

Report to	<b>Joint Board of Economy, Transport and Environment Scrutiny Committee and Audit, Best Value and Community Services Scrutiny Committee.</b>
Date	<b>11 March 2016</b>
Report By	<b>Director for Communities, Economy and Transport and Director of Adult Social Care &amp; Health</b>
Title of Report	<b>East Sussex Road Safety Programme</b>
Purpose of Report	<b>To provide the joint board with an update on proposals to allocate the remainder of the £1million of one-off funding from the Public Health Grant to a programme of activity to reduce the high rates of Killed and Seriously Injured people on roads in East Sussex</b>

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**RECOMMENDATIONS:** The joint board are recommended to:

- (1) Note the findings of the Safer Streets report produced by Peter Brett Associates that has been key to developing the proposed programme of activity for the future East Sussex Road Safety Programme 2016 and beyond;**
  - (2) Note that between 90% and 95% of road traffic incidents resulting in killed and seriously injured people are caused by driver error, and therefore any proposed programme of activity must be varied and targeted to address differing high risk groups and roads;**
  - (3) Consider and comment on the planned review by the Sussex Safer Roads Partnership of the current Killed and Seriously Injured targets for Sussex; and**
  - (4) Note the allocation of the remainder of the funding from the Public Health grant of £1m (£967,000) to the East Sussex Road Safety Programme, which will focus on the provision of additional road safety interventions to target identified high risk groups and roads.**
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## **1. Background Information**

1.1 East Sussex County Council agreed to allocate one-off funding available through the Public Health grant to areas where East Sussex was an outlier against indicators in the national Public Health Outcomes Framework (PHOF). The PHOF, *“Healthy lives, healthy people: Improving outcomes and supporting transparency”*, sets out a vision for public health, desired outcomes and the indicators that will help understand how well public health is being improved and protected. It includes the rate of killed and seriously injured (KSI) people as an indicator. The KSI rate was identified as a potential area for one-off investment because rates in East Sussex have been significantly higher than the England average for many years. A business case for funding 20mph areas, should partners be interested in this approach, was agreed. £1 million was set aside to be utilised if required.

1.2 A report *“Safer Streets”* was commissioned to gather the views of partners. The report by Peter Brett Associates (PBA) indicates that there is widespread interest in introducing further targeted work to reduce the number of KSIs across East Sussex. However, area wide 20mph speed limits were not universally supported. Wider measures to address KSIs, including behaviour change and education, were indicated by partners to be areas that would have the most impact in reducing the KSI rates in East Sussex. A summary of the main findings and PBA’s proposed action plan is at Appendix A and the full report can be found at Appendix B.

1.3 Nationally and locally there has been significant analysis into how and why road traffic accidents occur and the most effective interventions to reduce their number. These have found that Road Safety and the causes of KSIs are complex and multi-faceted issues which, in addition to those specifically focused on casualty reduction, are influenced by many service areas and programmes. A wide variety of internal and external partners are involved in delivering road safety programmes in East Sussex and a summary of these can be found at Appendix C.

1.4 In recognition of the wide number of agencies and stakeholders involved in Road Safety and casualty reduction programmes, the Safer Sussex Roads Partnership (SSRP) was established in 2007. It comprises Sussex Police, East and West Sussex County Councils, East and West Sussex Fire and Rescue Services, Brighton & Hove City Council and Highways England. It brings together combined expertise from across the key agencies to make the roads safer and reduce collisions. The partnership undertakes analysis of the causes and contributing factors for road accidents and co-ordinates cross partner activity to address the causes, based on analysis of what is most likely to work for specific causes of KSIs.

1.5 A programme of partnership work to address KSIs is co-ordinated through the SSRP and the East Sussex Safer Roads Partnership (a sub group of the Safer Communities Partnership). In the last 5 years the SSRP has invested £949,000 across the whole of Sussex on a wide ranging programme of evidence based and targeted activity. A summary of this can found at Appendix D. The members of both partnerships are aware of the one off £1million funding and agree with the multi-faceted approach to tackle KSI rates in East Sussex.

1.6 The national trend over the last 24 years has seen a significant fall in the number of people killed and seriously injured on the roads throughout the UK. On East Sussex roads in 1990 there were 563 KSIs (of which 502 were serious and 61 were fatal), and in 2014 there were 390 KSIs (of which 374 were serious 16 were fatal). This is a rate of 2.964 fatally injured people per 100,000 population and a rate of 69.29 seriously injured people per 100,000 population. Although not all those killed and seriously injured on East Sussex roads live in the county.

1.7 However, whilst rates of KSIs have reduced, the data indicates that they have not reduced as quickly in East Sussex as the national average. East Sussex, in common with the majority of County Councils in England (19 out of 27) has a KSI rate higher than the England average. The average rate of KSIs in County Council areas for the three year period, 2012-2014 was 46.5 per 100,000 population (on average 368 KSIs per County Council area per annum, of which 91% were serious and 9% were fatal), compared to a rate of 39.3 per 100,000 population for England overall. The East Sussex rate was 64.5 per 100,000 population (on average 345 KSIs per annum, of which 96% were serious 4% and were fatal).

1.8 Analysis of KSI data in East Sussex shows that between 90% and 95% of all crashes involving personal injury have a human error/action as the main or as a contributory factor (as recorded by the Police as part of data collection through the Department for Transport (DfT) approved STATS 19 reporting system). Further analysis of causation factors can be found at Appendix E.

## **2. Context**

Scrutiny of Road Safety KSIs sits with the Economy, Transport and Environment Scrutiny Committee, and scrutiny of Public Health sits with the Audit, Best Value and Community Services Scrutiny Committee. Both Committees have requested an update on proposals to allocate the remainder of the £1million of one-off funding from Public Health to a programme of activity to reduce the rates of KSI on roads in East Sussex. Consequently it was decided that a Joint Scrutiny Board would be held.

## **3. Supporting Information**

3.1 National and local KSI Targets - In 2000, the Government announced a new Road Safety Strategy and set new targets for reducing casualties by 2010. There were a number of targets, the most significant one being a reduction in the number of those people killed or seriously injured. The target was a reduction of 40% by the year 2010 based on the average of those KSI casualties from the years 1994 to 1998. There was also a significant change in recording KSIs in 2005 which may be one of the reasons why East Sussex figures are higher than average. Further detail on this can be found in 3.2.2.

3.1.1 During the period 2000 to 2010 there was a ring-fenced Road Safety grant provided to all local authorities by the Department for Transport. The most recent sums awarded to East Sussex are shown below.

Road Safety Grant to East Sussex County Council 2008 - 2010	
2008/09	£815,000
2009/10	£884,000
2010/11	£660,000
<b>TOTAL</b>	<b>£2,359,000</b>

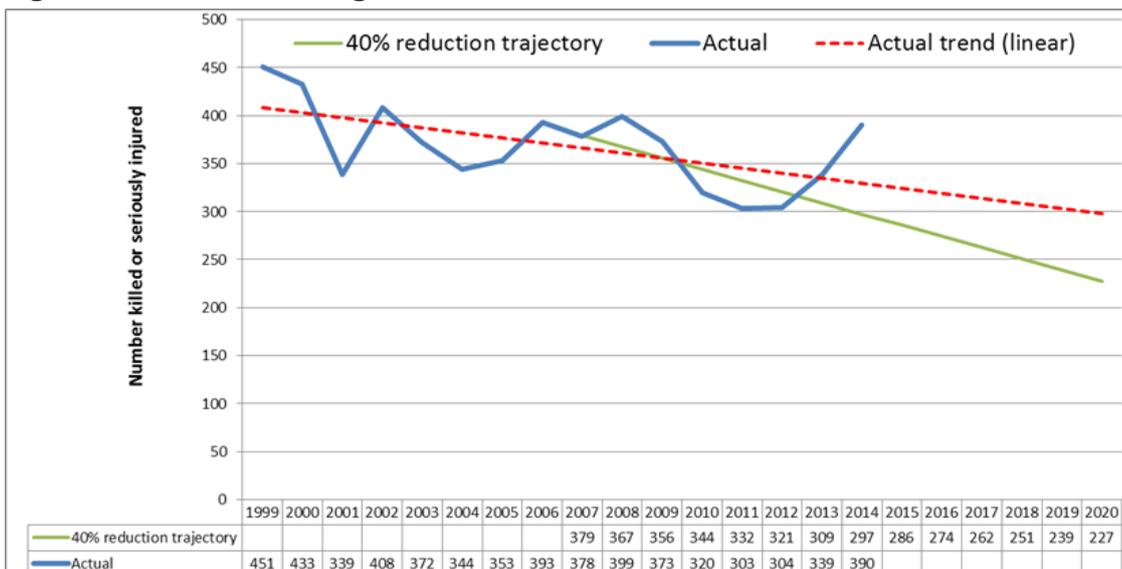
These monies were invested in a range of road safety interventions. Nationally the target was met, with a KSI reduction of 44%. However, in East Sussex a reduction in KSIs of only 30% was achieved.

3.1.2 Currently there are no national road safety targets. The national Strategic Framework for Road Safety (May 2011) details two forecasts, a central forecast and a low forecast that Central Government believes to be achievable (based on a % reduction on the average of 2005 to 2009 KSI casualties). The central forecast predicts a 40% reduction in KSIs by 2020 on the assumption that existing road safety programmes and other partners' measures continue to develop. The low forecast predicts a 50% reduction if the lower performing authorities were to improve their performance towards the level of the top performers. In this context East Sussex would be seen as a lower performing authority.

3.1.3 The forecasts set in 2011 are extremely ambitious, and based on the assumptions detailed in 3.1.2. In addition, at the same time as these forecasts were set, the ring-fenced Road Safety grant was removed and local government faced significant budget reductions. Along with the pressure in funding, the target did not take into account increasing populations, varying road types in local authority areas, changing economics and increasing traffic flows. However, local authorities were encouraged by the DfT to aim to meet these forecasts, and following discussions at the SSRP, East Sussex County Council (ESCC), West Sussex County Council (WSCC) and Brighton & Hove City Council (BHCC) all currently have a target which is set at a 40% reduction in KSIs by 2020.

3.1.4 For East Sussex, a 40% reduction in KSI casualties based on the average of 2005 to 2009 would seek to reduce KSI casualties to 227 by 2020, a reduction of 152 KSI from the average of 379. The table below shows the level of reductions required to meet the 40% reduction in KSIs by 2020.

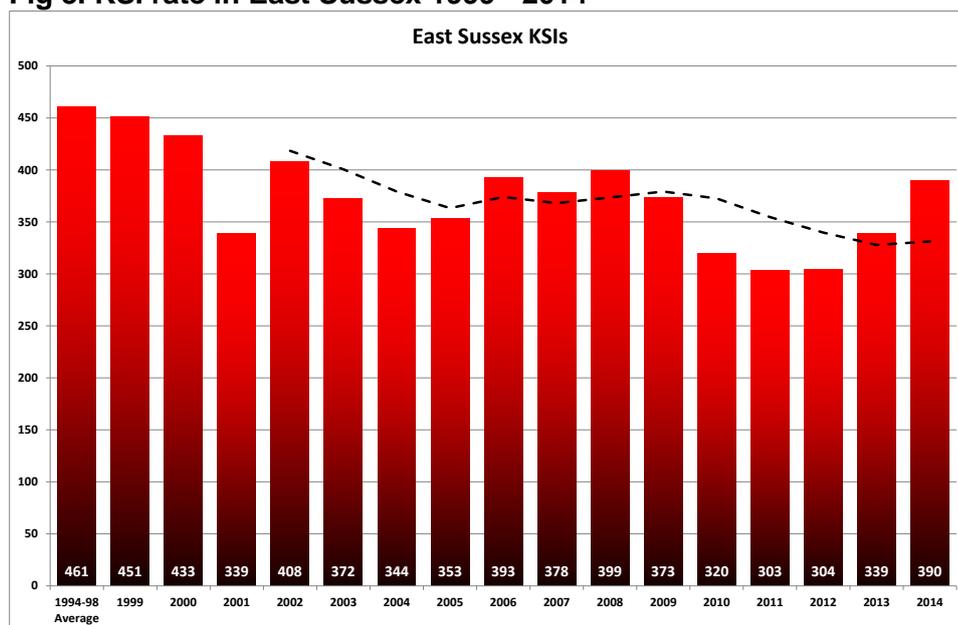
**Fig 2. Actual and 40% target rate of KSIs**



3.1.5 Since the forecasts were set by the DfT, all local authorities in Sussex have shown an increase in KSIs between 2011 and 2014. During this period a number of similar local authorities have also seen an increase, for example Suffolk and Norfolk. Following a discussion between Senior Officers at WSCC, BHCC and ESCC regarding the current DfT forecasts and the 40% target, it has been agreed that the SSRP will be asked to undertake a review of the current KSI targets for Sussex and recommend an alternative approach. It is proposed that the SSRP may wish to use the evidence in this report to inform its review of the current KSI target...

3.2 East Sussex KSI Trends - An analysis of KSIs in East Sussex, undertaken by the SSRP, indicates that although there has been a downward trend over the last 24 years this has not been a straight line reduction. For example, as illustrated in the graph below, since 1999 the KSI rate has seen a number of peaks and troughs. Over the latest 4 years for which complete data is available there has been an increase in the number of KSI casualties.

**Fig 3. KSI rate in East Sussex 1999 - 2014**



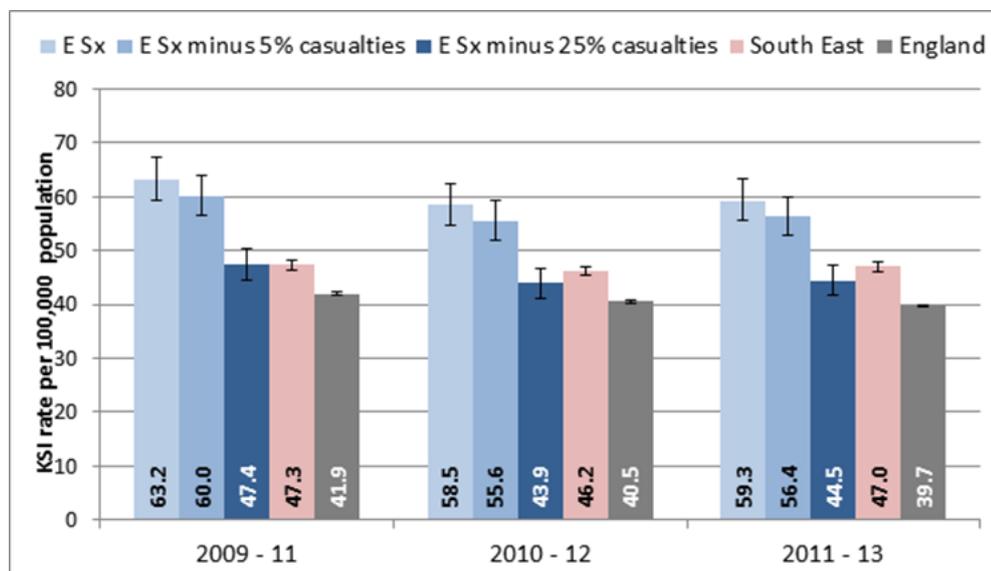
3.2.1 Issues with comparing East Sussex KSI rates with other local authorities - The East Sussex KSI rate has been higher than the England average for many years. The KSI rate during the period 2012-2014 for East Sussex is 64.5 per 100,000 population and for England it is 39.3. Although KSI rates continue to be compared nationally, it should be noted that the SSRP have stated their view that it is difficult to compare KSI data with other local authorities. SSRP cite a number of reasons for these difficulties, such as differing road networks, weather, rural/urban splits, public transport availability, collision reporting/recording, economic differences, etc and that this makes the whole subject extremely complex and makes data directly comparing authorities difficult to interpret because these factors may impact to different degrees in different areas.

3.2.2 Changes and variation in recording KSIs - The analysis undertaken by the SSRP, which is detailed in Appendix F, identifies that up until 2005, rates of KSI reduction in East Sussex were similar to the national rate of reduction. However, after 2005 the East Sussex rate began to worsen and deviate from the national trend. The most significant event in 2005 was the introduction in Sussex of a new computerised system for recording accident data, replacing the previous paper based system. Many safeguards and checks were built into the system including the definitions of injury that should be recorded as a series injury. This is likely to have resulted in data being recorded more systematically than that recorded on paper, and following the DfT guidelines much more accurately than previously. One side effect of this was that many casualties with relatively minor injuries (such as a broken finger), were now much more likely to be recorded as a serious casualty. The DfT intended to roll out a national IT system based on the Sussex system. However this process stalled and only 2 of the 43 police authorities use the new system. Sussex Police is

not one of those two, and is still using the system that was created internally as it continues to provide accurate and timely data.

**3.2.3 Audit matching STATS19 data with Accident and Emergency (A&E) Department data - Initial Findings** - An audit has been undertaken which sought to compare STATS19 police data with A&E data for the year 2014 to consider whether it may be that accidents recorded as severe by police could subsequently be considered as not severe based on medical assessment contained in A&E notes or a review of the descriptor of injury recorded by the police. Of the 295 STATS19 casualties recorded as severe, 220 were confirmed as severe (75%) based on A&E data or the description of the injury from police records. 14 casualties were identified as not severe (5%) based on A&E data or the description from police records. 60 casualties (20% of casualties) contained no police recorded data on description of injury and so could not be classified either way using both sources. These cases could not be found in A&E records. It is possible that these cases attended other medical facilities for treatment (A&E elsewhere, GP, Minor Injury Unit etc), however the accuracy of their coding as 'severe' cannot be determined. It may be that the true rate of variation in perception of 'severe' injury is between 5 and 25%. A 5% reduction in casualties classified as severely injured would not reduce the East Sussex KSI rate sufficiently for East Sussex not to remain significantly higher than England or the South East. However a 25% reduction would mean that East Sussex rates were similar to the South East, but remained slightly higher than the England average for all periods.

**Fig 4 - KSI rates with 5% and 25% reduction in East Sussex (with 95% confidence intervals)**



**3.3 KSI Causation Factors** - Analysis has shown that nationally over 90% of KSIs are due to human error. Although the causation factors behind this figure are wide and varied, in East Sussex over the three years 2012 to 2014, nine of the ten most frequent contributory factors in collisions that resulted in a KSI were directly related to road user behaviour, and these are detailed below (NB more than one causation factor may be recorded for each incident).

Contributory factor	Collision severity		Total	% of Total
	Fatal	Serious		
Failed to look properly	5	293	298	18%
Careless or reckless or in a hurry	10	181	191	12%
Loss of control	17	129	146	9%
Failed to judge other person's path or speed	3	136	139	8%
Poor turn or manoeuvre	7	103	110	7%
Impaired by alcohol	2	67	69	4%
Travelling too fast for conditions	5	55	60	4%
Slippery road (due to weather)	2	52	54	3%

Learner or inexperienced driver or rider	1	51	52	3%
Aggressive driving	2	41	43	3%

The main causation factors, as recorded by Sussex Police, for KSI crashes occurring in East Sussex between 2012 and 2014 are indicated at Appendix E.

3.4 East Sussex location of KSIs - When the location of KSIs across East Sussex has been mapped and analysed it shows that KSIs are not distributed evenly across the county. For example, as might be expected, the majority of pedestrian and cyclist KSIs occur in urban conurbations whilst motorcycle collisions are distributed along the major A roads. Whilst KSIs are not distributed evenly, they are not sufficiently clustered to enable specific geographical hotspots to be identified. Maps of KSI by road user type and location are at Appendix G.

3.5 Future Pressures - In future, the location and numbers of KSIs may be even more difficult to predict due to the increase in population, the population of East Sussex becoming older and economic factors, such as the reduction in the price of fuel, so there are more vehicles on the roads. The public are more likely to be exposed to risk on the roads unless the incidents caused by human error on our roads can be reduced.

3.6 Road Safety Interventions to reduce KSIs - Nationally, road safety interventions over recent decades have focused on technological solutions, engineering a safer road environment or changing behaviours.

3.7 Technology - Analysis by the DfT suggests that the largest single contributory factor to road safety casualty reduction, in particular driver casualty reduction, in the UK over recent years has come from improvements in vehicle safety. The majority of vehicles on the road now have good passive safety with air bags and crumple zones. Looking forward advances in further technological solutions, such as electronic stability control, will deliver significant benefits and help further avoid or mitigate much trauma on the roads. Reductions in KSIs in the UK started to show significant results in about 2000. This is due to a wide variety of reasons including improved road design, better vehicles, improved driver training and improvements to medical interventions. This period and beyond saw the results of legislation such as seat belt laws (introduced over 30 years ago) and drink driving campaigns bear fruit.

3.8 Engineering a safer road environment - Engineering interventions have traditionally been largely focused on the treatment of single sites, such as individual junctions or bends, to make it safer given an existing collision pattern. This has been effective over the years in reducing road casualties; however the vast majority of sites where low cost solutions are most effective have been treated. Engineering solutions have therefore, become increasingly difficult to identify, more expensive to deliver and less effective in reducing casualties. With the vast majority of KSIs caused by human error, the analysis shows there is little for the County Council to do in the way of targeting KSI casualties through engineering. It is more through the education and enforcement areas that these factors can be addressed. Because of the wide range of factors which contribute to road traffic accidents, the identification of specific reasons for high rates of KSIs and lower rates of reduction in KSIs in East Sussex is challenging.

3.8.1 East Sussex, along with many other authorities, has been changing the focus of engineering work to a more holistic route treatment approach, particularly focussing on the rural "A" class road network where a high proportion of the Killed or Seriously injured casualties occur. This approach, rather than seeking treatable patterns in crashes, looks at a route in its entirety to ensure that a consistent signing strategy is in place that guides a driver through any bends, junctions or other hazards. In this approach all the route is treated, not just those locations where casualties have been recorded. Whilst few of these route treatment schemes have been in place long enough for a full evaluation of the impact of the work, the indications are that good casualty reduction, particularly KSI casualties, can be achieved.

3.8.2 Each year there remains a programme of activity in the County developed by the Road Safety Team. 2014/15 concluded the 7 year Village Speed limit review and in 2015/16 a further £125,000 was used for road safety projects.

3.8.3 Maintenance works undertaken throughout the county continue to provide a positive contribution to road safety by ensuring standards of visibility, skid resistance, signing and lighting on the highway, and maintaining road surfaces in good condition.

3.9 Changing behaviours - Interventions to change behaviours have focused on Education, Training and Publicity (ETP) and Enforcement. ETP is aimed at helping people to be aware of and to understand road safety issues and risks, and providing appropriate training to improve their ability to safely use the road environment. This area of activity is clearly aimed at informing, educating, and changing behaviour, and up to 90% of casualty numbers could be influenced in this way. However, its impact is not directly measurable in terms of outcomes for casualty reduction. The DfT THINK! Campaign does address behaviour change. Further detail on this can be found at Appendix H.

3.9.1 Enforcement is targeted by Sussex Police at sites where assessment of casualty data, community feedback and intelligence indicates a priority area for intervention. Enforcement includes safety camera deployment introduced through the SSRP. Enforcement is an essential tool in reinforcing educational messaging and engineering measures. However enforcement needs to be proportionate and targeted. All types of enforcement will continue to play an important part by targeting priority groups and those displaying disregard for their own safety and the safety of others. Enforcement can also identify those displaying a lack of skill or poor judgment that may then benefit from further education.

3.10 What the data tells us - Primarily road safety programmes in East Sussex are data led using validated accident data from Sussex Police. Programmes are prioritised to those groups or locations that express the highest risk.

3.10.1 Analysis undertaken by the SSRP and the County Council's Road Safety Team have identified a number of priority groups. Currently five groups have been identified, which are those that have the highest numbers of KSIs on the road of East Sussex. These are:

- Non-motorised users (NMUs or pedestrians, pedal cyclists and mobility scooter users), for example pedal cyclists account for 11.2% of KSIs amongst 16 to 24 year olds
- Powered two wheelers (PTWs) account for 22.7% of all KSIs
- Occupational, where one of those involved in the collision was considered to be using the road as part of their occupation
- Speed, where some form of speed element was considered to be present in the cause of the collisions

3.10.2 Turning to geographic locations, each year the Road Safety Team identifies those sites that have had four or more personal injury crashes recorded in the previous three year period. It is also worth highlighting that 12.6% of KSIs currently occur on the Trunk Road network in East Sussex, which is managed by Highways England. This accounts for 28.2% of fatalities. Whilst we do not control these roads we can still influence driver behaviour so we work in partnership with Highways England through the SSRP on the common goal of reducing KSIs.

3.10.3 The KSI data for East Sussex is varied and multi-faceted, and there is a variance in the type of road user subject to KSIs. Most significantly, the risk of becoming a casualty varies widely by age and road user type. For example, 21.4% of KSIs (in the last three years of data available) were aged between 13 and 24 but this group only make up 12.9% of the County population. Safe road use as a pedestrian, cyclist or motorist is a life skill and a coordinated approach to addressing increased risk in each of the priority groups is likely to be most effective.

3.10.4 This data along with the varied causation factors for KSIs show how difficult it is to take measures to improve KSI rates on East Sussex roads.

#### 4. East Sussex Road Safety Programme

4.1 The overall aim is to reduce the rate of people killed and seriously injured in East Sussex. Following the findings of the report produced by Peter Brett Associates, a review of national best practice and further recent engagement with our SSRP partners, the programme for the allocation of the remainder of the funding from the Public Health grant of £1m will focus on the provision of additional road safety interventions in East Sussex on identified high risk groups and sites identified above.

#### 5. Implementation

##### 5.1 Outline Implementation Plan

Activity	Outcome sought	Draft Timescale
Joint Scrutiny Board.	Following Joint Scrutiny Board the Safer Streets report will be put in the public domain.	March 2016
East Sussex Road Safety Partnership and SSRP  Present the findings of the Safer Streets report together with the information contained in this report and its appendices to the SSRP and the East Sussex Safer Roads partnership. The SSRP are key partners in this work and their views on our proposals are important in the successful delivery of this programme.	Inform East Sussex Road Safety Partnership and SSRP of plan and approach, and seek feedback. Then develop, cost and finalise action plan.	Spring 2016
East Sussex Safer Communities Partnership.	Inform and seek feedback from Safer Communities Partnership of plan and approach.	Spring 2016
Appoint project manager (2/3 years).  Detailed interventions are worked up by PH /CET leads in conjunction with project manager to develop, cost and finalise the action plan.	Additional capacity in place to oversee programme.	Spring 2016
Commission evaluation.	Robust evidence to determine which interventions are effective (and which are not).	Spring 2016
Commence project delivery.	Evidence based strands of work are in place across partnerships.	Spring 2016
Final evaluation.	Clear information on what works (and what does not) to inform future plans across partnership.	January 2018

##### 5.2 Proposed High Level Actions and Expenditure

Evidence based action area	Detail
Project management Circa £30,000 to £40,000 per year (£100,000)	Appointment of Project Manager to lead, coordinate and oversee activity over 2-3 years. Robust project management is important to work across partner agencies to ensure that the whole system is working together more efficiently to prevent road accidents
Behaviour change and education Circa £500,000	Building on previous work through SSRP, identify groups at risk of being KSIs. Development of social marketing segmentation to address the needs of high risk groups. From evidence gained, develop road safety campaigns for East Sussex.

	<p>Current identified East Sussex High Risk Groups:</p> <ul style="list-style-type: none"> <li>• Non-motorised users (NMUs – pedestrians, pedal cyclists and mobility scooter users)</li> <li>• 16 to 24 year olds</li> <li>• Powered two wheelers (PTWs)</li> <li>• Occupational (where one of those involved in the collision was considered to be using the road as part of their occupation)</li> <li>• Speed (where some form of speed element was considered to be present in the causation of the collisions)</li> </ul>
	<p>Undertake further research for the introduction of further behaviour change interventions to target reductions in the number of KSIs across the road network in East Sussex. Understand reactions and attitudes towards road safety interventions for different user types such as, vulnerable road users, young drivers, and older drivers. Develop behaviour change pilot schemes, specifically 20mph in selected areas, to gauge appropriateness and suitability for bringing about desired changes in driver behaviour with defined outputs for monitoring and review.</p>
	<p>Development of materials etc. for a number of different road safety campaigns focussing on priority groups and outcomes.</p>
	<p>Evaluation of current education interventions for young people and review of resources available and dissemination methods (e.g. schools literature, wider work in schools).</p>
Partnerships and communities Circa £100,000	<p>Work with local members and Parish Councils to inform development of self-sustaining community interventions for road safety (e.g. one off costs).</p>
Implementation of speed reduction measures Circa £250,000	<p>Work with local members and Parish Councils to identify local need and demand for 20 mph speed limits. Evaluate results of existing 20 mph areas / zones in East Sussex to provide evidence of the impacts of the schemes against scheme objectives. Allocation of one-off resource to CET Department to enable prioritisation of schemes in priority areas (to include any required additional staffing and technical costs).</p>
Programme evaluation Circa £50,000	<p>In line with best practice, allocate an appropriate budget for robust evaluation of partnership activities. This could be all interventions across partners if partners agree (not just work funded through £1 million) to inform recurrent spend on road safety interventions across the system to ensure maximum return on investment from the public purse as a whole.</p>

## 6 Governance

A formal project board will be established, with Senior Officer representation from CET and ASC. The project board will oversee the overall direction and management of the project, and prioritise and deploy resource.

## 7 Interdependencies

There are interdependencies with SSRP actions and the actions of individual partners who are responsible for each area of activity which addresses KSIs. This will be managed through the existing partnership arrangements and project board.

## **8 Conclusion and Reasons for Recommendations**

8.1 The reasons for higher rates of KSIs in East Sussex are not clear cut. Analysis of KSIs reveals that the largest single common factor is human behaviour/error. The evidence of what works to address KSIs suggests that approaches need strong partnership work, a focus on communication and behaviour change and be underpinned by an understanding of what drives different road related behaviour. The proposed approach for East Sussex utilises this learning to support implementation of a multi-agency targeted plan focussing on causal factors and seeking to change the behaviour underpinning the high rates of KSIs in East Sussex.

8.2 The Joint Scrutiny Board is recommended to note the findings of the Safer Streets report produced by Peter Brett Associates and to note that the vast majority of KSIs are caused by human error. Therefore any proposed programme of activity must be varied and flexible to meet the challenges created by differing high risk groups and sites. The board is also requested to consider and comment on the planned review by the Sussex Safer Roads Partnership of the current KSI targets for Sussex. In addition the board is recommended to note the allocation of funding from the Public Health grant of £1m to the East Sussex Road Safety Programme, which will focus on the provision of additional road safety interventions in East Sussex targeted at identified high risk groups and roads.

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### LOCAL MEMBERS

All

### BACKGROUND DOCUMENTS

None