Agenda Item 8

Report to:	**Health and Wellbeing Board**
Date:	**16 April 2013**
By:	**Becky Shaw, Chief Executive, East Sussex County Council**
Title of report:	**Health and Wellbeing Strategy Action Plan**
Purpose of report:	**To present the final draft action plan for the Board's consideration**

The Health and Wellbeing Board is recommended to:

(1) Consider and approve the draft action plan, proposed outcome indicators and targets subject to any final amendments the Board wishes to make; and
(2) Receive proposals on performance reporting at its meeting on 2 July 2013.

1. Background

1.1. In December 2012 the Health and Wellbeing Board approved the East Sussex Health and Wellbeing Strategy 2013-2016 and noted a draft action plan setting out high level actions, outcomes, indicators and targets including those aimed at 'narrowing the gap' between the best and worst performing areas in the county. Following this meeting the proposed strategic outcome indicators were further developed by the Strategy Working Group in consultation with relevant lead commissioners and performance specialists.

1.2. In February 2013 the Health and Wellbeing Board held an Assembly to engage partners in discussions around delivering the strategy and action plan over the next three years. The event was well attended and well received. A report on the event is at Appendix 2.

2. The Final Draft Action Plan

2.1. The final draft action plan at Appendix 1 includes outcomes, actions and outputs, and objectives taken directly from the Health and Wellbeing Strategy approved by the Health and Wellbeing Board in December 2012. The strategic outcome indicators aim to provide a measure of the net effect of the actions, outputs and objectives in the Strategy and the approaches to delivery agreed by the Board.

2.2. Where the proposed strategic outcome indicators and related targets exist in other plans these have been checked to ensure consistency. Targets below county level have been proposed against some indicators where this is felt appropriate so as to 'narrow the gap' between the best and worst performing areas whilst also improving performance at a county level against the England average. Where data is yet to be confirmed an explanatory note and estimated timeframe is given.

2.3. Frequency of data for the proposed indicators is predominantly annual – either academic, calendar or financial year. Work is in hand to ensure reporting cycles and processes for the Health and Wellbeing Board are synchronised and streamlined with key meetings and add value to any related performance reporting. Options for reporting formats and content are being developed.

3. Next steps

3.1. The Board will wish to consider whether the indicators are appropriate measures of success, whether the balance of countywide and more local targets are appropriate, and whether the action plan requires any further information prior to being approved.

3.2. To maintain momentum and help facilitate joint working to deliver the strategy, action plan and outcomes the Board will wish to consider the outcomes of the Assembly and how it can best add value to existing communications, networking, information and evidence available.

BECKY SHAW
Chief Executive

Contact Officer: Lisa Schrevel 01273 481177

Appendix 1: Final Draft Health and Wellbeing Strategy Action Plan

OUTCOMES	ACTIONS AND OUTPUTS	OBJECTIVES	STRATEGIC OUTCOME INDICATORS
Priority 1: ALL BABIES AND YOUNG CHILDREN HAVE THE BEST POSSIBLE START IN LIFE			
Babies and young children develop well and are safe and healthy	• Ensure sufficient capacity is identified within midwifery, health visiting and children's centre services to provide high quality targeted support to all vulnerable parents who need it • Roll out across the county an integrated partnership approach to identifying those who need extra support and coordinating support with regular meetings between all relevant services in local areas • Increase breastfeeding support for women in the first five days after birth • Ensure that all pregnant women who smoke are identified and offered support to give up • Provide coordinated, personalised specialist support through a "single plan" for parents whose babies have special educational needs or disabilities	• Fewer referrals to children's social care • More families with babies given targeted "early help" support • Further improvement in the proportion of mothers choosing and able to breastfeed their babies • Fewer women smoking in pregnancy • Improved rates of infant immunisation and vaccination • More babies and young children with special educational needs or disabilities have a single plan for health, care and education	**1.1 Increase the percentage of children who have been immunised for measles, mumps and rubella (MMR) by age two** Indicator definition: MMR vaccination coverage for one dose (2 year olds) Baselines: (2011/12) England 91.2%; East Sussex 92.0%; Eastbourne 92.5%; Hastings 94.4%; Lewes 90.3%; Rother 91.4%; Wealden 91.4% Targets by 2016: To achieve the World Health Organisation (WHO) recommended coverage of 95.0% by 2015/16 by achieving 94.0% in 2013/14; 94.5% in 2014/15; 95% in 2015/16 and to reduce the gap at District/Borough level from 4.2% in 2011/12 **1.2 Improve the level of skills development of the lowest performing children at age 5** Indicator definition: Percentage of children achieving at least 78 points with at least 6 in each of the scales in Personal, Social and Emotional Development and Communication, Language and Literacy of the Early Years Foundation Stage resident-based Baselines: Academic Year 2011/12: 29.8% Target by 2016: Reduce percentage point gap between the lowest achieving 20% in the Early Years Foundation stage profile and the rest. Targets to be set following new criteria from the Department for Education

OUTCOMES	ACTIONS AND OUTPUTS	OBJECTIVES	STRATEGIC OUTCOME INDICATORS
Priority 2: SAFE, RESILIENT AND SECURE PARENTING FOR ALL CHILDREN AND YOUNG PEOPLE			
Parents are confident, able and supported to nurture their child's development	• Enhance the capacity and leadership of targeted early help services for parents who are struggling • Ensure quick decisions and actions are taken where it is clear that parents do not have and cannot develop the capacity to provide good enough care for their children • Invest in high quality training for all those who work with vulnerable families and ensure that support is streamlined and coordinated	• More families given targeted early help support • Improved rates of immunisation and vaccination • Reduce the rate of inappropriate referrals to children's social care	**2.1 Fewer children who need a Child Protection Plan (CPP)** Indicator definition: Rate per 10,000 (of 0-17 population) of children with a Child Protection Plan Baselines: (2011/12) England = 37.8; East Sussex = 65. 2012/13 outturn to be confirmed in June 2013 Target by 2016: To reduce the East Sussex rate to 2013/14 = 49.9; 2014/15 = 48.3; 2015/16 = 47.9 **2.2 Reduce the number of young people entering the criminal justice system** Indicator definition: The rate of first time entrants to the criminal justice system per 100,000, where first time entrants are defined as young people (aged 10 – 17) who receive their first substantive outcome (relating to a reprimand, a final warning with or without an intervention, or a court disposal for those who go directly to court without a reprimand or final warning) Baselines: (2011/12) England 712; East Sussex 423 Target by 2016: 2013/14 (381 countywide) = 10% reduction on the 2011/12 East Sussex outturn; 2015/16 = 5% reduction on the 2013/14 East Sussex outturn
Priority 3: ENABLE PEOPLE OF ALL AGES TO LIVE HEALTHY LIVES AND HAVE HEALTHY LIFESTYLES			
More people will have healthy lifestyles to	• Enhance the alcohol care pathway - from prevention through to recovery and involving a range of	• Fewer young people and adults drinking at increasing and higher risk levels	**3.1 Reduce rates of mortality from causes considered preventable** Indicator definition: Age-standardised rate of

OUTCOMES	ACTIONS AND OUTPUTS	OBJECTIVES	STRATEGIC OUTCOME INDICATORS
improve their prospect of a longer, healthier life	health, care and other partners • Develop and implement a cross-sector multi-agency Tobacco Control Plan • Develop and implement a cross-sector multi-agency Obesity Prevention Plan • Enable frontline staff to offer residents brief advice and signposting to relevant services	• Lower rates of smoking amongst young people, pregnant women and others in the general population • Increase in the proportion of the population achieving the minimum recommended rates of physical activity (all ages) • More people of all ages eating 5 portions of fruit and vegetables a day • Reduction in alcohol related crime	mortality from causes considered preventable per 100,000 population Baselines: (2010) England average 149; (2010 to 2012) East Sussex average 135.3; Eastbourne 154.0; Hastings 175.6; Lewes 121.4; Rother 133.3; Wealden 112.6 Targets by 2016: 10% reduction between 2010-2012 and 2015-2017 for East Sussex based on a steady reduction of 2% per year; and by 2015-2017 reduce the gap between Hastings Borough and Wealden District to the gap measured in 2003-2005 (59.5 deaths per 100,000) **3.2 Increase both the percentage offered NHS Health Checks and the take up by those in the eligible population** Indicator definition: Percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the financial year Baselines: (2011/12) England average 14% offered and 51.2% received; East Sussex average 9.6% offered and 43.5% received. NB. District and Borough level data not available Targets by 2016: 2013/14 = 10% offered, 50% received; 2014/15 = 20% offered, 50% received; 2015/16 = 20% offered, 70% received
Priority 4: PREVENTING AND REDUCING FALLS, ACCIDENTS AND INJURIES			
Fewer children, young people and older people have preventable falls, accidents or suffer deliberate	• Further research and analysis to better understand the causes of falls, accidents and injuries amongst children and young people so that interventions can be targeted at those at greatest risk of	• Fewer children and young people being admitted to hospital for unintentional and deliberate injuries (including falls, accidents, assaults) • Fewer over 65's use	**4.1 Reduce emergency hospital admissions amongst children and young people for accidents and injuries** Indicator definition: Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in children and young

OUTCOMES	ACTIONS AND OUTPUTS	OBJECTIVES	STRATEGIC OUTCOME INDICATORS
harm by others or themselves	harm • Develop a more integrated, evidence based approach to preventing and reducing falls, accidents and injuries such as coordinated accident prevention activity and campaigns, home safety checks and equipment schemes, and parenting support • Enhance the falls and bone care pathway with stronger links between community based, primary and secondary care settings and health, care and wider services	secondary care due to a fall • Fewer over 65's use emergency ambulance services due to a fall • Fewer over 65's with first or preventable second fractures	people aged 0-17 years, per 10,000 resident population Baselines: (2010/11) England average 124.3; (2011/12) East Sussex average 121.7; Eastbourne 121.2; Hastings 143.7; Lewes 118.0; Rother 123.4; Wealden 109.6 Target by 2016: 4% reduction for East Sussex between 2011/12 and 2015/16 based on a steady reduction of 1.35% per year NB. Targets for local areas and/or causes may be proposed following an analysis of research into the causes of falls, accidents and injuries **4.2 Reduce the number of older people admitted to hospital due to falls** Indicator definition: Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65 and over per 100,000 population Baselines: (2010/11) England average 1,642; (2011/12) East Sussex average 1,543; Eastbourne 1,751; Hastings 1,368; Lewes 1,569; Rother 1,358; Wealden 1,605 Target by 2016: 3% reduction in East Sussex between 2011/12 and 2015/16 based on a steady reduction of 1% per year
Priority 5: ENABLING PEOPLE TO MANAGE AND MAINTAIN THEIR MENTAL HEALTH AND WELLBEING			
People of all ages to experience good mental health and wellbeing and those with mental health	• Develop the support pathway for children and young people with emerging mental health needs • Enhance the mental health care pathway for adults, older people and their carers from prevention through to care planning and	• Earlier identification, diagnosis, support and treatment (all ages) • More people (all ages) using community based support • More people with more	**5.1 Improve the experience of NHS mental healthcare for people with mental health conditions** Indicator definition: Percentages of service users responding to survey questionnaires who report being 'satisfied' and / or 'very satisfied' with the mental healthcare services they received, (return

OUTCOMES	ACTIONS AND OUTPUTS	OBJECTIVES	STRATEGIC OUTCOME INDICATORS
conditions and their carers are able to manage their condition better and maintain their physical health	recovery with a more personalised approach within all care settings • Align the mental health care pathway with care pathways for long term conditions and strengthen links with wider services	severe mental health needs having a comprehensive care plan • Fewer incidences of self harm and suicide • Improved physical health for people with mental health support needs • Better mental health outcomes and quality of life for carers (all ages)	rates required being 33%) Baselines: (2012/13) Q3 Hastings and Rother PCT % Satisfied 83%, % Very Satisfied 33%; East Sussex Downs and Weald PCT % Satisfied 84%, % Very Satisfied 39% Targets by 2016: Satisfied 80%; Very Satisfied 50% NB. In future data will be available at CCG level **5.2 Report improved outcomes for people with mental health conditions arising from NHS mental healthcare** Indicator definition: TBC – using validated assessments of mental health status, reports are being developed that will enable periodic review of outcomes for all adults receiving NHS mental healthcare (working age adults and older people's services). Although details will not be available until early 2013/14, with baselines available 3-6 months afterwards, the ability to report on improvements and clinical outcomes on a large scale and over the next 2-3 years makes this measure sufficiently important to merit inclusion in this action plan Baselines: New measure from 2013/14 Targets by 2016: To be determined during 2013/14
Priority 6: SUPPORTING THOSE WITH SPECIAL EDUCATIONAL NEEDS, DISABILITIES AND LONG TERM CONDITIONS			
Those with SEN, disabilities and long term conditions have a better quality of life and longer	• Develop a more person centred, coordinated approach to supporting the health and wellbeing of those with SEN, physical and learning disabilities,	• Earlier diagnosis and provision of personalised care in the community or at home • More people feel supported to manage their condition better	**6.1 Improve measurable outcomes for children and young people with SEND (Special Educational Needs and Disability)** Indicator definition: The number of children and young people who have a personal budget

OUTCOMES	ACTIONS AND OUTPUTS	OBJECTIVES	STRATEGIC OUTCOME INDICATORS
life expectancy	their parents and carers • More children have a coordinated support plan for health, social care and education and personal budgets • Develop an integrated 'whole system' approach to long term conditions with earlier diagnosis, care planning and joined up support for patients and carers • Integrate mental health support into primary care and chronic disease management care pathways • Roll out multi-disciplinary Neighbourhood Support Teams across the county	• Better health outcomes for those with SEN, disabilities and long term conditions (all ages) • Better quality of life for those with SEN, disabilities and long term conditions (all ages) • Better physical health outcomes and quality of life for carers (all ages)	attached to their Education, Health and Care Plan Baselines: This is a new measure Targets by 2016: 2013/14 = 60. Future targets to be set following 2013/14 outturn **6.2 Increase the take up of Health Checks for people with learning disabilities** Indicator definition: Percentage of patients on a Learning Disability register in East Sussex GP Practices who have received a health check within the financial year Baselines: 2012/13 at Q3 England average 65%; East Sussex average 47.8% Targets by 2016: to meet the England average (currently 65%). Targets to be revised upwards to match the national average if this increases **6.3 Reduce number of people with long term conditions being admitted to hospital and reduce the time they spend in hospital** Indicator definition: 6.3.1 The proportion of people with ambulatory care sensitive conditions admitted to hospital as an emergency 6.3.2 The number of days between admission and discharge Baselines: 6.3.1 (2010/11) Number of Admissions: East Sussex 4,996; Eastbourne 1,064; Hastings 1,006; Lewes 846; Rother 889; Wealden 1,191 6.3.2 (2010/11) Number of bed-days: East Sussex 6,759; Eastbourne 5,731; Hastings 5,026; Lewes 5,026; Rother 5,690; Wealden 7,203 Targets by 2016:

OUTCOMES	ACTIONS AND OUTPUTS	OBJECTIVES	STRATEGIC OUTCOME INDICATORS
			6.3.1 20% reduction in number of admissions 6.3.2 20% reduction in number of days between admission and discharge
Priority 7: HIGH QUALITY AND CHOICE OF END OF LIFE CARE			
More people who are approaching the end of life being cared for and dying in their preferred place of care and death and to receive the highest standards of end of life care in any setting	• Roll out the delivery of the end of life care pathway (from advanced care planning to bereavement support) throughout all public, private and voluntary and community sector health and care providers • Continue End of Life Care training and workforce development for health and care staff and volunteers working in community, health and care settings	• More people identified as approaching end of life have an advanced care plan • Fewer people identified as approaching end of life dying in hospital • Staff providing end of life care in community, health and care settings meet the national end of life care core competencies and occupational standards	**7.1 More people identified as approaching end of life are cared for and die in their usual place of residence** Indicator definition: 7.1.1 Deaths at usual place of residence divided by all deaths (usual residence includes home, care homes (Local Authority and non-Local Authority) and religious establishments). [This is an interim indicator as it does not provide information about patient choice and quality of care. When EPaCCS (7.1.2 below) is in place, preferences of care can be recorded as part of the national information standard ISB 158] 7.1.2 Proportion of population served by GPs and Out Of Hours services that have access to information about people approaching end of life on an Electronic Palliative Care Coordination System (EPaCCS) or other coordination system Baseline: 7.1.1 (2012/13 at Quarter 1) England Average 42.9%; East Sussex Downs and Weald PCT area 47.3%; Hastings and Rother PCT area 42.3% plus 5% to account for the above national average deaths in hospices in the area 7.1.2 2013/14 = Zero% (this is a new initiative to be launched during 2013/14) Target by 2016: 7.1.1 Increase by 1% each year reaching 50.3% at Quarter 4 2015/16 for both EHS CCG and

OUTCOMES	ACTIONS AND OUTPUTS	OBJECTIVES	STRATEGIC OUTCOME INDICATORS
			HWLH CCG, and 45.3% in H&R CCG 7.1.2 2013/14 Identify a system and host for EPaCCS by Q4; 2014/15 = 40% EOLC patient data uploaded to EPaCCS; 2015/16 = 75% NB. Targets for EHS and HWLH CCGs are the same based on historical 2012 PCT data. CCG level data will be available from 2014 **7.2 Improve the experience of care for people at the end of their lives** Indicator definition: Work is underway with providers to identify and develop mechanisms, within available resources and capacity, to record carers and families experience of end of life care. Once this is completed baselines and targets can be established. Whilst reporting would not commence until 2014/15 people's experience of end of life care will be impacted by strategic actions to roll out the end of life care pathway and to develop the workforce making this measure relevant for inclusion in this action plan Baseline: This is a new measure Target by 2016: TBC during 2013/14

Appendix 2: Report on the Health and Wellbeing Assembly, 26 February 2013

1. Introduction

a. The Health and Wellbeing Board was established in shadow form in October 2011 and had its first public meeting in March 2012.

b. Based on local evidence and an assessment of local needs, the Board published its proposed priorities in June 2012 and a 12 week consultation was held inviting comments from the public, patients, service users, carers, commissioners and providers. Following consultation feedback, a draft strategy was published in November and a period of two weeks was given for further comments. In December 2012, the Board received and approved a final strategy and noted a draft action plan.

c. The Board also agreed to hold an 'Assembly' as a means of engaging with a wide range of organisations involved or interested in health, care and wellbeing across the public, private and voluntary sector.

d. In February 2013 the first Assembly was held. The main purpose was to engage with wide range of partners in discussions around delivering the Health and Wellbeing Strategy and action plan over the next three years.

e. The event attracted around 200 participants representing almost 100 different organisations, networks and partnerships. A list of organisations, networks and partnerships represented on the day is at Appendix 2.

2. The event

a. After a brief introduction from Cllr Sylvia Tidy setting out the purpose of the day and the vision and priorities of the East Sussex Health and Wellbeing Strategy, three presentations were given to update participants on NHS reforms and key policy developments nationally and locally:

- Nick Georgiou of Solutions for Public Health gave an update on the NHS reforms and key national policy developments relating to health, care and services which promote individual and community wellbeing.
- Amanda Philpott of Hastings and Rother CCG and Eastbourne Hailsham and Seaford CCG gave an overview of local developments focusing on the new local Clinical Commissioning Groups (CCG) in East Sussex.
- Julie Fitzgerald of East Sussex Community Voice gave an overview of the emphasis on patients being at the heart of the reformed health system, public and patient engagement opportunities and the new local Healthwatch.

b. Following the presentations the speakers joined Shadow Health and Wellbeing Board members Cllr Glazier, Keith Hinkley and Diana Grice to answer questions.

c. Table discussions followed, focused on the leadership challenge of delivering the Health and Wellbeing Strategy priorities and vision of improving health and wellbeing and reducing inequalities. Introduced by Becky Shaw, participants were asked to consider:

- What their organisation could do differently to deliver better outcomes and reduce inequalities, to help identify what and where change could take place.
- What the opportunities and challenges are to delivering better outcomes and reducing inequalities, to help identify what is needed to facilitate change.
- What success would look like for citizens, communities and your organisation, to help agree or refine proposed outcome indicators in the Strategy action plan.
- Which priorities and outcomes their organisation wants to be involved in delivering, to help identify which partners could be engaged in or 'sign up' to delivery.

3. Key themes from table discussions

a. Hundreds of comments and ideas were documented during the discussions. These fell into common themes in each of the four questions asked.

b. A summary of responses to the first question 'what could your organisation do differently to deliver better outcomes and reduce inequalities'. This question aimed to identify what and where change could take place:

- Joint / whole system working: improve coordination and integration of services, work in partnership, collaborate and co-operate, address duplication, join up services, look at gaps and work with others to address them, work differently with and make better use of a wider range of organisations and sectors e.g. pharmacies, ambulance service, housing, community safety, share resources, buildings and staff.
- Outcome focused and evidence based: more targeted towards outcomes, review where outcomes can contribute to organisational agendas, build priorities and outcomes into business plans, review planning tools and services to ensure focus on outcomes, help deliver specific priorities and outcomes, respond to evidence, evidence based activity, constant evaluation and assessment.
- Reduce inequalities / improving access: prioritise and/or target areas/groups with greatest need, improve access, information, marketing and signposting, be more proactive, ensure services are sensitive and accessible to different groups, address different inequalities, improve and/or offer advocacy, speed up assessments.
- Communications and engagement: with citizens, patients and the public to gather views and involve them in improvements, enable them to access and engage with services, build supportive networks, explain changes; with professionals to support joint working, improve communications within and across sectors, share information, knowledge and best practice, facilitate networking, make time to participate and engage.
- Workforce development: for volunteers and frontline staff in wide range of agencies (not just health and care) to improve awareness of equalities, to think and act more holistically and joined up across health, care and wider services, to improve signposting, to be more customer focused.
- Other: be smarter and more efficient, take risks, better use of IT, dependent on resources.

c. A summary of responses to the second question 'what are the opportunities and challenges to delivering better outcomes and reducing inequalities'. This question aimed to identify what is needed to facilitate change:

- Joint / whole system working: opportunities to make links across priorities and cross-cutting issues, agree and pursue shared areas of work based on common goals, use resources, knowledge and expertise across all sectors, share resources, pool funding and resources to address shared priorities, joint working across agencies, reduce duplication; challenges include inflexible commissioning processes, organisational boundaries, not knowing what each other does and how to work together, engaging the private sector.
- Outcome focused and evidence based: opportunities to fund evidence based interventions that get results, commission outcomes not services, continuous quality improvement, promote self-management; challenges include how to recognise community assets, measure and evidence outcomes, untapped VCS evidence base, better local evidence in the JSNA, reliable measurement and evaluation of outcomes.
- Reducing inequalities / improving access: opportunities to provide better health promotion, one-stop shops, make reasonable adjustments for particular groups, personalisation, diversify services, improve services, better information, use local media, use technology more, more services at or closer to home; challenges include

lack of accessible information, those who need help are often the least likely to seek it, limited opening times, premium rate for calls, not everyone is online.

- Communications and engagement: opportunities to listen to and involve patients, streamline communications across the system, develop/use forums, networks and networking, share successes, bring providers together; challenges include knowing who to talk to, the time it takes to build relationships, lack of clarity over the longer term impacts of the health reforms.
- Workforce development: opportunities to provide leadership, improve awareness of inequalities through training, put more non-health staff in health promoting roles, co-locate health and non-health staff in different settings e.g. surgeries; challenges include competition to recruit volunteers, capacity of staff and carers is already limited due to increased workload/caring responsibilities.
- Other: opportunities to increase prevention and early intervention, inter-generational work, see the VCS as a partner in large scale services, review and strengthen the compact, early review and challenge of priorities; challenges include less money and resources, uncertainty of continued funding, keeping services under local control, ensuring national policies are aligned, impact of welfare reforms, maintaining services and quality with reduced budgets.

d. Responses to the third question 'what would success look like for citizens, communities and your organisation'. This question aimed to agree or refine proposed outcome indicators in the Strategy Action Plan:
   - A number of respondents listed actions, objectives and outcomes already contained in the strategy and draft action plan including improved health and wellbeing, children ready to go to school and learn, educational attainment, fewer referrals to children's services, fewer first time entrants to the criminal justice system, referrals to rehabilitation services, falls prevention, better mental health, improved mental health prevention and early intervention, inclusion for children with disabilities, better support for carers and parent/carers, more people with advanced care plans in place (for end of life care), improved end of life care, dying in preferred place of death.
   - Others reflected broadly the approaches to delivery, or the net effect of taking those approaches, set out in the strategy:
   - Joint / whole system working: universal return transport to hospital, homes and GPs, timely hospital discharge, more use of community hospitals, joined up system, better pathways from doctor to hospital to rehabilitation, practical pathways to signpost people to other services/support, whole systems approach from good neighbours to big statutory organisations aligning work, care provided in the right place and right time, reduction in silo working, social aspects of healthcare taken into account – joined up work, joint discharge planning, involve school academies, work with Brighton and Hove and Kent, collaborative partnerships, statutory organisations seeking out the VCS, more shared services and joint commissioning, linking housing health and wellbeing.
   - Prevention and early intervention: more investment in demand management, focus on prevention, preventative end rather than acute – huge savings potential, early intervention, lower level interventions first, reduce time spent with doctor and in hospital, no waiting in A&E, fewer people visiting GPs and A&E, remove fear of admission.
   - Outcome focused and evidence based: good statistics and baselines for comparison, using data to drive improvement, health dashboards with real intelligence, longer term goals, measureable JSNA improvements, clear picture of what works, improved outcomes from service user assessments.
   - Reduce inequalities / improving access: reduce inequalities, similar healthy life expectancy, reduce gap in life expectancy, more equal outcomes across the county,

equality of expectations on outcomes, increase people's access to health improvement initiatives, flexible services, no post code lottery, inter-cultural work.

- Asset based approach: building resilience, people develop effective self-management skills, more self-help tools, supporting people to prepare for their care needs, more individual responsibility for your own health, increase individuals' decision making opportunities, stronger communities, active citizens, agents and champions within villages and communities, neighbourhood and family care, more independence in the community, carers recognised as key partners and equal experts, carers involved in care packages and hospital discharge.
- Communications and engagement: for the public, patients and services users - information in accessible formats, single points of contact, support to access services, reduction in discrimination, fully subscribed projects, more community and patient involvement and engagement, more people being able to feedback effectively, engaging young people creatively to invest in their health and wellbeing, engaging people who don't engage, co-production; for professionals - regular networking between sectors/service areas, sharing good practice, raising profiles, working together to communicate messages, calendar to avoid duplication of events, improved knowledge of local resources, joint work with hospitals on advocacy especially for those with no family or carers.
- Workforce development: volunteers in health promoting roles, good quality primary care – more doctors and other health professionals, improve ratio between direct and indirect staff
- Other: inter-generational work, feeling safe, safety, oversight and monitoring of what drives improvement, stable and sustainable structures, services and data that we all understand, straightforward commissioning processes, coordinated commissioning around outcomes, targeting resources, rigorous cost to benefit analysis.

e. Responses to the fourth question 'which priorities and outcomes would your organisation want to be involved in delivering'. This question aimed to identify which partners were interested or might 'sign up' to delivery:
    - A large number of participating organisations named themselves against the priorities that they wanted to help, in most cases they named more than one priority and in some cases they named all seven priorities:
    - Of the seven priorities, interest in delivery was as follows:
        - Priority 1: Best start (20 organisations)
        - Priority 2: Secure parenting: (18 organisations)
        - Priority 3: Healthy lifestyles (38 organisations)
        - Priority 4: Falls and accident prevention: (16 organisations)
        - Priority 5: Mental health: (27 organisations)
        - Priority 6: SEN, disabilities and long term conditions: (23 organisations)
        - Priority 7: End of Life Care (14 organisations)
    - Others listed activities without naming specific priorities, and therefore could be applied to any priorities, for example:
        - Assets: Family learning, families, inter-generational projects, role of grand-parents, neighbourhoods, community and individual contributions and resources, local community involvement.
        - Joint working: Improving housing conditions, involvement of police and crime commissioner, parish councils, CCGs, District and Borough Councils - less silo working.
        - Inequalities: Improving health inequalities, care inequalities.

- Other: Support housebound and carers, job broker, employment, economic regeneration, counselling and wellbeing, sexual health, happier healthier older people, dementia awareness.

f. Cllr Glazier wrapped up the event by thanking the speakers and participants and confirming that the Health and Wellbeing Board would consider all the information gathered at the event, further develop and approve the strategy action plan in April, lead and monitor its implementation and continue to inform, consult and engage with organisations and partnerships across East Sussex.

4. Event feedback and evaluation

a. Overall, the event was well received. Of the 95 evaluations returned (just under 50% of the total number attending):
   - 87.5% said the event met their expectations; 5% said it did not
   - 93% said the content was appropriate; 2% said it was not
   - 75% said the duration was appropriate; 21% said it was not
   - 67.5% said written materials were appropriate and useful; 28.5% said they were not
   - 90.5% said pre-event administration was efficient and informative; 3% said it was not

b. Whilst the majority of respondents found the event useful and relevant, some commented that the event focused too much on structures and not enough on outcomes; it felt rushed and could have been slightly longer or had less content; and written materials and slides were too small and in some cases illegible.

c. The majority of respondents found the leadership challenge table discussions the most useful aspect of the event, followed by the presentations and networking opportunities.

d. When asked what they found least useful, respondents cited written materials, followed by presentations, question and answer session and table discussions.

e. When asked how we could improve events in the future the majority of respondents suggested they could be slightly longer with more time for networking, discussions, presentations and Q&A; larger printed written materials and slides; more themed discussions on priority areas to focus discussions; and a better event registration system.

f. A sample of comments received is at Appendix 1.

5. Conclusions

a. It is clear from the numbers attending the event and the level of engagement in discussions that there is considerable interest amongst a wide range of organisations in health and wellbeing and in helping to deliver the Health and Wellbeing Strategy.

b. The comments and ideas participants put forward are in tune with the approaches to delivery set out in the strategy - joint working across agencies and sectors, reducing inequalities, prevention and early intervention and taking an asset based approach in particular – and in the proposed outcome indicators in the action plan.

c. To maintain momentum and help facilitate joint working to deliver the strategy, action plan and outcomes the Board will consider the outcomes of this event and how it might best add value to existing communications, networking, information and evidence available to the full range of organisations interested and involved in improving health and wellbeing in the county.

d. Providers, commissioners and involvement and engagement groups can also consider the ideas generated at the event and documented in this report and what action they might take within their own organisations, with other organisations and with individuals and communities to help deliver the priorities and outcomes in the strategy and action plan.

Appendix 1: Sample comments from evaluation responses

e. What did you find most useful?

Table discussions:

- The opportunity to listen to other viewpoints
- Good to hear what others on the table were doing
- Effective discussion on how to make progress
- This focused on actions we could take as partners
- Interesting contributions from participants
- A chance to promote [our] services and potential opportunities
- Discussions with individuals I would otherwise not meet provided new perspectives for me to consider
- Good positive exchange
- Useful to work collaboratively and implement new ideas
- Hearing others articulate challenges and opportunities
- Could see where our work fits into the wider picture
- A shared desire to work together but need a framework to do this

Presentations:

- Presentations were very informative
- All the presentations were excellent
- Updates from speakers, relevant and informative
- Guest speakers delivering message of change as an opportunity instead of a bleak message of what to expect from the future
- Informative – good to have information on current focus

Networking:

- Awareness of other organisations out there, meeting them and sharing ideas
- Good mix of people
- Useful networking opportunity
- Very useful networking

f. What did you find least useful?

Written materials:

- Difficult to view slides
- Inability to read some of the information or to be able to understand it fully
- Unable to read the slides or hand outs so a lot didn't come across clearly
- Unable to read [slides] from a distance so speakers comments not always made sense
- Most of the presentation was not readable either on the overheads or hand outs
- The font was too small on the hand outs to be able to read them comprehensively
- Slide with diagram not readable on screen or in notes
- The circle diagram and NHS diagram needed a full page print out
- Presentation materials, inaccessible but potentially very interesting
- They looked like excellent slides, shame they couldn't be read

Presentations:

- Presentations very hurried
- Some of the talks [were] too short in length
- Longer would have been better
- A lot of information in a short period of time
- Some of presentations overly complex given mix of audience
- Speakers were only able to touch on detail - may be a briefer overview of national context followed by more in depth information on local provision
- A lot of focus on structures in the presentations and not how they will deliver

- Focus on structure and governance rather than health outcomes
- Update on new architecture – [I am] already informed

Nothing

- None – it was all very useful
- None – all relevant
- All very helpful
- I enjoyed it all
- A very good event
- An interesting afternoon – a good deal of information was shared
- Good turnout, the right people

Q&A session:

- Couldn't see speakers, they didn't introduce themselves
- Audience used opportunity for their own agenda
- Some people used the session for their personal 'gripes'
- Q&A at an event this size tend to encourage grand-standing
- Questions – too detailed, too much time on specific areas
- Very useful generally but the panellists missed this opportunity by giving generalist answers avoiding open discussion

Table discussions:

- More time needed for group work to ensure that all the group contributed and were able to answer all the questions
- More time required to answer complex questions would have been better
- Difficult for individual services to look at the bigger picture and instead focus on negative effects on their own services
- Very focused on young people, maybe due to participants, could this be more themed
- Networking was helpful but not sure that the group session felt productive enough

Other

- Another talking event
- No real opportunity to network
- Not one mention of housing
- Queuing to get in

g. How could we improve any events we might run in the future?

- More time for presentations, networking, discussions and Q&A
- More about the plan, the priorities, how the Health and Wellbeing Board works
- More focused/themed discussions
- Better registration/sign in system
- Larger/smaller venue
- More accessible/legible materials

Appendix 2: Participants (organisations, networks and partnerships represented)

3VA
Action for Change
Action in Rural Sussex
Active Sussex
Age UK East Sussex
Alan Keys
Alzheimer's Society
Amicus Horizon
Brighton and Sussex University Hospitals NHS Trust
Brighton Housing Trust Housing and Support Services East Sussex
Campaign for Better Transport, East Sussex
Care for the Carers
Carers Partnership Board
Catch 22
Chailey Heritage School
Chestnut Tree House Children's Hospice
Children and Young People's Trust Executive Group
Churches Together in Sussex
CRI (Crime Reduction Initiatives)
Cycle East Sussex
Diversity Lewes
East Sussex Community Health Services
East Sussex Community Voice
East Sussex County Council
East Sussex Disability Association
East Sussex Fire and Rescue Service
East Sussex Health and Wellbeing Board
East Sussex Health Overview Scrutiny Committee
East Sussex Healthcare NHS Trust
East Sussex LINk
East Sussex Parent and Carer Council
East Sussex Seniors Association
East Sussex Strategic Partnership
Eastbourne Borough Council
Eastbourne Hailsham and Seaford CCG
Eastbourne Homes
Eastbourne Local Strategic Partnership
Eastbourne Seniors Forum
East Sussex Association of Blind and Partially Sighted People
End of Life Care Programme Board
Family Mosaic
Freedom Leisure
Friends, Families and Travellers
Hastings and Rother CCG
Hastings and Rother Health Voice
Hastings and St Leonards Seniors Association
Hastings Borough Council
Hastings Local Strategic Partnership
Hastings Voluntary Action
Headway Hurstwood Park
Healthier Hastings Partnership
Healthy Eastbourne Board

High Weald Lewes and Havens CCG
Improving Life Chances Partnership Board
Lewes District Council
Lewes Town Partnership
Local Pharmaceutical Committee
Mental Health Joint Commissioning Board
Newhaven Community Development Association (NCDA)
Older People’s Partnership Board
Outreach 3 Way/Dimensions South East Region
Places for People
POhWER
Police and Crime Commissioner's Office
Primecare
Refuge Rother
Rodney Ash
Rother and Wealden Environmental Health Service
Rother District Council
Rother Race Action Forum
Rother Local Strategic Partnership
Rother Seniors' Forum
Supported Accommodation and Independent Living Solutions
SABDEN Federation (Cuckmere House, St Mary's, New Horizons Schools and College Central)
Sanctuary Supported Living
Skills for Care
South East Advocacy Project
South East Coast Ambulance Service NHS Trust
Southdown Housing
Southdown Housing (Supported Employment)
Speak Up Forum
St Michael’s Hospice
St Peter and St James Hospice and Continuing Care Centre
St Wilfred's Hospice
Stonham (Care and Support Division of Home Group)
Surrey and Sussex Probation Trust
Sussex Association of Local Councils
Sussex Partnership NHS Foundation Trust
Sussex Police, East Sussex Division
Sussex Wildlife Trust
Terence Higgins Trust
The Mount Camphill Community
The Priory
Together for Mental Wellbeing
Towner
Vandu Language Services (VLS)
Warbleton Parish Council
Wave Leisure
Wealden District Council
Wealden Local Strategic Partnership
Workers' Educational Association (WEA)