

# Cabinet Agenda

**Monday, 8 August 2016 at 6.00 pm**

Council Chamber, Upper Ground Floor, Aquila House, Breeds Place, Hastings,  
East Sussex, TN34 3UY

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Present: Councillors Chowney (Chair), Forward, Cartwright, Poole, Atkins, Davies, Fitzgerald and Lee

## 13. MINUTES OF THE MEETING HELD ON 6 JUNE 2016

**RESOLVED** that the minutes of the meeting held on 6 June 2016 be approved and signed by the chair as a correct record of the meeting

**RESOLVED** the Chair called over the items on the agenda, under rule 13.3 the recommendations set out in minute numbers 16 and 18 were agreed without being called for discussion.

## MATTERS FOR COUNCIL DECISION

### 14. HOUSING STRATEGY

The Assistant Director, Housing and Built Environment, presented a report which advised of the results of a 12 week public consultation on the draft housing strategy 2016/19 and recommended the adoption of the strategy.

Although local authorities were no longer required to produce a housing strategy by law, it was good practice for the council to set out how it intended to meet local housing need. The report acknowledged significant changes to economic conditions and central government policy since the previous housing strategy was adopted. The refreshed strategy built on the achievements delivered under the previous strategy and highlighted the three priority areas of; meeting housing needs and aspirations, improving access and opportunities and supporting economic regeneration. The draft strategy had been revised further during the public consultation to reflect changes brought about by the Housing and Planning Act 2016. The strategy was supported by an action plan, which would be subject to ongoing review.

The Assistant Director, Housing and Built Environment, agreed to include a link to the council's homelessness strategy within the document.

Councillor Forward proposed approval of the recommendations to the report, which was seconded by Councillor Fitzgerald.

Councillor Lee proposed an amendment to the draft strategy relating to priority 1, specifically the council's approach to tackling rough sleeping.

Councillor Lee was keen that the council moved to a housing first model and seek to adopt best practice in addressing the issue with other partners locally.

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It was agreed that the Assistant Director, Housing and Built Environment, in consultation with Councillors Forward and Lee would agree any final wording to be incorporated into the strategy.

### **RESOLVED (unanimously) that:**

- 1) **The Housing Strategy 2016-19 is adopted by Cabinet, and;**
- 2) **Delegated authority be given to the Assistant Director, Housing and Built Environment, in consultation with Councillors Forward and Lee to agree the final wording of the amendment proposed by Councillor Lee**

The reason for this decision was:

Whilst it is no longer a legislative requirement to produce a housing strategy, it is important for the council to outline plans for addressing local housing needs to provide a framework for partners and interested parties operating in the local housing market.

The previous strategy covered the period from 2010 and is now in need of renewal.

The draft Hastings and St Leonards Housing Strategy 2016/19 has been informed by a range of partnership work and has undergone a 12 week public consultation.

The new strategy takes account of new government policy and guidance and reflects a range of changes that have taken place over the life of the previous strategy.

## MATTERS FOR CABINET DECISION

### 15. **CUSTOMER FIRST COMMUNICATION STRATEGY AND ACTION PLAN**

The Corporate Customer Services Manager presented a report to consider the adoption of a customer first strategy.

The purpose of the strategy was to set out to the public and staff how the council intended to deal with enquiries, it is based on four key principles of meeting customer needs, being accessible, improving customer experience and providing value. The strategy would help to ensure a consistent approach across the organisation and ensure all council services remained focused on meeting customer needs.

The strategy reflected the council's broader organisational transformation programme, which included implementing new systems and working practices to make an increased number of council services available online. It was noted that this would provide customers with increased flexibility and choice about how to engage with the council.

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The strategy was supported by an action plan, which would be reviewed regularly. These activities would also be informed by available data, customer satisfaction surveys, mystery shopping and service reviews.

Councillor Cartwright proposed approval of the recommendations to the report which was seconded by Councillor Poole.

### **RESOLVED (unanimously) that the customer first strategy be adopted**

The reason for this decision was:

The customer first strategy is all about putting our customers at the heart of what we do. We are committed to providing excellent services which our customers can access when and how they need to. The strategy states how we will improve access to services and the customer experience. It is our public commitment to customer first.

The strategy provides a framework for the management of customer contact, information management and access to our services, bringing together a number of projects all working towards the same objectives.

The action plan provides the details of how we will achieve and implement the strategy, which will be reviewed and updated regularly.

### **16. CORPORATE PLAN RETROSPECTIVE REPORT ON PERFORMANCE DURING 2015-16 AND PROPOSED PERFORMANCE INDICATOR TARGETS FOR 2016-17**

The Director of Corporate Services and Governance submitted a report which advised Cabinet of the year-end performance for 2015/16 and proposed performance indicator targets for 2016/17

At its meeting on 24 February 2016, Full Council adopted the corporate plan for the period 2016/17 to 2018/19, Cabinet was also given delegated authority to agree year-end performance for 2015/16 and set performance indicator targets for the year ahead. The corporate plan set out the organisation's strategic direction and identified key activities that would be undertaken throughout 2016/17 to achieve the council's corporate priorities.

Members of the Overview and Scrutiny Committee had received an update on year-end performance at their meeting on 14 June 2016, at the meeting the Director of Corporate Services and Governance and Director of Operational Services briefed the committee on performance across the year and identified key areas of work which had been undertaken in addition to the corporate plan targets. The Overview and Scrutiny Committee had supported the proposed performance indicator targets for 2016/17, including the introduction of an additional measure to monitor the effectiveness of the council's website and the take up of online services. The committee's comments on specific targets were included in the report.

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The report highlighted that the council would continue to review its performance management arrangements in line with the broader organisational transformation programme.

**RESOLVED that:**

- 1. The comments of the Overview and Scrutiny Committee be considered;**
- 2. The year-end performance for 2015/16 and proposed performance indicator targets for 2016/17 be approved for publication (the Council meeting on 24 February 2016 delegated authority to Cabinet to approve these), and;**
- 3. Cabinet support intentions to continue to review corporate performance planning arrangements in line with the council's transformation intentions**

The reason for this decision was:

The council's corporate plan is one of the key documents by which the council is held to account for its performance, therefore honest and transparent reporting back on how well we performed against targets in the previous year is essential.

Local people and staff also need to be aware of the targets and standards we have set ourselves, and where any of these targets have changed from previous years we need to be clear about the reasons why.

### **17. INCOME GENERATION**

The Director of Operational Services presented a report which updated Cabinet on work to identify potential additional income streams for the council, and proposed how these could be explored further.

The council continued to face significant financial pressure and it was therefore important that it continued to maximise its existing income and identify new sources of revenue to offset the savings it would need to achieve over the coming years. A number of local authorities had already begun exploring different models to support income generation, including establishing an independent company to deliver these activities.

The report identified a number of priority areas for consideration, including housing, property investment, beach huts, chalets and seafront assets, income for park and energy generation. However, it was noted that additional opportunities may be identified over time. Cabinet acknowledged that a number of the priority areas identified, including interventions in housing and sustainable energy, may also assist the council in meeting its corporate objectives in the long term.

The report recommended that funding be allocated from the invest to save budget to fund staff support for further studies of the priority areas for consideration identified in the report. Expertise will also need to be shared within the organisation to develop

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capacity to explore other income generation opportunities in the future. An Income Generation Board would be formed to oversee these activities and the Local Government Association (LGA) will be invited to review the programme.

Councillor Chowney proposed approval of the recommendations to the Director of Operational Services' report, which was seconded by Councillor Fitzgerald.

**RESOLVED (unanimously) that:**

1. **The programme for income generation is agreed together with the establishment of an Income Generation Board;**
2. **The future invest to save budget is committed to this work and proposals for funding studies and the required staff support should be taken from this source;**
3. **The Local Government Association (LGA) is invited to review this programme and recommend any changes to it, and the support arrangements they consider appropriate that work to deliver the additional income generation activity on the seafront is agreed, and;**
4. **A further update on the work of Income Generation Board is considered in 6 months' time**

The reason for this decision was:

Income generation work is now sufficiently developed to require decision making structures and staff support commensurate with its significance in terms of financial and staff resources.

### MATTERS FOR COUNCIL DECISION

#### 18. **UPDATES TO THE COUNCIL'S CONSTITUTION**

The Chief Legal Officer submitted a report on amendments to the council's constitution in respect of a revised planning protocol.

The constitution formed the basis of the council's corporate governance. It was necessary to review and refresh the constitution, including the planning protocol, on an ongoing basis.

The planning protocol had been revised to reflect changes in practice and procedure as well as learning for a number of high profile planning applications which had recently come before Planning Committee. The revised protocol had been subject to consultation amongst officers and the proposed amendments were agreed by the Working Arrangements Group.

**RESOLVED to recommend that Council approves the revised planning protocol as part of the constitution of the council**

The reason for this decision was:

To agree the revised planning protocol giving clear guidance to Councillors about how they should carry out their duties in relation to planning and development proposals.

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(The Chair declared the meeting closed at. 6.53 pm)



# Agenda Item 5

**Report to:** Cabinet

**Date of Meeting:** 8<sup>th</sup> August 2016

**Report Title:** Community Led Local Development –European Maritime and Fisheries Fund (CLLD EMFF) – Fisheries Local Action Group (FLAG) update

**Report By:** Monica Adams-Acton  
Assistant Director for Regeneration and Culture

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## Purpose of Report

To update members about the success of the First Stage Application for CLLD EMFF FLAG funding to continue to support the sustainability of the Hastings fishing fleet and associated activity.

To seek approval for the Council to continue to serve as the lead partner and the accountable body for the programme; and to submit a Local Development Strategy by 5<sup>th</sup> August on behalf of the FLAG in order to comply with the Stage 2 application process for funding.

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## Recommendation(s)

That Cabinet:

1. Notes the current position with regard to CLLD EMFF funding and the Hastings FLAG.
2. Gives delegated authority to the Director of Operational Services or their nominee in consultation with the lead member for Regeneration and Culture to finalise and submit the Local Development Strategy (LDS) by the 5<sup>th</sup> August
3. Approves the continued role of the Council as lead partner in the management and delivery of the FLAG programme subject to confirmation of funding to deliver the LDS.

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## Reasons for Recommendations

The report gives an update on the CLLD EMFF FLAG funding, and the draft proposed areas of activity within the LDS. The deadline for submission of the LDS is 5<sup>th</sup> August. If it is approved by the Marine Management Organisation (MMO), who is the UK Managing Authority for the UK FLAG programme, it is anticipated that implementation of the programme would commence in the first quarter of 2017.

## Introduction

1. Fisheries areas across the EU are facing significant challenges. The continuous decline in income and employment in the fishing sector has underlined the need for innovative responses that are both sustainable and inclusive.
2. The European Maritime and Fisheries Fund (EMFF) provide funding for Community Led Local Development (CLLD) in fisheries and aquaculture areas. The funding is managed by the Marine Management Organisation (MMO) in England. It is a tool that enables local fisheries communities to address these challenges at a grass-roots level using the knowledge of local stakeholders to tackle local issues.
3. The EMFF will fund Fisheries Local Action Groups (FLAGs) to deliver fisheries focused CLLD. This will be done through a Local Development Strategy (LDS) designed by each of the FLAGs. Key focuses of FLAGs under EMFF will be supporting fishing communities to adapt to the reformed Common Fisheries Policy (CFP) and supporting sustainable economic growth.
4. In March 2016, on behalf of the FLAG and following extensive consultation with the existing FLAG Board, the Council (acting as lead partner) submitted and expression of interest to secure a second round of FLAG funding.
5. At the end of April, we received confirmation from the MMO that the Stage 1 application had been successful. Six FLAGs have been selected from 13 expressions of interest to progress to Stage 2 of which 3 are **existing** FLAGs and 3 are new FLAGs
  - **Cornwall**
  - Dorset and East Devon
  - **Hastings**
  - **Holderness**
  - North of Tyne
  - North Thames

## EMFF Policy Priorities

6. The EMFF Operational Programme has been developed by the Department for Environment, Food and Rural Affairs (DEFRA) and approved by the European Commission. This document is the overarching strategy for the EMFF in the UK and set out the priorities and indicators for the scheme in the UK, and the priorities for funding.
7. The primary policy priorities for delivery of the EMFF through CLLD are
  - **Implementing the reformed common fisheries policy**
  - **Economic growth linked to coastal deprivation and the marine and fisheries sector**

## Stage 2 – Local Development Strategy (LDS)

8. The Council in partnership with the FLAG Board is developing the LDS. This must reflect a maximum of a 3 year delivery plan from the launch of the FLAG programme, which must be no later than the 31<sup>st</sup> March 2017, with all FLAG activity including the submission of final claims no later than the 31<sup>st</sup> March 2020.
9. Up to £800,000 EMFF funding has been provisionally allocated by the MMO to deliver the Hastings LDS; the LDS must highlight any expected leveraged funding as well where identified.
10. The LDS has to be submitted by 5<sup>th</sup> August 2016. Key areas it must address are:
  1. **The extent which the local area will be effected by the reformed Common Fisheries Policy and how the LDS will mitigate these issues**
  2. **How sustainable economic growth can be developed and enhanced at the local level**
  3. **Ways in which the EMFF funding can be used to leverage other investment into the area**
  4. **The capacity and capability of the group to deliver the LDS**
11. Up to 25% of the funding allocation can be spent on M & A and Animation costs. In addition, as an existing FLAG £10,000 has been allocated in support of the LDS preparatory work and may be claimed once the LDS has been submitted.

## Timetable

12. The following timetable has been provided by the MMO and may be subject to change.
  - LDS submitted 5<sup>th</sup> August
  - Advised of go ahead by mid-October
  - Projects to start no later than 31<sup>st</sup> March 2017 and finish (including all claims) by 31<sup>st</sup> March 2020
13. **Hastings FLAG themes:**
  - The LDS is written in a broad manner so that these indicative actions can be developed further. However the aim is to have fewer than 10 projects across the programme

Thematic area	Indicative funded activities
Creating a <b>sustainable fleet and supply chain:</b>	<ul style="list-style-type: none"> <li>• Ecommerce Platform for fish market</li> <li>• New ice maker</li> </ul>

<p>by Working directly with industry and individuals to overcome the obstacles standing in the way of capitalising on economic growth, safeguarding and creating new jobs and sustaining industry.</p>	<ul style="list-style-type: none"> <li>• Capacity building (apprentices and mentoring)</li> <li>• Investing in existing, or developing new, certificates recognising the sustainability of fishing techniques</li> </ul>
<p>Protecting the <b>Environment</b> and informing the fleet through scientific research and modernisation:</p> <p>By: Working with researchers and specialist practitioners to better inform the fleet to mitigate changing environmental impacts, policy reforms and changing work practices</p>	<ul style="list-style-type: none"> <li>• Installation of PV arrays with the aim to reduce energy costs</li> <li>• Employ a PHD student to review impacts of CPF reform and help identify diversification opportunities</li> <li>• Buy in expertise to review business practices/or advise the fleet onshore businesses of efficiencies in business operations</li> </ul>
<p>Developing the identity of <b>The Place</b>, through educational, economic and brand development</p> <p>By: Taking a holistic approach to the locality's economy, working with partners to educate and inform end users, developing a locality specific and shared, sustainable economy.</p>	<ul style="list-style-type: none"> <li>• Employing an educational business developer to work across the Stade businesses, and with the accommodation sector in the town creating packages of activities. Role to become self-sustaining within 3 years.</li> <li>• Hold 1 festival in year two – encompassing the whole of the seafront</li> <li>• Develop the Hastings fish brand and associated merchandise to open further national and international wholesale and retail markets.</li> </ul>

## Policy Implications

14. **Equalities and Community Cohesiveness** – the LDS seeks to continue to establish links with the fishing fleet and associated business e.g. fish mongers and smoker and eating local fish for marginalised communities where health inequalities are more prevalent. The LDS seeks to help sustain the fishing community, itself a fragile community.

15. **Environmental Issues** – the fishing fleet catches fish in a sustainable way and provides a valuable source of local food to the local community, local businesses and wider afield. The fleet operates with a very low carbon footprint, the LDS activities e.g. MSC certification and replacement of the Ice machine will help to support the fleet to operate in this way.
16. **Economic/Financial Implications** – the previous FLAG funding and other EU funded research programmes e.g. GIFS has demonstrated further, the role the fishing fleet plays in the life of the town and its unique sense of identity. Continuing to support the fleet and wider industry to be on a more sustainable footing will have benefit to the cultural, community and economic life of the town.
17. The programme is expected to be cost neutral to the Council. Up to 25% of the allocated funding can be used for M & A and animation costs, which will support the delivery of the programme
- £10,000 to aid development of the Local Development Strategy (LDS)
  - £800,000 over a maximum of 3 years to deliver the LDS and associated projects
  - Between 80 and 100% funded
  - Up to 25% of the total budget can be spent on M&A and animation
18. **Organisational Consequences** – the FLAG funding will allow for the recruitment of a support officer, and the M & A budgetary allowance will enable costs associated with fulfilling the Lead Partner responsibilities for the programme to be claimed.

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### Wards Affected

All

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### Policy Implications

Please identify if this report contains any implications for the following:

Equalities and Community Cohesiveness	X
Crime and Fear of Crime (Section 17)	
Risk Management	
Environmental Issues	X
Economic/Financial Implications	X
Human Rights Act	
Organisational Consequences	X
Local People's Views	
Anti-Poverty	

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### **Additional Information**

Marine Management Organisation FLAG funding

<https://www.gov.uk/government/news/successful-emff-flags-in-england-proceed-to-next-stage-of-selection>

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### **Officer to Contact**

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# Agenda Item 6



**Report to:** Cabinet

**Date of Meeting:** 8 August 2016

**Report Title:** Healthy Hastings & Rother Programme -  
Reducing Health Inequalities

**Report By:** Andrew Palmer  
Assistant Director (Housing & Built Environment)

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## Purpose of Report

1. To update Members on the delivery of the HBC led projects within the NHS Hastings & Rother Clinical Commissioning Group's (CCG) Healthy Hastings & Rother (HHR) programme in 2015/16
2. To note the findings from the Health and Wellbeing Centre(s) Consultation project and to agree the implementation of its associated initiatives
3. To seek approval for the development and delivery of HBC led projects within the CCG's HHR programme in 2016/17

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## Recommendation(s)

1. To note progress with the delivery of the HBC led projects within the CCG Healthy Hastings & Rother Programme.
2. To note the outcome from the Health and Wellbeing Centre(s) consultation project.
3. To agree to implement "Sustainability partnerships within existing community centres" (Initiative 1) in partnership with the CCG.
4. To approve the development and delivery of the new projects in 2016/17 as described in the report, within the financial resources available.
5. To authorise the Director of Operational Services to take the necessary steps to develop and deliver the projects in consultation with the Deputy Leader.

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## Reasons for Recommendations

1. The Council has long held the position that good health is a key factor in determining the quality of people's lives and that health inequality is a significant outcome of and contributor to poverty.

2. If Members approve the projects and initiatives outlined in this report it is necessary to provide the authorisations to allow the development and delivery of the funded projects.
  3. As public sector budgets reduce it becomes ever more essential for public sector partners to co-operate in addressing issues of exclusion and inequality. This work may help lay the basis for more integrated work in the future.
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## Introduction

1. At its meeting in July 2015 HBC Cabinet agreed to a programme of work with funding from the NHS Hastings & Rother Clinical Commissioning Group (CCG) to help address health inequalities in the town. This report provides an update on the development and delivery of projects during 2015/16 and sets out for approval the proposed HBC and CCG programme for 2016/17. Over the two years the CCG has allocated £1.82m for HBC, the CCG and local partners to invest in projects which address health inequalities through the CCG's Healthy Hastings and Rother (HHR) programme.
2. Reducing health inequality is a priority of East Sussex Better Together, which is a joint programme between the local NHS and East Sussex County Council to transform health and social care. The CCG's Governing Body approved an initial investment of £5m in 2015/16 for the HHR programme. This investment has enabled the development of a comprehensive programme comprising in excess of 50 projects. The CCG's Governing Body has subsequently agreed a recurrent budget of £5m per annum for investment in the HHR programme and in March 2016 approved priorities for 2016/17 against an annual investment plan. A booklet published by the CCG summarises the HHR's progress and its key priorities for investment in 2016/17 and is attached for information.

### **HBC and CCG - 2015/16 Programme Update**

3. Projects with an overall value of £602k were developed in 2015/16 to reflect a number of key thematic areas:
  - Preventing Ill health
  - People Experiencing Health Inequalities
  - Health and Wellbeing Centre(s)
  - Housing – People & Places
4. The projects cover a wide range of issues including: improving and sustaining physical activity for inactive adults; promoting learning for unemployed adults with long term mental or physical health problems; improving awareness of domestic violence and abuse (DVA) for primary healthcare professionals and strengthening support for victims of DVA; consultation on developing options for health and wellbeing centres in existing community venues; the strengthening of housing and support services for rough sleepers and the street community; and strengthening the Winter Home Check Service with financial support for 'major' heating and insulation measures for eligible people. Details are attached at Appendix 1. For the most part projects were developed during 2015 for implementation during 2016/17, the exception being the health and wellbeing centres consultation work, which completed in April 2016.



## Health and Wellbeing Centres

5. HBC appointed '2020 Delivery' in December 2015, to undertake a community engagement and consultation project on the development of Health and Wellbeing Centre(s) in Hastings, St Leonards and Bexhill (Bexhill Central and Sidley). The end of project report was produced in April 2016. In May 2016 the CCG Governing Body approved the four initiatives recommended in the report, which are:
  1. Sustainability support to existing community centres
  2. Expanded system of social prescribing
  3. Prevention services within existing community centres
  4. Integrating voluntary and community services into planned expansions of GP practices

Commissioning and project management models for all four initiatives will be developed and implemented within an overall indicative budget of £300k per annum.

6. The four initiatives focus on the most deprived geographical wards in Hastings, St Leonards and Bexhill. A summary of the end of project report is attached at Appendix 2. Feedback on the findings from the project is being provided by the CCG and HBC to local stakeholders including communities and individuals in June 2016. The CCG has proposed that commissioning and project management models for implementing Initiative 1 (Sustainability support to existing community centres) is developed and agreed between the CCG and HBC by the end of July 2016 for implementation from September 2016.
7. Initiatives 2, 3 and 4 are being taken forward by the CCG in collaboration with East Sussex County Council and other partners. The CCG's oversight will therefore enable interdependencies to be maximised between the four initiatives.

## HBC and CCG Proposed 2016/17 Programme

8. The programme proposed for 2016/17 is supported by CCG funding of £1.2m. Experience from initiating the programme in 2015/16 has highlighted the need to focus resources on developing fewer but larger scale projects. With this in mind there are three key strands to the 2016/17 programme:
  - Health & Wellbeing Centres
  - Healthy Homes – People
  - Healthy Homes – Places

The programme is designed to address health inequalities in the most deprived parts of Hastings, St Leonards and Bexhill. A summary of projects within the programme is set out below.

9.

<b>Proposed Programme 2016-2017</b>
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Theme	Project Description	Budget
Health & Wellbeing Centres	<p>Implementation of Initiative 1 – sustainability support to existing community centres. Provision of financial resources and support for the continued development of capacity within existing community centres. This would enable the sustained delivery of new and existing services that contribute to the health and wellbeing of people using the centres and services.</p> <p>The support envisaged could include grants awarded to established centres in deprived wards that have the capacity to provide access to a wide variety of services and that are able to have the biggest impact on health inequalities. Total grants are to be agreed and anticipated to be up to a maximum of £50k per centre with a total budget of £150k per annum over three years.</p> <p>Support for other centres could include capacity building and co-designed projects to address health inequalities, achieved through peer-to-peer support and development of shared resources via a local forum. Budgets will be agreed to build capacity and to provide grants for specific co-designed projects. Further development of commissioning plans for Initiatives 2, 3 &amp; 4 during 2016.</p>	£300,000



<p>Healthy Homes - People</p>	<p>An 18 month pilot project to support people who are homeless or otherwise unsuitably housed when discharged from hospital. The objective is to improve housing outcomes after discharge, as a result reducing delays in discharging patients and reducing hospital readmission rates. Building on best practice elsewhere a multi-disciplinary health and housing team is envisaged to provide hospital and community based support, with a budget for temporary accommodation and minor property adaptations.</p> <p>Discussions are currently taking place between HBC, RDC, CCG, ESCC and the hospital/health trusts to ensure the project aligns with the objectives of East Sussex Better Together and those of the individual organisations. It is also necessary to gather base data and map data collection across different agencies in order to help inform project development. This stage is expected to require three months, leading to main project implementation in Q4.</p>	<p>£300,000</p>
<p>Healthy Homes - Places</p>	<p>An 18 month pilot project targeted at poor condition properties in the private sector (owner-</p>	<p>£552,000</p>



	<p>occupiers and private tenants) where fuel poverty is a concern due to unsatisfactory heating, poor thermal insulation and general energy efficiency problems. Two complementary elements are envisaged:</p> <p>a) Extending the reach of the East Sussex Fuel Poverty Reduction programme by additional funding for major heating and energy efficiency measures. This will add value to the East Sussex Winter Home Check Service.</p> <p>b) Taking enforcement action in the Coastal Space renewal area and other wards where fuel poverty is a priority to secure improvements in private rented properties.</p>	
HBC Programme Support	Contribution towards HBC management and central service support for the programme.	£48,000
<b>Total</b>		<b>£1,200,000</b>

10. The implementation work on Health and Wellbeing Centres already has the necessary approvals to proceed. Business cases are required for the Healthy Homes People and Places projects. The Places theme business case was finalised in July and received CCG approval on 21 July. Following Cabinet consideration of the overall programme set out in this report, the Places theme business case will require HBC approval. The project launch is anticipated in early October 2016. A detailed business case for the People theme will be created in collaboration with stakeholders and will be finalised once the initial 'mapping' phase is concluded. Currently, it is anticipated that the business case will be brought forward for respective approvals by October 2016. HBC approval for business cases will be made in conjunction with the Deputy Leader who is acting as Lead Member for this work.

11. Individual project management costs will be included within the funding available for each theme. For the Health and Wellbeing Centres work it is

proposed to charge an HBC project management fee of 10% against the cost of implementing Initiative 1. The project management costs for the Housing - Places theme are included in the business case. Project management costs for the People theme will be agreed between the CCG and HBC when the business case is finalised. In addition there is a budget of £48,000 to contribute towards HBC costs associated with supporting the development and delivery of the programme.

12. The CCG has allocated £300k per annum over three years to support the implementation of the Health and Wellbeing Centres programme. The Healthy Homes themes projects will straddle this financial year and next and it is possible to carry forward the CCG funding into future years to support this. Where existing or proposed pilot projects prove to be successful in delivering the desired health and other outcomes there may be the opportunity to bid for continuation funding from the overall CCG Healthy Hastings and Rother programme budget in future years.

### **Policy Implications**

13. If successful, projects within the programme should begin to reduce health inequalities and impact positively on:
  - a) Reduced health inequalities should contribute towards greater community cohesion and sustainability. Health issues are a significant cause of exclusion and impose significant problems at a personal and community level.
  - b) Crime and fear of crime, particularly on issues of domestic violence.
  - c) Local people's views, particularly through work around consultation and engagement on the delivery of health and wellbeing services in community centres
  - d) Anti-poverty, as health inequalities are widely recognised as both a development and outcome of wider economic exclusion

However, it is important to note that only longer term work will produce significant outcomes for local people.

### **Financial and Organisational Implications**

14. The work programme will need to be contained within the additional resources allocated by the CCG, currently £1.2m. Project delivery will straddle this financial year and next. There is flexibility with the CCG funding, which can be carried forward into future years to support this.
15. HBC does not have the staff resources or the capacity to absorb project management and other costs associated with delivering the programme. These costs will need to be contained within the programme budget. The agreed HBC project management costs will be charged to individual projects. In addition, the programme budget includes an allocation of £48,000 to contribute towards HBC management and central support costs associated with developing and delivering this programme.

## Wards Affected

All

## Policy Implications

Please identify if this report contains any implications for the following:

Equalities and Community Cohesiveness	x
Crime and Fear of Crime (Section 17)	x
Risk Management	
Environmental Issues	
Economic/Financial Implications	
Human Rights Act	
Organisational Consequences	
Local People's Views	x
Anti-Poverty	x

## Additional Information

Hastings & Rother CCG Leaflet – Healthy Hastings & Rother: Working together to improve health and wellbeing - Spring 2016

## Appendices

1. Healthy Hastings & Rother Programme 2015-2016: HBC Led Projects
2. Summary of Health & Wellbeing Centres Consultation Report – April 2016

## Background Papers

Report to Cabinet – Reducing Health Inequalities – 6 July 2015

## Officer to Contact

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01424 451316



## Appendix 1

### Healthy Hastings & Rother Programme 2015-2016 Projects Led by HBC

Thematic Area	Project	Project Summary	Value	Delivery Lead
Preventing Ill Health	Lets Get Moving	Active Hastings are leading this project with support from UK Active, the commissioned training provider. 9 GP Practices in Hastings have signed up to deliver Lets Get Moving. Training is being rolled out to those practices over the Summer period. Delivery of advice, support and referral into physical activity programmes will be available from Active Hastings, Freedom Leisure and their associated partners from September. Widespread promotion of the project through local stakeholder meetings and local communication conduits are proactively supporting the opportunities for referrals to be generated. Optimum numbers of referrals are being negotiated with practices over the 2 year project period. Priority remains focused on those patients who are overweight and in-active in line with the Active Hastings Sport and Physical Activity Strategy.	£73,400	HBC – Active Hastings



People Experiencing Health Inequalities	Adult Learning	Sussex Downs College is leading a project in partnership with the CCG and HBC, to provide bespoke and targeted adult community learning for vulnerable people in Hastings and St Leonards. Beneficiaries will include lone parents, people with poor physical and / or mental health, care leavers, the long term unemployed and the Black, Asian and minority ethnic community The 2yr project will support 200 learners. 20 courses of 10 weeks each will be delivered, for example, on Family Learning (English and Maths), Arts, Craft, Restoration, Cooking & Healthy lifestyle, ICT and digital inclusion, Health & Wellbeing, Confidence Building, Personal Development, Employability, Parenting and English for Speakers of Other Languages (ESOL). The courses commenced in April 2016 with evaluation data scheduled in early July.	£57,600	South Coast College
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	Health Independent Domestic Violence Adviser (IDVA)	<p>A one year pilot project that will embed an Independent Domestic Violence Advisor (IDVA) at the Conquest Hospital, in the A&amp;E department and (where appropriate) other delivery options, for example, the Maternity Unit. The proposed service will seek to link all clients assessed as medium or high risk with IDVA services in Hastings for further support and advice. The project will also deliver training for A&amp;E and other hospital staff at short awareness raising sessions. Whilst the main focus of the proposed hospital based IDVA is in supporting vulnerable women and girls, the project will adopt a gender specific approach and be open to men/boys presenting at A&amp;E as a result of being in an abusive/violent relationship. The IDVA will promote earlier identification, as well as enabling access by patients in this setting to the wider specialist domestic violence services that have recently been commissioned in Brighton &amp; Hove and East Sussex.</p> <p>The IDVA service will help promote the capacity of primary care practitioners and their patients to talk about domestic violence and abuse (DVA), enabling hospital staff to play an essential role in preventing and responding to DVA by intervening early, providing treatment and information, and referring victims on to specialist caseworkers or other support. Under joint commissioning arrangements between ESCC, HBC and Brighton &amp; Hove City Council, this project and the IRIS scheme (below) are being delivered by 'Change, Grow, Live' the commissioned provider of domestic violence services across East Sussex. The service is currently mobilising and will commence delivery in June 2016.</p>	£50,000	Change, Grow, Live (formerly CRI)
	Identification and Referral to Improve Safety (IRIS)	<p>A one year pilot IRIS scheme to help address the high level of DVA in Hastings &amp; St Leonards. The project will draw on good practice developed by the national IRIS programme. Through the appointment of an advocate-educator, IRIS provides an opportunity to develop existing partnership work between</p>	£70,000	Change, Grow, Live (formerly CRI)

		<p>primary care and specialist DVA services by providing all 19 GP surgeries in the town with a practice based training, support and referral programme for staff. The aim is to deliver a care pathway for adult patients living with abuse and their children. It is aimed at women who are experiencing DVA from a current partner, ex-partner or adult family member. IRIS also provides information and signposting for male victims and for perpetrators. Significantly, IRIS is an opportunity to deliver care closer to patients' homes where it is safe and appropriate to do so.</p> <p>IRIS promotes the capacity of primary care clinicians and their patients to talk about DVA, enabling general practice to play an essential role in preventing and responding to DVA by intervening early, providing treatment and information, and referring victims on to specialist services. This will help make patients safer and enable more families to stay safely in their own homes. The service is currently mobilising and will commence delivery in June 2016.</p>		
Community health & wellbeing centres	Engagement & Consultation	<p>In December 2015 '2020 Delivery' were appointed to deliver the community engagement and consultation project to produce options for the development of Health and Wellbeing Centres in Hastings, St Leonards and Bexhill. The final report was produced in April 2016. All the recommended options focus on delivering health and wellbeing services in existing centres (yet to be determined) in the most deprived wards of the towns. A project management group is overseeing this work stream and includes representatives from the CCG, HBC, RDC, ESCC, HVA and RVA. Feedback on the report's findings from the consultation is being provided by the CCG and HBC to stakeholders including communities and individuals engaged in the consultation process. All four options/interventions are being progressed in 2016/17.</p>	£150,000	HBC - Regeneration

Housing – People and Places	Housing & Wellbeing Hub (Street Homeless & Rough Sleeper support)	<p>This 12 month pilot project strengthens support provided to the rough sleeping and street community through a weekly multi-agency ‘hub’ approach hosted by Seaview Projects in St Leonards. By adopting a more integrated approach, national evidence suggests that better health outcomes and cost savings are achievable. The service is being strengthened with a new post of Navigator who will help people to ‘navigate’ local support and healthcare services; a dedicated mental health professional (1 morning a week); an activities programme to help individuals change routine; and a housing officer who will be the case holder for local rough sleepers and the single point of contact for other agencies. The project will provide training for GPs on the support networks and pathways available for homeless people. It will also explore whether the Housing First model is viable in Hastings. The housing officer will also undertake a Health Needs Audit to establish an evidence base about the health of homeless people in the town. Commissioning of the various project elements has taken place over the past few months and the new service was launched on 9 June 2016.</p>	£115,000	HBC - Housing Needs & Policy
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	Cold/Damp/Homes, Trips and Falls	A project is under development to extend the reach of the East Sussex Fuel Poverty Reduction programme by providing additional funding for major heating and energy efficiency measures. It will complement the Winter Home Check Service by providing up to £4,000 top up for major measures to address fuel poverty and potential slips and falls for vulnerable people living in poor quality private homes. The project development work has helped inform the Healthy Homes – Places theme proposed for 2016/17 and the funding will be rolled forward and added to the budget for this.	£75,000	HBC - Housing Renewal
Programme Support	Programme Management & Project Development	Development of a consistent approach to project development and delivery and programme management. Support for development of business cases for specific projects.	£11,000	HBC
<b>Total Budget</b>			<b>£602,000</b>	

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**NHS**

*Hastings and Rother  
Clinical Commissioning Group*

# HEALTHY HASTINGS AND ROTHER

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Working together to improve health and wellbeing  
*Spring 2016*

# ADDRESSING HEALTH INEQUALITIES IN HASTINGS AND ROTHER

“As a local GP and chair of the CCG, my key priority is to ensure we have high quality NHS services in our area and to help improve the health of local people.

“In the summer of 2014, the CCG invested an initial £5m to tackle long-standing problems of relative poor health in Hastings and Rother.

“This summary provides an update on some of the many excellent activities delivered during the first phase of the Healthy Hastings and Rother programme, all of which have been aimed at tackling health inequalities by improving local services and supporting people to live healthy and happy lives.

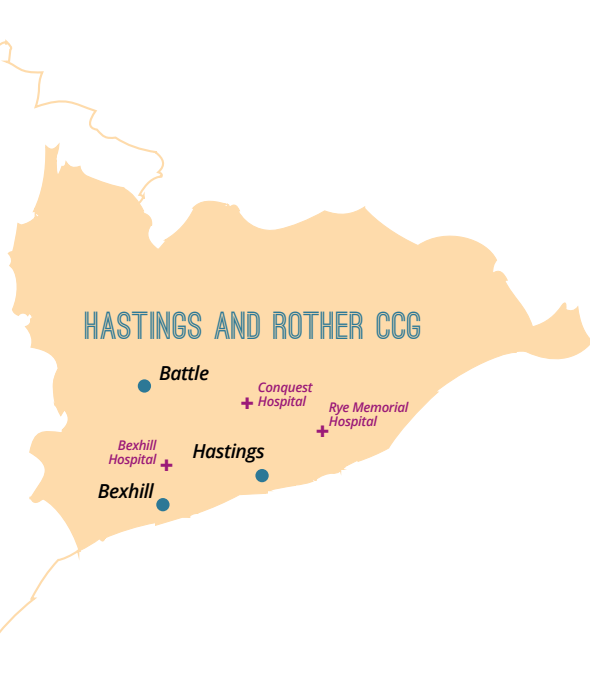
“We’re proud of the work of the programme so far and pleased to invest a further £5m into the programme for 2016/17. We all look forward to continuing to work with local communities and partner organisations to improve health and wellbeing in our area.”

***Dr David Warden***  
*Chair, NHS Hastings and Rother  
Clinical Commissioning Group*





- ▶ 183,000 people.
- ▶ 29 GP Practices.
- ▶ 219 GPs.
- ▶ Acute hospital services provided from two main hospital sites.
- ▶ Two community hospitals.
- ▶ £259.5m CCG budget for NHS services.



## What is Healthy Hastings and Rother?

The programme aims to address health inequalities by improving the health and wellbeing of people in Hastings and Rother's most disadvantaged communities.

It is led by NHS Hastings and Rother Clinical Commissioning Group, and supported by a range of partners, including East Sussex County Council, Hastings Borough Council, Rother District Council, East Sussex Healthcare NHS Trust and the voluntary and community sector.

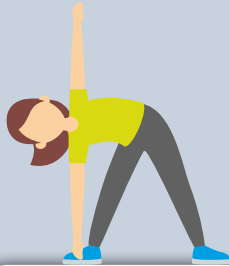
Reducing health inequality is a key priority of East Sussex Better Together – our joint programme with Eastbourne, Hailsham and Seaford CCG and the county council to transform local health and social care. We're working together and with the public to ensure our combined £850 million budgets are used to achieve the best possible services for local people. We're working to develop a fully integrated local health and social care system by 2018.

## What health inequalities do we have locally?

- ▶ Hastings and Rother contains the seven most deprived council wards in East Sussex. Many factors including employment, income, housing, education and lifestyle choices mean that people in these areas tend to have worse health and lower life expectancy compared with other areas.
- ▶ 29% of children in Hastings and 19% in Rother live in poverty.
- ▶ Men in the most deprived areas of Hastings are expected to live 11 years less than those in other areas of the town – the biggest gap in the south east of England. Life expectancy for both men and women is lower than the England average.
- ▶ Hastings has significantly higher percentages of people with bad or very bad health compared with the rest of England with high rates of long-term illness, disabilities, cancer, lung disease and heart problems.



# THE CAUSES OF HEALTH INEQUALITY



## Social, economic, environmental

e.g housing, jobs, education, transport, income

## Lifestyles and behaviour

e.g smoking, diet, exercise

## Access to services

Are local people able to access local services and support that will benefit their health?

## Health outcomes

Reduced life expectancy, higher rates of illness, disability, and long-term conditions

# WHAT WE'VE DELIVERED

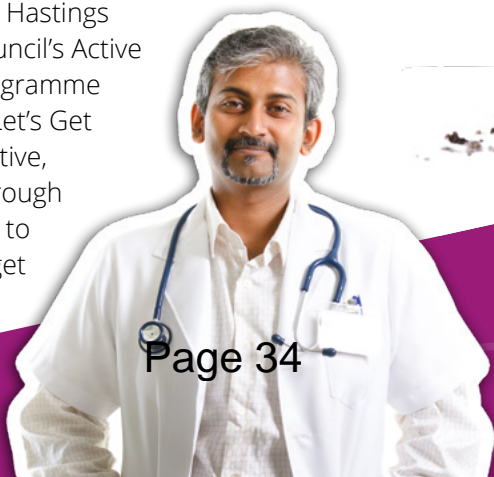
Since the summer of 2014, we've worked with our partners on some 60 projects. We have improved the quality of existing services and commissioned new initiatives that meet local needs. This will enable better access to services and encourage people to live healthier lives. Here are some examples of what we've achieved:

## Investing in GP and pharmacy services

- ▶ Launched a benefits and money advice service within GP practices and other NHS facilities to help people with financial problems that often contribute to ill health. From April to December 2015, 2052 people received specialist advice.
- ▶ Worked with Hastings Borough Council's Active Hastings Programme to launch a Let's Get Moving initiative, delivered through GP practices to help adults get more active.

## Stopping smoking

- ▶ Trained staff in 17 GP practices to provide additional specialist stop smoking service support and promoted national campaigns that encourage people to quit smoking.





## Cancer

- ▶ Worked with Cancer Research UK and GP practices to improve early diagnosis and treatment.
- ▶ Encouraged patients to take part in national cancer screening programmes.
- ▶ Surveyed 2,000 local people to find out how much they know about the signs and symptoms of cancer.

## Mental health

- ▶ Extended a Community Wellbeing Service, providing specialist advice and support for people with mental health needs. The service won a Royal Society for Public Health national award in 2015 and continues to roll out to other GP practices and community venues.

## Improving health and wellbeing

- ▶ Awarded a total of £200,000 in grants to some 30 community and voluntary organisations to support initiatives aimed at improving health and wellbeing and access to other support services. A second round of grant funding was launched in February 2016.
- ▶ Provided training to staff at the Conquest hospital to enable them to support patients to make positive changes to their physical and mental health and wellbeing.
- ▶ Engaged widely with local people and our partners about the development of health and wellbeing centres.
- ▶ Listened to people and communities in some of our most deprived areas to better understand how we might improve outcomes for those with the poorest health.

# OUR PRIORITIES FOR 2016/17

Over the next year the focus of the programme will include:

- ▶ Initiatives to:
  - » Help pregnant women give up smoking
  - » Encourage families to take more exercise and eat more healthily
  - » Reduce harm caused by alcohol abuse in young people
  - » Address obesity
- ▶ A scheme to train and provide ongoing support to local community volunteers to raise awareness of the signs and symptoms of cancer.
- ▶ Projects, delivered with local partners, to address factors that contribute to poor health including housing, education and employment.
- ▶ A focus on working with councils, schools and others to address children's health problems of obesity, mental health, and alcohol and substance misuse.
- ▶ Enabling people to access local support services that help them manage chronic disease.
- ▶ Continuing with the development of health and wellbeing centres, including expanding the use of "social prescribing" – Connecting local-people with positive activities in the community such as exercise classes, adult education, hobby clubs etc.



Contact NHS Hastings and Rother Clinical Commissioning Group to find out more and discover how you can get involved in helping us reduce health inequalities in the area:

**Email:** [HRCCG.enquiries@nhs.net](mailto:HRCCG.enquiries@nhs.net)

**Phone:** 01424 735600

**Twitter:** @HastRothCCG

[www.hastingsandrotherccg.nhs.uk](http://www.hastingsandrotherccg.nhs.uk)

## Appendix 2

### Briefing Note: Health and Wellbeing Centre(s) in Hastings and Bexhill

#### Introduction

In December 2015, 2020 Delivery were appointed by Hastings Borough Council to deliver a community engagement and consultation project to develop Healthy Wellbeing Centre(s) in Hastings, St Leonards and Bexhill (Bexhill Central and Sidley). An end of project report was produced in April 2016. All the recommendations of the project focused on options for the creation of Health and Wellbeing Centres in the most deprived geographical wards of the towns.

The CCG approved in May 2016, the 4 recommended initiatives from the April 2016 Report.

In summary, these are as follows:

#### **1. Sustainability partnerships' with existing Community Centres**

Provide financial resources and support the continued development of managerial capacity within existing community centres. This would enable the sustained delivery of new and existing services that contribute to the health and wellbeing of the people who use and access these centres and services.

#### **2. An expanded system of social prescribing**

Expand existing social prescribing services so that they can act as a single referral point to community services that can be accessed by a wide range of referrers, including GPs, other statutory services, and workers within existing community venues. Once service users are referred into the service, the "social prescribers" will refer and signpost them onwards to other community interventions, groups and services.

#### **3. Prevention services within existing community centres**

The continued location of health improvement and preventative care services within a broad range of community venues. This has the potential to bring services closer to users and increase awareness, understanding and collaboration between health and VCS organisations.

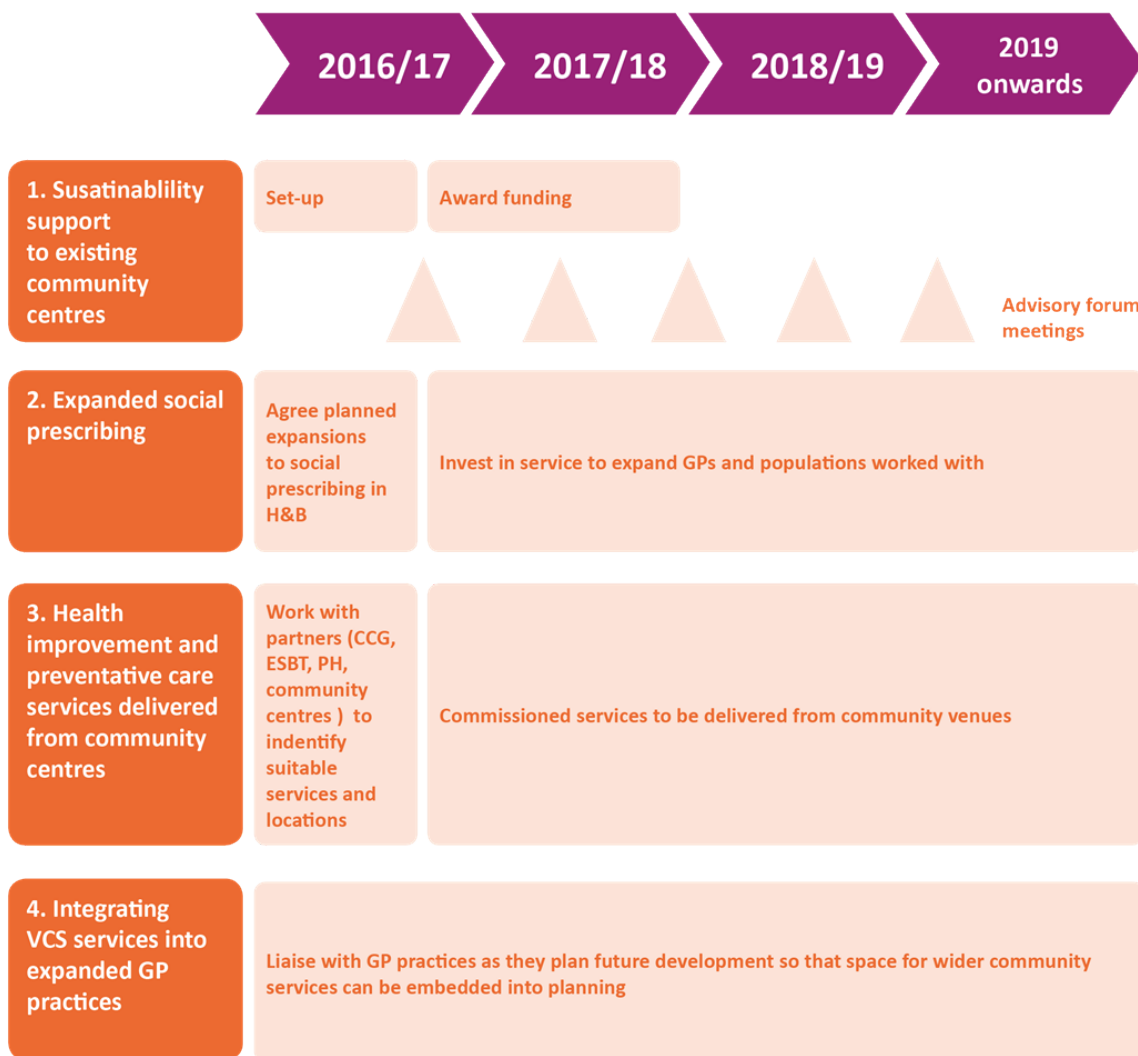
#### **4. Integrating voluntary and community services into planned expansions of GP practices**

Co-location of GP and VCS services within planned expanded GP practices, in order to i) improve service user pathways between the two, and ii) increase understanding among providers of the other services available.

#### **Implementation timescales for Initiatives 1, 2, 3 and 4**

The four initiatives have varying commissioning timescales before implementation can begin as illustrated below. The CCG's Healthy Hastings and Rother Programme's steering group will oversee the commissioning of the four initiatives and work closely with all stakeholders in order to maximise their impact and to mitigate risks.

## Appendix 2



The four initiatives' commissioning plans will be developed within a total indicative budget of £300,000 per annum, which has been approved by the CCG Governing Body.

The Health and Wellbeing Centre(s) in Hastings and Bexhill report (April 2016) is available from the CCG's website. Please follow link attached:

<http://www.hastingsandrotherccg.nhs.uk/news/health-and-wellbeing-centres-in-hastings-and-bexhill/>



# Agenda Item 8

By virtue of paragraph(s) 4 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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