rolled out to support ongoing data capture for preventative work. The strategy and associated action plan will be iterated over time as we learn from delivery, evaluation and as new opportunities emerge.

9.2 Integrating strategies

The Introduction to this document showed the close relationship between our existing ASC strategy, *What Matters To You*, and our aim to approach prevention through a focus on wellbeing. We aim to bring together these strategies and associated action plans through a merged steering group to help ensure that prevention and wellbeing are at the heart of everything we do.

While the remit of our prevention strategy focuses on ASC, this document has illustrated how prevention and wellbeing touch many different organisations, services, and groups, as well as the different dimensions of people’s lives.

As we move forward, we will explore the possibility and appetite for developing a ‘One County, One Agency’ prevention strategy that would take an integrated life course approach to building a preventative ecosystem across East Sussex. This could involve co-investment into preventative services and activities from a range of partners to facilitate multidisciplinary, place-based approaches to fostering wellbeing and independence.

9.3 New models of service

Given the diversity of need and circumstances, and the wide range of interventions developed across the country and internationally, as showcased through Social Care Future, for example, there is scope to innovate how social care is delivered in East Sussex. The mapped version of our prevention framework already shows innovative approaches to prevention and wellbeing, such as the Life Transitions Service.

However, new models of service can also be targeted at preventing and reducing high costs of social care, as well as how effective services are. New models of service can also be highly place-based, co-produced, and locally owned, in the form of social economy enterprises or cooperatives, for example. Future work undertaken through the prevention strategy will explore what innovations can be developed to improve wellbeing as well as reduce the cost of doing so.

Contact

For more information about this document and our prevention strategy, contact the Strategic Development Team at ASCHStrategy@eastsussex.gov.uk.

Glossary

Appearance of Need (ANT) - The ANT is used to support and record conversations with adults who have presenting needs. It is designed to help identify the person's needs and decide whether some or all of these could be met preventatively, or if a full statutory assessment is required. The ANT is only used for adults who are either new to ASC, or their case was previously open but has been closed for more than four weeks.

Statutory work completed - refers to a range of reviews and assessments undertaken - BIA Renewal (Form 3B) - Best Interest Assessment: Mental Capacity Assessment: MHA * Mental Health Form 1 (MH1): MHA AMHP CTO Form (Report/Extension/Revocation): MHA AMHP Nearest Relative Appointment Summary Report: MHA S117 Aftercare Review: MHA Social Circumstances Tribunal Report: Review (Form 10) - DOLS: Standard Authorisation Granted (Form 5) - DOLS: Standard Authorisation Not Granted (Form 6) - DOLS

Safeguarding episodes completed - A Section 42 enquiry can be concluded when the local authority is satisfied that the checklist for completed enquiries has been completed and at the conclusion of each enquiry, the local authority has obtained direct feedback from the adult regarding their experience of the enquiry, in order to evaluate the impact of the safeguarding intervention, and to ascertain the difference this has made to the person's life, in line with a Making Safeguarding Personal approach. Also at the end of an enquiry the local authority is responsible for ensuring that feedback regarding the outcomes of the enquiry is passed to all those who should receive it including the adult, the person or service thought to be the cause of risk, and any other relevant agencies or organisations involved. This may include the referrer where relevant.

Front end demand - the two 'front doors' for social care: public enquiries, including those from GPs and nurses; and acute hospital enquiries. Public enquiries for adult social care are usually made by phone or via websites and often by third parties. Enquiries can cover a range of areas many of which may not relate to adult social care. ESCC is equipped to respond to this range of contacts to effectively manage demand for adult social care.

Long-term support - Long-term services are provided on an ongoing basis and range from high-intensity services like nursing care to lower-intensity community support.

Grey literature - The term grey literature is used to describe a wide range of different information that is produced outside of traditional publishing and distribution channels, and which is often not well represented in indexing databases. A widely accepted definition in the scholarly community for grey literature is "information produced on all levels of government, academia, business and industry in electronic and print formats not controlled by commercial publishing" i.e. where publishing is not the primary activity of the producing body."

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