

Hastings and St Leonards Local Strategic Partnership Agenda

Monday, 6 December 2021 at 10.00 am

Microsoft Teams

For further information, please contact Chantal Lass tel: 01424 451483 or email: class@hastings.gov.uk

		Page No.
1.	Welcome and apologies 10:00	
2.	Declarations of Interest 10:05	
3.	Minutes of the last meeting and matters arising 10:10	1 - 4
4.	Issues for schools as a result of Covid-19 10:15 <i>(Alison Jeffery, Director of Children's Services ESCC)</i>	
5.	Hastings Opportunity Area overview and the next 5 years 10:35 <i>(Jan Downie, Head of Delivery, Department for Education and Helen Kay, Programme Director, Hastings Opportunity Area)</i>	
6.	Department for Work and Pensions update on programmes and relocations 10:55 <i>(Karra Brenchley, Partnership Manager, Department for Work and Pensions)</i>	

7. Local business / Chamber of Commerce update
11:15
(Clive Galbraith, Chairman / Sean Dennis, Director, Hastings Area Chamber of Commerce)
8. LSP Board governance - chair rotation and representation on the Board
11:35
(Jane Hartnell, Managing Director, Hastings Borough Council)
9. Any other business
11:50
10. Date of next meeting: Monday, 7th March 2022 at 10am
11. For information: briefing note - LSP Health in equalities working group

Agenda Item 3 Public Document Pack

Hastings and St Leonards Local Strategic Partnership

Minutes 13 September 2021

Present:

Carole Dixon (Chair)	Hastings Community Network
Chantal Lass	Hastings Borough Council
Chris Broome	Sea Change Sussex
Clive Galbraith	Hastings Area Chamber of Commerce
Cllr Kim Forward	Hastings Borough Council
Cllr Judy Rogers	Hastings Borough Council
Dan Shelley	East Sussex College Group
Darrell Gale	Public Health East Sussex
Dawn Poole	Hastings and Rother Credit Union
Jacki White	Optivo Housing Association
Jane Hartnell	Hastings Borough Council
Lourdes Madigasekera-Elliott	Public Health East Sussex
Mark Turczanski	Hastings Voluntary Action
Mark Horan	Hastings Borough Council
Sarah Godley	Sussex Police
Sean Dennis	Hastings Area Chamber of Commerce
Steve Manwaring	Hastings Voluntary Action
Teresa Andrews	HARC
Tracey Rose	Hastings Community Network
Tracy Dighton	Hastings Community Network
Vanessa Biddiss	Optivo Housing Association
Victoria Conheady	Hastings Borough Council

Apologies for lateness:

Candice Miller	NHS East Sussex CC
Kevin Boorman	Hastings Borough Council

Apologies for absence:

Cllr Andy Patmore	Hastings Borough Council
Helen Kay	Hastings Opportunity Area
Karra Brenchley	DWP
Pranesh Datta	Hastings Borough Council

<p>9</p>	<p><u>DECLARATIONS OF INTEREST</u></p> <p>None received.</p>	
<p>10</p>	<p><u>MINUTES OF THE LAST MEETING AND MATTERS ARISING</u></p> <p>Accepted as an accurate record.</p> <p>The meeting welcomed those who had volunteered to be part of the Health Inequalities group and expressed gratitude to Lourdes Madigasekera-Elliott who will act as the lead officer. The work programme and meeting schedule to be confirmed. Action: Carole Dixon and Lourdes Madigasekera-Elliott</p>	
<p>11</p>	<p><u>TOWN CENTRE CRIME UPDATE</u></p> <p>Sarah Godley, Chief Inspector Sussex Police, gave an overview of the crime rates in the Castle Ward, which significantly reduced in comparison to the same period two years ago. The night-time economy is still the key motivator for violent crime in the area. She presented current initiatives and actions implemented by the police and partners to address the issue. A copy of the presentation is to be circulated after the meeting.</p> <p>The meeting discussed the need to address the perception of Hastings town centre as dangerous by effective communication, strict licensing rules and supporting the new venues that are attracting different demographics.</p>	
<p>12</p>	<p><u>HEALTH INEQUALITIES - UPDATE AND DISCUSSION</u></p> <p>Jane Hartnell, Managing Director, Hastings Borough Council, gave an overview of Council activities. The LSP's Health Inequalities group will as set out above be led by Lourdes and will enable partners to be in the best position to lobby for appropriate services, interventions and funding from the government and the NHS.</p> <p>The immediate health inequality priority has been the work dedicated to increasing vaccination rates by encouraging people to get the vaccination and facilitating access to communities where rates are lower.</p> <p>HBC team is making sure that health inequalities are reflected on every single level throughout policy, strategies, and operations including in the Town Deal programme.</p> <p>Darrell Gale, Public Health East Sussex, presented an update on the Chief Medical Officer's Report. One of the key recommendations is a national strategy to focus on the health and wellbeing needs of the coastal communities. There was agreement that the long term, whole government</p>	

	<p>strategy is necessary. The report recognised that the coastal towns have more in common with one another than with the neighbouring inland towns within the county. Investment in infrastructure needs to be backed with the investment in people to attract younger generations of medical practitioners to stay and work in the coastal communities.</p> <p>A new national organisation, called the Office of Health Improvement and Disparities, has been set up to focus on the social agenda of health.</p>	
<p><u>13</u></p>	<p><u>DRAFT EQUALITY CHARTER - ENGAGEMENT AND NEXT STEPS</u></p> <p>Councillor Judy Rogers presented the draft document. She explained that the aim is to work with partners to refresh and update the previous LSP Equalities Charter which was adopted in 2012. The refreshed charter intends to help ensure that the response and recovery from the pandemic benefits the breath of the local community.</p> <p>The draft charter was discussed, and partners commented and committed to it. The draft charter will be on the council’s website until Christmas. LSP partners are encouraged to share the Charter and seek input from local groups, community organisations and residents to ensure the widest possible ownership of the final product. Based on feedback, it is hoped a revised charter will be taken back to the LSP in early 2022 for approval.</p> <p>The draft charter is available at www.hastings.gov.uk/consultations. Comments and feedback should be sent to consultation@hastings.gov.uk.</p> <p>The point was also made that implementation of the Charter’s objectives would be the real test of success and the LSP will need to consider this at a future meeting.</p>	
<p><u>14</u></p>	<p><u>COMMUNITY RENEWAL FUND UPDATE</u></p> <p>Despite strict deadlines, many projects were submitted from across the town. The Government’s response has been delayed however it is much anticipated due to the reducing timescales for delivery.</p>	
<p><u>15</u></p>	<p><u>RECOVERY</u></p> <p>BUSINESS</p> <p>Sean Dennis, Director of Hastings Area Chamber of Commerce, explained that the situation in Hastings reflects the national picture. Businesses noted strong recovery since the restrictions were lifted, but there is anxiety about government support ending and possible closures in the winter. The main concerns now are growing inflation, national insurance raise and supply issues. Some businesses are struggling with recruitment as there are fewer candidates, which is holding back growth plans. New businesses and an</p>	

influx of people from London support the development of the town.

TOURISM

Kevin Boorman, Marketing and Major Projects Manager, gave an update on the tourism situation. The retail businesses and attractions had a very good trading period over the summer. Car parks were full every day, with more people than usual coming to the town on weekdays. Events have proven to be popular and attracted visitors. Self-catering and AirBnB-type accommodation was very popular, but serviced accommodation (hotels, guest houses, BnBs) was not 'sold out' as the media might have had us believe. Some serviced accommodation struggled with staff shortages and last-minute cancellations as people went abroad instead, claiming full refunds, which led to cash flow issues. There is concern about losing a significant number of foreign tourists next year and hesitancy over large-scale marketing campaigns due to uncertainty caused by the pandemic.

16 ANY OTHER BUSINESS

None.

17 NEXT MEETING DATE

10:00am, Monday, 6th December 2021 (via MS Teams).

Agenda Item 11

LSP Health Inequalities Working group

Briefing note for the LSP Board

- The first meeting took place on 9th November
- Membership included
 - Lourdes Madigasekera-Elliott, Public Health ESCC
 - Carol Dixon Chief Exec EFT and chair of LSP, HCN and co-chair of the Town Deal Board
 - Aidan Cornwall, Sussex Police
 - Candice Miller, Health and Wellbeing Partnership, CCG
 - Tracey Rose, Chief Executive FSN
 - Tracey Dighton, Chief Officer Citizen Advice 1066
 - Vanessa Biddiss, Head of Kent and Sussex Optivo
 - Steve Manwaring, Chief Executive HVA
 - Mark Horan, HBC
 - Chantal Lass, HBC

Also in attendance

- Simon Hubbard, Hastings Community Hub HVA
 - Vicky Smith Programme Director East Sussex Health Transformation
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- Apologies were received from Dan Shelley, East Sussex College
 - Draft **terms of reference** for the group were discussed and are being refreshed (see attached appendix)
 - Agreed the **Well Being Economy** and **Infrastructure** as the key priority areas
 - An overview of the **emerging health system for Sussex** was presented by Vicky Smith and discussed (see attached appendix – presentation)
 - Agreed to develop a localised **Health Equity Assessment Tool**
 - Agreed that a **place level approach** to tackling the wider determinants of health are key
 - Agreed to look at the locality and make sure we are working across VCSE/ PCN/ local authorities and the public sector (fire and police) – to understand what does local delivery around health inequalities look like currently
 - Look for opportunities to co-create and co-develop future action
 - To invite other organisations that have an important part to play to join the working group e.g. Sustrans, Fire and Rescue Service, Food Bank

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Hasting Health Inequalities Working Group

TERMS OF REFERENCE (DRAFT)

Purpose: to provide strategic direction, promote shared learning, peer support and collaboration to further develop local policy approaches, community health assets as well as the development and scaling up of community-centred approaches to public health. By providing a forum which enables collaborative and partnership working, the aim of the group is to identify ways in which to improve population health outcomes by addressing health inequalities in Hastings.

Scope/Priority Areas:

1. **Wellbeing Economy:** 'Community Wealth Building' and 'Regenerative Economy' – (Identifies 'anchor' economic institutions with strong linkages to the local economy, to foster 'bottom-up' and inclusive development. The latter focuses on building an economy that mimics nature by regenerating the social and ecological assets needed for wellbeing). See appendix 3.
2. **Infrastructure** – Creating 'Healthy Places' – (Healthy housing and development, accessible and connected communities, healthy high streets and nature for health)

First action – is to map what is or isn't being done in relation to the priorities identified. What are our 'wellbeing' priorities? We need to articulate and work from here.

Second action – to focus on a few of the gaps and where we can add value/unlock opportunities. What do we need to influence?

Objectives:

- To inform and support the embedding and scaling up of community-centred and asset-based approaches to public health to address health inequalities across Hastings in line with key policy directives that help protect people and places/environments (see appendix 1).
- To understand the priorities and needs of local systems, using this to shape local activity around prevention, health improvement and addressing health inequalities.
- Ensure alignment with Sussex ICS-wide strategy for improving population health and addressing health inequalities. This includes assisting with the delivery of the shared goals identified by the East Sussex Health and Social Care System Partnership Board and its Strategic Development Framework (see appendix 2).
- Support broader social and economic development in our diverse community in the long term
- To create space through which to develop and agree common narratives and/or data to support ongoing investment in community-centred and asset-based approaches
- To promote whole systems approaches to community-centred public health
- To serve as a forum to align priorities, share approaches, learning and promote networking and collaboration
- To share best practice and help address complex issues

Meeting Arrangements

- Meetings will be held in line with demand/needs of members, with a minimum of 4 meetings a year

- Meetings will be held virtually or face-to-face, in line with members preference/needs, with dial-in/virtual option available for those unable to travel to face-to-face meetings
- Meetings will be serviced by HBC
- Meetings will be chaired by a Public Health representative.
- Where beneficial and with the agreement of members, joint sessions may be held with other partner networks/meetings.

Governance, Accountability, and Reporting:

- The Hastings Local Strategic Partnership Board will support and maintain oversight of the group
- Reports on the group's activity will be produced as required by the LSPB
- A summary of key issues explored & actions agreed from each meeting will be produced and available for wider circulation.

Membership: the network is open to all with a lead role or interest in community-centred and asset-based approaches to health and wellbeing, including, but not limited to the:

- Local council – Hastings Borough Council and East Sussex County Council
- NHS – regional (including primary care & personalised care teams), ICS, CCG, PCN
- Office of Health Improvement and Disparities
- Other relevant representatives from regional or sub-regional agencies
- The voluntary sector
- The business community
- Guests & specialist advisers will be invited to attend meetings, dependent on topics to be discussed

Review:

The Steering Group will review its relevance, value and the terms of reference at twelve months (November 2022)

Date created: 26th October 2021

Appendix 1:



Recognising assets helps value community strengths and ensure everyone has access to them. It builds on the positives and ensures that health action is co-produced equally between communities and services.

Community-centred ways of working are important for all aspects of public health, including health improvement, health protection and healthcare public health. It's not about expecting communities to do more and saving public money but about investing in more sustainable and effective approaches to reduce health inequalities.

Appendix 2:

Shared outcomes - slide 2/2: Supporting Sussex Vision 2025

Through working towards improving outcomes for our population in East Sussex, our East Sussex Health and Social Care Partnership will contribute to the shared aims and ambition of our Sussex Health and Care Partnership set out below. These are set out in [Sussex Vision 2025 Our vision for a healthier future](#). For more information visit:



[Sussex-2025-Our-vision-for-the-future.pdf \(sussexhealthandcare.uk\)](#)

Our Outcomes	Measured by	Our Goals
People will live more years in good health	Healthy and disability-free life expectancy at birth and at age 65	Starting well <ul style="list-style-type: none"> Improved mother and baby health and wellbeing, especially for those most in need Children growing in a safe & healthy home environment with supporting and nurturing parents and carers Healthy lifestyles and resilience will be promoted, including in school and other education settings Good mental health for all children Children and young people leaving care are health and independent
The gap in healthy life expectancy between people living in the most and least disadvantaged communities of Sussex will be reduced	Inequality in healthy life expectancy at birth	Living well <ul style="list-style-type: none"> Individuals, families, friends and communities are connected People have access to good quality homes providing a secure place to thrive and promote good health, wellbeing and independent living People have the knowledge, skills and confidence to self-manage, and to protect their own health People live, work and play in environments that promote health and wellbeing
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	Access to health and care, quality of care, and experience of health and care	Ageing well <ul style="list-style-type: none"> Fewer older people feel lonely or socially isolated There is a reduction in number of older people having falls Older adults stay healthier, and happier More people are helped to live independently in the community by services that connect them with their communities. People receive good quality end of life care and have a good death
The cost of care will have been made affordable and sustainable	Cost per capita of health and care	Better care <ul style="list-style-type: none"> Improved mental health and wellbeing and easier access to responsive mental health services Access to urgent care for those who need it is quick and effective Services are responsive and flexible and supported by effective use of technology Our specialist services are harnessing the potential of breakthroughs in medical science and the use of data

Appendix 3:

Standard economic strategy design is often 'deficit-based' in the sense that it focuses on the need for external investment, technology, or skills as the way of fostering economic development. However, as you work towards building a Wellbeing Economy, it can be useful to take a strength-based approach whereby you identify the existing economic activities, skills and behaviours that are already positively contributing to wellbeing. This will help you to develop an economic strategy that builds on the existing strengths and capacities in the community as the building blocks for our Wellbeing Economy.



Wellbeing-Economy-
Policy-Design-Guide_

DRAFT