

## Rother District Council

**Report to:** Cabinet

**Date:** 25 July 2022

**Title:** Anti-Poverty Strategy

**Report of:** Joe Powell - Head of Service Housing and Community

**Cabinet Member:** Councillor Byrne

**Ward(s):** All

**Purpose of Report:** To consider the recommendations arising from the Overview and Scrutiny Committee meeting held on 18 July 2022, regarding the proposed Anti-Poverty Strategy. The report and recommendations arising are reproduced below and the Minutes of that meeting (Appendix C) should be read in conjunction with this report.

### Officer

**Recommendation(s):** **Recommendation to COUNCIL:** That:

- 1) the Anti-Poverty Strategy be approved and adopted; and
- 2) it be noted that an Anti-Poverty Steering Group will be formed to oversee the delivery of the Strategy Action Plan as well as inform the development of a broader health and wellbeing strategy for Rother.

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### Introduction

1. On 28 March 2022, Cabinet approved the draft Anti-Poverty Strategy for consultation (Minute CB21/96 refers). Following a six-week consultation, officers have considered the responses received and made some amendments to the Policy. The purpose of this report is to present the results of the consultation of the Anti-Poverty Strategy and recommend that the new Anti-Poverty Strategy be adopted. The draft Anti-Poverty Strategy can be found at the following link:

[Anti-Poverty Strategy – Rother District Council](#)

2. In Autumn 2021, a multi-agency event was held at The Pelham, led by the Council in partnership with Rother Voluntary Action (RVA). Attendees were presented with the findings of the Anti-Poverty Task and Finish Group (APT&FG) based on the evidence gathering sessions it had undertaken. The objectives were reviewed and supported by those present at the event with a series of priority actions also identified. These actions have been captured within the draft Action Plan appended to the draft Anti-Poverty Strategy at Appendix A. The following objectives were included in the draft strategy:

- **Coordination:** develop local strategic commissioning and operational structures to coordinate services designed to alleviate poverty.

- **Access:** maximise the accessibility of services so that those in the greatest need can be reached.
  - **Promotion:** promote information, advice and support to service users and professionals.
3. The group also identified that the objectives and actions identified within the Strategy and its action plan need to be delivered by a multi-agency Anti-Poverty Steering Group (APSG) to ensure objectives remain achievable; progress reports on the action plan will also be fed to the Rother Local Strategic Partnership (LSP). The LSP will support and monitor the progress of the Strategy Action Plan through the promotion of its objectives through the East Sussex Strategy Partnership. The LSP will also support the coordination of existing resources and influence future service commissioning through its networks.
  4. The emerging rise in the cost of living perhaps makes the delivery of the Strategy even more relevant than when the Strategy was first conceived, prior to the COVID-19 pandemic. The proposed APSG will play a key role in both delivering the Strategy Action Plan while also expanding the scale and scope of the Strategy objectives to ensure we keep pace with the increased levels of poverty and demanded services we are likely to see in future years.

### The Consultation

5. 25 local organisations responded including seven town and parish councils, 13 charities and voluntary agencies also responded alongside three public sector organisations and two political parties (branches). In addition, we had a response from the Council's Planning Policy team.
6. A large amount of written testimony was received, which is available for Members to review upon request. We are unable to publish this information within the main report, given the confidential nature of much of the information provided.
7. An executive summary of the consultation responses can be found at Appendix B.

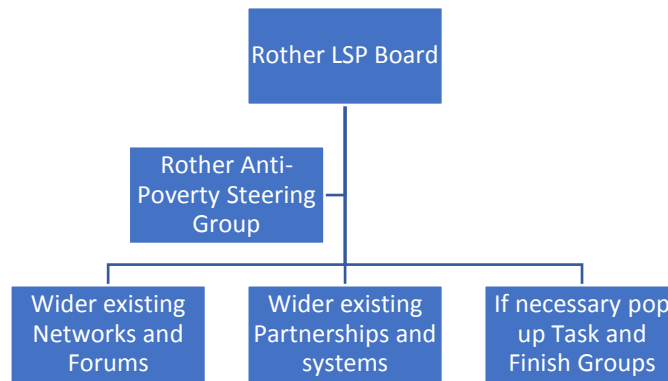
### Health and Wellbeing

8. A range of organisations fed back that the delivery of the Strategy will need to be integrated with a range of existing strategies, including the Housing, Homelessness and Rough Sleeping Strategy, Local Plan, Economic Development and the Hastings & Rother Food Network's 'Food Insecurity Strategy for Rother'. It is intended that the terms of reference and membership of the APSG will include the relevant organisations required to deliver the Strategy Action Plan and report progress to the LSP.
9. In particular, the consultation responses from East Sussex County Council Public Health and the local Clinical Commissioning Group (CCG) drew attention to the strong alignment between the objectives within the draft Anti-Poverty Strategy and the drivers of boarder health inequalities across the Health and Social Care sectors. Members should note that a new **Integrated Care System (ICS)** was introduced on 1 July 2022 and will bring wider partners together to achieve four key areas:

- Improving **outcomes** in population health and healthcare.
  - Addressing **inequalities** in outcomes, experience and access.
  - Enhancing **productivity** and value for money.
  - Supporting broader social and economic **development**.
10. The Rother Anti-Poverty partnership recognises the strategic alignment highlighted by public health and the CCG between its objectives and that of the wider ICS. In particular, the theme of **inequality of outcomes** in health, housing and income chime closely to the areas of poverty identified within the APT&FG's evidence gathering and strategy development. The [Health Foundation](#) have explored the main drivers of health inequalities in depth, these are:
- **Money and resources** - There is a well-established link between money and resources and variations in health.
  - **Work** - Unemployment, work quality, job security, can all have considerable influence on health.
  - **Housing** - Housing affordability, quality and security can have a significant impact on people's lives, influencing their wellbeing and health.
  - **Transport** - Transport can affect health directly, in terms of air pollution or active travel.
  - **Neighbourhood and surroundings** – Neighbourhood and environment can have a marked impact on health and wellbeing. For example, access to good-quality green space is linked to improvements in physical and mental health, and lower levels of obesity.
  - **Family, friends and communities** – Family and friends build the foundation for good health through positive relationships and networks for support and skill development, opportunities for social participation.

### **Anti-Poverty Steering Group (APSG)**

11. As already highlighted, the APSG will work to oversee the Strategy Action Plan and ensure actions are delivered and updates provided to the Rother LSP. The membership of the APSG, terms of reference and nominated chairperson are still to be finalised; however, the group will likely be very similar to that which has developed the strategy and its action plan.
12. The partnership is also supportive of working together to better integrate strategic approaches across all related areas. The APSG will actively work to evolve and develop the scope of the existing Anti-Poverty Strategy into a wider Health and Wellbeing Strategy for Rother, that pulls together the various **inequalities of outcome** experienced by our local communities.



## Conclusion

13. The development of the Strategy has highlighted that the causes of poverty are multiple and complex and its symptoms wide ranging. The effects of poverty are felt by a range of different sectors of the community across different demographic groups and geographic locations. Many of the **causes** of poverty cannot be influenced effectively at a local level and the Council cannot effectively tackle the **symptoms** of poverty on its own.
14. A partnership and approach that coordinates the 'whole system' of services supporting those experiencing poverty is therefore important. The Strategy proposed has been developed between key local partners to ensure that the objectives identified are relevant and that the actions proposed ambitious while being measurable and achievable within the resources available locally.
15. The proposed APSG will be well placed to deliver the strategy action plan and provide periodic progress updates to the Rother LSP which can, in turn, monitor APSG performance; further, the APSG will be able to build-upon the work of the APT&FG and develop the Anti-Poverty Strategy into a broader Health and Wellbeing approach, that is better aligned to the emerging priority aims of the new ICS and other existing local strategies.

## Legal Implications

16. An Equalities Impact Assessment will need to be completed before a final Strategy is adopted.

## Environmental Implications

17. Current and future district environmental strategies and interventions will need to consider the needs of those experiencing poverty of access to adequate income, health, housing and education and ensure these needs are met.

Other Implications	Applies?	Other Implications	Applies?
Human Rights	No	Equalities and Diversity	No
Crime and Disorder	No	External Consultation	No
Environmental	Yes	Access to Information	No
Risk Management	No	Exempt from publication	No

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Appendices:	A – Draft Anti-Poverty Strategy B – Consultation Plan and Questionnaire C – OSC Minute Extract – 18 July 2022
Relevant previous Minutes:	OSC19/48 CB21/18
Background Papers:	None
Reference Documents:	None

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**Extract from Overview and Scrutiny Committee Meeting 18 July 2022**

**OSC22/12. ANTI-POVERTY STRATEGY**

(6)

It was agreed by the Chairman to vary the order of the Agenda and for Members to discuss Items 6, 7 and 8 before Item 5.

Members received the report of the Head of Housing and Community, which outlined the results of the six-week consultation (approved by Cabinet in March 2022) of the Anti-Poverty Strategy and recommended that the new Anti-Poverty Strategy be adopted.

25 local organisations had responded to the consultation, including seven parish and town councils, 13 charities and voluntary agencies, three public sector organisations and two political parties (branches). In addition, a response had been received from the Council's Planning Policy team. A large amount of written testimony had been received and a summary of the consultation responses was in Appendix B to the report.

A range of organisations fed back that the delivery of the Strategy would need to be integrated with a range of existing strategies, including the Housing, Homelessness and Rough Sleeping Strategy, Local Plan, Economic Development and the Hastings and Rother Food Network's 'Food Insecurity Strategy for Rother'. In particular, the consultation responses from East Sussex County Council (ESCC) Public Health and the local Clinical Commissioning Group (CCG) drew attention to the strong alignment between the objectives within the draft Anti-Poverty Strategy and the drivers of broader health inequalities across the Health and Social Care sectors. Members noted that the Integrated Care System, pioneered by East Sussex County Council, brought wider partners together. The theme of inequality of outcomes in health, housing and income chimed closely to the areas of poverty identified within the Anti-Poverty Task and Finish Group's (APT&FG) evidence gathering and strategy development.

As previously reported, the APT&FG had identified that the objectives and actions identified within the Strategy and its action plan needed to be delivered by a multi-agency Anti-Poverty Steering Group (APSG) to ensure objectives remained achievable; progress reports on the action plan would also be fed to the Rother Local Strategic Partnership (LSP). The LSP would support and monitor the progress of the Strategy Action Plan through the promotion of its objectives through the East Sussex Strategy Partnership. The LSP would also support the coordination of existing resources and influence future service commissioning through its networks. The membership of the APSG and terms of reference were still to be finalised and would be chaired by one of the Strategy Leaders in Public Health East Sussex; however, the group would likely be very similar to that which had developed the strategy and its action plan. The Steering Group could be requested to report back to the Committee at regular intervals.

The development of the Strategy had highlighted that the causes of poverty were multiple and complex and its symptoms wide ranging. The effects of poverty were felt by a range of different sectors of the community across different demographic groups and geographic locations. Many of the causes of poverty could not be influenced effectively at a local level and the Council could not effectively tackle the symptoms of poverty on its own. A partnership approach that coordinated the 'whole system' of services supporting those experiencing poverty was therefore important.

**RESOLVED:** That:

- 1) the Anti-Poverty Strategy be recommended to Cabinet and full Council for adoption; and
- 2) Cabinet and full Council note that an Anti-Poverty Steering Group will form to oversee the delivery of the Strategy Action Plan as well as inform the development of a broader health and wellbeing strategy for Rother.

(Councillor Maynard declared a Personal Interest in this matter as an executive Member of East Sussex County Council and in accordance with the Members' Code of Conduct remained in the meeting during the consideration thereof).