

EAST SUSSEX HEALTH AND WELLBEING BOARD

MONDAY, 28 NOVEMBER 2016

2.30 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - Councillor Keith Glazier, East Sussex County Council (Chair)
 Councillor Bill Bentley, East Sussex County Council
 Councillor Pat Rodohan, East Sussex County Council
 Councillor Trevor Webb, East Sussex County Council
 Councillor Sue Beaney, Hastings Borough Council
 Councillor Martin Kenward, Rother District Council
 Dr Elizabeth Gill, High Weald Lewes Havens CCG (Vice Chair)
 Dr Martin Writer, Eastbourne, Hailsham and Seaford CCG
 Amanda Philpott, Hastings and Rother CCG
 Keith Hinkley, Director of Adult Social Care and Health, ESCC
 Stuart Gallimore, Director of Children's Services, ESCC
 Cynthia Lyons, Acting Director of Public Health, ESCC
 Sarah MacDonald, NHS England South (South East)
 Julie Fitzgerald, Healthwatch East Sussex

INVITED OBSERVERS WITH SPEAKING RIGHTS Councillor Claire Dowling, Wealden District Council
 Councillor Margaret Robinson, Eastbourne Borough Council
 Councillor Linda Wallraven, Lewes District Council
 Becky Shaw, Chief Executive, ESCC
 Catherine Ashton, East Sussex Healthcare NHS Trust
 Siobhan Melia, Sussex Community NHS Trust
 Colm Donaghy, Sussex Partnership NHS Foundation Trust
 Marie Casey, Voluntary and Community Sector Representative
 Katy Bourne, Sussex Police and Crime Commissioner

AGENDA

- 1 Minutes of meeting of Health and Wellbeing Board held on 19 July 2016 (*Pages 3 - 8*)
- 2 Apologies for absence
- 3 Disclosure by all members present of personal interests in matters on the agenda
- 4 Urgent items
 Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently
- 5 East Sussex Health and Wellbeing Strategy 2016-2019, and updates to East Sussex Health and Wellbeing Strategy 2013-2016 annual progress report (*Pages 9 - 26*)
 - Report by Director of Adult Social Care and Health, East Sussex County Council
- 6 Healthwatch Annual Report 2015-2016 (*Pages 27 - 68*)
 - Report by Director of Healthwatch East Sussex
- 7 Annual Report of the Director of Public Health 2016-2017: Wellbeing and Resilience in

East Sussex (*Pages 69 - 72*)

- Report by Acting Director of Public Health, East Sussex County Council

8 East Sussex Joint Strategic Needs Assessment and Assets (JSNAA) 2015/16 Annual Report (*Pages 73 - 100*)

- Report by Acting Director of Public Health, East Sussex County Council

9 NHS Updates

- High Weald Lewes and Havens Clinical Commissioning Group
- Eastbourne, Hailsham and Seaford Clinical Commissioning Group
- Hasting and Rother Clinical Commissioning Group

10 Date of next meeting: Monday 23 January 2017, 2.30pm

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE

18 November 2016

Contact Harvey Winder, Democratic Services Officer, 01273 481796,

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EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 19 July 2016.

PRESENT Councillors Keith Glazier (Chair) Sylvia Tidy (Substitute), Pat Rodohan, Trevor Webb; Councillor Martin Kenward, Amanda Philpott, Keith Hinkley, Councillor Sue Beaney, Richard Eyre, Claire Turner and Dr David Warden

ALSO PRESENT Steve Mainwaring, and Neil Waterhouse, Wendy Carberry and Debbie Endersby

1 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 12 APRIL 2016

1.1 The Board agreed the minutes of the previous meeting held on 12 April 2016.

2 APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from the following members of the Board:

- Cllr Bill Bentley (substitute: Cllr Sylvia Tidy)
- Julie Fitzgerald (substitute: Richard Eyre)
- Dr Elizabeth Gill
- Cynthia Lyons (substitute: Claire Turner)
- Cllr Margaret Robinson (substitute: Cllr Sue Beaney)
- Dr Martin Writer (substitute: Dr David Warden)

2.2 Apologies for absence were received from the following invited observers with speaking rights:

- Dr Adrian Bull
- Marie Casey (substitute: Steve Mainwaring)
- Colm Donaghy (substitute: Neil Waterhouse)
- Cllr Claire Dowling
- Becky Shaw
- Cllr Linda Wallraven

2.3 It was noted that Amanda Philpott would be representing Eastbourne, Hailsham and Seaford CCG instead of Hastings and Rother CCG – which was represented by Dr David Warden.

3 DISCLOSURE BY ALL MEMBERS PRESENT OF PERSONAL INTERESTS IN MATTERS ON THE AGENDA

3.1 There were none.

4 URGENT ITEMS

4.1 There were none.

5 SUSSEX TRANSFORMING CARE PARTNERSHIP

5.1 The Board considered a report and presentation by the Head of Quality, Eastbourne Hailsham and Seaford CCG and Hastings and Rother CCG, on the Sussex Transforming Care Partnership.

5.2 In response to questions, the Head of Strategic Commissioning (Learning Disability Joint Commissioning) made the following key points:

- The Sussex Transforming Care Partnership's (STCP) transforming care agenda requires every local authority area within its footprint to keep risk registers of young people and adults with autism or mental health issues who may not be in a mental health inpatient setting, or be exhibiting extreme challenging behaviour, but who are potentially at risk. The purpose is to ensure that clear plans can be put in place for these individuals to ensure that they do not drop through the system.
- There is a good set of services in place in East Sussex to support the small cohort of 6-10 people with learning disabilities and autism who exhibit particularly challenging behaviour. A number of provider services, including Mencap, do not see themselves as having the skill set to help this cohort of people. The STCP is working with the Sussex Partnership NHS Foundation Trust (SPFT) to ensure that there is a programme of staff training and initiatives to help these organisations develop the necessary skill sets to assist this cohort, for example, learning how to carry out restrictive interventions.
- Most people with learning disabilities live in community settings and STCP works closely with district and borough councils to help facilitate this. The small cohort of people with very challenging behaviour live in highly specialised, high specification buildings suited to their needs.

5.3 The Board RESOLVED to note the content of the Final Draft Sussex Transforming Care Partnership Plans.

6 EAST SUSSEX HEALTH AND WELLBEING STRATEGY 2015/16 ANNUAL PROGRESS REPORT AND NEW HEALTH AND WELLBEING STRATEGY 2016-2019

6.1 The Board considered a report by the Chief Executive, East Sussex County Council, on the progress to date on delivering the East Sussex Health and Wellbeing Strategy 2013-2016, and to approve the new Health and Wellbeing Strategy 2016-2019.

6.2 The Director of Adult Social Care and Health recommended that the Board defer the decision to approve the new Health and Wellbeing Strategy 2016-2019 until the next Board meeting in order to allow time to ensure that it better reflects the elements of the East Sussex Better Together (ESBT) accountable care proposals, Connecting 4 You, and the Sussex and East Surrey Sustainability and Transformation Plan (STP), all of which would be at a more advanced planning stage by the autumn.

6.3 In response to questions, officers made the following key points on the progress to date on delivering the East Sussex Health and Wellbeing Strategy 2013-2016 in relation to ESBT:

- The proportion of people with ambulatory care sensitive conditions admitted to hospital as an emergency has increased due to the ongoing challenges aligning community and primary care pathways with the needs of patients; this is particularly challenging in more deprived areas where GP coverage is poorer. These challenges have begun to be tackled, however, which can be seen in the reduction in the length of stay of patients once they are admitted. The three main initiatives to tackle avoidable inpatient admissions are the East Sussex Better Together (ESBT) Integrated Locality Teams, Health and Social Care Connect (HSCC), and the Crisis Intervention Team.
- Feedback from staff on the Integrated Locality Teams has been positive. In particular, around the single line management structure which acts as a single line of communication to staff regardless of who they are employed by.
- The morale of staff in the community teams has increased considerably since the creation of the Integrated Locality Teams; staff now feel that they are part of a single health and social care team working for their local community. The CCGs will gather quantitative evidence of the performance of Integrated Locality Teams in due course.

6.4 In response to questions, officers made the following key points on the progress to date on delivering the East Sussex Health and Wellbeing Strategy 2013-2016 in relation to Connecting 4 You:

- HWLH CCG has set up Communities of Practice and, along with community services and mental health providers, has been carrying out 'immersion events' in each of the four Communities of Practice. These events involve all frontline staff coming together to work out how to make the patient's experience of healthcare more seamless.

6.5 The Board resolved to:

- 1) note the progress to date on delivering the East Sussex Health and Wellbeing Strategy 2013-2016; and
- 2) agree to defer the approval of the Health and Wellbeing Strategy 2016-2019 to the next meeting of the Board.

7 SUSSEX AND EAST SURREY SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

7.1 The Board considered a report by the Chief Officer of High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG) providing an update on the progress of the Sussex and East Surrey Sustainability and Transformation Plan (STP).

7.2 The Chair argued that, due to the changing landscape of health and social care, the STP cannot afford to be anything but transformational; sustaining the status quo for health and social care was not an option and new ways of working would need to be developed.

7.3 In response to questions, officers made the following key points:

- The STP is attempting to address the same questions as the ESBT and Connecting 4 You programmes around the radical transformation of how care is provided in communities. It is critical to the success of the STP that it is built around place-based 'systems of care' where services are delivered collaboratively and built around communities. STP comprises four Places: ESBT, Coastal Care, A23 North, and A23 South (which encompasses the Connecting 4 You area). Successful place-based systems of care will require collaboration between NHS organisations and service providers – including district and borough councils and the community and voluntary sector. As a result, engagement with stakeholders will be ongoing across organisations.

- The engagement process will be through the ESBT and emerging Connecting 4 You programme infrastructure. Healthwatch East Sussex has been working with other Healthwatch organisations in the Sussex and East Surrey area to ensure that the community and voluntary engagement looks the same across the STP footprint.
- The development of the Sussex and East Surrey STP – although a national initiative – has been heavily shaped by local NHS and social care organisations. For example, the integration of health and social care via ESBT has helped to shape the plans for the STP including the use of integrated teams, and the key role of small district general hospital – such as the Eastbourne District General Hospital – in place-based solutions.

7.4 The Board RESOLVED to note the report.

8 CONNECTING 4 YOU PROGRAMME PLAN

8.1 The Board considered a report by the Accountable Officer, High Weald Lewes and Havens CCG (HWLH CCG), and the Director of Adult Social Care and Health East Sussex County Council (ESCC) on the Connecting 4 You Programme Plan.

8.2 In response to questions, officers made the following key points:

- A programme for integrated working and planning for the organisations involved in Connecting 4 You is underway but HWLH CCG and ESCC will remain as sovereign bodies responsible for managing the resources and funding in order to deliver against outcomes. This means that the Council (and HWLH CCG) will continue to use its own resources to decide how best to deploy its resources and set its priorities to deliver the best return on investment and service for East Sussex residents – in particular, the Reconciling Policy, Performance and Resources (RPPR) process.
- Connecting 4 You is at a different point in its programme to ESBT, which has now been running for over two years. ESBT is in the process of developing a single strategic investment plan and designing an accountable care model, and Connecting 4 You is not yet at this stage.
- As part of the Connecting 4 You programme, HWLH CCG is working with Brighton & Sussex University Hospital NHS Trust (BSUH) and Maidstone and Tunbridge Wells NHS Trust (MTW) to improve integrated care pathways in the A23 South footprint that falls within the High Weald Lewes Havens area.
- Healthwatch East Sussex thanked all three CCGs for agreeing to hold the Public Reference Forums, and for agreeing its funding proposal for patient development to allow it to go into each of the GP surgeries in East Sussex to understand patient's experiences at a very local level (a report will be produced on these findings).

8.3 The Board RESOLVED to note the development of the Connecting 4 You programme.

9 NHS UPDATES

9.1 The Board considered verbal updates from representatives of three CCGs:

Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) & Hastings and Rother Clinical Commissioning Group (HR CCG)

- ESBT is in week 104 out of a 150 week programme. At week 100, the CCGs launched “100 stories for 100 weeks” for patients, carers, staff, and residents to describe the impact of ESBT on their daily lives; lessons for improvement will be learned from the responses.
- The CCGs will provide an update to the HWBB in due course about how East Sussex health and social care services within the ESBT footprint will move towards an accountable care model.

- East Sussex Healthcare NHS Trust (ESHT) and Sussex Partnership NHS Foundation Trust (SPFT) have now been formally incorporated onto the Board of ESBT.
- As part of ESBT, the Chair of ESHT, the two CCGs involved in ESBT, and representatives of the ESCC Adult Social Care Department, recently attended a Health and Care Conference to talk about the importance of public engagement in the redesign of services and the integration of care.
- As part of ESBT, the CCGs are committed to increasing the primary care budget from 8-12% of the total healthcare budget as part of the ongoing major transformational change – a 50% increase.
- In order to improve recruitment and retention of GPs the two CCGs have held two GP summits (one in each CCG area) inviting GPs to discuss the issues that they face. One issue that was identified was the high rates of pay for GP locums who have to be hired on a weekly basis by GP surgeries but may only be needed for 2-3 days. In order to address this issue, the CCGs are both setting up a locum bank, and discussing with ESHT about the Trust employing GPs who would then be able to work across several GP surgeries as needed, or work in A&E and community based teams when GP cover was not required.
- Hastings and Rother CCG has also spoken with trainee doctors to see what they would like to see in Hastings and Rother that would make them want to stay, and what could be done to attract other doctors to work in the area.
- Hastings and Rother CCG has invested £5m both this year and last year to address health inequalities in Hastings. This includes an initiative launched on 18 July to tackle obesity aimed at young children aged 3-5 and their parents. The initiative involves providing £5,000 grants to all 123 nurseries in the Hastings and Rother area so that they can promote healthy eating, exercise and parenting skills – evidence shows that developing a proper diet and exercise regime at nursery age has the most impact on the likelihood of a child becoming obese.

High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)

- HWLH CCG is concentrating on developing its four main workstreams: urgent, primary, community and mental health care. The CCG is also developing its Communities of Practice.
- HWLH CCG is working with Mid Sussex and Horsham CCG and Brighton and Hove CCG to improve the capacity at Brighton & Sussex University Hospital NHS Trust (BSUH) so that the Trust can begin to reduce its waiting times for outpatient care, which are often exceeding the 18 week limit.
- HWLH CCG is working closely with West Kent CCG to develop services at Crowborough Hospital and Pembury Hospital.
- The Golden Ticket pilot won an SPFT award for partnership working – the pilot involves collaborative work between acute, voluntary, community, and primary care services. The Golden Ticket will now be rolled out across the HWLH CCG area.

10 DATE OF NEXT MEETING: TUESDAY , 4TH OCTOBER 2016, 2.30PM

10.1 The Board noted that the next meeting would need to be moved to later in the autumn in order to be able to consider the revised Health and Wellbeing Strategy 2016-2019 and a report on accountable care.

The meeting ended at 3.43 pm.

Councillor Keith Glazier
Chair

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 28 November 2016

By: Director of Adult Social Care and Health

Title: East Sussex Health and Wellbeing Strategy 2016-2019 and updates to East Sussex Health and Wellbeing Strategy 2013-2016 annual progress report

Purpose: To present the East Sussex Health and Wellbeing Strategy 2016-2019; and to provide the outstanding measures which were either marked as 'Not Available' or 'Carry Over' in the annual progress report that was presented to the Board in July 2016

RECOMMENDATIONS:

The Health and Wellbeing Board is recommended to:

- 1) approve the East Sussex Health and Wellbeing Strategy 2016-2019; and
 - 2) note the outstanding measures from the Health and Wellbeing Strategy 2013-2016 annual progress report.
-

1. Introduction

1.1 The Health and Wellbeing Strategy for East Sussex focuses on where the East Sussex Health and Wellbeing Board believe a more integrated and joined up approach will help to improve outcomes, reduce inequalities, and deliver efficiency savings that could be reinvested in service improvements.

2. East Sussex Health and Wellbeing Strategy 2016-2019

2.1 The new East Sussex Health and Wellbeing Strategy 2016-2019, 'Healthy Lives, Healthy People' (attached as Appendix 1), sets out the ambitions and priorities for the East Sussex Health and Wellbeing Board with the overall vision to protect and improve health and wellbeing and reduce health inequalities in East Sussex so that everyone has the opportunity to have as safe, healthy and fulfilling a life as possible.

2.2 This new Strategy is designed, in part, to support the progress of the East Sussex Better Together programme and the emerging Connecting 4 You programme to ensure it achieves health benefits for the population of East Sussex. Action plans for the delivery of the priorities will be developed once these programmes of work have progressed further. Any outstanding actions from the current Strategy will be absorbed into existing plans.

2.3 The Strategy recognises, and is dependent upon, the contribution of a wide range of partners including the commissioning bodies, District and Borough Councils and Healthwatch East Sussex. Comments on the Strategy have been sought from the commissioning bodies, Healthwatch East Sussex and the Health and Housing Sub-Group.

3. Updates to the Health and Wellbeing Strategy 2013-2016 annual progress report

3.1 There were four outstanding measures in the Health and Wellbeing Strategy 2013-2016 annual progress report marked as 'Not Available' or 'Carry Over' when it was reported to the Board at its 19 July meeting; of these 2 are now Green, 1 is Amber and 1 is Red (see Appendix 2).

3.2 This makes the total figures for 2015/16, 21 targets, 12 Green and 8 Red and 1 Amber.

4. Conclusion and reason for recommendation

4.1 The Board is asked to 1) approve the East Sussex Health and Wellbeing Strategy 2016-2019; and 2) note the outstanding measures from the Health and Wellbeing Strategy 2013-2016 annual progress report.

KEITH HINKLEY

Director of Adult Social Care and Health, East Sussex County Council

Contact officer: Stuart Russell, Strategic Performance Manager, Tel 01273 336361,
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Background documents:

None

East Sussex Health and Wellbeing Board

Healthy Lives, Healthy People



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This is the second Health and Wellbeing Strategy for East Sussex from the East Sussex Health and Wellbeing Board. It will enable the Health and Wellbeing Board to continue to identify and address the health and wellbeing needs of East Sussex residents now and in the future.

Our NHS and social care system was established as part of the post-war reforms of the 1940s, making health and some social care free to all. Today, people working in these services save lives and help us stay healthy and live independently. Improvements in care over the years have been remarkable. People are living longer than ever before. Indeed, East Sussex has one of the oldest populations in England, with the over 65s set to make up a third of the county by 2026.

The world has changed and so have the demands on health and social services. As we get older, more people have conditions such as heart disease, dementia or diabetes that need long-term support. As a consequence Services designed in the 1940s no longer fit the way we live our lives today. Continuing with the way things are in East Sussex will lead to a £200million funding gap by 2018. Doing nothing is not an option. We need to make big changes to ensure we can provide safe, high quality and affordable services into the future.

Our local approach to meeting these challenges is shared programmes of work between the four main commissioning bodies across the county. That's the three NHS clinical commissioning groups for healthcare, and East Sussex County Council for social care, with the contribution of District and Borough Councils recognised and valued within this work. With this Strategy, we are working with partners and the public to redesign and transform the way health and social care is provided, making the best use of our combined annual £935m budgets.

The Health and Wellbeing Board will oversee how we improve the health and wellbeing of the people of East Sussex and this document is vital to how we will work together to make it happen. We would expect everyone to use the Health and Wellbeing Strategy when making decisions about spending money and planning services over the next few years.

The strategy will make the most of opportunities where a more joined up approach will help to improve outcomes, reduce inequalities and deliver efficiency savings that can be re-invested in service improvements. The strategy is therefore not a long list of all the health and wellbeing issues in East Sussex, but focuses on a small number of priority issues where the Board can make a real difference and sets out how those needs will be met through the commissioning of services, joint working and collective action.



Cllr Keith Glazier
Chair of Health and Wellbeing Board

HEALTH AND WELLBEING STRATEGY VISION

The vision of the Health and Wellbeing Board is to protect and improve health and wellbeing and reduce health inequalities in East Sussex, so that everyone has the opportunity to have a safe, and as healthy and fulfilling life as possible.

The Health and Wellbeing Board's decision to focus its second strategy in this way enables the Health and Wellbeing Board to keep track of the health and wellbeing needs of East Sussex residents now and in the future.

The aim is to deliver a fully integrated health and social care system by 2018. It will ensure people receive high quality and coordinated care, supporting them to live independently and achieving the best possible outcomes. The Health and Wellbeing Strategy is designed, in part, to support the progress of the East Sussex Better Together programme and the emerging Connecting 4 You programme to ensure it achieves health benefits for the population of East Sussex.

ULTIMATE AIM

A fully integrated health and social care economy in East Sussex that promotes health and wellbeing and makes sure people receive proactive, joined up care, supporting them to live as independently as possible.

What will this look like?

- Health and wellbeing will be improved and health inequalities reduced
- Personal and community resilience will be supported and prevention and early intervention will be at the heart of health and social care.
- People's experience of using services will be better. Our staff will be working in a way that really makes the most of their dedication, skills and professionalism
- The cost of care will have been made affordable and sustainable

The NHS and social care will be secured for the next generation.

DELIVERING THE VISION AND THE PRIORITIES

Our local approach to meeting these challenges are shared programmes of work between the four main commissioning bodies across the county

That's the three NHS clinical commissioning groups for healthcare and East Sussex County Council for social care




*Eastbourne, Hailsham and Seaford
Clinical Commissioning Group*


*High Weald Lewes Havens
Clinical Commissioning Group*


*Hastings and Rother
Clinical Commissioning Group*

In delivering the vision and our priorities we will:

- Take a whole life approach from conception to death and enable links to be made along the life course and at key life stages;
- Develop an integrated whole system so that people get the right care, at the right time and in the best place, whether they are in the community, primary care, secondary care or specialist care;
- Increase 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;
- Reduce the inequalities in health outcomes that exist within and between different parts of the county and different groups of people, and improve access to information, advice and support;
- Work with public, private and voluntary, community and social enterprise sector partners to join up health and care with wider services that affect people's health and wellbeing; and
- Value and build on the strengths, skills, knowledge and networks that individuals, families and communities have and can use, to overcome challenges and build positive and healthy futures.

DELIVERING THE VISION AND THE PRIORITIES

Outside of the commissioning bodies we will be dependent on the contribution of a wide range of partners to deliver this strategy, including the District and Borough Councils and Healthwatch East Sussex.

In delivering the vision and our priorities we recognise:

- The impact of preventative actions delivered at a local level. These include the outcomes of measures dealing with leisure and physical activity, adequate housing, safe and healthy workplaces, tackling pollution, community safety, planning and regulating the built and natural environment and the payment of benefits.
- We recognise that District and Borough Council actions have a positive effect on public health and that they have an enabling role in the health of their populations and communities and innovate in services and in their delivery.
- Healthwatch East Sussex will continue to play a role at both a national and local level, ensuring that the views of the public and people who use our services are taken into account.
- Locality working involving these and other key partners will give a strong platform for the delivery of initiatives impacting on the wider determinants of health and supporting people to make better health choices.

FOCUS

The priorities we will focus on over the next three years are:

- Accountable care
- Improving access to services
- Bringing together health and social care
- Improving emergency and urgent care
- Improving health and wellbeing,
- Improving mental health care
- Improving primary care
- Better use of medicines
- Better community services
- And ensuring that tackling health inequality is embedded throughout this work

This strategy is a framework for the commissioning of health and wellbeing services in the county. It will not replace existing commissioning plans, which will set out in much more detail the kinds of services being commissioned and where and how they will be delivered.

The Health and Wellbeing Board will consider relevant commissioning strategies to ensure that they have taken into account the priorities and approaches set out in the Health and Wellbeing Strategy.

The strategy focuses on a small number of priority issues where a more joined up approach will help to improve outcomes, reduce inequalities and deliver efficiency savings that could be reinvested in service improvements. The strategy is therefore not a long list of all the health and wellbeing issues in East Sussex but focuses on a small number of priority issues where the Board can make a real difference and sets out how those needs will be met through the commissioning of services, joint working and collective action.

We are delivering major projects that will support us tackling health inequalities across the County, focussed on improving access to services and tackling lifestyle factors such as obesity, and the health of older people, as well as end of life care for all ages.

We are working with partners and the public to redesign and transform the way health and social care is provided, making the best use of our combined annual £935m budgets.

WHAT WILL BE ACHIEVED BY THE HEALTH AND WELLBEING STRATEGY?

Improving access

We are improving the way people with health and social care needs can contact local services.

Health and Social Care Connect is a new phone service that will help professionals get people care and support faster, and ensure they are referred to the right services at the right time.

Improving health and wellbeing

We're doing more to prevent illness, promote healthy living and enable people to take more control of their health and wellbeing.

We are bringing in new technologies to help people be more active and manage their own health conditions in, or as close as possible, to their own homes.

Better Community Services

We rely too much on people having to travel to hospitals to receive services that could be provided just as well or better at home or in the community.

So we're investing in improving the range of services available in the community, in GP practices or in other places outside of hospitals.

Local people will have choice about hospital care, and when it's time to leave hospital, we'll ensure they have personal packages of care to support their recovery.

Emergency care

We all know there are huge pressures on A&E. Often it is not the best place to go when you are ill, but we know people sometimes don't know where else to go.

We're developing new models for GP led urgent care that will help people access appropriate treatment at the right time.

Bringing together health and social care

We're developing new teams made up of both health and social care professionals, to support people with long-term conditions.

For the first time, the health and social care needs of local people will be provided together, by one team and in one place.

Medicines

Research shows half of all medicines are not taken as they are meant to be.

That amounts to £45 million worth of drugs potentially wasted or not giving their full benefit in East Sussex every year.

So we're bringing together clinicians and pharmacists to work with local patients and ensure they get effective medicines when they need them.

WHAT DOES THIS MEAN FOR PATIENTS AND SERVICE USERS?

- For patients and service users, some services are likely to be provided in a different way or different place or by different organisations, but there will also be new services available. Overall, services should be better and more convenient.
- More services will be available closer to home – at a GP surgery, in a community clinic or in a person's own home. And it will be easier to get to see a GP at more convenient times when needed.
- There will be more convenient and appropriate alternatives to accident and emergency when you need urgent help and advice.
- High quality hospital services will continue to be available if needed. If someone needs very specialist care it may mean traveling further so that they can be treated by highly-skilled experts with access to the very best equipment.
- If someone has a long term condition, or are old or frail, there will be more help and support to help people manage their condition or needs at home, maintaining independence and quality of life.
- There will be more services and support to help people lead healthy lives and avoid illness.
- Health and care services will be more joined-up. Mental health will also be more integrated with other services.

For everyone in East Sussex, it will mean that you can be confident of having high quality, safe, affordable health services for the future

CHALLENGES

There are huge challenges. And we can't meet them alone

Some big decisions will need to be made about radically changing local services. We are committed to developing solutions in equal partnership you the public, local patients, users of social care, staff and all others.

We need to work together to realise our ambition of achieving joined-up, high quality services that we all deserve.

The strategy recognises the challenges we are facing:

- New technology means earlier diagnosis and better treatment, but it costs more and we are not reaching everyone we need to.
- There are avoidable differences in health status between people, this is called health inequality, which need more of a focus to tackle.
- There is too much demand on emergency care, and our services are struggling to cope.
- Some people have to wait too long for treatment.
- Society and changing lifestyles have intensified problems and pressures, such as obesity, smoking, drinking and lack of exercise.
- And as we all know, there are huge financial pressures. Demand on all health and care services is increasing rapidly, but our funding is not.

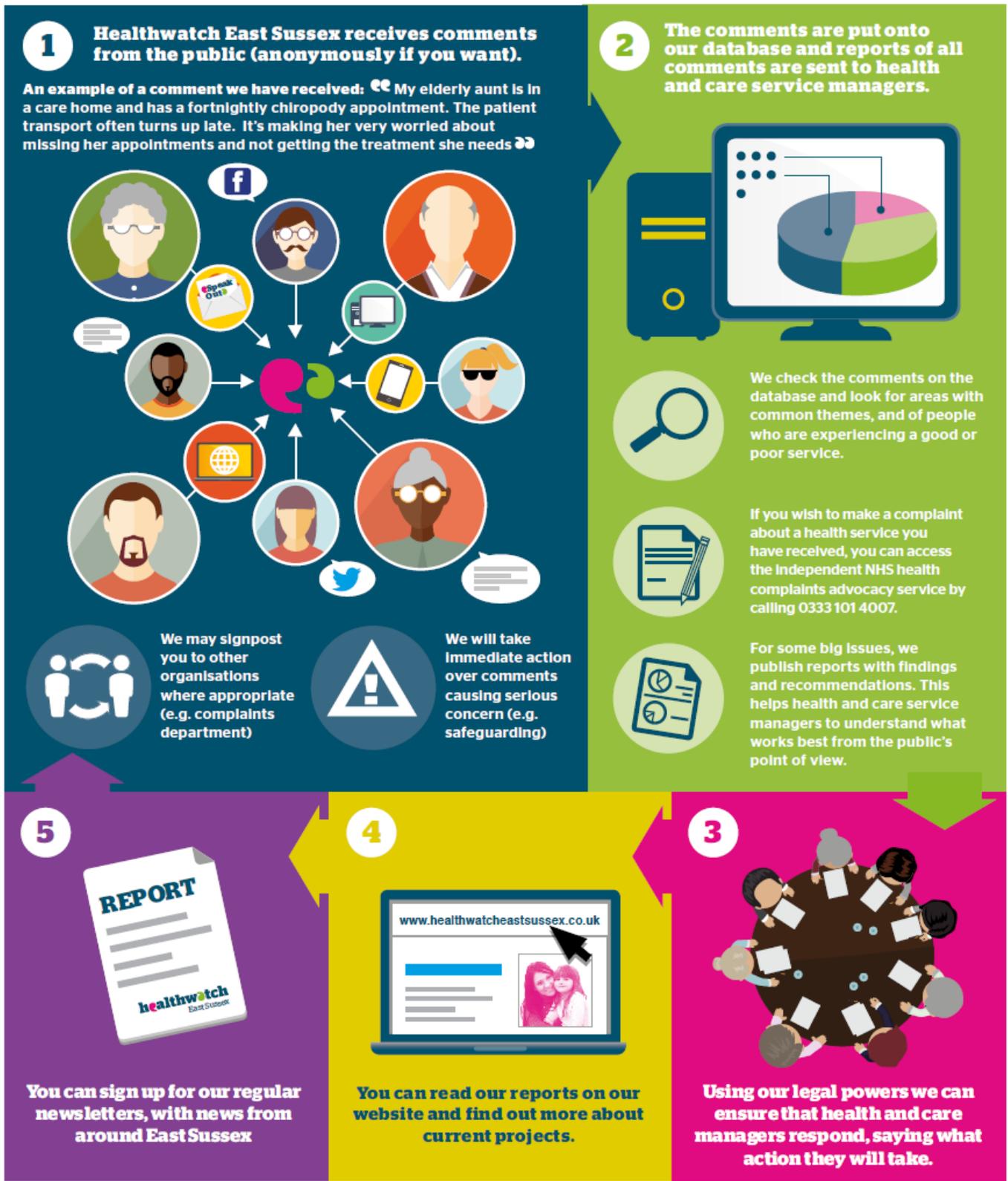
HOW WILL WE MEASURE PROGRESS?

As the East Sussex Better Together and Connecting 4 You Programmes continue to be established subsequent action plans will be developed. These plans will take into account the implementation of NHS Sustainability and Transformation Plans, as well as District and Borough contributions to health and wellbeing.

The Health and Wellbeing Board will receive monitoring reports on these action plans.

Every Comment Counts

A Comment's Journey with... **healthwatch** East Sussex



To find out more about Healthwatch East Sussex or submit your comments, please contact us:

Telephone: **0333 101 4007** Email: **enquiries@healthwatcheastsussex.co.uk**

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APPENDIX 2: Performance Measures – Outturn Summary

Priority	Ref	Performance Measure	2015/16 Target	RAG	
				Q2 2015/16	Q4 2015/16
3. Healthy lifestyles	3.1	Reduce rates of mortality from causes considered preventable	a) 10% reduction	G	G
			b) Reduce gap	A	A
4. Accidents and falls	4.1	Reduced emergency hospital admissions amongst children and young people for accidents and injuries	4% reduction	NA	G
6. SEND and LTC	6.1	Increase the take up of Health Checks for people with Learning Disabilities (LD)	Meet England average (50%)	NA	R
Red	Target missed		Amber	Target off track	
Green	Achieved or on track				
AD	Target amendment/deletion		NA	Data not available	
CO	Outturn carried over to next report				

* Latest data, not for year-end 2015/16

Biannual Progress Report October 2015 to March 2016**PRIORITY 3: ENABLE PEOPLE OF ALL AGES TO LIVE HEALTHY LIVES AND HAVE HEALTHY LIFESTYLES****Objectives**

- Fewer young people and adults drinking at increasing and higher risk levels
- Reduction in alcohol related crime
- 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

Performance Measures**3.1 Age-standardised rate of mortality from causes considered preventable per 100,000 population**

2015/16 Target: a) 10% reduction for 2015-17, b) reduce gap between Hastings and Wealden to that measured in 2003-2005 74 deaths per 100,000

Outturn: **Green** 2013 – 2015 = 161.5 per 100,000 which is a 8.4% reduction on 2010 – 2012 (176.3 per 100,000)

Amber b) 2013 – 2015 gap between Hastings (228.2 per 100,000) and Wealden (135.4 per 100,000) is 92.8 per 100,000. This is an increase on the 2003 – 2005 benchmark (74)

PRIORITY 4: PREVENTING AND REDUCING FALLS, ACCIDENTS AND INJURIES**Objectives**

- Fewer children and young people being admitted to hospital for unintentional and deliberate injuries (including falls, accidents, assaults)
- Fewer over 65's using secondary care due to a fall
- Fewer over 65's using emergency ambulance services due to a fall
- Fewer over 65's with first or preventable second fractures

Performance Measures**4.1 Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 years per 10,000 population**

2015/16 Q3/4 Target: 4% reduction 2012/13 to 2015/16 (1.35% per year)

Outturn: **Green** 6.5% reduction on 2012/13 baseline

PRIORITY 6: SUPPORTING THOSE WITH SPECIAL EDUCATIONAL NEEDS (SEN), DISABILITIES (SEND) AND LONG TERM CONDITIONS (LTC)

Objectives

- Reduction in the amount of time people spend in hospital
- Earlier diagnosis and provision of personalised care in the community or at home
- More people feel supported to manage their condition better
- 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)

Performance Measures

6.1 Percentage of patients on a Learning Disability register in East Sussex GP Practices who have received a Health Check within the financial year

2015/16 Q3/4 Target: By 2016: Meet the England average (50%(amended from 63%)) revised upwards if the average increases

Outturn: Red 2015/16 East Sussex 43%

2015 – 2016 Learning Disability Annual Health Check Data						
All eligible for an Annual Health Check age 14+	Number of people with a Learning Disability on GP registers	Number who received an Annual Health Check (AHC)	% that received an AHC	Number that received AHC and Health Action Plan (HAP)	Number received AHC and declined HAP	Number received HC but no HAP
England	209,238	103,685	50%	66,073	2,090	35,522
East Sussex	2,507	1,079	43%	666	23	390
EHS CCG	695	280	40%	124	1	155
H&R CCG	1,067	474	44%	315	19	140
HWLH CG	745	325	44%	227	3	95

The inclusion of Children and Young People from the age of 14 has significantly impacted on the results both locally and nationally.

Report to: **East Sussex Health and Wellbeing Board**

Date: **28 November 2016**

By: **Director of Healthwatch East Sussex**

Title of report: **Healthwatch East Sussex Annual Report 2015/16**

Purpose of report: **To provide a summary of the Healthwatch East Sussex annual report 2015/16**

RECOMMENDATIONS

The East Sussex Health and Wellbeing Board is recommended to consider and note the report.

1. Background

- 1.1 Attached as appendix 1 is the Healthwatch East Sussex Annual Report 2015/16.
- 1.2 The Healthwatch East Sussex Annual Report 2015/16 reflects upon Healthwatch East Sussex's year of activities and highlights the achievements and developments the organisation has made. It also reports on Healthwatch East Sussex's delivery against its statutory responsibilities as a local Healthwatch organisation.

2. Conclusion and Reason for Recommendation

- 2.1 The Board is recommended to consider and note the report.

JULIE FITZGERALD
Director Healthwatch East Sussex

Contact officer: Jan Stuart-Menteath, Strategic Partnership and Business Development Manager,
Healthwatch East Sussex

Background documents

None

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Healthwatch East Sussex Annual Report 2015/16

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Message from our Director



Hello and welcome to our annual report for the year 2015-16. Healthwatch East Sussex has been involved in the most challenging period of activity, since it was launched in 2013 and has been at the forefront of ensuring that patient voice and experience is given where it is most needed - at the centre of decision making and service delivery.

This report highlights our work across the health and social care sectors, not only within East Sussex, but also in Brighton and Kent where many East Sussex residents access services. This is our statutory document outlining our delivery against our responsibilities as your local Healthwatch.

This year has seen unprecedented change and challenges for our health and social care economy. Locally our NHS Acute Trust was placed into special measures following a Care Quality Commission inspection; Social Care Services are facing extreme financial pressures and there is huge

demand upon our GPs and local Clinical Commissioning Groups to provide high quality care and treatment.

East Sussex's population continues to be a diverse and ageing one, which presents Healthwatch East Sussex with a unique set of views and experiences of local services. To enable these views and experiences to inform the organisations which plan and deliver services, Healthwatch East Sussex has endeavoured to put into place innovative ways of gathering your views and stories, both good and bad, which will help improve the services we all receive. Our Enquiry and Information Line continues to offer a direct contact for people seeking information or wishing to give their views in person. Our Feedback Centre provides the opportunity to give online reviews of services and we have toured the county in our Big Red Bus - going to the places where you are, and talking to you where you live.

This year has seen Healthwatch East Sussex working with local GP practices, developing and supporting Patient Participation Groups, these give patients a forum to discuss their local practice and raise concerns or pass on praise directly to staff.

Our parent company, East Sussex Community Voice has also been delivering the Public Reference Forum. This is an important piece of work which ensures that the thoughts of you as service users are shared with those leading on the work

programme to integrate health and social care, 'East Sussex Better Together'.

Other work has included activity to give a platform to the voice of young people, the Young Inspector programme and a joint project with Macmillan to develop an Information Network across the county.

Our core staff team and dedicated volunteers have also delivered 29 Enter & View activities, 27 reports and many other pieces of work, including reviews of processes and developing toolkits to help with making complaints. All of this with the purpose of ensuring that you, the consumer of the local health and social care services have your voice heard.

I would like to thank you the public, our volunteers, partners and our staff team, all of whom have contributed to the amazing work we have delivered during 2015-16. I hope you enjoy reading our report and if you have any queries or comments, please contact us directly, you can find our details on P.39

Julie Fitzgerald

Director

East Sussex Community Voice (ESCV)
delivering Healthwatch East Sussex

The year at a glance

This year we've reached
1843
people on
social
media
(Page 14)



Our volunteers help us with
many activities
from Enter and
View to giving
information
(Page 34)



We identified 5 top priorities
for the year
(Page 9)



We've visited local services
and
worked
with key
providers
(Page 22)



Our reports have tackled
issues relating to Hospital
Services and
Social Care
(Page 21)



We've met hundreds of local
people at our community
events
(Page 13)



Who we are

Healthwatch East Sussex exists to make health and social care services work for the people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and speak out on their behalf.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work and decision making.

We believe that gathering people's experiences will identify issues that are important to them and when addressed, will make services better for everybody.

Our vision

Healthwatch East Sussex is delivered by East Sussex Community Voice (ESCV). We are a Community Interest Company (CIC), and we are commissioned by East Sussex County Council (ESCC) to deliver the Healthwatch functions in the county.

The company is staffed by a small, professional team which works on operational issues and is governed by a board of five non-executive directors,

who are accountable for the delivery of the strategic objectives of the company. ESCV has the following mission: "Independent but not self-serving; non-bureaucratic and non-political; focused around a small central team; professional in all that it does, focused on building partnerships with existing provision; able to expand if appropriate beyond core Healthwatch functions; sustainable into the future and easy for people to become involved".

ESCV commissions the NHS Complaints Advocacy Service (NHS CA) for East Sussex, local Village Agents, and also an Information and Enquiry service to spread the Healthwatch message and to provide support and help across health and social care locally. These commissioned services are supported by the ESCV 'Partner Framework', which is a mechanism whereby we draw on the skills and knowledge of local organisations and consultant services to enhance our activity and delivery of projects around research and public engagement. We recognise the importance of utilising local skills and expertise and the added value that these organisations can bring to our work.

Our strategic priorities

We are here to gather the views and experiences of local people and to use these to improve health and social care for the people of East Sussex. We believe that the best way to do this is

for commissioners to design local services around people's needs and experiences.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are your local watchdog, working across all publicly funded health and social care services, gathering feedback and experiences to make services better and more available.

The county of East Sussex has a population of over 526,000 people, and has a mix of dense urban areas, coastal and large rural/semi-rural areas further in land. It is served by a two tier local government system, with a county council and district and borough councils. The county has three Clinical Commissioning Groups and emergency response services covering the county via the NHS 111 and 999 services, provided by the South East Coast Ambulance Service. There are three healthcare trusts, East Sussex Healthcare Trust, Sussex Partnership Foundation Trust and Sussex Community Foundation Trust, which provide acute, mental health services and community services in the county respectively.

During 2015 / 16 Healthwatch East Sussex has refined its priority/decision making process by reviewing the evidence and information it has received since its launch and is now targeting work according in 5 key areas. These are:

- Social Care and the Impact of the Care Act
- Acute Health Services
- Mental Health Support

- Children and Young People
- Primary Care

With the statutory powers Healthwatch East Sussex (HWES) has, we can ensure that the voice and experience of consumers is strengthened and listened to by those who commission, deliver and regulate your health and social care services.

We also provide simple information and signposting services that matter to you, to help you to make informed choices about care and support. We are here to gather the views and experiences of local people and to use these to improve health and social care for the people of East Sussex. We believe that the best way to do this is for commissioners to design local services around people's needs and experiences.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are your local watchdog, working across all publicly funded health and social care services, gathering feedback and experiences to make services better and more available.

The Healthwatch East Sussex Team

Healthwatch East Sussex continues to be delivered through a small staff team.

Our roles and responsibilities included for 2015/16:

- Director - strategic overview and statutory engagement locally and nationally.

- Information & Signposting - enquiries line, signposting and information provision.
- Volunteer & Community Liaison - co-ordinating volunteer and Enter & View activity, community engagement and outreach, liaison with providers, PLACE visits.
- Stakeholder & Relationship Management - growing awareness of the Healthwatch services, strategic development and influencing national policy issues, working with our strategic partners and business development.
- Evidence & Insight - analysis of public views, evidence and feedback on providers of services, design of engagement tools and methodologies and monitoring of health and social care services.
- Marketing Executive - social media activity, creation and dissemination of materials for the public and partners.
- Administrator - administration and support for ESCV CIC and its Board and operations.
- Patient Participation Development Worker - development support to local Patient Participation Groups in GP surgeries across the county.
- Macmillan Cancer Support Information Officer - Developing an information network for people living with cancer across the county.
- Youth Participation Worker (ESCV) - coordinating The Young Inspectors, a team of trained young people who provide a service to organisations through a range of inspections.

For more information about our team please visit our website:

www.healthwatcheastsussex.co.uk/about-us/meet-the-team

healthwatch



Listening to people who use health and care services



Gathering experiences and understanding people's needs

2015/16 has been a challenging time for the health and social care economy, locally and nationally. The far reaching financial shortfalls and critical gaps in workforce are creating a very challenging context within which providers must continue to deliver high quality, consumer focussed services.

Healthwatch East Sussex has worked hard to ensure that it has positive relationships at a strategic level with commissioners and providers for health and social care services and that we are respected as a critical friend, here to ensure that the voice of the patient, service user and consumer is heard where it is most needed and that good practice is shared. Healthwatch East Sussex is ideally placed to listen to experiences of the public and make sure that they are taken into account when services are designed and delivered.

We have spent the year looking at new and innovative ways to listen to the views of people who use health and social care services, as well as continuing to provide non-clinical advice and information via our dedicated Information and Enquiry Line.

This year we have:

- Toured the county in our Big Red Bus, going to locations across East Sussex to talk to people where they live.
- Launched the Feedback Centre, an online system where you can find information about services and

also leave reviews about services.

- Increased our social media presence via Facebook and Twitter, this is now a critical source of public views.
- Supported the East Sussex Better Together Programme (via our CIC East Sussex Community Voice), a 150 week programme to deliver the integration of health and social care. We manage the Public Reference Forum, going out to collect people's views wherever they are and ensure that these are heard by decision makers.
- Started work to develop and support Patient Participation Groups across all GP practices; these give patients a platform to give their views about their local practice.
- Encouraged Young People to get involved and give their thoughts via the 'Young Inspector Programme', which examined services from the perspective of young people.
- Worked jointly with other local Healthwatch to look at out of county services which residents of East Sussex may use, such as the Royal Sussex County Hospital, Brighton.
- Commissioned a team of Village Agents to raise awareness of Healthwatch East Sussex in rural locations and provide signposting and advice services.

Our Big Red Bus

We considered a business case for this awareness raising engagement activity following successful tours in our neighbouring Healthwatch in Surrey and Kent during 2014 and 2015 respectively.

The main aim of the Bus Tour was to raise the profile of Healthwatch in East Sussex by taking the staff team, volunteers and staff from partner organisations into the community to inform people about Healthwatch and gather their experience of using local services. We also asked them to vote in a county wide poll which tested which services matter most to the public in the communities we visited.

We also visited areas in the county where people are traditionally less engaged with services i.e. areas with high recorded health inequalities and rural areas, in particular rural towns close to the county borders.

During the week we:

- Distributed over 6000 items of Healthwatch information including: leaflets, feedback forms and information about volunteering opportunities.
- Collected over 750 votes in our poll on what services matter to local people.
- Had conversations with 160 people about East Sussex Better Together, the programme to integrate health and social care services.

- Had several news items published in local newspapers and a radio interview publicising Healthwatch East Sussex.
- Distributed balloons and organised activities for children engaging them while their carer spoke to Healthwatch East Sussex staff.

Summary of Feedback gathered:

Our Feedback Centre received significant additional input following the Red Bus Tour. The main themes people commented on included:

- Access to local health services.
- GP's waiting times.
- Hospital experiences and;
- Dentists and emergency care.

We are touring the county again this year, so please come along and see us.

A list of dates and places we are visiting can be found here:

www.healthwatcheastsussex.co.uk/healthwatcheastsussexredbustour

What we've learnt from visiting services

All of the planned activity that Healthwatch East Sussex delivers is based on the information that you, the public, tell us. We analyse the information looking at themes / trends and look at how positive people are about their services.

Using this information we then take one of the following actions:

- present this directly to the organisations as part of our regular strategic engagement.
- take immediate action to ensure that someone is able to access help and support about their issue and;
- plan wider activity such as an ‘Enter and View’ visits. The planning and delivery of this activity involves providers of services, to ensure that they fully understand the reasons for Healthwatch raising any issue. This ensures that the work carried out is in the best interest of you the consumer, and that your views and experiences form an integral part of our work to improve services.

This year as part of our Enter and View activity we have delivered:

2 unannounced visits

18 planned visits to maternity units at our acute hospitals and;

9 planned visits as part of our Complaints review

You can read more about these activities throughout this report.

Healthwatch East Sussex continues to build on positive and robust relationships with providers across the whole health and social care spectrum. This, we believe, has enhanced our ability to not only challenge services where necessary, but also to ensure that good practice and praise are shared so that this can be replicated across the county.

Using Social Media

Alongside a variety of traditional methods of collating views e.g. surveys, workshops and public events, we have invested in the use of social media and new technologies to interact with residents and organisations.

These media platforms provide Healthwatch East Sussex with exciting opportunities to engage more widely and to communicate our messages and gather evidence.

During the year our social media activity has grown, and we will continue to develop this as a way of communicating with you. In 2015-16 our activity included:

- Over 300 posts via Facebook, with 1543 people ‘liking’ our page.
- 350 tweets.
- 1,426 followers via Twitter.
- 11,443 visitors to the Healthwatch East Sussex website.
- 1465 subscribers to our e-bulletin.
- 401 views on YouTube for the videos we have created.

Maternity Services and Social Media

As part of our support to East Sussex Healthcare NHS Trust, we planned some activity to talk to people about their experiences of using local maternity services. Healthwatch was also hearing of some experiences directly which we felt needed further investigation.

In May 2013 a decision was made to reconfigure local maternity services, creating an obstetric unit at the Conquest hospital in Hastings and a midwife led

unit in Eastbourne. The quality of these services was a key area of concern in the 2014/15 CQC inspections of the Trust.

Our call for evidence initially received 64 responses. Following focussed social media activity, this number increased to 197. Using the evidence gained through these responses we were able to plan and deliver some further work and this then led us to undertake some statutory Enter and View activity, which involved several of the people who responded to our call for evidence, as 'Experts by Experience'.

On completion of this work, participating parents were able to meet with key hospital executives to share their findings and experiences in person.

The full report on this and all linked other activity will be available on 30th June, via the Healthwatch East Sussex website.

Listening | Learning | Influencing | Improving

East Sussex Better Together

East Sussex Better Together (ESBT) is a 150 week, £750m transformation programme in East Sussex, being led by East Sussex County Council, Hastings and Rother CCG, and Eastbourne, Hailsham and Seaford CCG. It started in August 2014.

Healthwatch East Sussex has built a strong relationship with the lead organisations. From the beginning of the programme, Healthwatch East Sussex was invited to be a key strategic partner in supporting the public communications, engagement and experience data gathering strategy for the programme.

Healthwatch East Sussex provides the programme lead officers with focused advice and recommendations, supporting the communications and engagement drive, strengthening patient and public engagement. This enables the programme to take genuine account of the issues and concerns of local people.

"I think this is a very good idea. They should have done it years ago. I will be looking forward to seeing what happens with this and how it works out. I'm glad they have you to give our views".

In June 2015, East Sussex Better Together (ESBT) launched a public reference forum to increase ways for local people to have their say and inform the development of local services under East Sussex Better Together. Its focus has been to increase the number of local people interested in joining clinicians and professionals, to co-design health and social care services.

Between July 2015 and June 2016 the Public Reference Forum has:

- Talked to **1437** people.
- Signed up **337** people to hear more about ESBT.
- Collected **584** surveys about people views on local health and social care services.

Emerging themes from this work were:

- Older people services (including dementia care and home care).
- GP Services.
- Hospital Services.
- Mental Health Services (including Child Mental Health).
- Wheelchair services.

- Cancer Services.
- End of Life Care.

How has this helped improve people's experiences?

“Healthwatch East Sussex has played a critical role in shaping our plans to transform health and social care through our Better Together programme. They have enabled us to achieve the widest possible level of engagement with patients and the whole population, to deliver clear evidence of what will make a difference to people. They have set the standard for what we can all do in East Sussex to make sure all our services reflect the needs and expressed wishes of our local communities”

www.healthwatcheastsex.co.uk/our-work/east-sussex-better-together

Giving people advice and information



Helping people get what they need from local health and care services

Healthwatch East Sussex provides many opportunities for people to feedback on their experiences of using health and care services. Our main point of contact for local people is the Information and Signposting service. This service is delivered on our behalf by seAp and provides:

- a dedicated low call rate number available from 10 - 4 pm Monday - Friday.
- a dedicated email address and;
- an option to text via a dedicated number.

For the year 194 contacts were logged on our Enquiry Line which required intensive help and advice from our team.

Overall the Enquiry Line received 585 telephone calls and 534 emails.

Most callers to the service require:

- information about local health and care services.
- support to access the NHS independent complaints service; or
- the option to leave feedback about their experiences of using services.

In addition to the above, our information service also provides a gateway for local people who may not understand the system for raising concerns about a service or an individual who may be at risk of harm.

Healthwatch East Sussex also launched its Feedback Centre in July 2015. This is a

new and innovative way for providing a single point of access for signposting information about services, as well as providing people with the opportunity to leave a review of a service.

Healthwatch East Sussex is working hard to promote this service and its unique features. For example, people looking for a service which is not yet listed have the opportunity to add it themselves. This provides great flexibility to add services that may otherwise be missed and in turn provides improved opportunities for Healthwatch East Sussex to develop a wider evidence base as this system. Each service which is added contributes further to the wealth of patient and service user experience that can be gathered.

To date 246 reviews have been left for 85 individual services.

Leave a review at:

www.healthwatcheastSussex.co.uk

Macmillan Cancer Information Network

The Macmillan Cancer Information Network is a two year project to establish a network of Macmillan cancer information points across East Sussex.

There are two aims to this work:

- create partnerships and identify potential sites for Macmillan cancer information, working with partner organisations to find places and spaces that can host information on cancer and services.
- work with partners to raise awareness of this project, through training and engagement sessions,

enabling them to signpost people to the cancer information sites and to become advocates for the service.

There is a need for the information network to target sites in rural areas with poor transport links and areas with high levels of deprivation as well as communities situated a long way from acute health settings and or other support centres.

There are two types of information that the network will provide:

1. Information about cancer:

Risk factors and prevention; screening and diagnosis; treatments and therapies; treatment side effects; specific types of cancer and accessing cancer health services.

2. Information to help people live well with cancer and survivorship:

Health and wellbeing; physical activity; emotional support; relationships; welfare and benefits advice; bereavement and information for carers.

Much of the initial work has been about mapping out the current information provision in East Sussex, identifying where, how and in which format current cancer information is available. The success and effectiveness of the information provision very much relies on capturing the views and experiences of those affected by cancer and then using that information to inform the work done with partners in identifying potential sites to host cancer information.

Therefore the approach is to be very much people centred - engaging with patients, their families and carers to understand where, when and how they

would like to access information. Patient experience, the public and communities will be listened to and feedback used to provide information services in the places they have recommended.

Work has already started to make improvements to the current information provision in both the Conquest and Eastbourne General hospitals, and July 2016 will see the opening of a Macmillan information hub in partnership with Age Concern Eastbourne situated in the Venton Centre, Eastbourne.

The Macmillan cancer information network will continue to grow and expand; partnerships are already underway with GP surgeries, private hospitals, day care and community centres and libraries to create access to information for those affected by cancer in East Sussex.

How we have made a difference



Our reports and recommendations

All of the information and experiences shared with us form the evidence which we use to plan and deliver our work. This means that Healthwatch is able to focus its activity in the areas which matter to the public and provide observations and recommendations to commissioners and providers of services based on current themes and experiences. This ensures that consumer experience is an important part of strategic decision making and service provision.

During this year we have produced 27 reports, covering areas such as Complaints, Mental Health Services, Maternity Services, Care Home Discharge as well as regular reporting on the feedback we receive. All of our reports are shared with providers strategically and are also published on our website.

All of our reports contain our recommendations and are followed up with providers at agreed periods, to ensure that these are taken on board.

Listening | Learning | Influencing | Improving

“Navigating Mental Health Services in East Sussex”

Healthwatch East Sussex published two reports (and an overarching report), highlighting people’s experiences of navigating mental health services in East Sussex together with a summary of what Healthwatch found out during that review.

We carried out two focused activities; one looking at young people, their

families and carers experiences of using Child and Adolescent Mental Health services (CAMHS). We found out that: *“it’s a difficult journey, but a fantastic service once you get there”*

The second activity looked at Telephone Support Services available for people with mental health needs, particularly in crisis. This service area is also identified as a gap in the Crisis Care Concordat and forms part of their action plan.

Healthwatch East Sussex (HWES) was pleased to learn, after sharing their findings with Sussex Partnership NHS Foundation Trust, that a review of the service was launched.

www.healthwatcheastsussex.co.uk/our-work/our-reports

Making long, wordy documents more accessible

‘Youth-proofing’ documents has involved the Young Inspectors (with staff support) taking long professional documents, usually jargon-filled, and providing feedback to the organisation who produced it.

These documents often have vital information for young people on service provision, statistics regarding young people or access to services. However, these young people are not always able to understand the information due to the language used or the length of the report, which can make them inaccessible for the intended youth target group.

The Young Inspectors read the documents and make recommendations on how they

could be more easily understood and more appropriate for the target audience. This assists organisations to understand how they could better support and involve young people in producing appropriate information.

ESCV delivering Healthwatch in East Sussex are looking at new ways they can support young people to develop their skills in ‘youth-proofing’, as it believes this plays an important role in the engagement of young people throughout the County.

‘Youth-proofing’ is also about breaking barriers between professionals and young people, which is vital for their sustained engagement with local services.



Acknowledgements

With special thanks to the Young Inspectors

Working with other organisations

Working with the Care Quality Commission

Healthwatch East Sussex works closely with the Care Quality Commission, the

regulator of all Health and Social Care services and this is a key relationship for us. The strength of our relationship allows for the immediate escalation of concerns about safety or poor quality of service delivery. It also provides Healthwatch with a strong basis from which to ensure that regulators are aware of issues and good practice examples locally, to inform any activity they may have planned. We meet with the CQC on a quarterly basis to share information and discuss our priorities and work activities. Commenting on our working relationships our CQC partners said:

“(We) think the work Healthwatch has been doing to support East Sussex Healthcare NHS Trust is making a real difference to how the trust engages with the local community. There were undoubtedly bridges that needed to be built and Healthwatch has supported the Trust - and indirectly the local population - in developing improved relationships and involvement.”

Working with Healthwatch England

Healthwatch East Sussex continues to provide work with Healthwatch England and is a founding member of the South East Regional Forum for Healthwatch. This forum is attended by all local Healthwatch in the southeast region and Healthwatch England representatives. This gives Healthwatch locally a strong voice to raise wider issues that affect residents who use services across our boundaries, as well as enabling us to directly feed in concerns to Healthwatch nationally.

Supporting the work of Healthwatch England - developing a complaints toolkit

We have developed a complaints toolkit in partnership with Healthwatch England and local Healthwatch in Norfolk and Wiltshire.

Why work on complaints? Complaints are a source of vital information to service providers about how they are performing and can provide early warning of wider system failings. If local systems do not respond well to complaints, there is a risk that situations like those in Mid-Staffordshire, Morecombe Bay Trust's and Winterbourne View Hospital area are repeated.

Locally, East Sussex Healthcare NHS Trust (ESHT) was placed in special measures following two CQC inspections, 2014 - 2015 the outcome of these were a rating for the Trust of 'inadequate'. The complaints process for ESHT was heavily criticised in the inspection reports. Healthwatch East Sussex provided an independent peer review of the Trusts' complaints process and offered suggestions for improvement.

Making Complaints Personal - independent lay review of the complaints process

The review team which consisted of Healthwatch volunteers, examined a random selection of complaints received

by ESHT, with each complaint scrutinised for process. A total of 66 cases were reviewed.

Observations and findings

It was clear there was a process and a structure of acknowledgement in place and that it was generally followed. There was also evidence of:

- Responses which were generally sympathetic.
- The Trust communicating well with other agencies when more than one organisation was involved.
- Long delays for complainants at various points of the process.
- Some delays stretching over six months from the initial point of contact.
- No fast track system for more serious complaints.
- Clinical and standardised responses which could lead to the complainant feeling that they are not being treated as an individual.

The response received from the Trust was:

"It was a pleasure to work alongside the Review Team, and I would like to thank them for their support, enthusiasm and commitment to helping the Trust understand what needs to change to improve how it handles, investigates and responds to complaints to deliver better outcomes.

Whilst it is pleasing to read that the Review Team were able to offer positive feedback on the overall process and noted a number of

particularly positive aspects, including responses being generally sympathetic, the existence of a good complaints handling framework and that a senior manager signs each response, there are clearly areas in which we need to improve. You will therefore be pleased to know that since the Review Team worked alongside the Trust's Complaints Team, a number of improvements have already been introduced to improve the process.

Since February 2016, the Complaints Team now actively try and contact all complainants (where a contact number has been supplied) to discuss the complaint and either agree the issues they wish to have addressed or offer them the opportunity of an early resolution meeting. In all cases, complaints are now acknowledged within three working days in 100% of cases.

...it is vital that complainants feel their complaint has been listened to and wherever appropriate, has made a difference or an improvement to services. We will establish a Complaints Action Plan that includes the findings within the Healthwatch Review and this will be monitored through the Patient Experience Steering Group.”

The full response can be viewed in the report of this work published June 30th

The resources developed for this activity have been included in the toolkit, which alongside other local Healthwatch examples, will be available to the

Healthwatch network to adapt and use locally.

Involving local people in our work

In May 2015, East Sussex Community Voice funded the recruitment of a Patient Participation Support Worker. The key function of this role was to develop the relationships between Healthwatch East Sussex and local PPGs, to develop and support PPGs and GP Practices where appropriate and to enable PPGs to link into wider changes in the local health & care system, notably East Sussex Better Together.

It was anticipated Patient Participation Groups (PPG) would provide a rich source of local user intelligence data, which would inform local commissioning decisions and management priorities for local GP Practices. The new GP contract (April 2015) required all General Practices to have a PPG in place.

The work delivered in the last year has led to increased levels of patient experience data on primary care, assisting Healthwatch East Sussex in its priority setting. It has also provided support to GP practices, and their clinical commissioning group's engagement team; and it has supported many PPGs. It was essential to develop our PPG contact lists, and to obtain information about each practice in order to find out whether or not there was a PPG in place. We needed to know which groups we were reaching, and those we were not. This was done both by phone contact and by visiting GP practice websites. In this way it was also possible for us to observe the ease of access and quality of information available for patients who

might be thinking about getting involved with their PPG.

As a result of our mapping and contact activities, our PPG communications are now sent to at least 67 out of 77 practices across East Sussex. Work continues in renewing contact with GP practices whose status has changed, for example where practice mergers have taken place.

We found that some PPGs in the county were thriving and while they might benefit from communications and being part of a wider network of groups, they do not need individual support. However, some PPGs, for a variety of reasons, were finding it difficult to maintain positive momentum. The PPG support worker, by working together with both patients and staff, has been able to facilitate positive developments in many cases.

An example of this is a GP practice which CQC identified as having no PPG. We initially met twice with the practice staff to inform, discuss and agree an action plan about setting up a group. Healthwatch paid for and facilitated the practice to join NAPP (National Association of Patient Participation) and use their resources.

Having identified six patients who wanted to support their much loved practice, but who knew little about PPGs, the PPG support worker led the first meeting which was essentially an information session, with questions and answers from both patients and staff. They were all interested enough to return for a second meeting for which they took responsibility. A chair and secretary were

elected, and they went on to identify a useful action to complete before the next meeting.

At the next progress meeting between CQC and practice staff, it was noted that the practice had achieved well in establishing their group so quickly and effectively.

Many PPGs have reported to us that they struggle with recruiting new volunteers to their groups. Almost all PPGs report extreme difficulty in attracting younger adults (i.e. of working age), to volunteer and get involved. Added to this, General Practices are under pressure to demonstrate to the CQC that they have made reasonable efforts to encourage patient participation. In response to these identified needs, Healthwatch, in partnership with patient representatives and practice staff, created a 3 minute video to gain the attention of patients who might not have heard about PPGs or what they do, and to hopefully plant an idea that they could get involved.

It is a simple message which can engage someone for a short time while sitting in a waiting area. We had to consider that someone watching it will be only half concentrating on the video because they are on alert for their appointment call or thinking about the reason why they need to be there that day.

The video is free for all to view and share online:

www.youtube.com/watch?v=7GhqhH7rMCK

We are now in the process of providing all GP practices with a cd copy which can be used by, copied or lent to whoever is interested.

The PPG support worker also leads on producing a quarterly newsletter which is distributed to most practices in East Sussex. The only exceptions are, as mentioned earlier, some practices that do not currently have individual contacts because they are in the process of merging with others.

The PPG support worker has developed contacts with University of Brighton, voluntary sector organisations, and CCG staff to seek opportunities for PPGs to develop their involvement more strategically, as they grow and become more confident.

Our work in focus



Our work in focus: Safeguarding

All of our members of staff have key link roles with providers and stakeholders across all of the services, including voluntary sector partners. We have regular liaison meetings with decision makers and escalation procedures in place, should we need to raise urgent items quickly. Healthwatch East Sussex also independently chairs the Client Carer Advisory Safeguarding Network (CCSCAN). The CCSCAN meets quarterly as a sub-committee of the Safeguarding Adults Board in East Sussex.

This advisory network brings together representatives from Partnership Boards and other groups of people who represent clients and carers to connect with the East Sussex Safeguarding Adults Board (SAB). These include organisations that support and represent people with disabilities, mental health and learning disabilities, together with older people and carers. The network enables a two way exchange of information, ideas, views and experience between the SAB and clients and carers on the topic of adult safeguarding.

The network provides a mechanism for the SAB to meet its statutory duty under the Care Act to take account of the views of people who use care and support, their families, and carers when developing policies and strategies to protect adults who may be at risk of abuse and neglect.

Healthwatch East Sussex values this involvement as it provides opportunity to share views from local people (including

carers) who are concerned about feeling safe when receiving care and support.

A total of six possible safeguarding alerts have been signposted to the local authority in East Sussex. Of those, four involved alleged poor care in care homes, one involved an individual in sheltered housing and one involved a patient that received the wrong medication following a discharge from hospital.

The local authority and the Care Quality Commission (CQC) have been able to use this information as part of their regulatory activity.

At the time of writing this report, a further two concerns have been received involving services outside of East Sussex which resulted in alerts in Brighton and Hove and Surrey as the responsible authorities.

Our work in focus: Maternity Services

Special measures to special moments - an overview of maternity services provided by East Sussex Healthcare NHS Trust, from the parents and families perspectives

Following the call out for evidence (January - February 2016) inviting women to share their experiences of local maternity services, a working group was created to look at the 197 on-line responses. The Facebook campaign was seen by 43,932 people. The experiences women shared through this on-line survey related in the main to the service at the Conquest Hospital.

Key themes, actions and learning points include:

- Staff attitude - the experiences reported by women contributed to an overall negative experience in some instances.
- Very complimentary references to staff on the Special Care Baby Unit (SCBU) and to community midwives.
- Ante-natal care - a number of women commented on their belief that they had undergone an unnecessary emergency caesarean section and on the waiting times for induction.
- Labour care - overall largely positive experiences, the most negative experiences were reported at the Conquest Hospital.

Women giving birth at the Eastbourne unit were very complimentary.

- Post-natal care - the highest proportion of respondents were critical of their experience at the Conquest Hospital. However where the feedback was positive, care was described by women as 'excellent', 'fantastic' and 'supportive', across both sites.
- Cleanliness and hygiene - most of the negative comments received related to the showers and bathrooms at the Conquest Hospital.
- This feedback assisted HWES in planning and shaping 'Enter and View' visits that followed.

Authorised Representatives visited both units over a three day period in mid-March 2016 (including a weekend). The maternity units at Eastbourne District General Hospital (EDGH) and the Conquest Hospital were both visited and women who had used the service were involved in the planning and shaping of this review, a total of 50 face to face survey interviews were completed.

Comments received:

- Women on both units at the time of the visit shared mostly positive experiences about their interactions with nursing and midwifery staff.

- The midwife led unit at Eastbourne was very highly rated by women and their partners and described by some as a 'gold standard service'.
- Travel between the two units led to some negative responses, especially in relation to transferring back to Eastbourne from the Conquest.
- Delays were mentioned at both units by women having labour inductions.
- Frank Shaw ward was observed as being very busy at times and staff appeared stretched.
- It was suggested that better information for fathers and partners could be provided including information on access arrangements to wards at night.

Healthwatch East Sussex is continuing to work with the Trust to take forward the learning identified in this review. We are also exploring the introduction of a Maternity Guardian role in East Sussex; this would be an independent access point for women, to share experiences and concerns.

Our plans for next year



Future priorities

During the coming year we will continue to analyse feedback from the public to guide us to our priorities for work.

Currently we believe this will see us working further on care home provision; people's experiences of the care act; mental health services for young people and the quality of primary, community and acute services provided within our borders and in neighbouring counties.

We will also be very engaged with the various programmes which are underway which seek to integrate health and care services, bring provision more close to communities and respond to the big challenges which face us, such as health inequalities and the scarcity of workforce in some key areas.

In all of this we will continue to work closely with the public and with our committed volunteers to whom a huge thank you is due for all they have achieved over the last year.

Our people



Decision making

Our board and governance

East Sussex Community Voice (CIC) has a Board of five non-executive directors who are accountable for the delivery of the strategic objectives of the CIC. The Board meets four times during the year and has three sub-committees: Finance, Human Resources and Business Development, which meet in between Board meetings and report any recommendations to the full Board.

Healthwatch East Sussex decision making

Healthwatch East Sussex has a Priorities Framework process which prescribes how we analyse the evidence and feedback we receive and how this information along with other local and national criteria determines how we decide on our work priorities for any given period. This year we simplified this process to focus on 5 key areas, as outlined on P.5 of this report. We then plan and carry out work activity, which is directed by you, the consumer.

During 2015-16 emerging themes as priorities included:

- Support of East Sussex Healthcare NHS Trust
- Mental Health Support for access
- Develop a robust complaints toolkit - to ensure that making a complaint is seen as a right
- Patient involvement within their local GP practice

You can find out more about our priorities here:

www.healthwatcheastsussex.co.uk/about-us/policies-priorities

As a staff team we have in place a performance monitoring tool, to allow staff the opportunity to highlight and discuss their work areas and provide our Board and Commissioner with a quarterly update of progress. Our performance tool in East Sussex closely aligns the Healthwatch aims and objectives, as set out within the “Local Healthwatch Outcomes and Impact Development Tool” as well as incorporating the wider East Sussex Community Voice work.

How we involve the public and volunteers

Without the efforts and dedication of our volunteers, Healthwatch East Sussex would not be able to deliver the high levels of activity it does. To deliver a very ambitious project supporting our local Trust with an extensive package of engagement activities requires a large resource of volunteers.

In September 2015 a significant number of local people (82) responded to our call to become involved in a ‘Volunteer Task Group’ to work specifically with the Trust.

Healthwatch East Sussex already had in place a robust recruitment process which included an application form, reference checks and DBS clearance. To process this number of applicants was a challenge; however it demonstrates the depth and passion local people have in

their services and a genuine interest to make them better.

The local media also ran with this and added a largely positive slant on the task in hand.

Approximately 50 new volunteers came through the process joining our existing group of volunteers and brought our total volunteer resource to over 80, which was phenomenal!

Before any activity could take place Healthwatch East Sussex had to satisfy the Trusts Board that our volunteers had undergone appropriate training, had the right skills, experience and attitude to approaching this activity. It was a test of our relationship, which, with the executive leadership at that time had many challenges.

As the work got underway and new leadership structures started to embed, then the relationships began to grow in strength; Board members visited our information volunteers in the main reception areas, staff became less anxious about our visibility as their understanding of local Healthwatch grew. With that strengthening of the relationship, came also the confidence and trust in the outcomes of our work, leading to some really unique and innovative approaches to engaging with patients relatives and carers, providing a sound building block for continuing this work in the year ahead.

One volunteer commented on our training:

“I attended one of the training sessions you delivered recently and felt compelled to give feedback as it was

one of the best training sessions I have ever attended (I have attended many).

The session was very well organised and delivered in a professional and engaging manner which instilled great confidence. It was comprehensive while being concise, interesting and invigorating, with lots of useful interaction. And the input from Phil Hale’s personal experiences was really helpful.

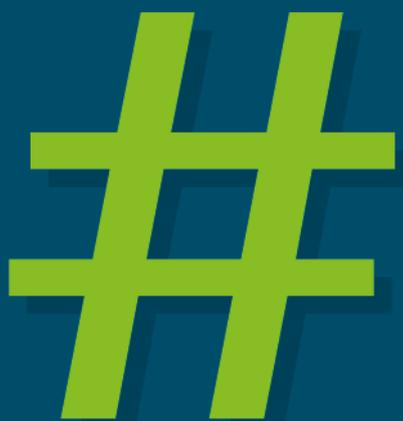
By the end of the training I felt extremely excited about the prospect of joining Healthwatch, and the training confirmed my beliefs about the importance of the work of Healthwatch. All this in a lovely friendly welcoming atmosphere”.

Our finances



INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		519,380.19
Additional income		104,595.87
Total income		623,976.06
EXPENDITURE		£
Operational costs *		210,749.54
Staffing costs		290,837.33
Office costs		132,239.36
Total expenditure		633,826.23
<ul style="list-style-type: none"> • Includes commissioned services costs and NHS Complaints Advocacy 		

Contact us



Get in touch

The name, address of registered or principle office, and contact details of the organisation holding the local Healthwatch contract with the local authority as of 31/3/2016.

Healthwatch East Sussex

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: enquiries@healthwatcheastssussex.co.uk

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The name, address of registered or principle office and contact details of any relevant local Healthwatch sub-contractors as of 31/3/2016.

NHS Complaints Advocacy

seAp

P O Box 375,

Hastings,

TN34 9HU

0330 440 9000

We will be making this annual report publicly available by 30th June 2016 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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Report to: East Sussex Health and Wellbeing Board

Date of meeting: 28 November 2016

By: Cynthia Lyons, Acting Director of Public Health

Title: Annual Report of the Director of Public Health 2016-2017: Wellbeing and Resilience in East Sussex

Purpose: To inform the Health and Wellbeing Board of the Annual Report of the Director of Public Health 2016-2017

RECOMMENDATION

The East Sussex Health and Wellbeing Board is recommended to note the Annual Report of the Director of Public Health 2016-17.

1. Background

1.1 The Health and Social Care Act 2012 stipulates that the Director of Public Health (DPH) is required to produce, and the relevant Local Authority to publish, an annual public health report. Each year there is a different focus for the report. However, a different approach has been taken this year. For the first time, the report this year will build on DPH reports published in the previous two years.

1.2 The focus for the report this year is wellbeing and resilience thus supporting the County Council's priority outcome of helping people help themselves, the East Sussex Better Together Community and Personal Resilience Programme and now the newly established Connecting For You Programme.

2. Supporting information

2.1 The 2014/15 DPH Annual Report, *Growing Community Resilience in East Sussex*, focused on community members coming together to identify and use community resources and strengths, e.g. voluntary groups, local businesses, parks, buildings etc. to help influence change in their community, e.g. to remedy the impact of a problem, gain more control over their wellbeing and manage their health and care support needs.

2.2 The 2015/16 DPH Annual Report, *Strengthening Personal Resilience in East Sussex* built upon *Growing Community Resilience in East Sussex*, by focussing on the need to develop and strengthen personal resilience to underpin and support growing community resilience. It outlines some of the ways in which we are supporting building personal resilience through programmes and services and encourages people to take greater ownership of their own health and wellbeing, be more resilient, increasingly independent, self-sufficient and resourceful thus better able to help themselves

2.3 It is important that the messaging for people and communities to help themselves is maintained and amplified so the 2016/17 DPH Annual Report builds on both the 2014/15 and 2015/16 Annual Reports and highlights the importance of the association between wellbeing and resilience.

3. 2016/17 DPH Annual Report, *Wellbeing and Resilience in East Sussex*

3.1 By recognising the strengths or assets that everyone has we can design a system which enables people to make the best of their own strengths, support others in their community to achieve their maximum potential, and working with communities ensure we have the right

combination of formal and informal support. This includes new ways of working that ensure front line staff work proactively with the strengths and assets of local people such as family, friends and local informal and formal support networks. Harnessing our joint efforts to achieve the shared goal of creating more resilient people and communities is essential in a climate of reducing resources and rising demand.

3.2 It is important that we are able to monitor progress and measure success at a population level as part of the personal and community resilience work stream and this report is about that too.

3.3 The Report is available at: www.eastsussexjsna.org.uk/publichealthreports. It is organised into two distinct sections:

- The first section presents the rich information on personal and community resilience generated by a Community Survey for East Sussex. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a measure of mental wellbeing and the questions to generate WEMWBS scores were included in the survey so it can be used as a proxy measure of personal resilience, as wellbeing and resilience are constituents of positive mental health, and to develop a baseline to measure against over the next few years.
- The second section uses the results from the Community Survey and the latest information from a variety of other sources to update and recalculate the Wellbeing and Resilient Measure, that was originally presented in the 2014/15 DPH Annual Report, to measure community resilience. We have analysed and mapped it at local authority, electoral ward, clinical commissioning group and GP practice level to establish a baseline to measure against over the next few years.

3.4 To inform our delivery programmes and partnership working to support and strengthen personal and community resilience in East Sussex there are three recommendations in this report:

1. The Community Survey is repeated in 2017 and 2019 to identify any changes in the areas included in this report and the WARM 2016 and WEMWBS scores.
2. Further more detailed work be undertaken to develop insight into the exceptional wards identified in this report – those with higher WEMWBS scores but fewer assets and those with lower WEMWBS scores and great assets, and learning that can inform developments elsewhere.
3. Exploring ‘patient activation’* further and how it can be implemented to reduce health inequalities and support the general public and patient’s ability to be involved in and engaged with decision making about their health, wellbeing, care and support.

* Patient activation is a concept that describes the knowledge, skills and confidence a person has in managing their own health and health care.

4. Conclusion and Reason for Recommendation

4.1 In this report we have used WEMWBS as a proxy for personal resilience and WARM 2016 to measure community wellbeing and resilience. We have analysed and mapped both at local authority, electoral ward, clinical commissioning group and GP practice level and the picture that emerges helps in our understanding of the current situation and will inform what we do together in the future to improve health and wellbeing.

4.2 Building and developing personal and community resilience has the potential to alleviate the pressure on health and social care caused by rising demand for services, population increases, aging population and budgetary constraints, when implemented at scale and as part of wider system transformation.

4.3 The Health and Wellbeing Board is recommended to note the 2016-2017 Annual Report of the Director of Public Health.

CYNTHIA LYONS
Acting Director of Public Health

BACKGROUND DOCUMENTS

[*Strengthening Personal Resilience in East Sussex*](#), Annual Report of the Director of Public Health 2015/16

[*Growing Community Resilience in East Sussex*](#), Annual Report of the Director of Public Health 2014/15

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Report to: East Sussex Health and Wellbeing Board

Date of meeting: 28 November 2016

Report by: Acting Director of Public Health

Title: East Sussex Joint Strategic Needs Assessment and Assets (JSNAA) 2015/16 Annual Report

Purpose: To present to the Health and Wellbeing Board the JSNAA 2015/16 Annual Report which outlines the updates and developments that have taken place during the year

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to note the Joint Strategic Needs and Assets Assessment (JSNAA) 2015/16 Annual Report

1. Background

1.1 The Joint Strategic Needs Assessment (JSNA) programme was established in 2007 and reported on the health and wellbeing needs of the people of East Sussex. It brought together detailed information on local health and wellbeing needs to inform decisions about how we design, commission and deliver services to improve and protect health and reduce health inequalities

1.2 In January 2012, a dedicated JSNA website was launched. All JSNA work and resources are placed on the East Sussex JSNA website (www.eastsussexjsna.org.uk) so that it provides a central resource of local and national information.

1.3 In February 2015, the JSNA became the Joint Strategic Needs and Assets Assessment (JSNAA). This was to reflect the inclusion of assets (i.e. strengths and resources) in the assessment rather than just focussing on the needs (i.e. problems) of the population of East Sussex.

2. Supporting information

2.1 The 2015/16 Joint Strategic Needs and Asset Assessment Annual Report (Appendix 1) provides a summary of the updates and developments to the JSNAA during 2015/16, reports on the consultation undertaken through the website between April and May 2016, and presents recommendations which will be addressed as part of the 2016/17 work plan.

Updates and Developments

2.2 There have been a total of forty eight updates and developments to the JSNAA throughout the year. This includes annual updates of the Local Needs Profiles, JSNAA Scorecards and associated profiles that are based on them, thirty National Profiles, three Local Briefings and a Comprehensive Needs Assessment

Consultation

2.3 Fifty individuals from a range of different roles in a variety of different organisations responded to the survey. Responses were, on the whole, largely positive, and respondents tended to score the website and the JSNAA resources on it highly. However, there were some themes to emerge around lack of awareness of the site and navigation of the website.

3. Conclusion and Reason for Recommendation

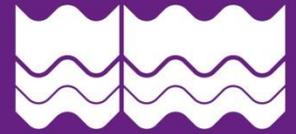
3.1 The JSNAA 2015/16 Annual Report summarises the updates and developments to the JSNAA during 2015/16, reports on the consultation undertaken through the website, and makes the following recommendations which will be addressed as part of the 2016/17 work plan:

1. Review the homepage of the website to consider simplifying the layout and provide further detail on a new page on some of the best ways of using the website.
2. Continue to grow the number of subscribers to the monthly email alerts through the year.
3. Repeat the promotional activities successfully undertaken in April/May 2016 by the of 2016/17.

3.2 The East Sussex Health and Wellbeing Board is recommended to note the JSNAA 2015/16 Annual Report.

CYNTHIA LYONS
Acting Director of Public Health

Contact officers: Graham Evans, Head of Public Health Intelligence
Tel No. 01273 336038; Graham.Evans@eastsussex.gov.uk



Joint Strategic Needs & Assets Assessment (JSNAA) 2015/16 Annual Report

September 2016

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1. INTRODUCTION

The Joint Strategic Needs & Assets Assessment (JSNAA) is a resource of local and national information to inform decisions and plans to improve local people's health and wellbeing and reduce health inequalities in East Sussex. The JSNAA is an on-going, iterative process, led by Public Health within the County Council.

The JSNAA is used to:

- provide a comprehensive picture of the health and wellbeing needs of East Sussex (now and in the future).
- inform decisions about how we design, commission and deliver services, particularly through the integration mechanisms of [East Sussex Better Together](#)¹ in Eastbourne Hailsham & Seaford CCG and Hastings & Rother CCG and the *Connecting for You* programme in High Weald Lewes Havens CCG.
- improve and protect health and wellbeing outcomes across the county while reducing health inequalities.
- provide partner organisations with information on the changing health and wellbeing needs of East Sussex, at a local level, to support better service delivery.
- provide an evidence base for the [Joint Health and Wellbeing Strategy](#)², identifying important health and wellbeing issues for East Sussex, and supporting the development of action plans for the 7 priorities in the strategy.

During 2015/16 the JSNAA supported work on a range of specific priority areas and informed the council and partners on the wider health and wellbeing of the people of East Sussex.

All JSNAA work undertaken and resources developed are available on the East Sussex Joint Strategic Needs & Assets Assessment website (www.eastsussexjsna.org.uk) which went live on 31 January 2012 and since then has been visited 25,000 times by over 11,800 unique users to the site³.

This report provides a summary of the updates and developments to the JSNAA during 2015/16 and also reports on the results of a consultation undertaken between April and May 2016.

2. JSNAA ADDITIONS AND UPDATES

¹ <http://news.eastsussex.gov.uk/east-sussex-better-together/stakeholders/planning/>

² <http://www.essp.org.uk/what-we-do/Pride-of-Place/Health.aspx>

³ *Google analytics data between 31st January 2012 and 31st August 2016*

There have been many updates to the JSNAA throughout the year ranging from new national profiles being added to the complete annual analysis and update of the JSNAA indicator scorecards in March 2016.

The JSNAA indicator scorecards present data based on the national JSNA Data Inventory⁴ supplemented with other local data. There are two views: the National Health Service (NHS), and Local Authority. The NHS view presents data at GP practice, locality, Clinical Commissioning Group (CCG) and county levels. The Local Authority view presents data at electoral ward, district/borough and county levels. The NHS and Local Authority view scorecards both contain 220 indicators arranged in 5 sections. Area scores that are significantly higher or lower than the East Sussex scores are highlighted. Area Summaries are available for each CCG and its localities within the NHS view and for Districts/Boroughs within the Local Authority view. Area Summaries provide key features of each area using the indicator scorecards. Individual GP practice profiles are available in the NHS view that pull together all available scorecard indicators for each practice.

This section lists the updates and developments between 1st April 2015 and 31st March 2016.

There have been a total of forty eight updates and developments to the JSNAA throughout the year. This includes annual updates of the Local Needs Profiles, JSNAA Scorecards and associated profiles that are based on them, thirty National Profiles, three Local Briefings and a Comprehensive Needs Assessment.

Table 1 lists all the additional resources added to the JSNAA during 2015/16.

Table 1: Additions to the JSNAA during 2015/16

Month	Description
Apr-15	National Profile - Cardiovascular Disease Profiles
Apr-15	National Profile - Cardiovascular Disease Intelligence Packs for CCGs
Apr-15	National Profile - Long Term Conditions Dashboard
Apr-15	National Profile - Health Protection Profiles
May-15	Overview - Public Health Framework Profile update
Jun-15	National Profile - Child Health Profiles
Jun-15	National Profile - Local Alcohol Profiles for England (LAPE)
Jun-15	National Profile - Adult Social Care Profiles
Jun-15	National Profile - Tobacco Control Profiles
Jun-15	National Profile - Health Profiles
Jul-15	Local Briefing - Killed or Seriously Injured (KSI) on East Sussex Roads, Public Health Briefing
Jul-15	National Profile - Local Authority Interactive Tool (LAIT) for Children & Young

⁴ http://www.local.gov.uk/web/guest/health/-/journal_content/56/10180/3511127/ARTICLE

Month	Description
	People
Jul-15	Local Briefing - Children's Services Child Sex Exploitation Checklist Analysis
Jul-15	National Profile - End of Life Care Profiles for CCGs
Jul-15	National Profile - Sexual and Reproductive Health Profiles
Aug-15	National Profile - Local Tobacco Control Profiles
Aug-15	National Profile - Spend and Outcome Tool (SPOT) for East Sussex
Aug-15	Overview - Population briefing
Aug-15	Overview - Migration briefing
Aug-15	Overview - Public Health Framework Profile update
Sep-15	National Profile - JSNA Support Packs on Drugs and Alcohol
Sep-15	National Profile - NHS Atlas of Variation in Healthcare - 2015
Sep-15	Scorecard dataset
Oct-15	National Profile - JSNA Support Pack for Tobacco
Oct-15	Comprehensive Needs Assessment - Acute and Emergency Mental Health
Nov-15	National Profile - Neurology Profiles
Nov-15	National Profile - Diabetic Footcare Activity Profiles
Nov-15	National Profile - Sexual and Reproductive Health Profiles
Nov-15	National Profile - The Atlas of Variation Opportunities Locator Tool
Nov-15	Overview - Public Health Outcomes Framework Profile Update
Dec-15	Overviews - Local Needs and Assets profiles for East Sussex CCGs
Dec-15	Overviews - Indices of Deprivation 2015 briefing
Dec-15	National Profile - Marmot Indicators
Jan-16	Director of Public Health Annual Report 2015/16
Jan-16	National Profile - Commissioning for Value CCG data packs
Jan-16	National Profile - Health behaviours in young people – What About YOUth survey tool
Jan-16	National Profile - Spend and Outcome Tool (SPOT)
Jan-16	Evidence - Engaging young people to inform health improvement commissioning & delivery in East Sussex
Jan-16	National Profile - Hypertension profiles
Jan-16	National Profile - Dementia profiles
Jan-16	Local briefing - Suicides in East Sussex, analysis of mortality data 2006-2013
Feb-16	National Profile - CCG Outcomes Tool
Feb-16	National Profile - Tobacco Control Profiles

Month	Description
Feb-16	National Profile - National Child Measurement Programme Profile (childhood obesity)
Feb-16	Overview - Public Health Outcomes Framework Profile
Mar-16	NHS View Scorecards and Area Summaries added, and previous years moved
Mar-16	Local Authority View Scorecards added, and previous years moved
Mar-16	GP Practice and Locality Profiles added

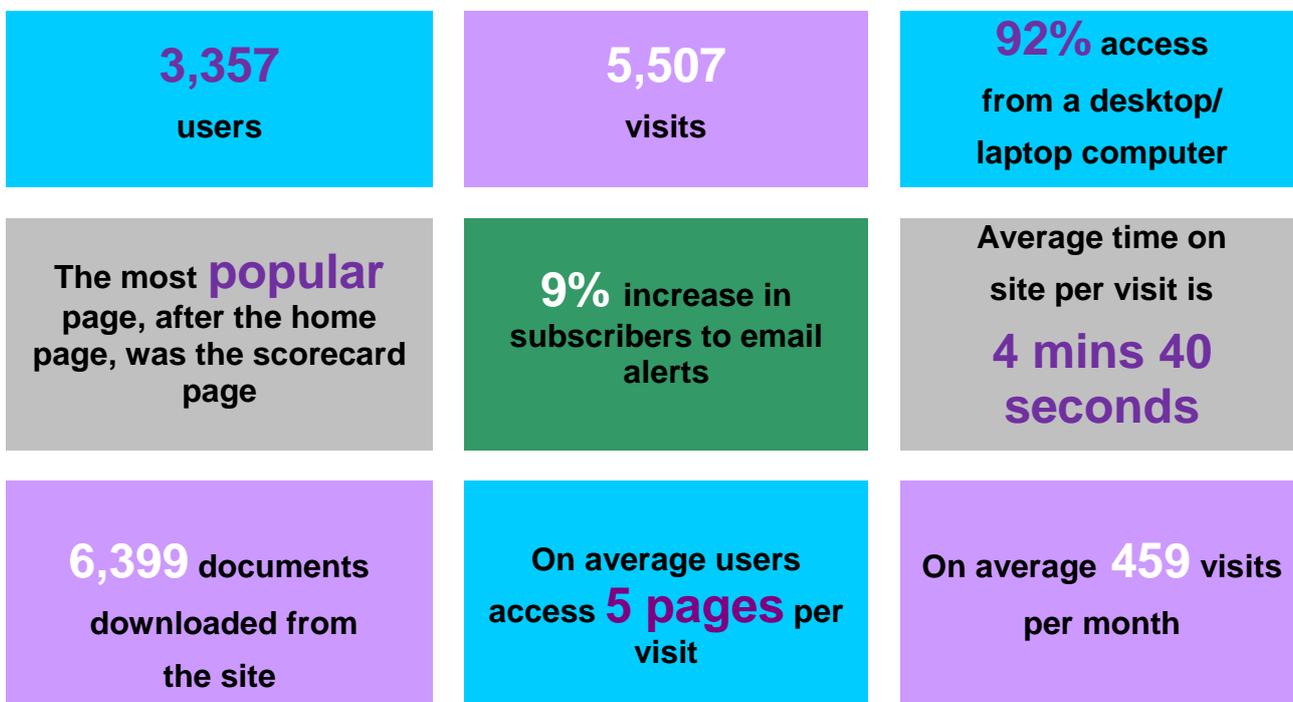
3. ACCESSING THE JSNAA

Some people access the JSNAA through the Public Health Team but the vast majority of people access it through the JSNAA website.

The JSNAA website is accessed by a large range of people. An analysis of activity on the website during 2015/16 was undertaken, using a Google Analytics tool, which provides data on numbers of users accessing the site, the number of visits by those users, how users are referred to the site and a wide range of other useful analyses.

This section provides a summary of the key activity and Table 2 shows a summary of the results

Table 2: Summary of activity



JSNAA website overall activity

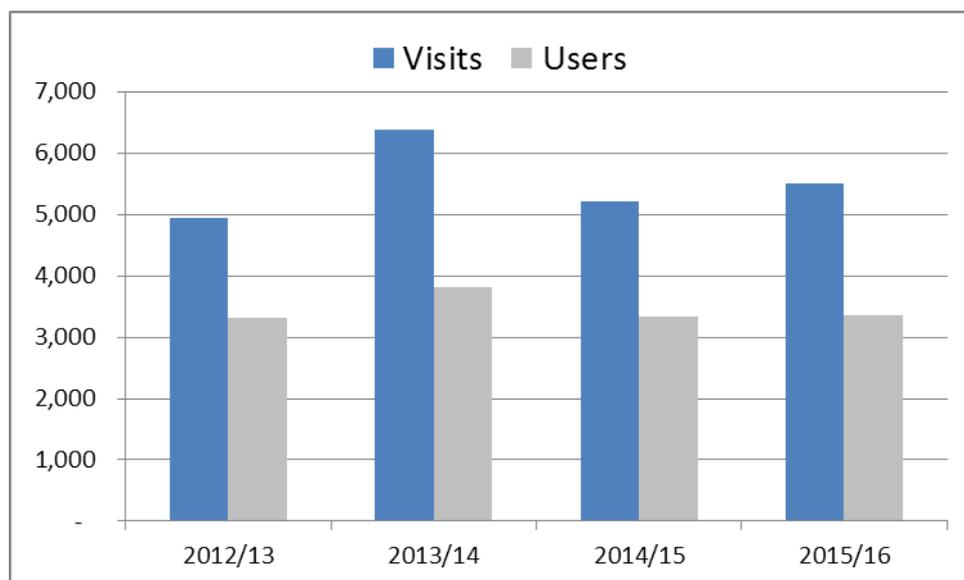
Number of users and visits

The website went live on 31 January 2012 and since then there have been over 25,000 visits by over 11,800 unique users to the site⁵.

During 2015/16, 3,357 unique users accessed the site. This was very similar to the previous year (3,341). The number of visits in 2015/16 totalled 5,507, which was a 6% increase on the previous year.

Chart 1 below shows the trend in activity on the site since 2013/14. The increase in activity in 2013/14 coincided with specific CCG promotion of local needs profiles to support CCG business plans. During 2015/16 there were on average 460 visits a month which ranged from 365 during December to 572 in June.

Chart 1: Number of visits and users to the website, 2012/13 to 2015/16



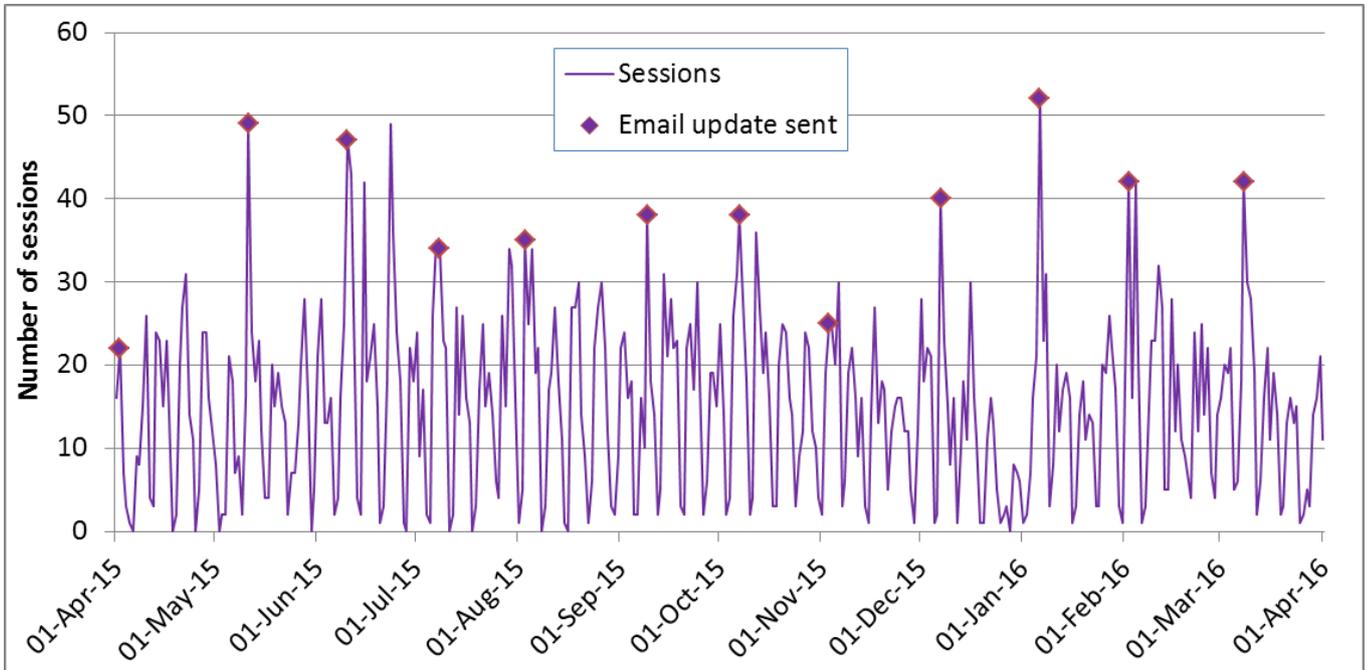
Monthly email alerts

A monthly email alert has been in place since May 2013 which alerts subscribers to new work and/or resources added to the website. During 2015/16 the number of subscribers **increased by 9%** from 203 on 1st April 2015 to 222 by the end of March 2016. During the promotion of the consultation on the site, detailed within section 4 of this report, a further 38 subscribers were added during April and May 2016. This represents a **further 17% increase** in those two months.

⁵Google analytics data between 31st January 2012 and 31st August 2016

Chart 2 shows the number of visits to the website in 2015/16 by day with the date each monthly email update was sent labelled. There are clear peaks of activity the day of or very soon after an email update has been sent to subscribers. This clearly shows that the email alert is influencing users activity on the website, prompting them to click on the links in the email that direct them to the new resources added.

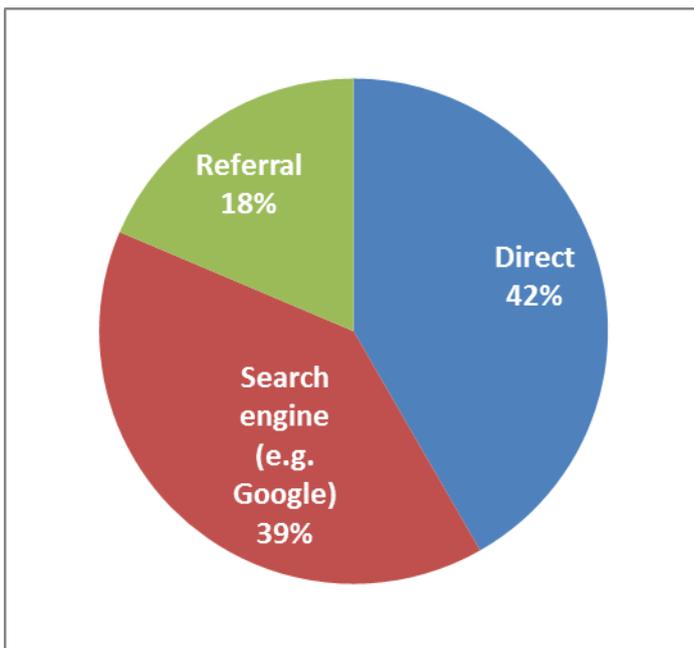
Chart 2: Number of visits by day, 2015/16



Sources of traffic to the website

The following section looks at how users came to the website.

Chart 3: How users reached the site in 2015/16



As with previous years, most visits to the site were either direct, by going straight to the JSNAA site or by using a search engine. The most popular of these search engines was Google (82%) followed by Bing (15%).

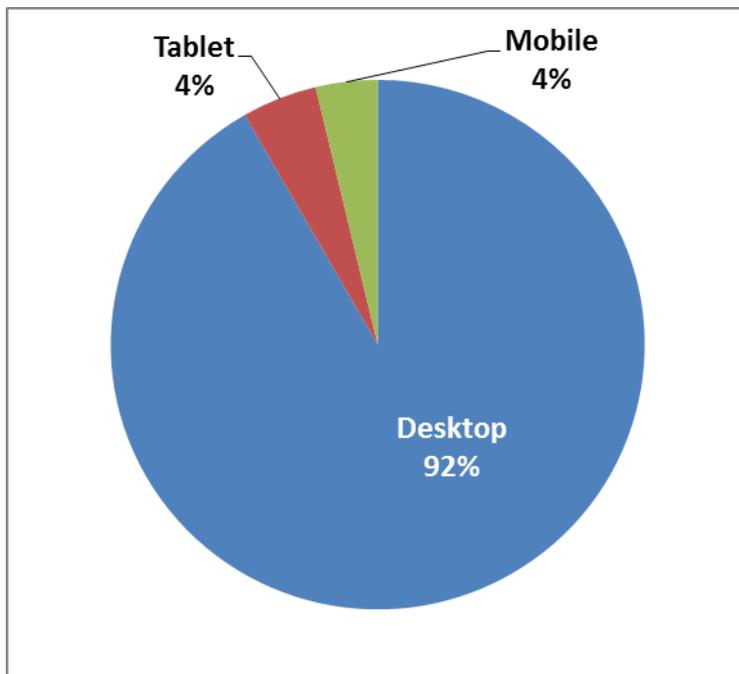
Direct navigation to the site could either be from a person typing the address into their browser, using a bookmark or clicking on a link from the JSNAA monthly subscription email.

18% of users were referred from another source. Of the referrals to the site 41% were from the council's website, 17% were from the council's intranet, 16% were from the Eastbourne Hailsham & Seaford CCGs

website and 11% were from East Sussex in Figures. The remaining 15% were from various sources.

Users technology

Chart 4: Technology used to visit the site, 2015/16



As in previous years over 90% of visits to the website are done so using a desktop (including a laptop) computer. This will reflect the professional nature of current users accessing the site from their work computer.

Bounce rate: The percentage of visitors who enter the site and "bounce" (leave the site) rather than continue viewing other pages within the same site. It is expressed as a percentage and represents the proportion of visits that end on the first page of the website that the visitor sees.

The higher bounce rate and fewer pages viewed per visit from tablet and mobile devices (table 3) may be a reflection that the site is harder to view and navigate from a tablet or mobile device. Or this may represent a group of users who are simply looking at the site whilst on the go or in meetings and therefore unable to spend a long time on the site.

Table 3: Visits by technology used, 2015/16

Device	Visits	% New visits	New users	Bounce rate	Average pages per visit	Average visit duration (mins)
Desktop	5,049	44%	2,215	26%	5.0	00:04:56
Tablet	251	62%	155	47%	2.7	00:01:56
Mobile	206	81%	166	57%	2.5	00:01:33
Total	5,506	46%	2,536	28%	4.8	00:04:40

Time spent on the website

New users on average spend 3 and a half minutes on the site and they visit around 4 pages during their visit (table 4). This increases to nearly 6 minutes and 6 pages for returning users. These figures have remained fairly similar since the site was launched.

Table 4: Visit duration, 2015/16

User Type	Visits	Bounce Rate	Pages Per Visit	Avg. Session Duration (mins)
New Visitor	2,536	35%	3.8	00:03:31
Returning Visitor	2,970	23%	5.6	00:05:39
Total	5,506	28%	4.8	00:04:40

Website pages visited and documents accessed

As expected, the JSNAA website home page was by far the most popular page to enter the website on (table 5). This was followed by the Director of Public Health Annual Reports, the Local Needs & Assets Profiles and two specific national profiles.

Table 5: Top 10 landing pages (1st page visited) on the website, 2015/16

Page	Page views
Home page	2,698
Director of Public Health Annual Report	382
Local Needs & Assets Profiles	205
National Profile - Child Health Profiles	153
National Profile - Health Profiles	128
Scorecards	104
Public Health Outcomes Framework	102
Comprehensive Needs Assessments	101
Access to East Sussex in Figures	68
National Profiles	54
Total	5,506

The home page again features at the top when looking at the most popular pages visited overall (table 6). This is followed by the JSNAA scorecards section and Director of Public Health Annual Reports.

Table 6: Top 10 pages visited overall, 2015/16

Page	Page views
Home page	3,915
Scorecards	1,169
Director of Public Health Annual Report	944
National Profiles	826
Comprehensive Needs Assessments	685
NHS view scorecards 2015	625
Overviews	540
Local briefings	475
Local Needs & Assets profiles	428
East Sussex in Figures	417

The Director of Public Health Report for 2014/15 was the most downloaded document from the site during the year (table 7). Accessed/downloaded documents are those that are opened and viewed. The scorecards⁶, local needs profiles and the child health profile for 2015 also had high numbers of downloads.

Table 7: Top ten individual documents accessed from the website, 2015/16

Document	Downloads
Director of Public Health Report 2014/15	295
NHS View Scorecards 2015	137
National Profile - Child Health Profile 2015	130
Eastbourne, Hailsham and Seaford CCG Local Needs & Assets Profile 2014	122
Director of Public Health Report 2015/16	110
East Sussex Local Needs & Assets Profile 2014	108
Hastings & Rother CCG Local Needs & Assets Profile 2015	106
LA View Scorecards 2015	104
Eastbourne, Hailsham and Seaford CCG Local Needs & Assets Profile 2015	101
Director of Public Health Report 2014/15 - GP Practice Mapping	90

⁶ Scorecard documents listed are the full set of scorecards. Individual sections are also available to download and are included in the figures in table 8

Table 8 shows all of the accessed documents in 2015/16 grouped into broad categories. This shows the popularity of the National profiles, of which there were 228 individual documents downloaded a total of 1,578 times. Thirty three Local Needs & Assets Profiles, which cover various areas and years, were downloaded a total of 847 times during the year.

Table 8: Summary of accessed documents, 2015/16

Document type	Number of documents	Number of times accessed
National profile	228	1,578
Local Needs & Assets Profiles	33	847
Director of Public Health Annual Report	39	741
Scorecards	34	682
Area summary	83	625
Practice profile	105	497
Comprehensive Needs Assessment	51	433
Local briefing	36	302
PHOF profile	11	277
Evidence section document	26	228
Scorecards dataset	3	189
Grand Total	649	6,399

4. JSNAA CONSULTATION

What we did

An online survey was hosted on the East Sussex County Council's Citizen Space consultation hub. It was published for 6 weeks between 19th April and 31st May 2016.

A link to the consultation was placed on the front page of the JSNAA website inviting all visitors to complete the survey. Invitations to complete the survey were also sent via email to all subscribers to the JSNAA monthly email update (225 at the time). Articles alerting people to the consultation were also put in the following places:

- ESCC staff intranet
- Yammer (ESCC staff social network site)
- Adult Social Care staff newsletter "*To the point*"
- Children's Services newsletter "*Reach out*"
- Public Health Bulletin
- EHS & H&R CCG newsletters
- East Sussex Better Together newsletter
- East Sussex Strategic Partnership newsletter
- Health and Well-being newsletter
- Healthwatch newsletter
- 3VA newsletter
- ESCC twitter account

A presentation on the website content and the upcoming consultation was given to staff briefings in EHS/H&R CCG and HWLH CCG, with a follow up email sent to all CCG staff.

A letter and a hard copy of the survey were also sent out to all GP Practices in East Sussex.

The provision of paper versions of the survey were offered for those who were either not able to access the online version, or preferred to complete a paper survey.

Follow-up emails were sent to the JSNAA alert subscribers to encourage uptake.

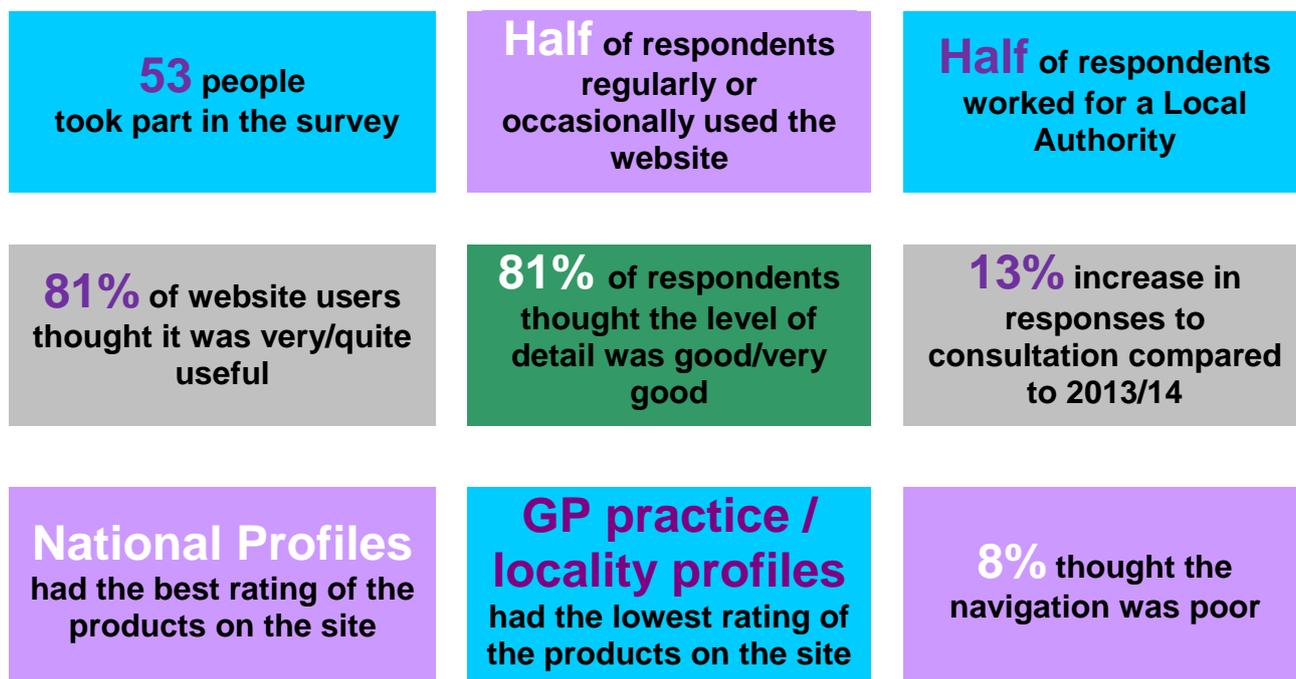
What respondents told us

Fifty three individuals from a range of different roles in a variety of different organisations responded to the survey. This was an increase of 13% on the previous consultation run in 2013/14.

Responses were, on the whole, largely positive, and respondents tended to score the website and the JSNAA resources on it highly. However, there were some themes to emerge around lack of awareness of the site and navigation of the website.

Table 9 provides a brief summary of the outcomes:

Table 9: Summary of consultation results

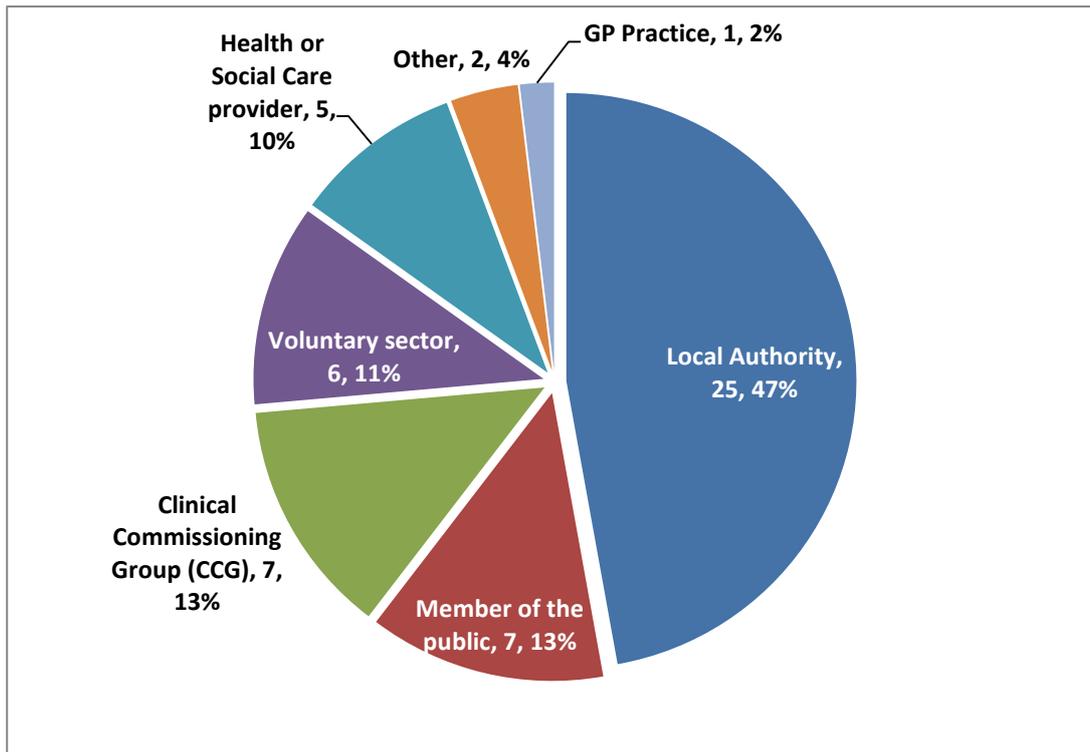


Who responded

The survey was pitched at 'those who commission, provide or use health and social care services in East Sussex', and the responses tended to correspond to this description, although a number of people might fall outside of this definition.

Chart 5 shows a breakdown of how people recorded their role, and table 10 gives more detail on those who defined themselves as 'Other'. Nearly half of respondents were from a local authority.

Chart 5: Who responded to the survey



How often is the website used

Of the 53 respondents, 26 (49%) said they used the JSNAA website regularly or occasionally. Forty three percent were not aware of the JSNAA website and these respondents were mainly local authority staff and members of the public. One of the aims of the survey was to publicise the site and its content to new potential users, so these figures provide some evidence that this aim was achieved.

Respondents were fairly evenly split in their use of the JSNAA – 27 respondents never use it, and 26 each either regularly or occasionally used the website.

Chart 6: How often people access the website

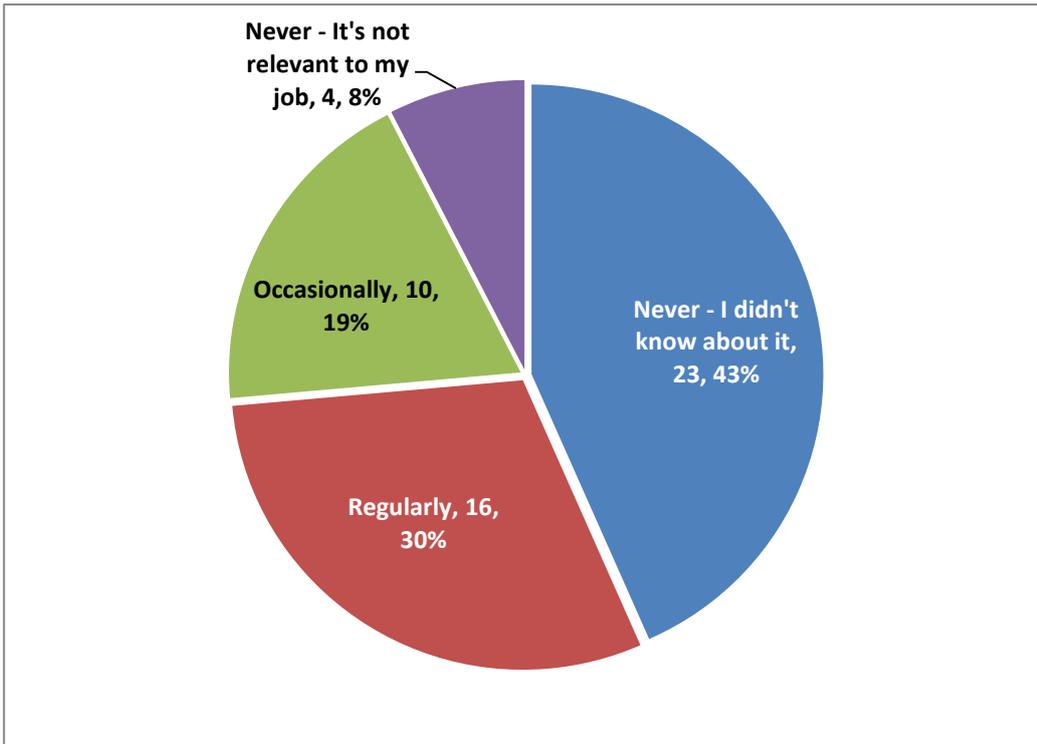
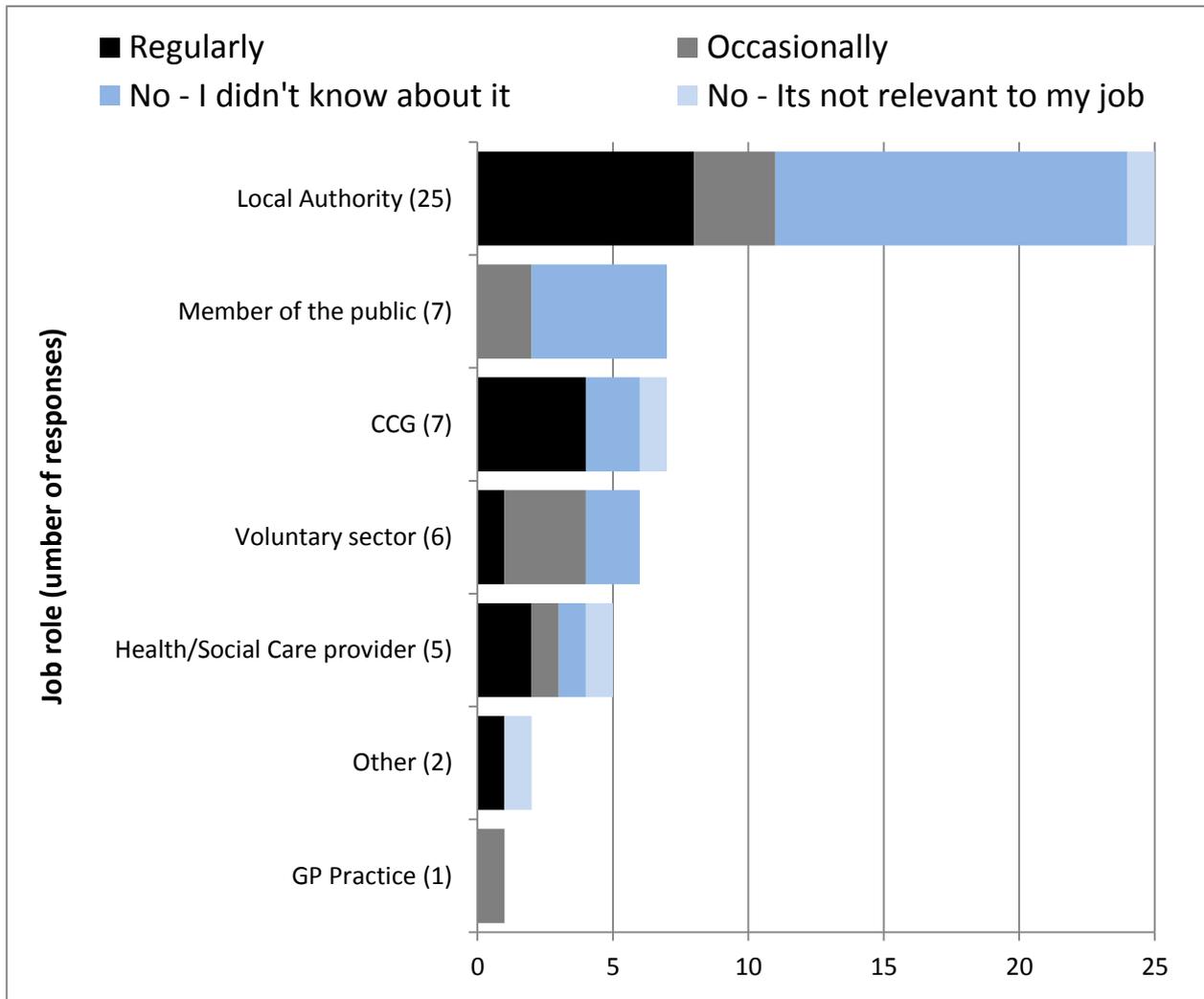


Chart 7 below give a breakdown of the responders by how they define themselves and how often they use the JSNAA. The people using the JSNAA most work in a Local Authority or CCG. Of those who hadn't used it, most were from a Local Authority or were members of the public.

Chart 7: Use of JSNAA by job role

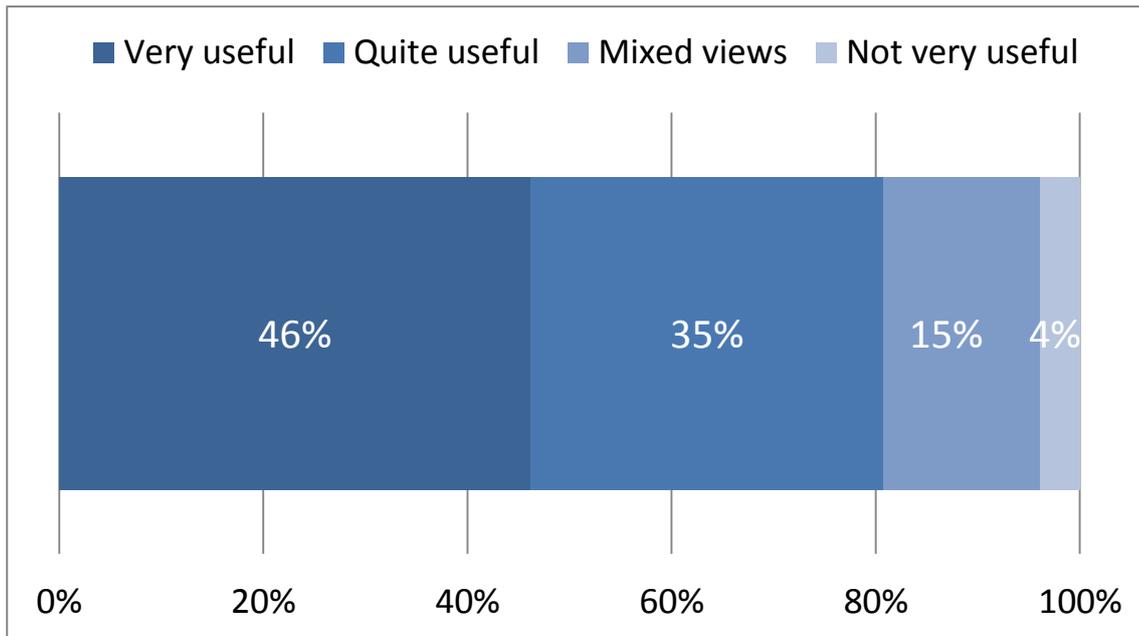


Usefulness of the JSNAA

Of the 26 people who said that they regularly or occasionally use the JSNAA, the response was very positive. The majority said they found it ‘very useful’ (12) or ‘quite useful’ (9). Some had ‘mixed views’ (4), and 1 said “Not very useful”.

The explanation from the person who said ‘Not very useful’ was to do with layout of the site. They found it difficult to find what they were looking for and thought a simpler format would make it more user friendly.

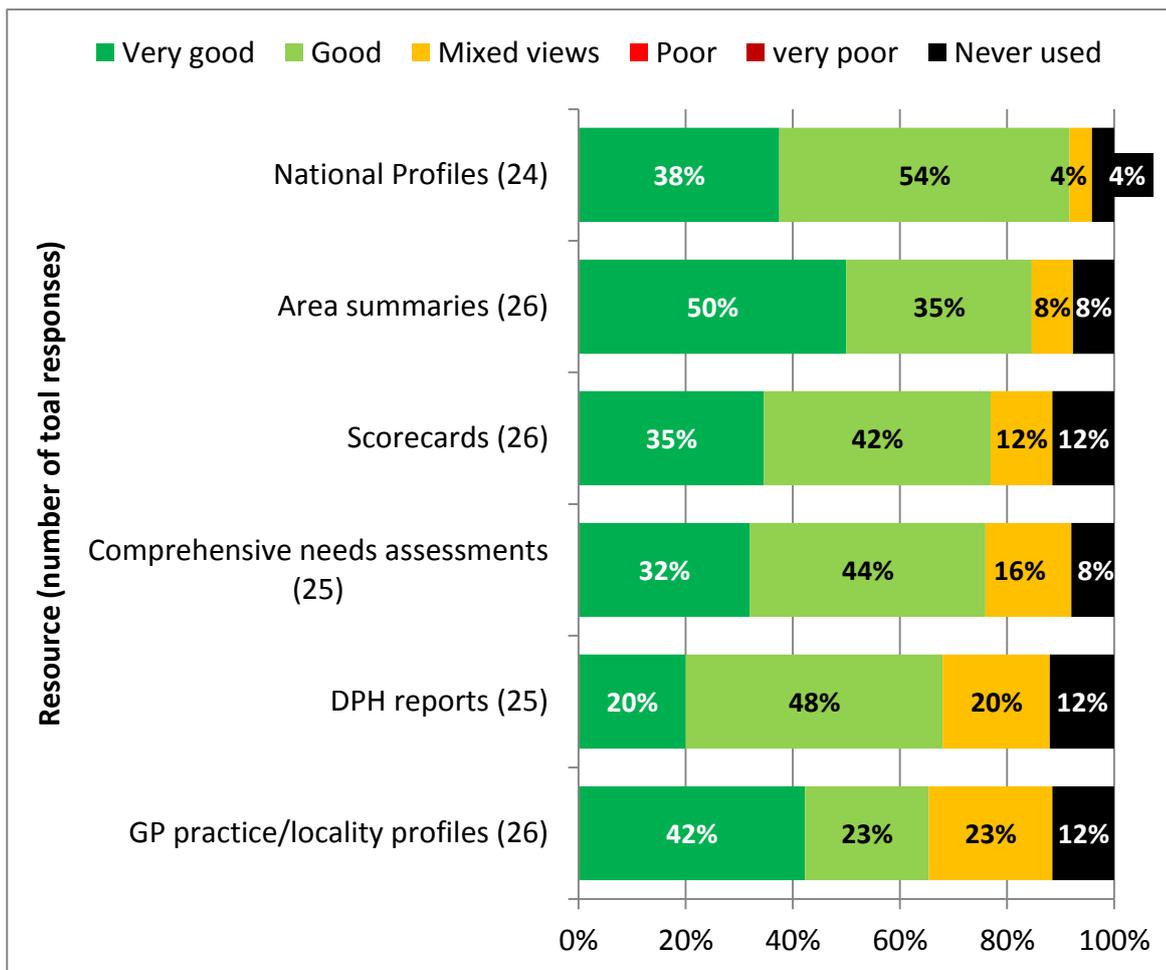
Chart 8: How useful respondents find the JSNAA



Rating the JSNAA resources.

When asked to rate specific resources on the JSNAA site, no respondents answered poor or very poor to any of the choices. The resources with the highest rating of good/very good were the National Profiles (92%). The next most highly rated resource were the Area Summaries (85% good/very good). The resources with the lowest rating were the GP practice/locality profiles with 65% rating as good/very good. Director of Public Health reports (68% good/very good) had the second lowest ratings.

Chart 9: How respondents rated the JSNAA resources



Comments made within this question were varied with no key themes emerging. However, consideration may need to be made to provide further help with interpreting the scorecards.

Reminder of codes /other symbols would be useful
No time to look at them
Hard to rate as used for different purposes
Hard to interpret scorecards

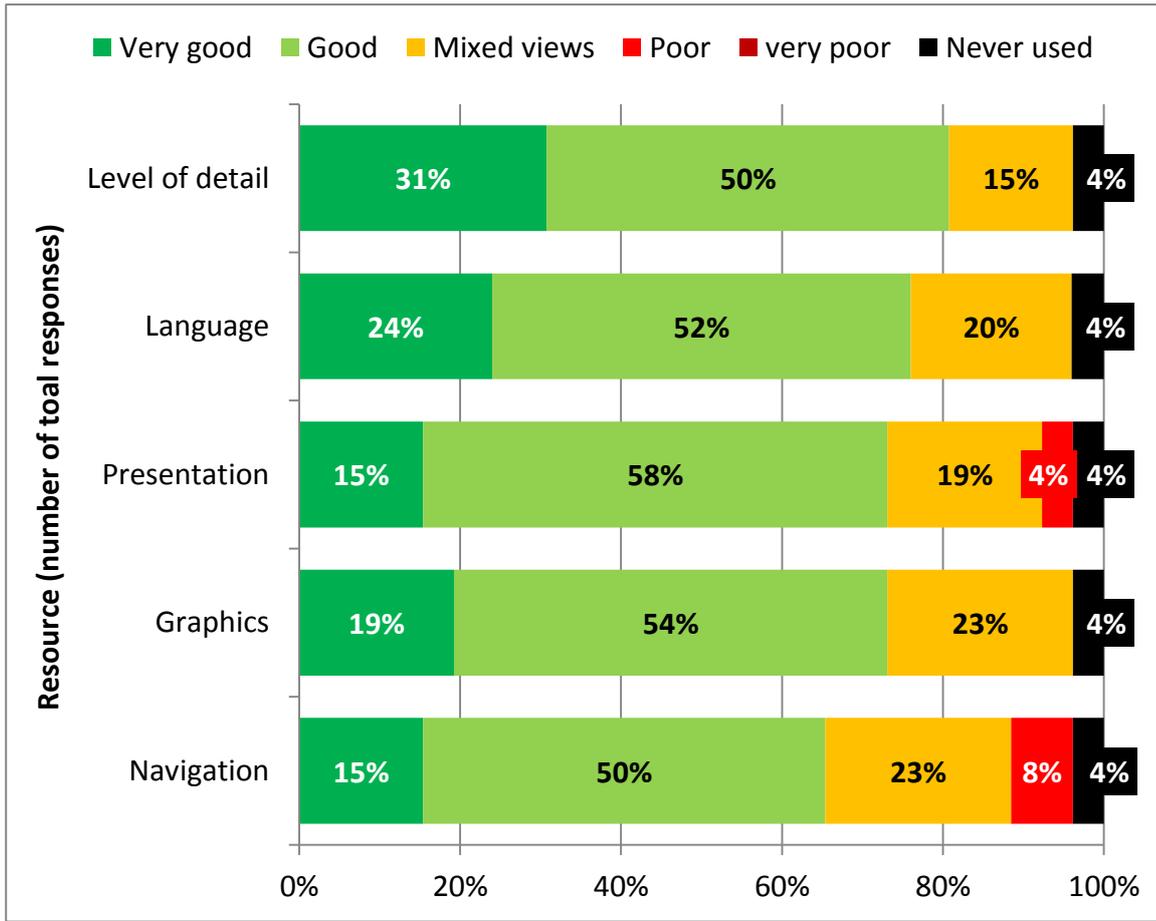
Full comments are available in appendix A

Rating the JSNAA website

Respondents were asked to rate components of the JSNAA website – language, graphics, presentation, navigation and level of detail.

The responses were largely positive, although website navigation received more mixed or negative responses than the rest. Although the numbers are low, it’s worth noting that the navigation section received the highest ‘poor’ rating (8%).

Chart 10: Respondents rating for each website component



What respondents would like to see in future

There were 11 responses to this question. Despite the limited number of comments one theme did emerge around mapping of the data (mentioned by three responses). Other comments mentioned a forward plan for releases (two responses) and more links to national work (two responses).

Comments in full are available in full at appendix A.

Improvements to the website and resources

There were six responses to this question about providing any further comments on improvements to the website and resources.

One key theme to emerge from these responses was around visual presentation on the site - trying to make things simpler and more aesthetically pleasing. This was for both the website (particularly the home page) and some of the resources.

Comments in full are available in full at appendix A.

4. KEY FINDINGS AND RECOMMENDATIONS

Key findings

The consultation and promotion of the site during April and May 2016 was a success. More people responded to the consultation compared to 2013/14 and a further 17% of subscribers were added to the monthly email alerts.

Feedback from the consultation was broadly positive. However consideration could be made to simplify some of the content on the site and promoting the facility to map JSNAA data on East Sussex in Figures, which may also help users make better use of the resources.

Overall visits to the site have risen during 2015/16 following a reduction that was seen in 2014/15.

Key resources that remain popular on the site are the National Profiles, Scorecards and area summaries.

Update on 2014/15 annual report recommendations

Progress made against the three recommendations in the 2014/15 annual report is outlined below.

1. Further develop the communications plan with input from communications experts to promote the resources to a wider audience.

Progress Update: A communications plan was developed to both promote the site and also the consultation. This included liaising with the communications teams at both the CCGs and within East Sussex County Council. A wider range of communication channels were identified for promotion including websites, newsletters, emails and presentations in person to key staff groups.

2. Increase the number of subscribers to the monthly email alerts by at least 10% by March 2016.

Progress Update: The number of subscribers increased by 9.4% by March 2016 which was slightly short of the target. However, this was boosted by a further 17% increase during the promotion of the site and the consultation in April and May 2016.

3. Further engage with users and potential users of the site to gain feedback on current resources and insights into user needs. This will be incorporated into the communications plan and will include a user survey launched at the same time as the release of the JSNAA indicator scorecards in February 2016.

Progress Update: A user consultation was run for six weeks during April and May 2016 following the update of the JSNAA indicator scorecards in March 2016.

Recommendations for 2016/17

This 2015/16 annual report makes the following recommendations which will be addressed as part of the 2016/17 work plan:

1. Review the homepage of the website to consider simplifying the layout and provide further detail on a new page on some of the best ways of using the website.
2. Continue to grow the number of subscribers to the monthly email alerts through the year.
3. Repeat the promotional activities successfully undertaken in April/May 2016 by the end of 2016/17.

Appendix A: Consultation comments in full

Question 3: If you have any specific comments about any of these JSNAA resources please write them here:

- There is just so much information contained within the scorecard document, and I find it difficult to interpret.
- Certainly for those, like me, who don't use regularly, not so familiar with stats, a reminder of the codes/ other symbols, could be useful
- Resources in and of themselves are good. Because they are used for different purposes it's hard to comment in this way. For example, the scorecards are useful for comprehensive breadth of data, but less useful for a quick summary on a subject.
- No time to look at them

Question 5: What else would you like to see on the website in the future?

- Make it clear which indicators are being focussed on (i.e. show the link between the objectives of the local PHOF and the national indicators). Explanation as to what data will be collected, from where and when for each indicator.
- An interface which is like a GIS, allowing you to see geographical as well as temporal variations.
- Data displayed as maps (ward level) for a more visual representation of the data
- I would like a forward plan to be included. For example, I think it may assist with improving the use of the website if current users and potential users had a better understanding of the projects and their timescales, which are being worked on or will be worked on in the near future.
- I also think that the website should be further developed to enhance its use of the findings and results of qualitative evaluation studies.
- In an ideal world we would have time to look at the website but sadly in this day & age we are glad to get the basics done. So the absolute bare minimum of time is spent on it - sorry.
- It may be helpful perhaps to group data differently according to audience of use? Because people may not know what they're looking for e.g. because they may think 'I want information about older people', rather than 'I want a scorecard' or a needs assessment. This can be done through the search function- however people may not realise this. It may be that the front page has a link to new stuff for the enthusiast but the majority of info is about how to use the site?
- Links to national and local research reports related to the data on your site.
- Looking forward to seeing the results of the East Sussex health and wellbeing postal survey, especially the distribution of subjective wellbeing across the county.
- More details regarding mental health specific diagnosis as the current measure only describes broad mental health issues under common and complex. It would also be good to know number of people accessing support in locally commissioned services not just receiving treatment by secondary provider.
- More information on commissioning

- More local briefings highlighting key issues for East Sussex or smaller areas of the county. Mapping of the data at various levels LSOA etc. With the ability to layer indicators or another way of looking at the correlation between indicators.
- My main interest is any comparison of the national and local with my own area, which is of direct consequence to me, and the group I represent

Question 6: Do you have any other comments about how to improve the JSNAA website and resources?

- A remarkable undertaking in any event and no doubt of value for those for whom the statistics seriously matter, where targets are concerned
- Home page that shows visually what the site is about. Presentation packs that people can download to discuss working with local schools to find out how they can use health information as part of cross-curricular learning
- I think consideration should be given to the needs of users who are colour-blind. This is because some of the charts included in reports are difficult or impossible to interpret.
- It needs to be simpler to use with less information. I also think it would help if it was more aesthetically pleasing.
- Maybe some information about how to use data and information in general. What different terms mean etc.?
- Some of the navigation/naming of areas could be improved. A greater use of visuals and potentially adaptable/customisable visuals.

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