

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held on 15 January 2015 at County Hall, Lewes.

PRESENT - Councillor K Glazier (Chair) (ESCC)
Councillors B Bentley (ESCC), P Rodohan (ESCC) and T Webb (ESCC)
Dr E Gill – High Weald Lewes Havens CCG (Deputy Chair)
Amanda Philpott – Hastings and Rother and Eastbourne, Seaford and Hailsham CCG's
Dr M Writer – Eastbourne, Seaford and Hailsham CCG
Stuart Gallimore – Director of Children's Services, ESCC
Keith Hinkley – Director of Adult Social Care and Health, ESCC
Cynthia Lyons – Acting Director of Public Health, ESCC
Julie Fitzgerald – Healthwatch East Sussex Representative

ALSO PRESENT - Councillor M Turner – Hastings Borough Council
Councillor T Nicholson – Lewes District Council
Councillor M Kenward – Rother District Council
Councillor D Elkin – ESCC
Councillor M Ensor – ESCC
Wendy Carberry – Chief Officer, High Weald Lewes Havens CCG
Marie Casey – Voluntary and Community Sector Representative
Becky Shaw – Chief Executive, ESCC
Rupert Clubb – Director Communities, Transport and Environment, ESCC
Brian Banks – Road Safety, Team Manager, ESCC
Anita Counsell – Head of Specialist Health Improvement
Barbara Pratt – Health Improvement Partnership Specialist
Brenda Mason – Rother District Council
Jeremy Leach – Wealden District Council
Pat Taylor – Community Development Manager, Eastbourne Borough Council
Sarah Feather - Policy Manager, ESCC
Stuart Russell - Strategic Performance Manager, ESCC

21. MINUTES

21.1 The Minutes of the last meeting held on 30 September 2014 were approved as a correct record.

22. APOLOGIES

22.1 Apologies for absence were received from: Councillor Troy Tester, Eastbourne Borough Council; Councillor Claire Dowling, Wealden District Council; Pennie Ford, Director of Operations; NHS England Surrey and Sussex Area Team; Colm Donaghy, Chief Executive, Sussex Partnership NHS and Darren Grayson, Chief Executive, East Sussex Healthcare NHS Trust.

23. INTERESTS

23.1 None.

24. URGENT ITEMS

24.1 The Chair agreed to receive an update from Keith Hinkley, Director of Adult Social Care and Health and Pauline Butterworth, Practice Manager, East Sussex Healthcare Trust (ESHT) on the current position of A&E units within East Sussex.

24.2 There has been a significant increase in attendance and ambulance conveyances to both A&E units within East Sussex in recent months. Despite the challenge presented as a result of the increase, ESHT have stayed within a 94-95% range for year to date performance of A&E.

24.3 The Christmas period saw a significant increase in attendance to A&E by over 20%. There was a challenge with increased discharges being required but both ESHT and ESCC Adult Social Care department worked together in the week preceding Christmas and in the week between Christmas and New Year to stabilise the position. Although both A&E units were challenged, ESHT believe that a good level of service was delivered to the residents of East Sussex.

24.4 There are particular challenges faced in terms of patient discharge, particularly home care capacity within Eastbourne and intermediate care and reablement. The East Sussex Better Together and the Better Care Fund plans intend to increase access to reablement services to improve the flow through the hospital, this is important to consider for future improvement to services.

25. HEALTH AND WELLBEING STRATEGY (HWS) 6 MONTHLY REPORT

25.1 The Board considered a report by the Chief Executive, East Sussex County Council, which updated the Board on the six month progress of the East Sussex Health and Wellbeing Strategy 2013-16.

25.2 The Board discussed the lack of data in relation to the HWS target to increase the take up of Health Checks for people with Learning Disabilities. The Director of Adult Social Care and Health explained that data is collected at year end and is therefore not obtainable yet; an update will be provided when this is available.

25.3 The Board further discussed the End of Life Care survey and the use of national statistics. The surveys are carried out nationally to enable the Local Authority to collect comparative data and identify how the local area measures against the rest of the country.

25.4 RESOLVED to (1) note the report
(2) agree the proposed changes to the measure and targets at paragraph 2.8

Reasons

25.5 Information is now available to establish suitable strategy measures and targets for Priority 1, Outcome 1.2 and Priority 5, Outcome 5.2.

26. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2014-15: GROWING COMMUNITY RESILIENCE IN EAST SUSSEX

26.1 The Board considered the annual report by the Acting Director of Public Health which informed the Board how East Sussex can identify, better understand and support development of existing and potential new community assets in order to increase community resilience.

26.2 The Board discussed the WARM component ratings and the areas rated as red; it was noted that this is a cause for concern. However it is important to identify the strengths within the community areas rated as green, and use these to develop and build on assets. Joint working with the voluntary sector and within the communities themselves can help to address some of the issues which have persisted for a long time.

26.3 RESOLVED to note the annual report.

27. THE MENTAL HEALTH – CRISIS CARE CONCORDAT

27.1 The Board considered a report inviting them to formally support the East Sussex Declaration committing itself and partner agencies to work together to implement standards set out in the national Crisis Care Concordat for 'improving outcomes for people experiencing mental health crisis'.

27.2 The Board discussed the gaps identified between existing mental health services and the standards set out in the Concordat. It is important to note that the action plan sets out to develop services and address the gaps recognised by looking at pathways and the way in which services are delivered.

27.3 RESOLVED to (1) note the background to signatories being invited to the East Sussex Declaration on the Crisis Care Concordat set out in Appendices 2 and 3; and
(2) authorise the Chair of the Health and Wellbeing Board to sign the Declaration set out in Appendix 1 for and on behalf of the Board.

28. MEETING TOPIC: SERIOUSLY KILLED AND INJURED

28.1 The Board received a presentation from Brian Banks, Road Safety Team Manager, ESCC. The Board noted that the delivery of road safety includes a range of activity such as: influencing driver behaviours; engineering methods for reducing risk through traffic calming; pedestrian crossings; road safety and speed management and enforcement by way of safety cameras, speed awareness and community speed watch.

28.2 The presentation highlighted the main contributory reasons for road traffic accidents which identified factors such as: driver/rider failure to look properly or judge another persons path/speed; driver/rider carelessness; poor turn or manoeuvre; loss of

control, slippery roads due to weather conditions, and travelling too fast for conditions. These are all factors not directly related to the actions of ESCC.

28.3 Members of the Board had been asked to come to the meeting with knowledge of what their particular organisation does in the area of Killed and Seriously Injured and what partnerships they participate in with reference to road safety. At the meeting the Members of the Board were organised into three groups and asked to work through a series of questions about road safety. The questions the Members were asked to consider can be summarised as follows:-

- What your organisation currently does in this area.
- Anything more we can do as a Partnership?
- Anything organisations should be doing differently?

28.4 Following the break out session, the feedback given by each group was taken away to be analysed and can be summarised as follows:-

- The Partnership felt there was more they needed to understand about current work and its effectiveness in particular:
 - Why are the statistics so much worse in East Sussex than the rest of England?
 - What work has been done to see why we have such a higher rate of incidents?
 - How other authorities are solving this problem?

- Education:

Attendance at any information sessions/fairs – use these as an opportunity to reinforce the road safety message

Economic modelling – teach people that they can retain independence whilst not driving e.g. cost of using taxis instead of cost of maintaining and running a car.

All road users – cyclists and lights important

Road use – parking on junctions

Send messages through those that already have access to the population through existing contracts.

Road safety messages at partnership meetings/existing forums

Roadside messages and notices (number of people killed on accidents on dangerous routes)

Driving instructor session to be reintroduced to road safety education sessions for people caught speeding

Log book of driving experience (night driving, road types, weather) Wealden has written to DVLA to suggest

Test driving to get experience of a car before purchasing.

- Environmental

State of roads – street cleaning, maintenance of potholes, street lighting

Issues with black spots forwarded to ESCC

20mph speed limits

- CCGs

Less aware of agenda but do commission part of the Sussex wide trauma network.

No prevention role as such.

Pharmacists give information – not to drive while using certain medications

GPs responsible for writing to DVLA when person not fit to drive

- Localised campaign:

An organisation or individual that people will notice, or a locally recognised company
Society of motor manufacturers – need to involve the trade to sell road safety.

Doesn't always have to be a public body that is responsible

Any changes in Wealden due to publication of report

Development of road safety action groups Neighbourhood panels

- Organisations messages to staff:

Business links – permission to be late -stop people pushing themselves.

Meet cross county staff – staff initiatives, message about expectations to drive better for work

Cars soon an extension of work – agile, more text and emails

Moderate working styles, have more virtual meetings to cut out travel

28.5 RESOLVED – that the information contained above will be passed to Brain Banks and they will be invited to a future meeting to provide an update.

29. DATE OF NEXT MEETING

29.1 The date of the next meeting is Tuesday 28 April 2015. The meeting will focus on Obesity.