

EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 10 DECEMBER 2019

2.30 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - Councillor Keith Glazier, East Sussex County Council (Chair)
 Councillor Carl Maynard, East Sussex County Council
 Councillor John Ungar, East Sussex County Council
 Councillor Trevor Webb, East Sussex County Council
 Councillor Philip Lunn, Wealden District Council
 Councillor Paul Barnett, Hastings Borough Council
 Dr Elizabeth Gill, High Weald Lewes Havens CCG
 Dr Martin Writer, Eastbourne, Hailsham and Seaford CCG
 Jessica Britton, Hastings and Rother CCG
 Keith Hinkley, Director of Adult Social Care and Health, ESCC
 Stuart Gallimore, Director of Children's Services, ESCC
 Darrell Gale, Director of Public Health
 John Routledge, Healthwatch East Sussex
 Deborah Tomalin, NHS England South East, (Kent, Surrey and Sussex)
 Dr Adrian Bull, East Sussex Healthcare NHS Trust
 Siobhan Melia, Sussex Community NHS Trust
 Samantha Allen, Sussex Partnership NHS Foundation Trust

INVITED OBSERVERS WITH SPEAKING RIGHTS Councillor Rebecca Whippy, Eastbourne Borough Council
 Councillor Sean MacLeod, Lewes District Council
 Councillor John Barnes MBE, Rother District Council
 Becky Shaw, Chief Executive, ESCC
 Michelle Nice, Voluntary and Community Sector Representative
 Mark Andrews, East Sussex Fire and Rescue Service
 Katy Bourne, Sussex Police and Crime Commissioner

AGENDA

- 1 Minutes of meeting of Health and Wellbeing Board held on 17 September 2019 *(Pages 3 - 10)*
- 2 Apologies for absence
- 3 Disclosure by all members present of personal interests in matters on the agenda
- 4 Urgent items
 Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently
- 5 East Sussex Health and Social Care Plan progress update *(Pages 11 - 104)*
- 6 East Sussex Health and Social Care Programme monitoring report *(Pages 105 - 110)*
- 7 East Sussex Local Safeguarding Children's Board Annual Report 2018/19 *(Pages 111 - 144)*

- 8 Safeguarding Adults Board (SAB) Annual Report 2018-19 (*Pages 145 - 220*)
- 9 Healthwatch High Weald Listening Tour report (*Pages 221 - 228*)
- 10 Work programme (*Pages 229 - 230*)
- 11 Any other items previously notified under agenda item 4

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

2 December 2019

Contact Harvey Winder, Democratic Services Officer, 01273 481796,

Email: harvey.winder@eastsussex.gov.uk

NOTE: As part of the County Council's drive to increase accessibility to its public meetings, this meeting will be broadcast live on its website and the record archived for future viewing. The broadcast/record is accessible at www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm

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

10.1 Cllr Rebecca Whippy declared a personal interest as the CEO of Embrace.

11 URGENT ITEMS

11.1 There were no urgent items.

12 DEVELOPING THE EAST SUSSEX HEALTH AND SOCIAL CARE PLAN

12.1. The Board considered a report on the progress with developing the East Sussex Health and Social Care Plan.

12.2. The Board whether further integration of Children's Services Department (CSD) with the NHS is planned in East Sussex

12.3. Stuart Gallimore, Director of Children's Services, said that there has been a clear commitment to further integration of age appropriate care with the NHS, for example, Sussex Partnership NHS Foundation Trust's (SPFT) Child and Adolescent Mental Health Services (CAMHS) have moved into the Children's Services Single Point of Advice (SPOA) to ensure anyone calling the service about a young person will be able to receive the relevant advice from the appropriate person in a single phone call.

12.4. The Board asked what plans the CSD had to consult with the health services about contributing towards the cost of Education, Health and Care Plan (EHCP) assessments.

12.5. Stuart Gallimore said that the CSD's Inclusion, Special Educational Needs and Disability (ISEND) Service works with health colleagues on producing EHCPs, but he agreed that further collaboration is always possible and that he would raise this matter with his ISEND managers.

12.6. The Board asked why autism appeared to be listed as a mental health disorder and not a disability.

12.7. Keith Hinkley, Director of Adult Social Care and Health, agreed that this point been fed back during the engagement activity and autism would be presented as a disability in the future. Dr Adrian Bull, Chief Executive of East Sussex Healthcare NHS Trust (ESHT), agreed that autism was not a mental health disorder but that many of the interventions for autism are provided by the mental health trust, SPFT. He said there is currently an issue where autism is assessed by one organisation and ADHD by another but there is a significant overlap of these two population groups. Work is therefore underway at ESHT and SPFT to create a single assessment service.

12.8. The Board asked whether it was possible to align funding streams with the integrated health and care programme by removing the Payment by Results method of funding NHS providers.

12.9. Jessica Britton, Managing Director of Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother CCG (HR CCG), explained that different ways of commissioners contracting providers to deliver services are being tested across the country. This year the CCGs in East Sussex have begun testing with ESHT ways to ensure that incentives are aligned to reduce demand and avoid perversely incentivising organisations at the cost of the wider system.

12.10. Dr Adrian Bull added that a specific example of avoiding perverse incentives was the decision this year to agree to remove the charge NHS organisations are able to levy on a local authority where a patient's stay in hospital beyond a medical need to do so – known as Delayed Transfer of Care (DTOC) – is the fault of the local authority. Instead of this arrangement, ESHT

and East Sussex County Council (ESCC) have agreed a joint budget to invest in ways to reduce DTOCs by improving the rate at which patients are discharged back into the community.

12.11. The Board asked whether referrals by statutory bodies to the voluntary sector are funded by the statutory bodies, and questioned whether statutory bodies were providing sufficient funding to the voluntary sector.

12.12. Stuart Gallimore confirmed that the CSD's SPOA holds no budget for paying voluntary sector for referrals, however, unless the CSD has a contract with a particular organisation, the SPOA will simply highlight to a caller the services that are available in the voluntary sector. The caller may then choose to approach the organisation separately for support.

12.13. Jessica Britton said that it is recognised that the voluntary sector may find themselves under pressure due to the growing demand for their service. She said that the CCGs and ESCC work closely with the sector and continue to commission a number of voluntary organisations in the county that support our shared priorities and demonstrate they will have a positive impact on outcomes for local people.

12.14. Keith Hinkley added that the voluntary sector exists and thrives without the funding from NHS and ESCC, however, the Council has continued to prioritise funding voluntary sector organisations as they add so much value. There is a broader issue with how the health and care and the voluntary sector work holistically together, but ESCC does and will continue to fund the sector.

12.15. The Board asked whether additional funding would be forthcoming for the voluntary sector once the Primary Care Networks' (PCNs) social prescribers are in place.

12.16. Keith Hinkley said that the establishment of social prescribing flagged an issue that there needs to be a collective conversation between the NHS, ESCC and the voluntary sector about how funding is deployed in the system and what the expectations are for each of the partner organisations.

12.17. The Board asked whether the Integrated Care System (ICS) in Sussex will be in place by the deadline of April 2021

12.18. Keith Hinkley explained that the Long Term Plan is a broad strategic plan but there will be more detailed business plans developed year on year that will more clearly detail how the health and care system in Sussex will achieve ICS status by April 2021.

12.19. The Board asked whether financial incentives could assist with recruitment of GPs.

12.20. Dr Martin Writer, Chair of EHS CCG, said that the primary care system appears to now be in a better place than it was a couple of years ago. He said that the training scheme for GPs is now fully subscribed to, when in previous years it had not been. Furthermore, the introduction of Primary Care Networks (PCNs) will bring in additional funding to recruit allied healthcare professionals, such as pharmacists, physiotherapists and paramedics, who can take pressure off GPs, as they are often better placed to treat certain patients due to their specialisations. East Sussex CCGs are also investing above and beyond the core contract amounts for PCNs.

12.21. Dr Writer said that paying GPs more money is also not practical, as the tapered annual allowance charge puts a generous cap on what GPs can earn each year and going above this can lead to severe financial penalties.

12.22. Dr Elizabeth Gill, Chair of High Weald Lewes Havens CCG (HWLH CCG) added that for this new primary care system to work, people's expectation that they should always be seen by a GP when attending primary care setting – when in fact it will not always be necessary to do so – will need to change over time. Dr Gill acknowledged that changing this expectation would be difficult.

12.23. The Board asked whether there should be more emphasis in plans for patients with multiple and complex needs, given their need for services and cost to the system.

12.24. Keith Hinkley explained that a lot of the integration work between health and social care to date has effectively been about creating integrated teams that can help move patients with multiple and complex needs more effectively through the system, for example, through improving discharge from hospital into care or nursing homes. He agreed that this could be made more explicit in the Long Term Plan.

12.25. The Board asked for confirmation whether families identified as having tier 4 need meet the criteria for support from ESCC.

12.26. Keith Hinkley said that there are eligibility criteria that are nationally set in legislation such as the Care Act 2014 and ESCC, despite challenges over the past 8 years, continues to meet these statutory duties. Stuart Gallimore added that tier 4 involved safeguarding issues and children coming into the Looked After Care system. The Ofsted inspection found the criteria used by CSD was appropriate, known by referrers and being acted upon.

12.27. The Board asked about whether there was scope for GP practices to take repeat prescriptions over the phone, and why children cannot be registered for online access to their records.

12.28. Dr Martin Writer explained that GP practices will only accept prescriptions over the phone in exceptional circumstances due clinical safety concerns. This is because there is a risk that if the details are taken incorrectly, there is no way for the practice to say where the error occurred. He said a repeat prescription can requested from a GP practice via online service, email or letter; and a community pharmacist may order it on a person's behalf too.

12.29. Dr Writer explained that providing online access for a young child would effectively mean their parent managing their healthcare needs and this was against data protection regulations. Once a child has competence to make decisions, they can request and receive treatment without their parent's permission, and there is no way for the online system to recognise when this threshold in a child's development has been crossed.

12.30. The Board RESOLVED to:

1. Note the proposed approach to developing a longer-term East Sussex County Council and NHS Plan for East Sussex and East Sussex place based contribution to the Sussex Health and Care Partnership response to the NHS Long Term Plan;
2. Endorse the draft principles and priorities underpinning the development of the East Sussex Plan as set out in Appendix 1, and plans to test these with local stakeholders; and
3. Note that further work will be taking place in the coming weeks to support the high level planning for the next phase of the East Sussex Health and Social Care Programme and priority-setting for 2020/21.

13 EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME MONITORING REPORT

13.1. The Board considered a report providing an update of progress against the priority objectives and lead Key Performance Indicators for the health and social care programme in 2019/20.

13.2. The Board asked whether there was sufficient funding in the system to deliver the objectives of the health and social care programme.

13.3. Keith Hinkley explained that the objectives have been identified with the help of clinical leadership as objectives that, if delivered, will have the greatest impact on the health outcomes of the local population based on the best use of available resources. Significant progress has been made in terms of developing new integrated services and developing a structure within which the objectives of the health and social care programme can be delivered, however, there remains issues with clinical and financial sustainability of the health and care system and further work is still needed to integrate the health and care system. This work includes developing how

the commissioning partnership will work and how providers will work to deliver care within an Integrated Care Partnership (ICP).

13.4. The Board asked whether extra financing will be made available to help meet the objectives of “*growth prevention in A&E attendances not to exceed plan*” and “*Growth prevention in non-elective admissions*”.

13.5. Dr Adrian Bull clarified that these objectives refer to demand for A&E and not its performance. The Trusts two A&Es are not achieving the 95% 4-hour referral to A&E but are currently at 90% or above, making the trust one of the top 20 performing trusts in the country. He attributed this in large part to the integration work within the health and care system. The red ‘RAG’ rating was reflecting the higher than planned number of people attending A&E, as the trust is seeing continued increase in demand above that which was predicted.

13.6. The Board asked why there was still a rising tide of demand for health and social care across the country despite increasing efficiency of the system.

13.7. Dr Adrian Bull explained that the East Sussex Urgent Care Board has commissioned some work to understand the reasons for the increase in attendance at A&E and a report will be published in due course. He said there was an increase nationally, but it has been faster in East Sussex. However, it worked out as a slower increase if you normalise the age demographic to the national average.

13.8. He said that the increase in non-elective admissions is due to an increase in the acuity of patients attending at A&E, although ambulatory care capacity is in place to treat people within a shorter timeframe. Attendance in A&E was also increasing due to a greater number of working age people attending who could otherwise have attend a primary care appointment but were worried about their GP’s availability and knew they could get a same day appointment if they attended A&E.

13.9. Dr Bull agreed the East Sussex health and care system is becoming more efficient at discharging patients and illustrated this using the average length of stay of non-elective patients, which had reduced from 6.2 to 3.7 days in two years and which if it had not been achieved would have meant the trust would have needed 111 more beds.

13.10. The Board asked whether the UTCs will reduce the volume of attendance at the A&E departments in Eastbourne District General Hospital (EDGH) and Conquest Hospital.

13.11. Adrian Bull explained that some A&E consultants are concerned that UTCs will make patients feel it is more convenient to attend the A&E (where the UTC is located) than see their GP, so it is seen as important that UTCs are introduced as part of a wider range of urgent care services for patients to access – including additional GP appointments and the new NHS 111 service that will be able to diagnose and book patients into appointments over the phone – and not just as a stand-alone entity for patients to go to whenever they need access to NHS services.

13.12. The Board asked whether are plans for the Council’s ISEND team to share its database of information with NHS providers to help them carry out their service in a more person-centred way.

13.13. Stuart Gallimore said there are no plans currently to go beyond the existing information sharing agreements and criticism is often levelled at organisations that share personal information, however, it is something that is kept under review.

13.14. The Board RESOLVED:

1) Note the report; and

2) request that future reports include additional details of performance in different areas of East Sussex.

14.1. The Board considered a report providing a summary of the Better Care Fund (BCF) requirements for 2019/20, summary of the East Sussex plans and arrangements for the Section 75 Pooled Budget.

14.2. The Board asked whether, once the cost inflation of health and social care was taken into account, the figures for BCF funding for 19/20 was higher than 18/19.

14.3. Keith Hinkley explained that the national funding formula for the baseline BCF funding allocation are adjusted for inflation, although in some service areas costs will have inflated above the previous funding amounts. It is also important to remember the funding from the BCF is targeted in the areas that will have the greatest effect on financial and health outcomes. Furthermore, it is a pooled budget required nationally but is one aspect of a far broader agreement between health and care services locally to invest resources together.

14.4. The Board asked whether an investment of £135,000 was sufficient for the High Intensity User Service given their cost to the system.

14.5. Keith Hinkley confirmed that this is one specific project and all elements of the BCF are in effect targeted at patients with complex and multiple needs, as was pooled funding more broadly, as they are now the core business of the health and social care system.

14.6. The Board asked whether the difference in urban and rural need is measured.

14.7. Keith Hinkley said demand and available resources are modelled across health and social care in East Sussex. There is no simple answer to whether demand is greater in urban or rural areas, however, because the modelling is needs and demand-led, rather than locality, and services in urban and rural have different costs depending on whether the rural or urban area is more or less deprived, e.g., there is greater demand for mental health care in Hastings than Lewes. It is required in the Long Term Plan, however, that commissioning is organised around populations at a locality-level, and there are also specific actions required around reducing health inequalities.

14.8. The Board RESOLVED to:

- 1) Note the requirements for 2019/20 Better Care Fund
- 2) Approve the East Sussex Better Care Fund Plans for 2019/2020 and their alignment with the East Sussex response to the NHS Long Term Plan
- 3) Note the plan for a single Section 75 Pooled Budget to be in place by 15th December, in line with BCF planning requirements

15 WORK PROGRAMME

15.1 The Board RESOLVED to agree the work programme subject to the following amendments:

- Addition of a report on the children and young people mental health and emotional wellbeing review;
- Addition of the Healthwatch Rural listening tour to the 10 December meeting; and
- Moving the next annual Healthwatch report to the 14 July 2020 meeting

The meeting ended at 4.25 pm.

Councillor Keith Glazier (Chair)

This page is intentionally left blank

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 10th December 2019

By: Executive Managing Director, East Sussex Clinical Commissioning Groups (CCGs) and Director of Adult Social Care and Health

Title: East Sussex Health and Social Care Plan progress update

Purpose: To consider progress made with developing a long term health and social care plan for East Sussex

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

- 1. Endorse the draft East Sussex Health and Social Care plan as set out in Appendix 1, and plans to further test this with local stakeholders**
 - 2. Note that further work will be taking place in the coming weeks to support the next phase of planning, including developing initial proposals for an East Sussex Integrated Care Partnership to help support delivery of our objectives in 2020/21 and in subsequent years**
-

1. Background

1.1 At the meeting on 17th September, Members of the Health and Wellbeing Board (HWB) considered our approach to bringing together a joint long term health and social care plan for East Sussex. This reflects the strong history of integrated working across the local NHS and East Sussex County Council (ESCC) in East Sussex, building on the local progress we have made and the priorities and programmes that we have been working on in 2019/20.

1.2 In September the HWB endorsed the draft principles and priorities for a long term health and social care plan and the emerging plans to test this with stakeholders. It was also noted that further work would be taking place to support high level planning for the next phase of the East Sussex Health and Social Care priority-setting and programmes for 2020/21.

1.3 This report provides an update on progress with our objective to ensure that there is a clear long term health and social care plan for East Sussex, covering a 3-5 year period, with a focus on driving the changes needed to improve the health, social care and wellbeing of our population. Work to bring the plan together has been undertaken by East Sussex Clinical Commissioning Groups (CCGs), ESCC, East Sussex Healthcare NHS Trust (ESHT), Sussex Community NHS Foundation Trust (SCFT) and Sussex Partnership NHS Foundation Trust (SPFT) with our wider system partners.

1.4 Our plan is intended to help inform the final draft Sussex-wide strategy being produced by the Sussex Health and Care Partnership (SH&CP), and as such takes into account local priorities and commitments in the NHS Long Term Plan (LTP), as well as feedback from local people about their health and social care services. The full draft East Sussex plan is contained in Appendix 1 of this report. It should be noted that this report is being brought to the HWB in the pre-election period, and further detail will be taken to our respective Cabinet, Governing Bodies and Boards in the New Year which will include an update on the NHS LTP submission.

2. Supporting information

Long term objectives and priorities

2.1 Our long term vision for the overall model of care we need to deliver to meet the health and care needs of our population is based on a clear understanding of our population's health and social care needs. A high level summary is described in section 1.2 of Appendix 1.

2.2 Through our Joint Strategic Needs Assessment we know that East Sussex has amongst the highest proportions of over 65-year olds and over 85-year olds in the country. There are a range of characteristics that are particular to East Sussex, and in summary:

- Demand for health and social care will continue to increase, both as a result of the growth in the proportion of older people in the population and the complexity of their needs with increasing longevity, frailty and people with multiple conditions.
- There are inequalities within East Sussex in uptake of preventative services for example cancer screening.
- The number of children in need of help and protection is rising locally and nationally, linked to the increase in families experiencing financial difficulties.
- There is a growth in the numbers of children with statements of special educational needs and disability (SEND) or Education Health and Care Plans, some of whom will have complex medical and care needs.

2.3 Our understanding of the changes we need to make to meet our population's needs has also been informed by:

- Benchmarking tools such as Get it Right First Time, Model Hospital, NHS Rightcare and also the National Institute for Clinical Effectiveness (NICE) Guidance
- Work to understand the drivers of our system deficit in 2018/19
- The national and international evidence base on integrated care, and the learning from our own programmes for integration since 2014 through East Sussex Better Together (ESBT) and Connecting 4 You (C4Y)
- The views of local people, including the feedback we have recently received about their experience of health and social care services

2.4 Our joint working through our previous two programmes ESBT and C4Y has been aimed at driving the changes needed to help manage the growing demand, on both NHS and social care services, by joining up care to support people to live as independently as possible and achieve the best possible health outcomes. The work on integration to date provides a firm foundation for the next steps as it has delivered:

- Health and Social Care Connect
- Joint Community Re-ablement Service
- A comprehensive and co-ordinated range of preventative services
- On-going development of community health and social care services
- Strong whole system performance against the Better Care Fund targets

2.5 In the long term, we need to deliver a 'new service model for the 21st Century'¹ to ensure that good quality health, social care and support is available for everyone who needs it. Section 1.6 of our plan in Appendix 1 describes the long term model based on the principles and priorities

¹ NHS LTP (January 2019) and NHS LTP Implementation Framework (June 2019)

that were endorsed by the HWB in September, and what we will do to drive the changes needed to meet the health and care needs of people living in East Sussex, reduce health inequalities and deliver longer term sustainability.

2.6 The plan focusses on the key local priorities where we think we can have the most impact through working collectively.

Our focus for 2020/21

2.7 In developing the East Sussex Health and Social Care plan, the scope of our single programme has widened to take in the whole East Sussex health and social care economy, moving beyond our immediate programme and organisational priorities in 2019/20. These have reflected the continued need for in-year grip on financial recovery, through reducing pressure on hospital service delivery, improving community health and social care responsiveness and; ensuring good use of, and shorter waits for, planned care.

2.8 To build on this our future programme takes in a broader population focus. Section 1.8 in Appendix 1 sets out the joint priorities and the next steps that we anticipate taking in 2020/21, to continue making progress with delivering our long term vision for our health and social care system in the following areas:

- **Prevention, personalisation and reducing health inequalities** – including coordinated action across services that impact on the wider determinants of health, empowering people to make healthy choices and putting them in more control of their health and social care and support
- **Children and young people** – including improving mental health and emotional wellbeing and healthy choices, support for vulnerable young people and those with disabilities
- **Community** – continuing to integrate community health and social care services and working with primary care teams to further support people with long term conditions, those in care homes and at the end of their lives
- **Urgent care** – completing the introduction of our integrated urgent care model and delivering more streamlined care for those with urgent care needs
- **Planned care** – ensuring good use of planned care including better outpatient care using new technology and one-stop clinics, focussed action to support people with musculoskeletal, cardiac, diabetic, ophthalmic and cancer needs, and ensuring evidenced based interventions are in place
- **Mental health** – alongside work to implement Sussex-wide plans for mental health, local work to establish a single point of access, enhanced support in the community and working with the housing and voluntary sectors on housing related needs

2.9 Appendices 1 – 6 of the plan describe in more detail our approach and the programmes of work in each of these areas, and how we will work together across our health and care system, including core health, social care and mental health services, Primary Care Networks, District and Borough Councils and the voluntary and community sector (VCS) and others, to deliver our shared priorities. The local implications for workforce planning, digital and estates are included in Section 5 of the plan.

Stakeholder engagement

2.10 A multi-agency East Sussex Plan Task Group was set up with nominated leads across our system, and representation from Healthwatch and the VCS, to scope and guide the development of our plan. Additional meetings have also taken place to progress work with a range of leads and

system partners across public health and prevention, community, urgent care, planned care, mental health, children's social care, finance, workforce and communications and engagement.

2.11 An audit of recent engagement work with communities was undertaken to identify common themes and areas of interest across East Sussex, and this has been used to help directly inform our plans for our longer term model, and the priorities and next steps for 2020/21.

2.12 The information from the audit of recent engagement is also being used update our integrated Outcomes Framework, to ensure that it continues to be based on what matters to local people about their health and social care services. The integrated Outcomes Framework is a set of shared outcomes and measures developed in 2017, to support our collaboration and help us understand the impact of our work together as a health and social care system. Outcomes and measures are grouped together under the following headings:



2.13 This year we have agreed to fully adopt this framework for our whole East Sussex population. We will refresh the framework to align with our health and social care plans and programmes and bring this back to the HWB for endorsement in March, to support oversight and monitoring in 2020/21.

2.14 Whilst we have already published our draft plan for comment on the 29th October, and have subsequently finalised the draft in Appendix 1, the next stage will be to further test our plans and priorities with our local stakeholders. In line with the pre-election period process this will now take place after the election during December and January. Discussions will be timetabled with existing stakeholder groups, and we will reach our broader base of stakeholders through providing an online opportunity for feedback. This will help inform the next phase of planning for delivery in 2020/21, and we will bring a further update about the outcomes of this engagement to the HWB meeting in March.

2.15 A high level joint Equalities and Health Inequalities Impact Assessment (EHIA) review of our East Sussex Health and Social Care Plan is also being undertaken, to flag the areas where future EHIAs will potentially be needed for specific projects and initiatives. This will also guide the framework for continuous engagement with all of our stakeholders, including with people and communities who don't traditionally get involved. Discussions about the EHIA review will take place with the East Sussex Inclusion Advisory Group on 9th December.

2.16 The East Sussex Communications and Engagement Steering Group will also develop a broader communications and engagement strategy to support the ongoing delivery of our plan.

Working together to deliver our plans in 2020/21

2.17 Our new East Sussex Health and Social Care System Partnership Board has now met twice in September and November. This is a broader system partnership to oversee delivery of the

East Sussex Plan on behalf of the HWB, through aligning organisational plans across our health, social care and wellbeing system.

2.18 The membership includes representation that supports delivery of the wider determinants of health as well as the core health and social care system, and includes local NHS providers, East Sussex CCGs, East Sussex County Council, District and Borough Councils, Healthwatch and the voluntary sector. The East Sussex Health and Social Care Executive Group is also continuing to meet to ensure a clear focus on the operational performance of our programme. More information about our partnership governance can be found in section 4 of Appendix 1.

2.19 Our shared aim is to improve the health, health inequalities and wellbeing of local people through delivering more integrated care and an enhanced focus on prevention and reablement. Our mechanism for doing this will be through developing an Integrated Care Partnership (ICP) in East Sussex, that will enable a collaboration across health and social care provision and commissioning. This will be an iterative development informed by the priorities in our health and social care plan, and what arrangements will need to be in place to deliver our objectives, how this will be formalised over time to maximise benefits for our population.

2.20 To strengthen how we plan, organise, commission and deliver services together in East Sussex, the East Sussex CCGs, ESCC, ESHT, SCFT, and SPFT are in the process developing and taking forward proposals for our East Sussex Integrated Care Partnership (ICP). Overseen by our Health and Social Care System Partnership Board, we will develop proposals and test them more widely with stakeholders in the New Year and bring them to the HWB for endorsement in March.

2.21 To underpin our plan and our ICP, work is also taking place to set out our shared understanding of our system financial model covering a 3 – 5 year period, setting out the required shifts in investment to primary care and community services that will support the plan. More detail will be developed for 2020/21 and this will help inform our organisational budget-setting processes for next year as well as any risk share arrangements we develop to support our ICP.

A single Clinical Commissioning Group for East Sussex

2.22 In November GP members across East and West Sussex voted on the proposed new constitutions for the new CCGs across those areas. The three GP memberships across East Sussex voted in favour of the draft constitution for an NHS East Sussex Clinical Commissioning Group. This means the formal merger can now be taken forward to create a new statutory body from 1st April 2020. The appointment process of the CCG chair from the membership, and also for the wider governing body, will now be taken forward across those CCGs.

2.23 This will strengthen the focus of joint health and social care commissioning across the local NHS and East Sussex County Council for the population of East Sussex.

Next steps

2.24 A summary of the key milestones for our plan in the next five years is included in Section 2 of Appendix 1. To build on the high-level plan, and ensure we have the supporting programmes of work ready for delivery in 2020/21, the following steps will be taken in the coming weeks to support the next phase of planning for delivery:

- Developing the programme priorities into measurable objectives, projects, KPIs and benefits and risks where appropriate
- Linking this with the work to develop financial modelling and assumptions at the Sussex-wide and East Sussex level where appropriate, and the detailed plans for 2020/21 as this emerges

- Aligning with and feeding into organisational operational and business planning processes for 2020/21 as appropriate
- Setting out and agreeing our proposals for our ICP, and how integrated population health and social care commissioning will take shape in East Sussex
- Developing a broader communications and engagement strategy to support delivery of the plan, building on the comprehensive approaches to engagement undertaken to date to create a framework of continuous engagement with our stakeholders that underpins and informs our plans

3. Conclusion and reasons for recommendations

3.1 Taking into account the progress made to date, our East Sussex health and social care plan strengthens the whole population focus across the East Sussex health and social care economy. It sets out the key areas of focus for our collective system working that are needed to guide and deliver the changes needed in East Sussex to meet the health and care needs of our population, reduce health inequalities, and deliver outcomes on a sustainable basis.

3.2 A number of discussions and meetings have been progressed with key stakeholders across our system to achieve this, underpinned by the initial key principles and priorities agreed by the HWB in September. This will ensure that the next phase of our work and the priorities for 2020/21 are understood, shared and owned by our system, and take account of the needs of the whole East Sussex population.

3.3 The priorities set out in our health and social care plan will also guide and inform the shape and iterative development of our ICP, to enable us to best deliver our objectives both in 2020/21 and in subsequent years, and get the maximum benefit for our population. Proposals will be developed to support this for agreement in the New Year.

JESSICA BRITTON

Executive Managing Director, East Sussex CCGs

KEITH HINKLEY

Director of Adult Social Care and Health, ESCC

Contact Officer: Vicky Smith

Tel. No. 01273 482036

Email: Vicky.smith@eastsussex.gov.uk

[Background documents](#)

Appendices

Appendix 1 East Sussex Health and Social Care Plan

East Sussex Place-Based Response to the Long Term Plan



East Sussex Health and Social Care Plan

13 November 2019

Draft v6.2

DRAFT



Table of Contents

Executive Summary	1
1. East Sussex Health and Social Care Plan.....	4
1.1. Introduction and context	4
1.2. Our population health and social care needs.....	5
1.3 . Who we are – our health and care system	11
1.4. Where we are now	11
1.5. Where we want to get to.....	12
1.6. What we want to deliver	13
1.7. How we will deliver against the NHS Long Term Plan commitments and local priorities..	15
1.8. Summary of shared priorities for 2020/21	16
1.8.1. Prevention personalisation and reducing health inequalities priorities.....	16
1.8.2. Children and Young People priorities.....	17
1.8.3. Community priorities	18
1.8.4. Urgent Care priorities.....	18
1.8.5. Planned Care priorities	19
1.8.6. Mental Health priorities	21
2. Summary roadmap.....	22
3. Our approach to engaging with our stakeholders	23
3.1. Background.....	23
3.2. Equalities and diversity.....	23
3.3 How we have used insight and key themes from recent engagement	24
3.4. Next steps – informing ongoing planning and implementation	24
4. Working together to deliver our plans	25
4.1 Our partnership governance.....	25
4.2. Developing our integrated care partnership	26
4.3. Supporting primary care network (PCN) development.....	27
4.4 Our shared financial model.....	28
4.5 Managing shared risks	29
5. Supporting our system to deliver our plans	29
5.1. Our workforce.....	29
5.1.2. Sussex-wide developments.....	29
5.1.3. East Sussex draft OD Strategy - our strategic vision	30
5.1.4. Delivering this strategy.....	30
5.1.5. Translating the strategy into outcomes for local staff and local people	30
5.1.6. East Sussex Workforce priorities.....	31

5.2. Digital requirements	32
5.3. Estates requirements	34
5.3.1. Primary care premises	34
5.3.2. Premises development.....	34
5.3.4. Development Status.....	35
5.3.5. Acute and community estate.....	36

Appendices

Appendix 1	Prevention, personalisation and reducing health inequalities – programme summary
Appendix 2	Children and Young People – programme summary
Appendix 3	Community – programme summary
Appendix 4	Urgent Care – programme summary
Appendix 5	Planned Care – programme summary
Appendix 6	Mental Health – programme summary
Appendix 7	Summary of key themes from recent engagement in East Sussex

Executive Summary

Welcome to our East Sussex Health and Social Care Plan. The plan has been produced by the East Sussex Clinical Commissioning Groups¹, East Sussex County Council (ESCC), East Sussex Healthcare NHS Trust (ESHT), Sussex Community NHS Foundation Trust (SCFT), and Sussex Partnership NHS Foundation Trust (SPFT). We are a partnership of organisations working together to deliver health and social care in East Sussex. By breaking down barriers between health and social care, improving the health and wellbeing of local people, and reducing health inequalities we will deliver the right care and support, at the right time and in the right place for the people we serve.

Working with partners in primary care networks, district and borough councils, the voluntary and community sector and others, the plan sets out our longer term ambitions for our health and social care system in East Sussex, how we anticipate delivering this, and the work we will need to do collectively as a health and care system in the next year to improve the health and care of local people.

With advances in medicine and treatment, changing health and care needs, and new developments influencing wider society, we have to continually move forward so that in 10 years' time we have a health and care system that is fit for the future. In East Sussex the NHS and county council have been working closely together over recent years, alongside wider partners, to improve population health and wellbeing and reduce health inequalities, by breaking down barriers between health and social care to deliver the right services, in the right places, at the right time.

Thanks to this work we're seeing more treatment, care and support being delivered where people want it – in their own homes or locally in their community, by teams of GPs, nurses, therapists, social workers and proactive care practitioners from both the NHS and social care. This shift in the way we provide health and care means that many people are avoiding hospital altogether. And when they do need planned or urgent hospital care they're able to see clinicians and receive treatment more quickly and spend fewer unnecessary days in hospital, with better support when they go home. Here is a snapshot of some of our progress so far below:

- We have introduced the **award-winning i-Rock** services for young people in East Sussex (across Eastbourne, Hastings and Newhaven) who need help with mental health, wellbeing, housing, employment, education.
- We have trained local people to have over 5,000 'cancer conversations' with their fellow residents in Hastings and Bexhill, **to raise awareness of the signs and symptoms of cancer**, improve early diagnosis and help to save lives.
- We have introduced **Health and Social Care Connect** (HSCC) which is a fully integrated central point for health and adult social care enquiries, now available 24/7 for 365 days a year. This service helps people who are having difficulty taking care of themselves. The integrated service is able to arrange the immediate health attention required, as well as looking at home-based support that might be needed in the future.
- On-going development of **community health and social care services and initiatives**, including integrated health and social care teams, crisis response and proactive care, the Dementia Support Service; and the Joint Community Reablement Service and falls prevention services
- More information can be found on our [Health and Social Care News website](#).

Building on these successes, this plan describes how we aim to further strengthen our work across the county through our East Sussex health and care programme to meet the needs of our population, including how we respond to our areas of deprivation and the significant older population that often have multiple-complex needs. By working in this joined-up way, we believe we're able to serve the whole of East Sussex even more effectively.

¹ Eastbourne, Hailsham and Seaford CCG; Hastings and Rother CCG; and High Weald Lewes Havens CCG

Our population

East Sussex has a population of approximately 555,000. Whilst it is well-known that it has amongst the highest proportions of over 65-year olds and over 85-year olds in the country, there are a range of other characteristics that are particular to East Sussex, as summarised below:

- Demand for health and social care will continue to increase, both as a result of the growth in the proportion of older people in the population and the complexity of their needs with increasing longevity, frailty and people with multiple conditions.
- There are inequalities within East Sussex in uptake of preventative services for example cancer screening.
- The number of children in need of help and protection is rising locally and nationally, linked to the increase in families experiencing financial difficulties.
- There is a growth in the numbers of children with statements of special educational needs and disability (SEND) or Education Health and Care Plans some of whom will have complex medical and care needs.

There is growing demand on both NHS and social care services. More and more local people will require support and care for long term conditions. By joining up the care we provide we will be better able to support people to live as independently as possible and achieve the best possible health outcomes for them. In the long term, we need a 'new service model for the 21st Century'¹ to ensure that good quality health and care is available for everyone who needs it. This is outlined in our East Sussex Health and Care Plan which:

- Describes what we will do to drive the changes we need to make to meet the health and care needs of people living in East Sussex, reduce health inequalities and deliver longer term sustainability.
- Sets out some key local priorities (below) to work on together, where we think we can have a real impact through working collectively, informed by NHS Long Term Plan and the views of local people.

What we will do

During 2020/21 our key priorities are to:

- Build on our existing progress to enhance **prevention, personalisation and reduce health inequalities** and the gap in life expectancy in the county. We will do this through coordinated action across all services that impact on the wider determinants of health such as housing, employment and leisure, as well as extending targeted approaches to empower people to make healthy choices across the whole life course to improve outcomes.
- Improve existing support to **children and young people** focusing on improving mental health and emotional wellbeing; support for vulnerable young people at risk and looked

¹ NHS LTP (January 2019) and NHS LTP Implementation Framework (June 2019)

after children; support for children and young people with disabilities; and through health promotion activities.

- Within our **community services**, continue to integrate health and social care services; work with our primary care networks to further support people with long term conditions and those in care homes, including action to support people at the end of their lives.
- Continue action to improve support for people with **urgent care** needs including: targeted support for vulnerable people; improvements in urgent care processes and systems to deliver more streamlined care; support people in care homes with urgent care needs; and complete the introduction of our Integrated Urgent Care model, for example Urgent Treatment Centres.
- Further improve services that deliver **planned care** for local people including: better outpatient care through new technology and better organisation of services (e.g. one-stop clinics); supporting people with musculoskeletal, cardiac, diabetic, ophthalmic and cancer needs; review existing services to ensure evidence-based interventions are in place; action to improve waits for treatment where this is too long; and continue to support best practice with prescribing and medicines.
- Expand our support for people with **mental health** needs by establishing single point of access; enhanced support in the community to help avoid unnecessary admissions; and working with housing and voluntary sectors to support those people who also have housing related needs.

Our plans and priorities have been informed by what local people have recently told us is important to them about their health and care, and we will continue to test our plans with our stakeholders to guide how people want to be involved in shaping the way we deliver our ambitions.

This integrated plan provides the foundation for our next steps as a health and social care partnership. Over the next 3-5 years we will build on this work together to further integrate care around our population's needs by working together across our system to further improve health and care for local people. We believe that this is the best and most sustainable approach, enabling us to make the best use of the resources available in our area to meet the challenges of rising demand and financial pressures, and ensure local people have access to the services and support they need.

Strengthening our ability to deliver

This integration is often called an **Integrated Care Partnership** (ICP), which will strengthen how we plan, organise and deliver services together in East Sussex, supported by a clear approach to our communities, and informed by their needs. We are currently developing proposals for an ICP which we plan to develop from April 2020.

We want to ensure that local people receive the right services, in the right place, at the right time. This may mean access to and use of services will be different in the future. We aim to empower local people with the knowledge of how to best use available health and social care services, and how to best get the support they need, and we believe this plan gives us the opportunity to deliver the improved health and care that our local people deserve.

1. East Sussex Health and Social Care Plan

1.1. Introduction and context

The Sussex Health and Care Partnership (SH&CP) is required to submit medium term plans covering the expectations set out in the NHS Long Term Plan (LTP) to NHS England (NHSE). This includes the requirement to “deliver a new service model for the 21st Century”², and the transformation and integration plans that will need to be progressed to deliver this. The overarching submission is the Sussex Health and Care Strategy covering:

- Sussex-wide plans across specific priority clinical areas, including: mental health; cancer; prevention; urgent and emergency care; stroke; diabetes; Transforming Care Partnership (covering learning disabilities and autism for people with high support needs); maternity, and; reducing unwarranted clinical variation focussing on cardiovascular disease, musculoskeletal conditions and falls and fractures.
- Three place plans based on upper tier local authority areas - covering East Sussex, West Sussex and Brighton and Hove, outlining action to deliver NHS LTP commitments and priorities to meet local population health and social care needs.
- Sussex-wide plans for workforce, digital and estates.
- The finance and activity modelling that will underpin these plans.

Our local East Sussex plan is a joint health and social care plan, which reflects our strong history of integrated working in East Sussex, and builds on the progress we have made locally with priorities that we have been working on in 2019/20. Developed in partnership, the plan sets out how we will work together to address the commitments in the NHS LTP and local East Sussex priorities by ensuring there is a clear East Sussex health and social care plan to align with, and be part of, the Sussex Health and Care Strategy

This plan reflects population health and social care needs in East Sussex, and the learning from our own local development work on our journey towards integration since 2014. We have looked at benchmarking tools such as Get It Right First Time, Right Care and Model Hospital, and a series of recent independent reviews that have helped us further understand the drivers of demand. This has enabled us to further consolidate our objectives to support improvements to the quality of care and the ongoing financial recovery and stabilisation of our system.

Our work on integration to date provides a firm foundation for the next steps as it has piloted and delivered a range of improvements on our journey to a new model of integrated care, including:

- A comprehensive and co-ordinated range of preventative services including; the Healthy Child Programme; One You East Sussex; Making Every Contact Count; Healthy Hastings and Rother - aimed at reducing health inequalities in our most disadvantaged communities; Good Neighbour Schemes; taking forward the Patient Activation Measure and Shared Decision-Making to support greater levels of self-care, and; joint commissioning a range of early intervention and prevention services and support from the voluntary and community sector (VCS), including support for carers.
- On-going development of community health and social care services and initiatives, including integrated health and social care teams, crisis response and proactive care, the

² NHS Long Term Plan Implementation Framework (July 2019) a copy can be found [here](#)

Dementia Support Service; Health and Social Care Connect now available 24/7/365, and; the Joint Community Reablement Service and falls prevention services.

- Strong whole system performance against the Better Care Fund targets and the Care Quality Commission East Sussex Local Area Review.
- Piloting an integrated outcomes framework to better enable us to measure whether our work as a system (activity) was having the desired results (outcomes).
- Developing our approach to understanding and using our collective resources on a system-wide basis for the benefit of our population.

Our emphasis in this plan is on the **transformation priorities** we need to deliver jointly as a health and social care system to meet the future health and care needs of our population. The plan sets out the priorities for programmes of change covering **prevention, children and young people, community, urgent care, planned care and mental health** and how we will work more effectively together across our system, including primary care networks (PCNs), the voluntary and community sector (VCS) and district and borough councils and others to deliver a “new service model for the 21st century” grounded in the needs of our local population. The plan also describes the local implications for workforce planning, IT and digital and estates.

Our local plan is the platform for taking forward developing our local Integrated Care Partnership arrangements, as part of the wider development of the Sussex Integrated Care System. In summary our joint plan addresses:

- The NHS LTP commitments by ensuring there is a clear East Sussex plan that also contributes to, and integrates with, the Sussex Health and Care Strategy.
- The needs of the whole population of East Sussex across physical and mental health, and health and social care services for children and adults, from improving health and prevention through to primary and hospital-based care.
- A forward view from 2019/20 until 2023/24, fully taking into account the progress made to date and the priorities we have agreed, which are also consistent with the NHS LTP.
- The priorities in East Sussex for transformation and integration, and the work in 2020/21 needed to meet the health and care needs of our population, reduce health inequalities, and deliver outcomes on a sustainable basis.
- The arrangements for taking forward our Integrated Care Partnership including how we will work across our health and care system, the VCS and wider partners, to:
 - enable stronger coordination of health and care delivery to our population
 - make best use of our collective resources
 - shape our approach to integrated population health and social care commissioning in East Sussex
- How we will build on the comprehensive approaches to engagement undertaken to date and create a framework of continuous engagement with our stakeholders to underpin and inform our plans.
- We will also further develop the 3-5 year system financial model that will need to underpin our plans for change.

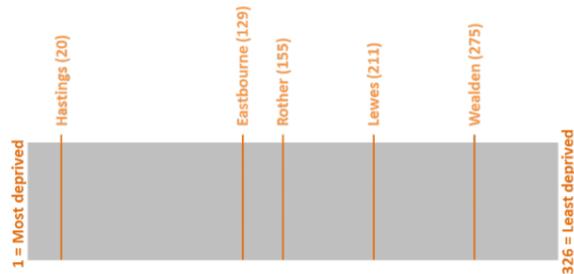
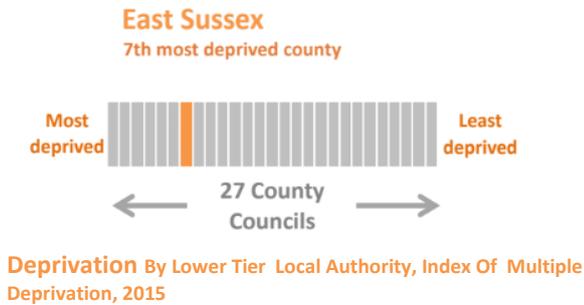
1.2. Our population health and social care needs

East Sussex is a county with contrasting characteristics across urban and rural communities. Health and its determinants are not distributed evenly across the county with a strong link between poverty and poor outcomes; although rurality can also have an impact on access to services. Overall, East Sussex is relatively deprived compared to other counties, but as figure 4 in Section

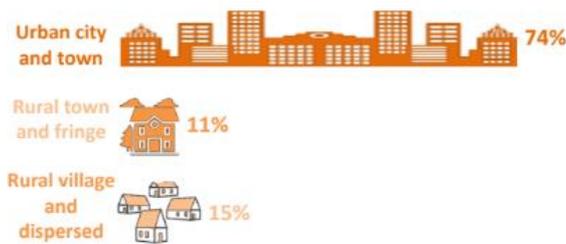
4.3 shows, there is significant variation in deprivation across the county and between primary care network populations which will result in differing health and social care needs. The proportion of people over 65 in East Sussex is considerably higher than nationally (26% vs 18%), and the proportion from Black and minority ethnic groups is smaller (8% vs 20%).

There are approximately 555,110 people living in the 1709 km² in East Sussex. In summary our population has the following characteristics:

Deprivation relatively high for a county.....and varies significantly across East Sussex



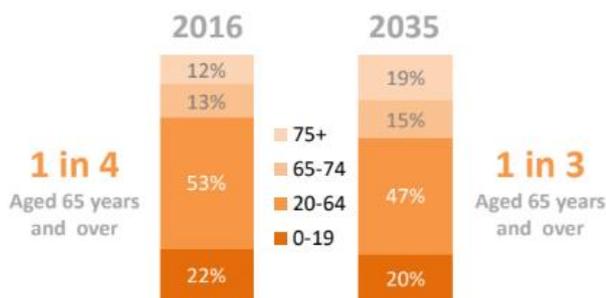
Most people live in urban areas



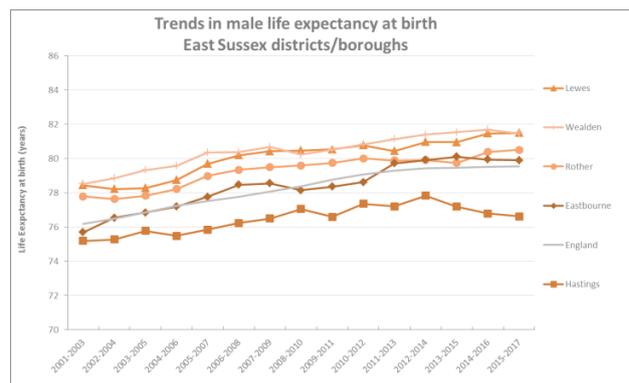
Our population is increasing....



..and getting older (more so than England)



Like England, life expectancy is not increasing and has fallen for men in Hastings



Illness and disability increase with age... ..but there are huge differences in when people become ill between wealthier and poorer areas

LONG TERM LIMITING ILLNESS OR DISABILITY, 2011



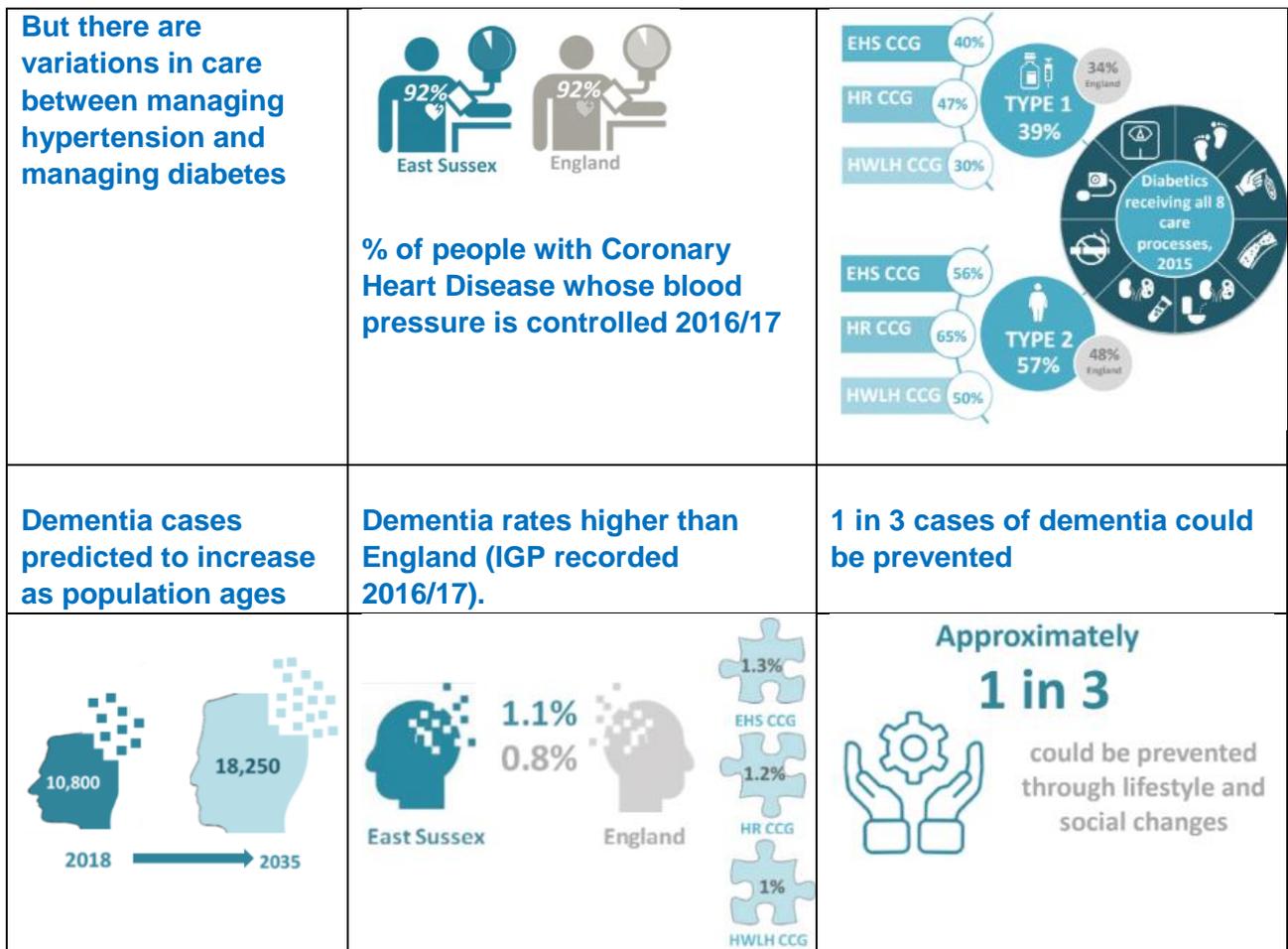
Housing needs - Access to a safe and secure place to live is a fundamental need for all people. Some of the most acute needs are increasing in East Sussex:

Rough sleepers increasing	Households in temporary accommodation increasing	Homeless households in priority need 2017/18
<p>4.5x ↑ rough sleepers since 2010</p> <p>19 in 2010 → 90 in 2017</p>	<p>Temporary accommodation</p> <p>1.6 per 1,000 households (East Sussex) 3.4 per 1,000 England</p> <p>2010/11 → 2017/18</p>	<p>East Sussex: 3 per 1,000 England: 3 per 1,000</p> <p>Eastbourne: 3, Hastings: 6, Lewes: 2, Rother: 3, Wealden: 2</p>

Best start in life, risk factors, chronic diseases and dementia

Smoking at time of delivery is higher than England	Breast-feeding initiation is higher than England	1 in 3 children age 10/11 are overweight or obese
<p>17% (2010/11) → 13% (2016/17)</p> <p>4% ↓ since 2010/11</p>	<p>79% East Sussex 75% England</p> <p>new mothers who initiated breastfeeding following the birth of their baby</p>	<p>23% (23% England) RECEPTION</p> <p>30% (34% England) YEAR 6</p>

<p>Good school readiness</p>	<p>High wellbeing decreases between age 10-11 and age 14-15</p>													
<p>East Sussex</p> <p>77%</p> <p>Children attaining a good level of development at the end of reception, 2016/17</p> <p>England</p> <p>71%</p>	<p>Wellbeing, 2017, HRB survey</p> <p>34% Year 6 14% Year 10</p> <p>surveyed had a score indicating high wellbeing</p>													
<p>Some health-related behaviours in young people are improving, others getting worse</p>	<p>By adulthood almost 2 in 3 people are overweight or obese (varies by area)</p>													
<p>Health Related Behaviour Survey 2017 – YEAR 10</p> <table border="1"> <tr> <td>Bullied in the last 12 months</td> <td>Had alcohol in the last week</td> </tr> <tr> <td>17% (2012) / 19% (2017)</td> <td>35% (2012) / 36% (2017)</td> </tr> <tr> <td>Had a cigarette in the last week</td> <td>Have ever taken cannabis</td> </tr> <tr> <td>17% (2012) / 9% (2017)</td> <td>18% (2012) / 19% (2017)</td> </tr> <tr> <td>Exercised hard 3+ days last week</td> <td>Ate 5 a day on previous day</td> </tr> <tr> <td>67% (2012) / 58% (2017)</td> <td>17% (2012) / 20% (2017)</td> </tr> </table>	Bullied in the last 12 months	Had alcohol in the last week	17% (2012) / 19% (2017)	35% (2012) / 36% (2017)	Had a cigarette in the last week	Have ever taken cannabis	17% (2012) / 9% (2017)	18% (2012) / 19% (2017)	Exercised hard 3+ days last week	Ate 5 a day on previous day	67% (2012) / 58% (2017)	17% (2012) / 20% (2017)	<p>59% East Sussex 61% England</p> <p>61% Eastbourne Hastings 58% Lewes 50% Rother 62% Wealden</p>	
Bullied in the last 12 months	Had alcohol in the last week													
17% (2012) / 19% (2017)	35% (2012) / 36% (2017)													
Had a cigarette in the last week	Have ever taken cannabis													
17% (2012) / 9% (2017)	18% (2012) / 19% (2017)													
Exercised hard 3+ days last week	Ate 5 a day on previous day													
67% (2012) / 58% (2017)	17% (2012) / 20% (2017)													
<p>Smoking in adults varies by area</p>	<p>Over 1 in 4 adults in East Sussex drink too much alcohol</p>	<p>Over 1 in five adults are physically inactive</p>												
	<p>27% East Sussex 26% England</p>	<p>22% East Sussex similar to England 22%</p>												
<p>Chronic disease rates in East Sussex are similar to England:</p>	<p>8% East Sussex 8% England</p> <p>Estimated Coronary Heart Disease (CHD) prevalence in 55-79 year olds, 2015</p>	<p>ESTIMATED PREVALENCE OF DIABETES 2016/17</p> <p>9% East Sussex 9% England</p> <p>2016/17 Recorded prevalence</p> <p>East Sussex 6%</p> <p>England 7%</p> <p>Diabetes</p>												



Causes of the gap in life expectancy

The biggest contributors to the inequalities in life expectancy in East Sussex are the same for men and women: circulatory disease, cancer and respiratory disease. Contributing preventable risk factors are smoking, poor air quality, alcohol, poor diet, and not enough physical activity. Social isolation is also known to result in reduced life expectancy.



Figure 1 Causes of the gap in life expectancy between most and least deprived areas within East Sussex by gender

Key points

- Demand for health and social care will continue to increase, both as a result of the growth in the proportion of older people in the population and the complexity of their needs with increasing longevity, frailty and multi-morbidity.
- There are inequalities within East Sussex in uptake of preventative services e.g. cancer screening, immunisation and diabetes education programmes; other preventative services e.g. learning disability health checks have lower uptake in East Sussex (46%) compared to England (49%).

- The number of children in need of help and protection is rising locally and nationally, linked to the increase in families experiencing financial difficulties.
- There is a growth in the numbers of children with statements of SEND or Education Health and Care Plans some of whom will have complex medical and care needs.

In summary, East Sussex has among the highest proportions of over 65-year olds and over 85-year olds in the country, and within this many people live their later years in ill-health, often with more than one long term condition. There is growing demand on NHS and social care services as more and more people require support and care for long term conditions. Reducing health inequalities and the gap in life expectancy in the county also requires coordinated action with services that impact on the wider determinants of health such as housing, employment and leisure, as well as targeted approaches to empower people to make healthy choices across their whole lives to improve outcomes.

In the long term, for services to be sustainable for everyone who needs them, there is a need for a new model of care to proactively support the older and frail population, and those with multiple long term conditions, through a strong infrastructure of responsive, coordinated and integrated services delivered in communities. This needs to work with people's strengths to help them feel in control of their conditions with easy access to support from health and social care professionals in multi-disciplinary teams when it is needed. Personalised care, shared decision-making with clinical and care professionals and support to self-manage conditions, for example through the innovative use of digital, are all features of a new model of care for the 21st century. We also need to get better at enabling people to stay fit and healthy for longer.

The advent of primary care networks (PCNs) with a focus from 2020/21 on proactively managing population health and better anticipating care needs, and integrated working across health and social care, will enable us to deliver the best possible outcomes for local people, and achieve the best use of collective public resources in East Sussex. There is also a strong national and international evidence base that demonstrates the value of integrated working in improving patient and client experience and outcomes, as well as better value for money. Overall, we believe this will help to moderate demand for hospital services, protecting them so they are available when they are most needed by our population.

The information about East Sussex that has been used to understand our population health and care needs and the priorities for East Sussex can be found in the following documents:

East Sussex Joint Strategic Needs Assessment

<http://www.eastsussexjsna.org.uk/>

Director of Public Health Report 2018/19

<http://www.eastsussexjsna.org.uk/publichealthreports>

State of the County 2019, Focus on East Sussex (July 2019)

<https://www.eastsussex.gov.uk/yourcouncil/about/keydocuments/stateofthe-county/>

Supporting People to Live Well in East Sussex, the market position statement for adult services and support (April 2019)

<https://www.eastsussex.gov.uk/media/13531/market-position-statement-2019.pdf>

Sussex and East Surrey Sustainable Transformation Partnership Population Health Check

<https://www.seshealthandcare.org.uk/2019/02/population-health-check-published-across-the-stp/>

1.3. Who we are – our health and care system

The diagram (figure 2) below gives a flavour of the health and care organisations who work together to deliver health and care in East Sussex across primary, community, acute, mental health and social care and housing, and some of the wider range of services and assets we have in our communities that impact on people’s health and wellbeing.

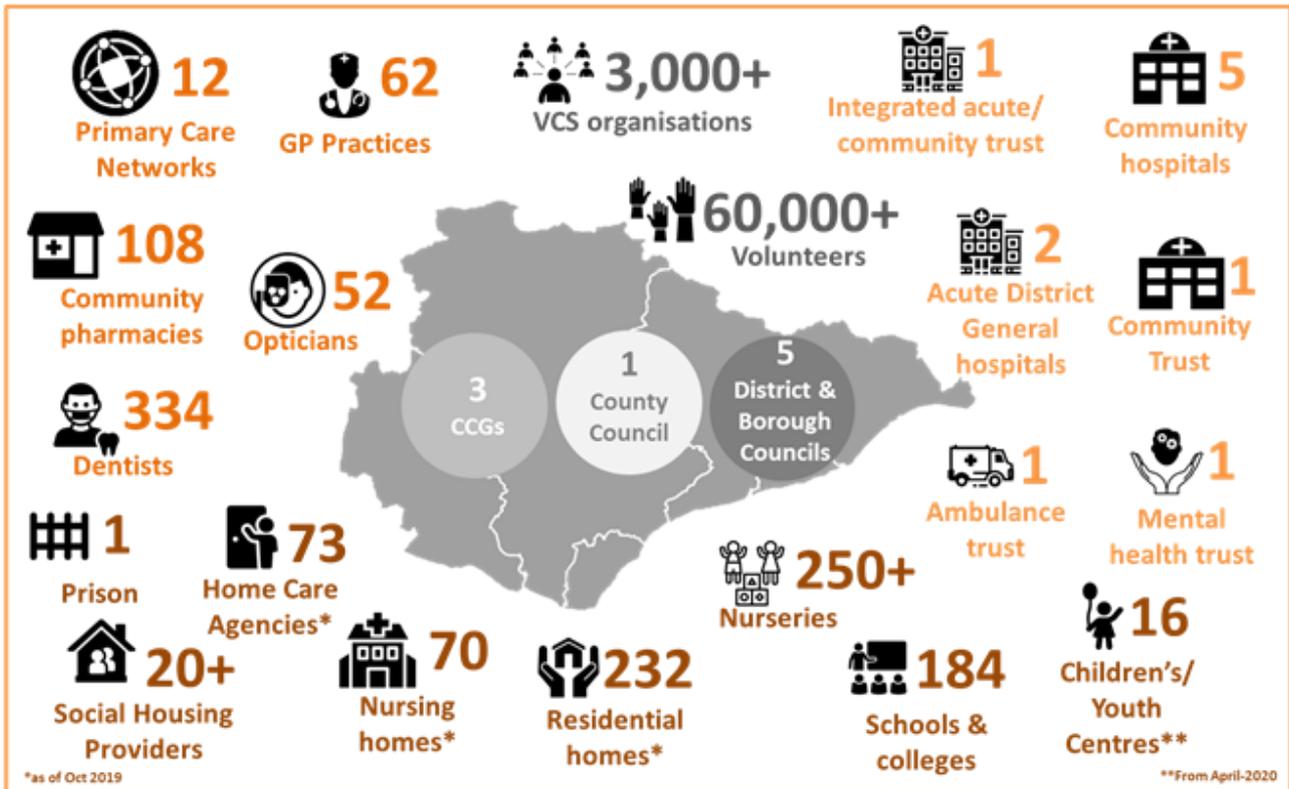


Figure 2 – a flavour of the organisations and networks in the East Sussex Health and Care System

Some of our population accesses hospital-based care outside of East Sussex, and we will work with partners outside of the East Sussex system, for example healthcare providers and primary care networks, and other integrated care partnerships, sustainable transformation partnerships and integrated care systems as they emerge, to support integrated care for our population.

1.4. Where we are now

The longer term overarching outcomes we have been working towards in East Sussex are improving: population health, the quality and experience of care, and the financial sustainability of services. In recent years we have progressed our integrated working in East Sussex through two programmes; East Sussex Better Together (ESBT) and Connecting 4 You (C4Y). Moving forward in 2019/20 it has been agreed to bring these two programmes together to provide the foundation for a single East Sussex health and social care programme.

In summary, during the latter part of 2018/19 and early 2019/20 we have taken steps as a system to secure agreement to the following:

- Bringing together our two East Sussex programmes (C4Y and ESBT) into a single programme for health and social care integration covering our whole population.

- Developing a joint East Sussex longer term plan for integration to take us beyond our immediate programme priorities in 2019/20, to address both local East Sussex health and social care priorities and delivering the NHS LTP.
- Putting in place partnership governance arrangements for our system to support this work, including reinforcing the system oversight role of our Health and Wellbeing Board (HWB). It is expected that this governance will evolve further as we move into the next phase of our plan and programme.
- Taking forward a proposal for our three East Sussex Clinical Commissioning Groups (CCGs) to merge into a single CCG for East Sussex (subject to application and approval by NHS England)
- In the context of the SH&CP ambition to become a Sussex Integrated Care System (ICS):
 - Developing integrated population health and care commissioning within East Sussex, as part of the wider strategic commissioning function of the SH&CP.
 - Developing an integrated care partnership (ICP) in East Sussex to support integrated delivery of health and social care, mirroring our population health and care commissioning footprint.

1.5. Where we want to get to

Our immediate programme and organisational priorities for 2019/20 reflect the continued need for grip on financial recovery; reducing pressure on hospital service delivery; improving community health and social care responsiveness, and; ensuring good use of, and shorter waits for, planned care. This was achieved through consolidating the financial recovery work and ESBT and C4Y objectives into a single programme with priorities for the next 6-12 months across urgent care, planned care and community.

Alongside delivery of 2019/20 plans our key priority in East Sussex has been to develop a longer term plan. This will enable health and social care in East Sussex to describe our next steps, building on the plans that are currently being implemented. Aligned to the SH&CP Sussex Health and Care Strategy, the plan strengthens the whole population focus across the East Sussex health and social care economy, as well as informing the priorities and plans for 2020/21.

In summary, our East Sussex plan is a joint health and social care plan that builds on what has already been delivered, to produce an up to date statement about our joint programme and anticipated plans for the next 3- 5 years, covering:

1. The needs of our whole East Sussex population and the outcomes required to meet them.
2. Our plans for driving the transformation and integration required to meet population health and care needs, reduce health inequalities and deliver longer-term sustainability, including our priorities for 2020/21.
3. The development of our East Sussex Integrated Care Partnership (ICP) to better support integrated delivery across our health and social care system, and integrated population health and care commissioning arrangements.

To underpin our plans we will also set out our understanding of our system financial model covering a three to five year period. This will set out the required shifts in investment to primary care and community health care, including meeting the new primary medical and community health services funding guarantee.

1.6. What we want to deliver

Informed by our local East Sussex County Council priorities³ and NHS Long Term Plan^{4,5} commitments, and engagement with our local communities, in the long term we expect to build on our integration work to date to deliver an integrated model of care with the following characteristics:

- A comprehensive approach to prevention, universal personal care and reducing health inequalities that cuts across our key clinical priorities and care pathways from enabling healthier behaviours and good wellbeing through to access to leisure, housing and other services that impact on the wider determinants of health, greater levels of self-management, shared decision-making, and personalised care and support planning, through to early intervention, proactive care and reablement.
- Full implementation of a common operating model for integrated community health and social care, working across our health and care system, the VCS and others to jointly deliver greater community health responsiveness in 2020/21, including:
 - Improved crisis response within two hours and reablement care within two days
 - Anticipatory care
 - Enhanced health in care homes
 - Structured medication reviews for priority groups
 - Personalised care and support planning, and early cancer diagnosis support
 - Social prescribing and community-based support
 - Better identification and support to improve outcomes for carers
 - The continued implementation of primary care improved access in 2019/20 and 2020/21
 - Building the capacity, workforce and partnerships to do this
- Close system working between our East Sussex CCGs, ESCC, East Sussex Healthcare NHS Trust, Sussex Partnership NHS Foundation Trust, Sussex Community NHS Foundation Trust, and our local PCNs, to ensure that Sussex-wide strategies and developments align with our local plans for integrated community health and social care and a comprehensive approach to prevention, universal personal care and reducing health inequalities
- Close system working across the local NHS and children's social care to deliver ESCC and NHS LTP priorities to support age-appropriate integrated care; integrating physical and mental health services; joint working between primary, community and acute services, and; supporting transition to adult services
- The continued implementation of our urgent care plans to reduce pressure on emergency hospital services including:
 - Meeting the A&E standard and agreed metrics for same day emergency care, and urgent and emergency care
 - Implementation of our integrated urgent care model and an integrated network of community and hospital-based care
 - Implementing Urgent Treatment Centres by December 2019
 - Implementing the new 111 and Clinical Assessment Service (CAS) by April 2020

³ 'State of the County 2019, Focus on East Sussex' (July 2019), a copy can be found [here](#)

⁴ NHS Long Term Plan (January 2019), a copy can be found [here](#)

⁵ NHS Long Term Plan Implementation Framework(July 2019) a copy can be found [here](#)

- The continued implementation of our planned care programme including:
 - Driving efficiency and productivity in elective care pathways to reduce waiting lists
 - Enabling choice through expanding digital and online services
 - Transforming outpatients care and digitally enabling primary and outpatient care through the increased use of digital tools to transform how outpatient services are offered, and providing more options for virtual outpatient appointments in identified priority specialties, working with the Sussex Outpatient Transformation Board
 - Scaling up provision of First Contact Practitioners to enable faster access to diagnosis and treatment for people with musculoskeletal conditions and supporting more patients to effectively self-manage their conditions

The integrated model of care outlined above provides the foundation for the development of our proposals for implementing our East Sussex **Integrated Care Partnership** model. Our ICP will better enable delivery of these principles and priorities, as part of the wider development of the SH&CP into an **Integrated Care System**.

Through delivering this model we expect to better enable our system to deliver measurable improvements to the shared outcomes in our integrated Outcomes Framework. The integrated Outcomes Framework is a set of shared outcomes and measures developed in 2017, to support our collaboration and help us understand the impact of our work together as a health and social care system.

In 2019 we agreed to fully adopt this framework for our whole East Sussex population. We intend to refresh the framework to align with the East Sussex Health and Social Care Plan, and the supporting programmes of work. These outcomes have been developed with local people based on what matters to them about their health and social care services. Outcomes and measures are grouped together under the following four headings:



1.7. How we will deliver against the NHS Long Term Plan commitments and local priorities

Our local East Sussex work on integration and transformation to date aligns well with expectations set out in the NHS LTP and Implementation Framework. We have undertaken analysis that captures how we anticipate delivering commitments in the NHS Long Term Plan and our local priorities. This is being used to inform:

- Our individual organisational corporate strategies and operational business planning processes for 2020/21 and beyond, and the partnerships, programmes and projects through which we will deliver improvements to the quality of care
- Alignment with the SH&CP Sussex Health and Care Strategy clinical priorities and plans to support local implementation and delivery, including Sussex-wide strategies for workforce, digital and estates.

In addition, the LTP commitments have been consolidated with:

- Our local understanding of the priorities and objectives for our system to date
- The evidence base arising from independent diagnostic work in 2018/19 on the drivers of our system deficit, and benchmarking tools such as Model Hospital, Get it Right First Time and NHS Rightcare

This has given us a set of key priorities we need to focus on as a system in 2020/21, as realistic and achievable next steps to drive the changes needed to meet the health and care needs of our population sustainably in the coming years.

The priorities will be used to set objectives and key performance indicators (KPIs) for our work programmes for delivery in 2020/21, to be overseen by our Health and Wellbeing Board and supporting system partnership governance.

The priorities reflect our current understanding of the plans and next steps for our system, noting that some areas of the plan have already been initiated and some are at an earlier stage of development, programme definition and work up. This will continue to be tested across our system and key stakeholders to further scope, shape and agree programme plans for 2020/21 and beyond. Fundamental to this will be co-design and co-production of projects and initiatives with patients, clients and carers to ensure that pathways are informed by lived experience.

There are strong links between all the programme areas and changes in one area may have benefits for others. For example, work under the community strand aimed at increasing capacity and efficiency will enable improved patient flow through hospital and reduced lengths of stay, as well as improved outcomes for people and their families.

Intervening at the earliest opportunity and preventing things from getting worse, as well as ensuring care is personalised, are all cross-cutting principles across our plan. We expect all new developments to consider opportunities for this as part of taking specific projects and initiatives forward.

Our overarching key priorities and the anticipated next steps we will take collectively in 2020/21 across prevention, children and young people, community, urgent care, planned care and mental health are summarised in the next section. Further detail about the background and approach in each area is set out in Appendices 1 – 6.

1.8. Summary of shared priorities for 2020/21

In this section we have set out our key areas of focus for 2020/21, to continue to drive the changes we need to see over the next 3-5 years. Further detail about the background and approach in each area can be found in Appendices 1 – 6.

1.8.1. Prevention personalisation and reducing health inequalities priorities

Priority	Next steps
Support with making healthier choices and action on health inequalities	<ul style="list-style-type: none"> Implementing population health packs and working with primary care networks to explore population health management, risk stratification and target wider system partnership action across the broader determinants of health. Work with SH&CP to use national guidance to set trajectories for narrowing inequalities in 2023/24 and 2028/29 to inform local wider system action planning Specific partnership action to support healthier lifestyles and health inequalities; smoking, obesity and alcohol Increasing screening and vaccinations programmes, tailoring our approach to areas of greatest need
Supporting self-care, self management and personalised care	<ul style="list-style-type: none"> Begin to implement the NHS Comprehensive model of personalised care and the PCN Network Directed Enhanced Services (DES) contract requirements in 2020/21 Ensuring opportunities for prevention, self-care, shared decision-making and personalised care planning and support are built into all pathway redesign priorities for planned care and end of life care Review the patient activation measure pilot to inform further development of self care and self management Build on the rollout of wheelchair personal health budgets to identify further groups of people who may benefit from personal health budgets, for example people with continuing health needs
Social prescribing and community based support	<ul style="list-style-type: none"> Implement an integrated social prescribing framework to reduce inequalities in health outcomes for local and diverse populations and improve mental health and wellbeing Working closely with the voluntary and community sector align the PCN Network DES contract social prescribing investment with existing commissioned social prescribing commitments, such as the Community Connector Service, Primary Care Support Service and Carers prescriptions Deliver an asset based wellbeing programme working with communities with poorer health and build strength-based solutions, adding to the range of support which social prescribers can signpost to
Preventing situations from getting worse	<ul style="list-style-type: none"> Collaborate to begin to implement anticipatory care PCN network DES contract requirements from 2020/21 onwards, and link this with phased implementation of the target operating model for community health and social care services and multi-disciplinary care coordination working with primary care teams Explore earlier intervention and targeting of falls prevention services at those who are at risk of a fall Work with PCNs to help implement '<u>supporting carers in general practice - a framework of quality markers</u>', and build on the Primary Care Support Service and Carers prescriptions, to ensure that better identification and support for carers in primary care is fully integrated into the new social prescribing link worker arrangements described above.

Improving outcomes for vulnerable and/or disadvantaged groups	<ul style="list-style-type: none"> • Widening access to physical health checks in primary care for people aged fourteen and over with a learning disability • Subject to the availability of funding continue to deliver initiatives to provide integrated support for rough sleepers • Commissioning housing related support services for those at risk of homelessness and support for carers • Support for vulnerable children and young people including action on County Lines and improving outcomes for children with special educational needs and disability (SEND)
Mental health and wellbeing	<ul style="list-style-type: none"> • Work towards of adopting the principles set out in the prevention concordat to enable a clear focus for cross sector action on better mental health for all • Build on and strengthen partnership work across the local NHS, social care, education, employment, housing, community resilience and cohesion, safety and justice and civil society, linking this with population health management approaches where possible

1.8.2.Children and Young People priorities

Improving children and young people's mental health and emotional wellbeing	<ul style="list-style-type: none"> • Improving our pathways and commissioning approach particularly with regard to Tier 4/ Secure/Specialist placements • Developing a coherent emotional wellbeing strategy which works with our schools to provide appropriate help at the earliest point and other action to help address forthcoming recommendations of the Sussex-wide independent strategic review of the whole pathway of emotional wellbeing and mental health services for children and young people
Disability Pathways	<p>Further develop our work around integrating the education, health, and social care needs of children and young people aged 0 – 25, aimed at producing local solutions, including:</p> <ul style="list-style-type: none"> • integrated health and social care budgets for children with the highest complex needs • exploring a single assessment pathway for autism spectrum disorder and attention deficit hyperactivity disorder, and other neurodevelopmental disorders • improving early planning for children who transition into adult health and social care services • reviewing mental health support for children and young people with autism
Safeguarding (including Contextual Safeguarding)	<ul style="list-style-type: none"> • Further develop our pathways and service offer for young people at risk of criminal and sexual exploitation, physical and sexual harm, alcohol and substance misuse and review the service offer and needs for 18 – 25 year olds • Make strong links with the work taking place under the mental health and emotional wellbeing objectives
Universal Child Health Offer	<ul style="list-style-type: none"> • Ensure the provision of the Healthy Child Programme for under 5's through the Integrated Health Visiting and Children's Centres service • Support the delivery of the preventative health agenda through School Health Service. • Support nurseries, schools and hospitals to become health promoting settings

Looked after Children	<ul style="list-style-type: none"> • Ensure looked after children’s needs are prioritised across health, social care and education to enable the best outcomes • Ensure mental health services are commissioned to optimise the emotional wellbeing of looked after children and previously looked after children
------------------------------	---

1.8.3. Community priorities

Implement Integrated Community Health and Social Care	<ul style="list-style-type: none"> • Continue to trial and roll out co-location to support joint working and care coordination for people with complex and multiple long term support needs • Progress a care coordination pilot for people with multiple long term conditions and support needs, including how to support enhanced case level collaboration with primary care, mental health and voluntary sector support services • Continue the wider rollout of home-based and bed-based Homefirst discharge pathways • Take forward therapy joint working to share skills, best practice and help create capacity • Consolidate the pilots and projects from Phase 1 of the community programme and begin to implement our agreed common target operating model to enable greater levels of multi-disciplinary working across primary medical care, community health, mental health and social care services. Strongly link and align this with: <ul style="list-style-type: none"> ○ PCN footprints to support effective multi-disciplinary working, including work to implement the PCN network DES contract for 2020/21 and risk stratification of local populations and proactive anticipatory care for those with multiple long-term conditions and/or assessed at high risk of unwarranted health outcomes ○ Developing further capacity in crisis response within two hours and reablement care within two days, noting the need to align the offer across the East Sussex footprint ○ Pathways for acute hospital-based care and discharge ○ Wider development and roll out of Enhanced Care in Care Homes
End of life care	<ul style="list-style-type: none"> • Ensure that End of life care strategies continue to be implemented to ensure the best end of life care for patients in the community working across primary and community health and social care teams and pathways, and in all settings of acute, secondary and primary care, hospices and care homes • Complete the case for change for anticipatory prescribing to meet the NICE Quality statement • Provide education opportunities for primary care • Link with other plans for supporting frailty and enhanced care in care homes and other community services as appropriate • Implement ReSPECT across acute, secondary and primary care providers and in hospices and care homes, to ensure personalised recommendations for a person’s clinical care in a future emergency are taken account of

1.8.4. Urgent Care priorities

High Intensity Users	<ul style="list-style-type: none"> • Further expand and focus on supporting patients with multiple needs with high numbers of A&E attendances and admissions
-----------------------------	---

Ambulatory Emergency Care (AEC)	<ul style="list-style-type: none"> Expansion of AEC at both EDGH and Conquest Hospital (Supporting Same Day Emergency Care)
Acute frailty	<ul style="list-style-type: none"> Expansion of Acute Frailty teams and pathways to ensure the right support at the front door (Supporting Same Day Emergency Care)
Enhanced care in care homes	<ul style="list-style-type: none"> Implement a range of initiatives to better support patients in care homes, build confidence for staff and avoid unnecessary admissions Explore and develop how support can be delivered to people in care home settings in partnership with Primary Care Networks
Community Frailty/PEACE planning	Further rollout of Proactive Elderly Advance Care (PEACE) planning as part of personalised care and support planning roll-out; supporting people in care homes
Integrated Urgent Care model	<ul style="list-style-type: none"> Rollout of enhanced NHS 111 and Clinical Assessment Service from 1st April 2020 Rollout of UTCs at Eastbourne DGH, Conquest Hospital, Hastings and Lewes Victoria Hospital Further development of the Minor Injuries Units in Crowborough and Uckfield to improve local access for same day care Direct booking into Primary Care Improved and Extended Access, UTCs or other walk in services and sites being developed as part of the East Sussex integrated urgent care model Increased utilisation of Primary Care Improved Access capacity Take forward further interventions in winter 2019/20 and 2020/21, as a result of recent diagnostic work on the drivers of demand for A&E services.

1.8.5.Planned Care priorities

Outpatients	<ul style="list-style-type: none"> Introducing video appointments, virtual fracture clinics, electronic correspondence for our patients Expanding of successful approaches to: <ul style="list-style-type: none"> improve the timeliness of treatment improve the experience of patients on care pathways reduce unnecessary appointments introduce one-stop clinics specifically focusing on gastroenterology and breast cancer two-week wait
Musculoskeletal Services	<ul style="list-style-type: none"> Meet the growth in demand in a sustainable way by: <ul style="list-style-type: none"> Introducing First Contact Practitioners (FCPs) in GP surgeries designing the correct bespoke pathway to ensure timely recovery, minimised pain and improved independence

	<ul style="list-style-type: none"> ○ Improving shared decision-making between specialist clinicians and patients with more complex conditions, alongside improved education on self-management ○ Enabling patients to self-refer to physiotherapy so they start treatment earlier at the onset of a condition
Evidence Based Interventions	Continue to review the latest evidence and change our recommended treatments where this evidence indicates areas that do not benefit our patients, allowing us to release capacity for the right treatments
Cardiology	<p>Work together to agree a new model of cardiology care spanning general practice through to community services and hospital care, that:</p> <ul style="list-style-type: none"> ○ Increases identification of heart conditions and related support for patients to self-manage their own heart health ○ Reduces variation in community-based cardiology assessments by standardising pathways, enabling more patients to be treated within a community setting to make best use of capacity ○ Supports the long term sustainability of hospital services
Diabetes	<ul style="list-style-type: none"> ● Build on our success in implementing complex diabetes treatment in a community setting, and our expansion of urgent treatment for diabetics to: <ul style="list-style-type: none"> ○ Provide improved patient experience for people with diabetes by reducing unnecessary hospital appointments including outpatient appointments and hospital admissions ○ Provide improved access for psychological therapies for people living with diabetes that also have co-morbid depression/anxiety ○ Provide improved access to innovative technologies for glucose monitoring for patients with type 1 diabetes (includes flash and continuous glucose monitoring). ● Develop a system plan to manage the predicted exponential growth in diabetes over the next 3 years.
Ophthalmology	Work closely with acute and community providers to ensure a seamless pathway, focussing on addressing the growing demand by repatriating care to our specialist community optometrists, releasing capacity in our hospital multidisciplinary teams to manage the more complex eye conditions.
26-week wait and capacity alerts	Implement a planned choice process for all patients who reach a 26-week wait, starting in areas with the longest waits, to give patients options to access care across NHS services in Sussex
Cancer	<p>During 2020/21 we will build on existing work to take forward local plans in the following areas:</p> <ul style="list-style-type: none"> ● Continue to improve performance against the cancer constitutional waiting times standards and ensure sustainability, including the new 28 day faster diagnosis standard ● Improve the uptake of screening targeting those areas with lower uptake and focus on inequalities ● Strengthen the two-week wait process to ensure referrals are managed proactively ● Implement personalised care pathways for breast cancer and develop plans for other specialties, with prostate and colorectal as priorities

Medicines optimisation	<ul style="list-style-type: none"> • Use NHS England-led programmes to optimise prescribing in a range of areas including diabetes, pain management, malnutrition and anticoagulation; and de-prescribing medicines no longer needed • Develop an Integrated Medicines Optimisation services and approaches between local Primary care Networks (PCNs) and local NHS Trust providers, to support the delivery of structured medication reviews and quality improvement • Continue the medicines optimisation in care homes service and work towards integration with the PCN structured medicines review and optimisation service, under the PCN Network Directed Enhanced Services (DES) contract in 2020/21 • Rollout the electronic transfer of medicines discharge information between hospital and community pharmacists; and implementation of a quality improvement process for pharmacy led interventions • Provide integrated vocational training programmes for pharmacists and pharmacy technicians across primary and secondary care, mental health and community services
-------------------------------	---

1.8.6. Mental Health priorities

Single point of access - no 'wrong doors' and access to crisis pathways	<ul style="list-style-type: none"> • Expansion of NHS 111 so that it can take mental health referrals • Pilot a Single Point of Access (SPOA) for adults embedded within Health and Social Care Connect. • Simplify pathways to support joint working across mental health and social care teams
Community health and social care teams for adults with severe mental health issues	<ul style="list-style-type: none"> • Enhance integrated working through pathways, protocol development in relation to Approved Mental Health Professional duties, and access to crisis resolution and home treatment (CHRT) teams to help avoid unnecessary admissions • Link with phased development of the target operating model for community health and social care services, to deliver a more integrated and multi-disciplinary approach to meeting physical health and mental health needs
Supported Accommodation pathways	Deliver the review of supported accommodation pathways to inform work with housing teams to find long term solutions and take forward recommendations
Rough Sleeping	Pursue opportunities to bid for further funding post March 2020 from the Ministry of Housing, Communities and Local Government, to continue initiatives
Aftercare and support	Further develop joint leadership to support safe and timely discharge and coordination of care plans.
Access to children and young people's MH services	Implement the recommendations of the Sussex-wide independent strategic review of the whole pathway of emotional wellbeing and mental health services for children and young people

2. Summary roadmap

The high level milestones for the next five years are as follows:

When by	Milestone
August – November 2019	<ul style="list-style-type: none"> • East Sussex Health and Social Care Plan developed and finalised. • Submission of SH&CP Health and Care Strategy to NHS England.
December 2019	<ul style="list-style-type: none"> • Health and Wellbeing Board endorses East Sussex Health and Social Care Plan
January 2020	<ul style="list-style-type: none"> • Further implementation planning for delivery in 2020/21, including: <ul style="list-style-type: none"> ○ Further refinement of priority-setting, programme objectives and KPIs ○ Integrated outcomes framework refresh ○ Further testing with local system and stakeholders ○ Further development of proposals for our East Sussex ICP and population health and care commissioning
March 2020	<ul style="list-style-type: none"> • East Sussex Clinical Commissioning Groups merger process complete, subject to application and approval by NHS England • Agree proposals for our East Sussex Integrated Care Partnership • Agree proposals for our approach to integrated population health and care commissioning in East Sussex.
April 2020 – March 2021	<ul style="list-style-type: none"> • Delivery of 2020/21 transformation programme and LTP priorities. • Begin delivery (as per agreed proposals) of: <ul style="list-style-type: none"> ○ East Sussex Integrated Care Partnership ○ East Sussex Population Health and Care Commissioning ○ Next wave of PCN Network Contract DES requirements ○ Phase one of target operating model for community health and social care services • Continued financial stabilisation of system.
April 2021 – March 2022	<ul style="list-style-type: none"> • East Sussex Integrated Care Partnership in place • East Sussex Population Health and Care Commissioning in place. • Sussex Health and Care Integrated Care System in place. • Continued financial stabilisation of system
April 2022 – March 2023	<ul style="list-style-type: none"> • Further consolidation of our Integrated Care Partnership and population health and care commissioning arrangements • Continued financial stabilisation of system
April 2023 – March 2024	<ul style="list-style-type: none"> • Continued financial stabilisation of system. • Primary medical and community health service funding guarantee met.

3. Our approach to engaging with our stakeholders

3.1. Background

A comprehensive approach to engagement with local people (including patients, clients, our staff, the public and communities) across East Sussex has been a strong feature of our health and social care transformation programmes to date. This has been undertaken in partnership with Healthwatch and the voluntary and community sector (VCS) and is taken forward at all levels – including representation in strategy and planning, and using co-design principles to involve people in the commissioning of specific services, service design and project development.

Our overall strategy has been guided and supported by our joint East Sussex Communications and Engagement Steering Group which brings together communications and engagement leads from across our health and social care partner organisations, including Healthwatch. Moving forward a communications and engagement strategy will be produced to support the delivery of the East Sussex Plan.

Our approach has also been underpinned by the development of an integrated outcomes framework in 2017/18, based on what is important to local people about their health and care. This is collectively owned and shared across our health and social care system. We aim to refresh our outcomes framework as part of our planning process to ensure it truly reflects the whole East Sussex population.

East Sussex was also involved in the SH&CP's wide ranging public engagement exercise about the NHS Long Term Plan during the Spring of 2019, culminating in the report 'Our Health and Care, Our Future'. This was a programme of engagement that took place across the whole of Sussex, in partnership with Healthwatch, and included events and online surveys. Detail is provided below about how this information has been used to inform and contribute to developing our East Sussex plan.

3.2. Equalities and diversity

The East Sussex Health and Care Partnership is fully committed to ensuring the improvement of the health and wellbeing of all our population and we will commission services in a way that enables us to take account of this. Recognising the high level nature of this plan, we will ensure that all of our projects and initiatives take account of our diverse population as we move towards implementation and delivery, including protected characteristics, as detailed in the Equalities Act.

In particular we expect to drive this forward through the ongoing implementation of personalised care that is designed to take account of individual circumstances, differences and strengths. In addition we will ensure that diverse and seldom heard groups and communities are a key focus in the communications and engagement strategy that we will develop to support this plan, and the specific projects and developments within it. For example, through reaching out to parts of the community who may not traditionally get involved in our work, such as working age people, young people (16+), equalities groups and communities, and neighbourhood groups (with a focus on rural communities and areas of deprivation).

We are also undertaking a high level joint Equalities and Health Inequalities Impact Assessment (EHIA) screening of our East Sussex plan, with a view to flagging potential areas where future EHIA's will be needed for specific projects and initiatives. This will also inform the framework for continuous engagement with all of our stakeholders.

3.3 How we have used insight and key themes from recent engagement

A multi-agency East Sussex Plan Task Group was set up with nominated leads across our system, including representation from Healthwatch and the voluntary and community sector, to work together to guide and shape the development of the East Sussex Health and Social Care Plan.

An audit of existing insight from recent engagement events and exercises was undertaken to provide a snapshot of the key themes across East Sussex to help inform our plan, alongside our benchmarking. This included reviewing the East Sussex insight from the Phase 1 report from the Big Health and Care Conversation and Our Health and Care, Our Future⁶ engagement on the NHS LTP (insight from Phase 2 will be added when available), as well as from the joint Shaping Health and Care events that were specific to East Sussex. The Adult Social Care and Health Listening to You survey, and the Children and Young People's Takeover Day 2018, which focussed on mental health and wellbeing were also reviewed. A summary of the key themes is contained in Appendix 7 grouped under the following headings:

- Joining up health and care services, partnership working and collaboration
- Communication, access to information and information sharing
- Digital
- Staffing resources and funding
- The role of the community sector, and social prescribing
- Health inequalities
- Prevention and supporting healthier choices
- Mental health
- Holistic and personal care
- Access to services and experience of services
- End of life care
- Multiple and complex needs

The themes from the audit have been used to help inform our ambitions for our longer term health and social care model (described in section 1.6), and have helped shape the priorities and next steps that we anticipate will enable progress in 2020/21 and onwards. The themes will continue to be used to inform next phase of planning for delivery, alongside more bespoke engagement.

The themes from the audit will also be used to support the refresh of our integrated outcomes framework for 2020/21 and ensuring it continues to reflect what matters to local people about their health and social care services.

3.4. Next steps – informing ongoing planning and implementation

Building on the comprehensive approaches to engagement undertaken to date, our priorities and next steps for transformation and integration will be used to create a framework of continuous engagement with our stakeholders. A system communications and engagement strategy will be

⁶ The Our Health, Our Care, Our Future engagement was undertaken in two phases across Sussex. Phase one focused on a series of events where local stakeholders and the public were invited to share their views to inform our work; phase two focused on reaching out to parts of the community who may not traditionally get involved in our work, for example working age people – including NHS staff, young people (16+), equalities groups and communities, and neighbourhood groups (with a focus on rural communities and areas of deprivation)

developed to support this.

We will continue to test our plans with our broad base of local stakeholders who are regularly in touch with us about developments. This will be done both through existing mechanisms such as the Patient Participation Groups Forum, the East Sussex Seniors Association (ESSA), and the East Sussex Inclusion Advisory Group (IAG), as well as new forms of engagement designed to reach people less likely to get involved, as they emerge.

Our system partnership governance has also been reviewed and has evolved and we have launched a new East Sussex Health and Social Care System Partnership Board, to ensure a broader system partnership to lead and oversee delivery of our plans, and development of our integrated care partnership proposals on behalf of the Health and Wellbeing Board. We will achieve this through aligning organisational plans across our health, social care and wellbeing system, involving all key stakeholders and taking action together. More information about this can be found in section 4.

We have recently entered into a new arrangement to strengthen the involvement of voluntary and community partners specifically. The new East Sussex 'Partnership Plus' forum brings partners together to take a different approach to how we work together and more effectively use our combined resources, by building on existing skills and knowledge and developing much better ways of working for the benefit of people in East Sussex. A joint planning group has been formed to identify community priorities, using our collective knowledge and data and move swiftly to 'doing' – taking action on the wider determinants of health as well as the role of the VCS in delivering health and care services and support.

4. Working together to deliver our plans

4.1 Our partnership governance

We have launched our East Sussex Health and Social Care System Partnership Board. This is a strategic planning body, enabling us to work together on behalf of the Health and Wellbeing Board to collectively oversee and lead the delivery of the system transformation required to:

- Meet the health and social care needs of our population
- Improve the health of our population and reduce health inequalities
- Respond to the NHS Long Term Plan and local priorities in East Sussex through overseeing the strategic development and delivery of our longer term plans, through aligning organisational plans across our health, social care and wellbeing system.

In order to do this effectively the new board involves a broad membership from across our system to ensure a clear focus on prevention and the wider determinants of health, as well as making improvements to the quality of care we deliver as a system. This includes primary care networks, NHS providers, district and borough councils, Healthwatch and the voluntary sector, alongside East Sussex CCGs and ESCC as statutory health and social care commissioners. The East Sussex Health and Social Care Executive Group will also continue to meet to ensure a clear focus on the operational performance of our programme priorities. This will be kept under review as our plans for our ICP and broader system working take shape.

The structure below shows the current key elements of our partnership governance and the lines of accountability. It will evolve over time, for example, as our East Sussex Integrated Care Partnership (ICP) emerges.

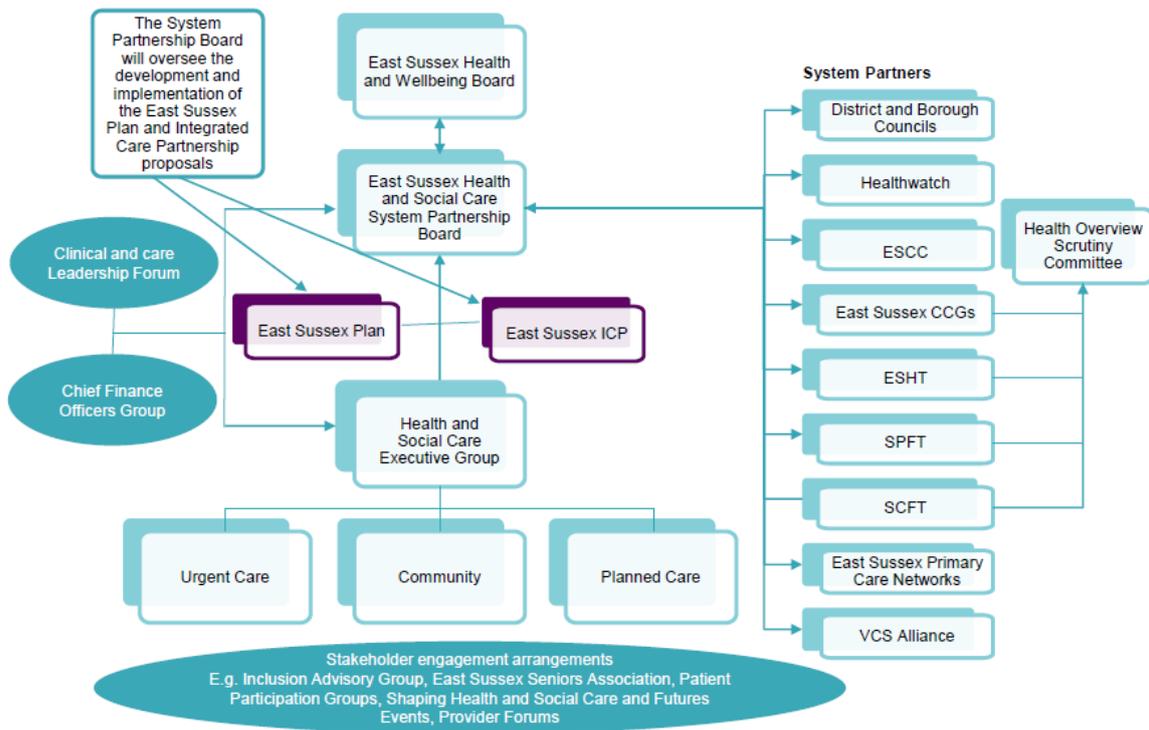


Figure 3: Key elements of partnership governance

4.2. Developing our integrated care partnership

Part of the work of the System Partnership Board will involve ensuring proposals are developed and implemented for our future East Sussex Integrated Care Partnership (ICP), with initial proposals being shaped for April 2020. The ICP will ultimately govern how we operate together in a more integrated way in our localities across all providers of primary, community, mental health and social care with consistent pathways into and out of hospital care when this is needed.

This includes ensuring there are strong links with services that have an impact on the broader determinants of health, for example those provided by district and borough councils and VCS services and support, for the benefit of our population. Over time it will develop to encompass relationships and pathways with services accessed by our population beyond the geography of East Sussex. For example, acute hospital services provided within Sussex and Kent, and specialist services within Sussex and beyond.

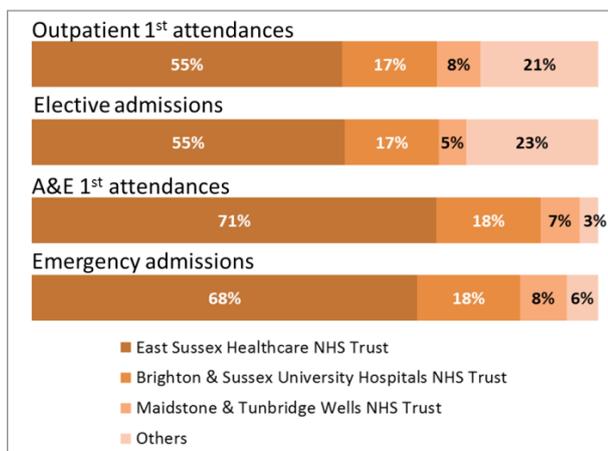


Figure 4: Hospital activity by provider for East Sussex residents in 2017/18

Source: Hospital Episode Statistics

The majority of East Sussex residents access services within the county, particularly for urgent care.

Our ICP will provide the framework for all providers of health, care and support working in East Sussex to come together to plan, organise and deliver services at the optimum scale to support quality and consistency - making the best use of our collective resources to deliver the outcomes and priorities for our population identified in the East Sussex plan. Proposals will be shaped to cover:

- The longer term objectives for the ICP and the overall model we will be working towards.
- The elements that need to be in place by April 2020.
- The specific actions that we will take to deliver the agreed ICP April 2020 proposals, for example agreeing and implementing the common operating model.
- A framework for managing health and social care resources in East Sussex to deliver the best possible outcomes

4.3. Supporting primary care network (PCN) development

There are 12 PCNs in East Sussex, established on footprints reflecting local relationships and previous locality working arrangements. All the PCNs are now operational, with identified clinical directors in place, and further delivery of primary care improved access is under way. An opportunity for PCNs to increase the pace of their partnership working has also been provided through the local offer of a PCN accelerator programme. Four specific areas of focus have been identified, for PCNs to accelerate and respond to the challenges and focus on:

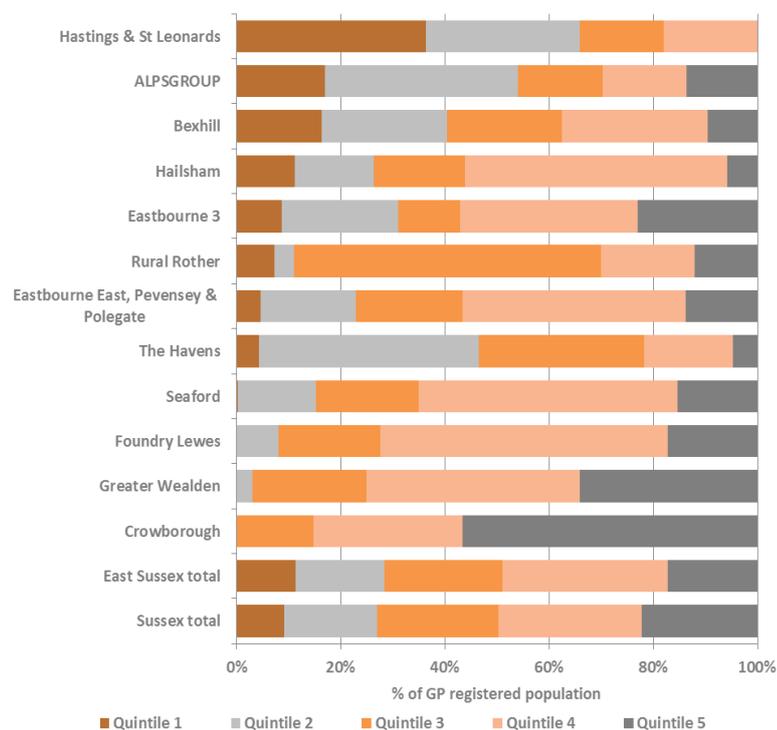
- The development and acceleration of a PCN to progress at pace, mature and deliver their ambition
- Delivery of the Sussex STP Clinical Variation Programme ambitions and requirements (Musculoskeletal falls, Diabetes, and Cardiovascular disease)
- Responses to the requirements of the LTP (including anticipatory care, personalised care and early diagnosis for cancer)
- Integrated joint working of the PCN with other providers to better support integrated care, MDTs and improve the PCN population health; and better integrate urgent or planned care pathways to improve system flow, avoid admission and improve value for money

Some PCNs are taking up the opportunities offered through the Additional Roles Reimbursement Scheme (ARRS), such as the employment of social prescribers and pharmacists (this will take into account existing extended roles that we have already implemented in the county), whereas others continue to explore their options. The CCGs are supporting them in these discussions, including exploring the potential for alignment with the current CCG commissioning of social prescribing.

Public Health are working to compile population health packs to help PCNs make informed decisions regarding their priorities for development and strategic direction. Poor health outcomes and the need for services are strongly associated with deprivation. Figure 4 illustrates the variation in deprivation profiles between PCNs – in Hastings and St Leonards over 30% of patients live in the nationally most deprived quintile, whereas in Crowborough, over 50% of patients live in the least deprived quintile. PCNs are currently completing a self-assessment against the national NHSE maturity matrix, which will help shape their response to the recently published prospectus detailing the national support offer.

The Director of Primary Care meets regularly with each PCN to discuss their plans and how CCGs can support them, and the wider CCG primary and community care team members are being

Figure 5 – Primary Care networks by national deprivation quintile
1 = most deprived



repositioned as more externally focussed in order to directly support PCNs. To share good practice and ensure progress is maintained, monthly CCG / PCN / provider meetings have been established, commencing in October, and quarterly Sussex-wide meetings will commence in November with support from the National Association of Primary Care.

There is a place for collective representation of the East Sussex PCNs on the new Health and Social Care System Partnership Board (SPB), alongside ESHT, SCFT, SPFT, the East Sussex CCGs, ESCC and wider system partners including the VCS. The SPB will oversee development of our East Sussex plan and ICP proposals, including the full implementation of our

target operating model for community services, once this has been agreed. Arrangements are being put in place for full engagement of PCNs in the development and design of the target community operating model, including ensuring closer system working and integration with mental health services at the community and locality level.

Work is also being taken forward to develop Local Commissioned Services (LCS) in the context of PCNs and potential alignment across Sussex to include cancer LCS, respiratory / COPD LCSs and enhanced care in care homes LCS, and diabetes prevention, with consideration of provision on an individual PCN-basis. The diabetes prevention LCS will support the National Diabetes Prevention Programme. This will build on the schemes currently in place in East Sussex to ensure alignment.

There have been approaches to trialling and delivering multi-disciplinary working in community and primary care developed through our integrated care programmes to date. For example, SCFT implemented a programme of multi-agency team meetings (MATs) that bring together GP practices and community health, social care and voluntary sector services to address the needs of the most complex and vulnerable patients. The role and remit of MATs is now under review with SCFT and CCG clinical leads, with a view to re-aligning their operation to the new PCN model of working, including further consideration in the context of the work to develop a common operating model.

4.4 Our shared financial model

We are working to set out a description of our system financial model from 2020/21 to 2023/24 that demonstrates the shift in investment to primary care and community health care, including meeting the new primary medical and community health services funding guarantee.

There is Sussex-wide work on financial modelling which will inform the local model for East Sussex

and how we will narrow any gaps by 2023/24, as well as meet the required shifts. The work on the East Sussex system will link through to our priority programmes of work and will seek to take a whole East Sussex health and social care economy approach. This will also support operational and business plans for 2020/21 as the detail develops.

4.5 Managing shared risks

Key risks to this plan will be considered in detail as part of the next phase of planning to support delivery. Shared system risks will then be and logged and managed as part of our programme monitoring arrangements. At a high level our key shared risks to delivering the plan, and the new model of care overall, centre around recruitment and retention of our workforce, for example the potential impacts of introducing new roles in primary care, our system financial position, and capacity in our independent care sector market⁷.

As outlined in this plan, through taking a more collaborative approach to recruitment and organisational development, and decisions about our collective resources and commissioning, we can have positive impacts on these areas to help manage these risks.

5. Supporting our system to deliver our plans

5.1. Our workforce

5.1.2. Sussex-wide developments

Across the Sussex Health and Care Partnership Human Resources (HR) and Organisational Development (OD) leads work together to coordinate HR, workforce and OD activities across Sussex, including design of development opportunities. In practical terms the workforce and OD priorities for Sussex have been agreed to ensure delivery against the NHS Interim People Plan and organised into five workstreams, including talent management and leadership development. Each workstream has, or is developing, a set of objectives and is led by a either an HR Director or Chief Nurse, or both, from within our Sussex system.

One of the underlying themes for several of the workstreams is addressing the skills gap identified following a baseline assessment carried out in the spring, with a particularly focus on nursing vacancy levels.

For primary care, Health Education England (HEE) has produced a new governance structure and standards for the evolving role of training hubs, previously known as Community Education Provider Networks (CEPNs).

The Sussex Health and Care Partnership have embraced this new way of working and created a Sussex Training Hub that will provide strategic direction for locality training hubs, such as the East Sussex Training Hub. Investment is being made by HEE to ensure the Sussex Training Hub and the locality training hubs have the necessary infrastructure to meet the standards required within the HEE maturity matrix, thereby enabling the training hubs to support the development of PCNs and their workforce plans. For example, this will take the form of workforce planning and workforce

⁷ Supporting People to Live Well in East Sussex, the market position statement for adult services and support (April 2019)

<https://www.eastsussex.gov.uk/media/13531/market-position-statement-2019.pdf>

information resources at Sussex Training Hub level to provide a consistent approach to workforce planning in primary care.

5.1.3. East Sussex draft OD Strategy - our strategic vision

Within East Sussex we have established an **East Sussex Organisational Development Network** and a **Strategic Workforce Group**, to develop the relevant initiatives to ensure our East Sussex workforce of the future is well placed to deliver improved health and care for local people.

East Sussex OD leads have developed a deeper understanding of each other's organisations, building an East Sussex OD Network (the Greenhouse Group) and co-producing a draft 'place' People (OD) Strategy. Our workforce is critical to our success both at a macro and a micro level, they are the people who can make a success of system-wide transformation as well as being central to the experience of those who use our services. We believe that, underpinned by staff engagement, there are three key themes to empower our people to deliver the best integrated health and care for local people. We need to build:

- An East Sussex culture
- A thriving workforce
- High performing system leadership

All three themes are vital as each is integral to becoming a high performing system in East Sussex. The model below outlines the interdependency of these themes in delivering the system workforce that we need for the future of health and care locally.



5.1.4. Delivering this strategy

Our East Sussex OD Network will drive the delivery of this strategy, supported by the recently trained cohort of 42 OD practitioners, working closely with organisational communications and staff engagement teams. It will be important that this is driven in the context of our local East Sussex work to create an integrated care partnership that is financially sustainable for the future, and also aligns to the Sussex Health and Care Partnership. As such, our clear governance arrangements and senior support for this ambitious strategy are key to its success and delivery.

5.1.5. Translating the strategy into outcomes for local staff and local people

We anticipate that the key outcomes from the delivery of this strategy, based on local experience, specialist expertise and research will be:

- A clear, understood lived vision
- Shared values and behaviours
- Improved motivation, staff retention, ability to recruit
- A stable, adaptable, creative and innovative workforce
- Happy, healthy and productive staff

5.1.6. East Sussex Workforce priorities

We have an established Strategic Workforce Group (SWG) made up of senior workforce and HR professionals representing each of the East Sussex partner organisations. The SWG initially developed a two-year workforce strategy in 2016 designed to support the delivery of the workforce needed to achieve the integrated care models within three priority workstreams (Integrated Locality Teams, Urgent Care and Primary Care).

Each year the SWG reviews its strategic priorities to ensure the strategy continues to reflect the East Sussex workforce needs in terms of closer working and the introduction of new care models. This will play a critical part in furthering the integration agenda and the NHS LTP and local ambitions to implement our ICP and a Sussex integrated care system.

East Sussex Locality Training Hub priorities

The East Sussex Locality Training Hub works with available funding to deliver workforce training priorities. For example, Health Education England Kent Surrey Sussex (HEE KSS) has previously provided operational plan funding which was combined with GP Forward View investment by EHS and HR CCGs to implement care navigation in GP practices, bursaries for newly qualified GPs and funding a two-year GP Fellowship programme.

The East Sussex Locality Training Hub will use funding made available through CCGs, NHSE HEE KSS and the SH&CP to support the following identified priorities to help address the workforce issues within primary care:

- GP retention schemes funded via NHSE and SH&CP,
- Creation of educational incentive scheme/hubs to increase training within GP practices where this is currently lacking,
- Support for PCNs with developing workforce plans (as per the NHS LTP),
- Continued support to practices introducing care navigation.
- Support social prescribing implementation and ensure it complements care navigation.
- Creation of GP Fellowships (e.g. Digital Fellowship) to improve retention of newly qualified GPs and broaden experience.
- Creation of an East Sussex academy as part of long term recruitment plans.

Priorities to support local transformation

Overall the East Sussex workforce priorities for 2019/20 to help deliver our East Sussex integration and transformation plans have been agreed as follows:

- Support to deliver the Sussex workforce priorities, ensuring East Sussex representation on each of the five Sussex workforce workstreams.
- Identify opportunities for working collaboratively in terms of introducing new, blended, and/or enhanced roles to address the skills gap within East Sussex. This covers the potential workforce development needed to support transformation of integrated community and out of hospital care, urgent care, planned care and primary care, as well as the approach to the comprehensive model of personalised care.
- Design and delivery of the East Sussex OD plan (as described above).

5.2. Digital requirements

The East Sussex health and social care system is delivering on a long term digital strategy to support the care we give our people in line with the NHS Long Term Plan. Over the next five years we will continue to work closely with our partners across Sussex within the Sussex Health and Care Partnership to deliver on the following themes of the Locally Held Care Record (LHCR), remote care and the wider digital strategy described here from the a person-centred perspective:

- **Our connected care** – giving the practitioners who care for me the information they need from all the settings in which I receive care; ensuring that I only have to tell my story once; and that my journey through the health and care system is supported by clear messaging from one setting to another about my needs.
- **Transforming outpatients** - I do 'not have to attend outpatients unless I'm required to do so' by deploying remote care alternatives to traditional outpatient appointments.
- **Our personalised health** – giving me access to, and control over, my own information. This means I will have greater agency in my care, allowing me to better understand my ability to take an active role in my wellbeing. It will allow me to communicate my needs more effectively and in better time with the right care professionals, allowing them to deliver their role more effectively. A citizen portal is also being developed within the cancer space. A Personal Health Record (PHR) uses a shared record approach which enables a citizen to access their health record through a single online identity. Within Sussex there is an ambition for all citizens to have access to their Personal Health Record and the Patient Knows Best solution has been procured to support people with multiple co-morbidities. A personalised approach to care that promotes patient empowerment in their health care is a key priority for the Surrey and Sussex Cancer Alliance.
- **Our population insight** – allowing our health and care system to have a better sense of itself; a better sense of what care is being delivered within a complex integrated network of health and care providers working as partners to serve 1.8 million people across Sussex; and through the evidence an integrated longitudinal health record for everyone will allow us to obtain, improving the outcomes we deliver through the services we provide.

As we deliver the LHCR across the next five years we will also support our health and social care workforce to benefit from a more integrated digital environment, including innovations in practice based on digital opportunities.

LTP	Priority	Themes	East Sussex initiatives
Empowering people	<ul style="list-style-type: none"> • Access to manage care • Long term conditions – telehealth and devices • Patients hold their care plan 	Our Personalised Health	<ul style="list-style-type: none"> • PHR in cancer, diabetes and beyond online consultations. • Portals in social care. • Improve digital inclusion in our population. • Rationalisation of local service directories across CCG and Social care. • Integrating with the NHS App.

LTP	Priority	Themes	East Sussex initiatives
Supporting health and care professionals	<ul style="list-style-type: none"> • More satisfying place to work – more effective tools • Increasing pace to out of hospital based care 	Our Direct Care	<ul style="list-style-type: none"> • Integrated Care Record allowing professionals a better view of the person they are caring for. • Supporting teams integrated across health and social care to better work together. • Smarter Working and Agile Practitioner – how technology can be harnessed to support more flexible and effective working practices. • GP digital fellow – to work with the system to support the move to a digital first model and grow a clinical digital lead network (reference CPILF).
Supporting clinical care	<ul style="list-style-type: none"> • Technologies enabling pathway re-design • Co-production between patients, clinicians and carers 	Our Direct Care, Our Personalised Health, Our Population Insight	<ul style="list-style-type: none"> • Work with the developing LHCR to provide a new set of standards practitioners and service leaders can depend on to design new pathways, and helping to deliver a workforce that understands how digital can transform the way we deliver care. • Integrating use of digital across services, removing barriers to sharing care information between providers, and between our population and the practitioners delivering their care, allowing co-production of pathways and people to manage their care. Out of work with the Information Sharing Gateway to provide the governance to support increased sharing and the ES Integrated Care Record and prototype LHCR Orchestration Layer to provide the technology. • Digital work stream to support both outpatient and emergency department transformation.
Improving population health	<ul style="list-style-type: none"> • Population insight to understand greatest health • Provide evidence to 	Our Population Insight	<ul style="list-style-type: none"> • East Sussex is an early adopter of the Sussex Integrated Dataset to support the transformation in social care and community health into integrated working by providing the evidence for the benefit of change.

LTP	Priority	Themes	East Sussex initiatives
	improve the way we change		
Improving clinical efficiency and safety	<ul style="list-style-type: none"> Improving ways of working between practitioners, to allow more effective integrated working 	Our Direct Care	<ul style="list-style-type: none"> Integrated Care Record and Information Sharing Gateway

Our key NHS healthcare providers will also be working to deliver increased digital capability, in line with the national and regional programmes to ensure that services are digitally enabled. Our providers will agree a trajectory for improvement over the next five years, with associated investment, to build capabilities in key areas, including cybersecurity.

5.3. Estates requirements

5.3.1. Primary care premises

The delivery of improved GP premises is one cornerstone of the delivery of our LTP commitments, and specifically the future role of primary care and its transformation in relation to the GP Forward View and the PCNs. The provision of primary care premises that are appropriate, modern and fit for purpose and flexible enough to support the delivery of our plan is therefore key.

The CCGs are continuing their programme of upgrading practice premises in a very challenging financial climate.

5.3.2. Premises development

Across our CCG footprints we continue to have a number of primary care estate challenges which are exacerbated by ongoing local population growth. These include the size of the premises in relation to the registered population and the layout and the condition of the buildings, all of which can seriously impact on care delivery in various ways.

The CCGs have therefore been working with local GPs to assess the suitability of the primary care estate across our footprint. We have undertaken a prioritisation process, to enable us to see which practice developments should be regarded as most urgent and/or important. This has taken account of:

- Available square meterage Net Internal Area (NIA) per 1,000 registered patients.
- Known planned housing developments in the area.
- Practice-specific issues, such as suitability of facilities, expiry of leases/planning permission.
- Any CQC-related issues.

As part of our whole systems approach to locality development for health and social care services, and our drive to achieve integrated working, consideration for any new development

has also been given to:

- Ensuring practices have the ability to provide access to the full range of locally commissioned services (LCSs) for their patients.
- Ensuring there are no estates barriers to the co-ordination of extended hours across practices.
- Sharing front of house and back office facilities, clinical and non-clinical staff, where this is practical to avoid duplication and achieve economies of scale.
- Ensuring estates considerations are no barrier to practices' key role in teaching and training.
- Devising flexible approaches and using opportunities afforded by new digital initiatives.

These criteria have been used to prioritise outline proposals from practices for estates developments from a commissioning point of view.

The actual order in which proposals are being developed and presented is dependent on a number of factors, including the urgency with which the partnerships pursue the projects, the congruency of views between possible project partners, the ability to formulate an agreed potential outcome, and also the availability of developable sites and the ability to develop the proposal to financially stay within the framework as set out by the GP Premises Cost Directions.

5.3.4. Development Status

The CCGs are taking forward a significant number of primary care developments simultaneously to ensure that practices and now PCNs have the capacity and are well placed to deliver the additional services required going forward, including additional PCN services, integrated community hubs, new digitally-enabled ways of working and increasing outreach services from secondary care.

In EHS and HR CCGs there are currently eleven new-build developments underway or in planning and two significant extensions. This will give each of our eight PCNs at least one new facility or significant expansion capacity for service developments including those provided under the DES and those provided within the integrated hub model.

In order to support the delivery of better quality services and more efficient outcomes, there are 13 active primary care premises developments across EHS and HR. The CCGs' plans reflect the need to improve primary care estate and the financial implications of this are scheduled within the five year financial recovery plan.

HWLH CCG currently has one new development underway, which will provide not only a new primary care surgery for the three practices in Lewes, but will also enable integration with other health and social care providers and community and voluntary services.

Status	EHS CCG	HR CCG	HWLH CCG
Project commenced	3	1	1
Approved	3	3	1
OBC	1	2	1
Total	7	6	1

5.3.5. Acute and community estate

While it is acknowledged that ESHT and SCFT have areas of concern around the level of investment required to address the estates maintenance backlog, medical equipment and IT challenges, we are developing an ambitious programme to address these matters. The ESHT estate will be addressed through a combination of ESHT resources e.g. depreciation and external bids PDC, loans etc. ESHT has recently received approval for a loan of £13.86m to address the fire compartmentation issues at Eastbourne DGH. Delivering our urgent care programme will require significant investment at the 'front door' of our main emergency departments, alongside the development of Urgent Treatment Centres (UTCs). This sits alongside significant investment within the hospitals on backlog maintenance and infrastructure, medical equipment and digital capability. Working with and through the SH&CP digital and estates groups, these plans will continue to be refined and developed over the coming months. Capital schemes to improve clinical outcomes at the 'front door' include the development of a single assessment unit/UTC at Conquest Hospital (£6.28m) and the development of the UTC at Eastbourne DGH (£3.78m). N.B. this is wider investment around the 'front door' and doesn't preclude delivery of the UTC model by December 2019.

Through the development of the SH&CP estates strategy we are working with colleagues on developing capital bids for the single assessment unit/UTC at Conquest Hospital, UTC at Eastbourne DGH, cardiac catheter lab provision, ophthalmology service modernisation/relocation, day case unit at EDGH, non-clinical space rationalisation, medical day case unit and maternity.

SCFT is the main provider of adult community health services in High Weald Lewes Havens and occupies three community hospitals within the area: Lewes Victoria Hospital, Crowborough Hospital and Uckfield Hospital. NHS Property Services own these buildings and SCFT deliver the services. SCFT has been working with commissioners, GPs and NHS Property Services to develop proposals for an Urgent Treatment Centre at Lewes Victoria Hospital, enabling an enhanced offer for local people in line with our Integrated Urgent Care strategy. The minor injuries unit (MIU) at Lewes Victoria Hospital closed temporarily on 6 November 2019 to allow improvement works to upgrade it to a UTC to start. This work is scheduled to be completed by April 2020.

The integrated primary urgent care provision is also being reviewed across High Weald Lewes Havens, and having finalised the plans for the Lewes UTC, the CCG is now exploring options for expanding the offer at Uckfield and Crowborough MIUs with SCFT and other providers, including HERE (who have the contract for primary care improved access), IC24, and the recently formed PCNs.

In the longer term a further review is required to address:

- Distribution of beds to ensure safer staffing, cohorting and to improve system flows (the use of beds at Newhaven Rehab need to be considered as part of this)
- Address utilisation issues, particularly at Uckfield Community Hospital
- Continued investment to renew diagnostic imaging
- Addressing backlog repairs

The services and estates mapping will be complex given that the High Weald and Lewes community hospitals face three acute Trusts – ESHT, BSUH, and Maidstone and Tunbridge Wells (Crowborough). A whole system approach will be necessary to determine the required strategic

changes to this estate.

SCFT is also working with GPs in Lewes to establish the UTC at Lewes Victoria Hospital and to realise the opportunity of the Northern Quarter development that improves the primary care infrastructure in the town. Where there is no estates project per se, it should be noted that SCFT is committed to improving the integration of community health services in line with PCNs and this will drive future estates planning that will increasingly support primary care and community-based health services in a more integrated approach.

ESHT and the East Sussex CCGs are working together to redevelop/improve the provision of GP premises, for example in Seaford and Newhaven, and the establishment of community hubs. Similarly, SCFT is actively engaged with GPs within the Havens PCN to develop the Newhaven hub, which will enable the co-location of primary care and community health services (currently based at Newhaven Polyclinic) as well as other public services that have a positive impact on public health, particularly leisure.

Appendix 1

Prevention, personalisation and reducing health inequalities – programme summary

1. Background

In East Sussex we recognise that to fully realise the benefits of prevention, early intervention and personalisation for improving health and wellbeing and reducing health inequalities, our approach needs to be embedded throughout our health and care system and delivered in communities through working with voluntary and community sector partners, civic interventions and clinical and integrated care services.

There are general duties under the **Care Act 2014** to prevent, reduce or delay needs for care and support, including carers. Our local approach also fits with the NHS Long Term Plan (LTP) aims of supporting people to live longer, healthier lives through helping to make healthier choices easier, and treating avoidable illness early on.

To achieve this involves strong multi-agency working by providers of care and support in all settings. Our clinicians, care professionals, staff and volunteers across all services will be supported to make the most of the contact we have with clients and patients in a wide variety of settings, including when people have been admitted to hospital, to help people to improve their health and wellbeing. For example our training programme **Make Every Contact Count** is currently being rolled out to staff working in our health and care system, so that they know how to encourage changes in behaviours that have a positive effect on the health and wellbeing of individuals, communities and populations, and where best to signpost or refer people for support with improving health.

The diagram below illustrates three different ways that our East Sussex place can deliver prevention and reduce inequalities, in line with the specific needs of our local communities. This also draws out where a more standardised approach to some services across the Sussex Health and Care Partnership (SH&CP - our STP and emergent Integrated Care System) footprint will also strengthen impact across our shared population. Our approach will enable help where it is most needed in communities and population groups, and reflecting the real-life context of people's lives, in order to reduce the inequalities in health outcomes which exist within East Sussex.

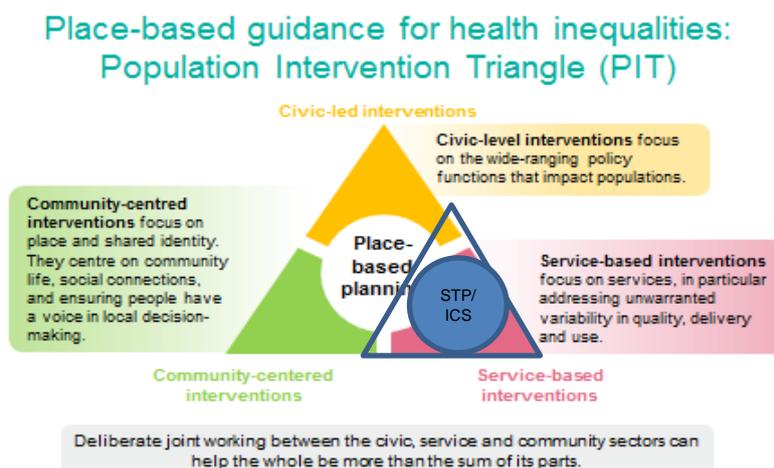


Figure 1 Place-based approaches to reducing inequalities and illustration of ICS main sphere of influence From PHE Addressing Health Inequalities Webinar (09.08.2019)

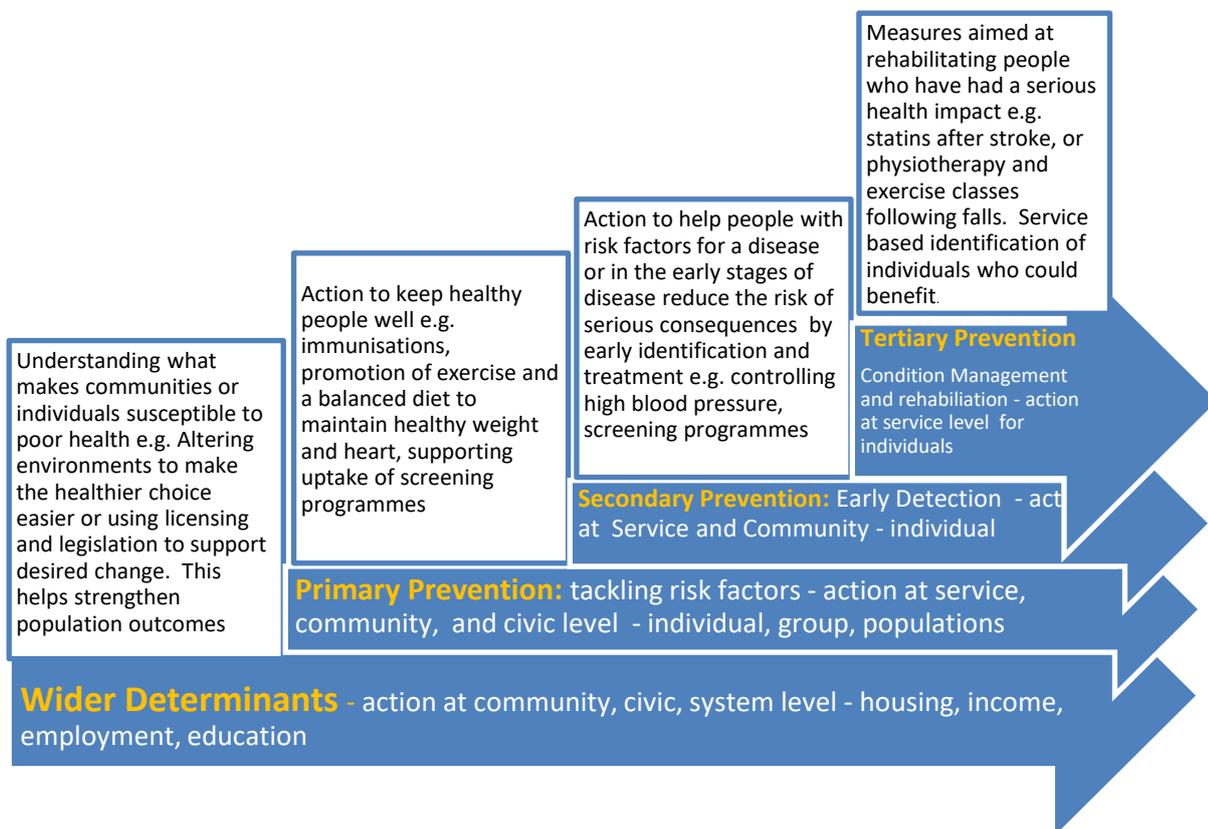
Our approach to prevention to date has ensured that it is embedded into the whole care across the life-course pathway, and covers:

- Giving every child the best start in life and supporting people to maintain good health and promoting healthy choices

- Helping people to help themselves and putting people more in control of long-term conditions through supporting greater levels of self-care, self-management and personalisation for example, through shared decision-making and personal health budgets
- Intervening early and proactively to prevent conditions and situations from getting worse, helping avoid unnecessary hospital admissions through stronger community pathways and support
- Enabling fast discharge to community environments where patients can be rehabilitated back to more independent living after an episode or spell in hospital.

This requires coordinated action by a range of partners and services from those that impact on the wider determinants of health, through to coordinated multi-disciplinary team work across primary, community, mental health and social care. Figure 2 gives a flavour of the four different levels of prevention.

Figure 2 - Definitions of prevention adapted from NHS England Population Health Management Flatpack



Our past work through ESBT and Connecting 4 You provides a strong foundation for work on prevention, personalisation and reducing health inequalities through ensuring we have a comprehensive and coordinated range of preventative services across all four levels of prevention. This includes:

- Commissioning the **Healthy Child Programme** – the 0-5 service is jointly delivered by health visitors, children’s centre staff and family keyworkers, with the 5-19 healthy child programme delivered through the school health service.
- Supporting nurseries, schools and hospitals to become health promoting settings.
- Introduction of **One You East Sussex**, an integrated lifestyle service, which delivers individual behaviour change support.

- A longstanding approach to involving and supporting the active participation of people over 50, through our work with over 6,000 older people in the East Sussex Seniors Association (ESSA) and the seven member forums. Our established annual **UK Older People's Day** celebrations, now in its 12th year, provides an opportunity to promote a coordinated range of activities to promote healthy ageing, including opportunities for increasing exercise, reducing social isolation, and increasing participation in community activities.
- Providing **Making Every Contact Count (MECC)** training to health, social care, housing and voluntary and community sector staff and volunteers.
- Support for vulnerable people living in cold homes delivered by our **Warm Home Check Service**.
- **Healthy Hastings and Rother**, which aims to reduce health inequalities in our most disadvantaged communities. In order to find out more about the programme, which was launched in 2014, and its achievements, see: www.hastingsandrotherccg.nhs.uk/your-health/healthyhastingsandrother/
- As acknowledged by the Care Quality Commission (CQC), supporting our well-established voluntary and community sector in East Sussex to work with system partners to develop a number of services to help people to stay in their own homes.⁸
- In keeping with the above, our approach to investing in voluntary and community organisations in East Sussex helps to ensure that their critical role in supporting prevention, personalisation and reducing health inequalities, is recognised and supported to deliver outcomes. For example, **Take Home and Settle and Home from Hospital** services helping avoid hospital admissions and supporting hospital discharge pathways; **Supporting People** services; services and support for carers; the development of **Good Neighbour Schemes**, and; supper clubs for people living with dementia and their carers.
- Joint working through key partnership programmes such as **personal resilience** and **community resilience** to ensure a systematic approach to working with the strengths and assets in our communities across the county.
- Piloting the Patient Activation Measure (PAM) to help target support with self-care and self-management.
- Including **prevention and early intervention** in the diabetes care pathway redesign through GP-led multidisciplinary community teams as well as supporting greater levels of patient involvement in decision-making and self-care within care pathway
- Trialing **proactive care and assessments on frailty** as a feature of core health and social care pathways to identify and target support
- **Falls prevention services** provided jointly by our Joint Community Rehabilitation team and local leisure trusts Wave Leisure and Freedom Leisure, offering rehabilitation and reablement to adults within their own homes or community settings including equipment, exercise and mobility. Fracture liaison services are also provided for people who have had a fragility fracture, and targeted support is also provided to care homes offering risk assessment and management, training and falls monitoring and support to reduce risks for individual residents.

2. What do we want to achieve

Our aim is to promote, maintain and enhance people's wellbeing and independence in their communities so they are healthier, more resilient and are ultimately less likely to need formal health and social care services. We call this early intervention and prevention.

The overall outcomes we wish to achieve are:

- Improved population health and wellbeing
- Good communication and access to information for local people

⁸ Care Quality Commission Local System Review of East Sussex (November 2017), page 28
https://www.cqc.org.uk/sites/default/files/20180126_east_sussex_local_system_review_report.pdf

- Sustainable services for the future
- Improved experience and quality of care and support

In order to do this, we will be seeking to continue our work with partners to support preventative interventions and commission services and support that:

- Use community-centred and asset based approaches that involve and empower individuals, schools and local communities to actively participate and take action on improving community health and wellbeing, providing appropriate help for mental or physical health problems at the earliest point and reducing health inequalities.
- Provide holistic integrated services based around the needs of children, young people and adults with disabilities enabling local solutions to our residents' needs.
- Provide support for people with long term conditions and support needs, and their carers and families to feel in control and independent, for example through personal health budgets and integrated care budgets, self-care and self-management techniques, and social prescribing to put people in touch with wider support and services available in communities to maximise their independence.
- Encourage people to take a more active role in maintaining and improving their own health, and support families and communities to stay as healthy and independent as possible.
- Support adults reaching, or at, a point of crisis by providing short-term outcomes-based support that enables them to regain their independence after the crisis has passed.

Impacts and savings from prevention are difficult to quantify precisely, with the time scale varying from a few months to many years. In addition, impacts are often accrued across the whole system, for example savings from reducing harmful alcohol consumption has an impact across a whole range of services including the police, social services and the health service, but are commissioned by local authorities.

We will continue to use the evidence base provided by tools such as the Public Health England Health Economics Evidence Resource and NICE Guidance, and our local business case development processes as appropriate, to guide how we can get the most impact and benefit for local people from all of our prevention interventions. We will also continue to measure whether we're improving health and wellbeing overall through our integrated Outcomes Framework.

3. Key priorities for 2020/21

The role of primary care and the twelve new **Primary Care Networks (PCNs)** in East Sussex will help us build on the comprehensive approach to prevention developed in recent years, and further consolidate it. Launched in July 2019, the PCNs bring together GPs to work together collectively and with other providers such as community health and social care services, mental health, pharmacies and voluntary organisations, to deliver certain services in a more integrated way for their patients and populations. This will enable people to experience well-planned services, appropriate to their needs, and seamless pathways.

Since July 2019, the continued implementation of primary care improved access and social prescribing link worker roles has been taken forward, with funding via the new PCN Network Directed Enhanced Services (DES) contract. Seven new service specifications will be published to build on this, presenting new opportunities to better understand the needs and assets of local communities, as well as individual strengths and risks, and tailor our collective resources to meet health and care need.

Timescale	Network DES contract specification
2020/21	<ul style="list-style-type: none"> • Structured Medicines Review and Optimisation • Enhanced care in care homes

2020/21 onwards	<ul style="list-style-type: none"> • Anticipatory care requirements • Personalised Care • Supporting Early Cancer diagnosis
2021/22 onwards	<ul style="list-style-type: none"> • CVD Prevention and Diagnosis • Tackling neighbourhood Inequalities

Through collaborating as partners across our system to support the delivery of these specifications, we will consolidate our learning and progress made to date in these areas, to strengthen our overall approach to prevention, personalisation and reducing health inequalities in our communities.

Our approach to prevention and early intervention is also **cross-cutting**, which means that it needs to align with the other priorities in our East Sussex plan, so that approaches to prevention, early intervention, personalisation and opportunities to reduce health inequalities are fully embedded as part of our plans for care pathways and services.

3.1. Support with making healthier choices and action on health inequalities

3.1.1 The wider determinants of health

The new PCNs are expected to help prevent ill health and tackle health inequalities through undertaking local needs analysis and proactive population health and prevention at the local level. By developing **population health management** approaches to better understand and predict needs before they arise, we will ensure that preventative actions reach the children, young people and adults who could benefit the most.

This applies whether interventions are delivered in the community, for example through the newly emerging PCNs and making links with civic and community partners, and the role of services such as housing and leisure, to impact the broader determinants of health, or through working with integrated community health and social care services and making sure services are accessible to all.

Public Health are working to compile **population health packs** to help PCNs and their local system partners to make informed decisions regarding their priorities for development and strategic direction. Poor health outcomes and need for services are strongly associated with deprivation, and we will use this opportunity to explore priorities for wider system partnership action across the wider determinants of health. This will include the further development of social prescribing pathways and community-based support in 2020/21 to support mental health and wellbeing.

As part of the next phase of prioritisation and delivery planning, we will also work with the SH&CP to use national guidance when it is published to set **trajectories for narrowing inequalities** in 2023/24 and 2028/29 to inform local wider system action planning.

3.1.2. Smoking, obesity and alcohol

The LTP also sets out some specific areas of action on smoking, obesity and alcohol as part of a stated aim for more action by the NHS on prevention and reducing health inequalities. This also reflects local priorities and we will continue to support this through our established partnerships that bring together a range of organisations to deliver programmes of work. As part of national enabling actions to support implementation at scale across the NHS, indicators and datasets will also be developed to monitor the impact of these prevention activities on health inequalities.

We have set out below how we will support prevention in these areas through existing partnerships and programmes. We have included the high level objectives, and more detail can be found in individual strategies and plans.

Smoking

Local action on smoking is taken forward through the work of the East Sussex Tobacco Control Partnership. The partnership is currently in the process of updating its strategy and there are also links to the Sussex-wide Local Maternity System objectives for saving babies' lives and prevention; the East Sussex Smoke-Free Pregnancy Partnership, and; the Illegal Tobacco Partnership. Our objectives are:

Wider Determinants	Primary Prevention	Secondary Prevention	Tertiary Prevention
<ul style="list-style-type: none"> Reducing availability of tobacco 	<ul style="list-style-type: none"> Stopping people starting smoking 	<ul style="list-style-type: none"> Smoking Cessation Services – general population Smoking cessation in pregnancy Smoking cessation for pregnant women 	<ul style="list-style-type: none"> Smoking Cessation Services for high risk outpatients, and NHS inpatients (selected sites in 2020/21, with phased implementation for all from 2021/22)

Obesity

The East Sussex Healthy Weight Partnership takes forward local work on obesity, with links to the Sussex Local Maternity System (LMS) prevention workstream. Our objectives are:

Wider Determinants	Primary Prevention	Secondary Prevention	Tertiary Prevention
<ul style="list-style-type: none"> Improving infrastructure to enable increased physical activity Improving food environment 	<ul style="list-style-type: none"> Promoting physical activity Promoting healthy eating 	<ul style="list-style-type: none"> Effective weight management services Diabetes prevention programme (DPP), (targeted funding available for 20/21 and 21/22 for a small number of sites to test these ideas) 	<ul style="list-style-type: none"> Specialist weight management for BMI 30+ with T2DM or hypertension (potential targeted funding available for 2020/21 and 2021/22 for a small number of sites to test these ideas) Enhanced Tier 3 services for people with more severe obesity and co-morbidities

Alcohol

Action on alcohol is overseen by the East Sussex Alcohol Partnership. The partnership is currently in the process of updating the [East Sussex Alcohol Strategy](#). There are also links with the work of the Community Alcohol Partnership in Hastings. Our objectives are:

Wider determinants	Primary Prevention	Secondary Prevention	Tertiary Prevention
<ul style="list-style-type: none"> Reducing availability of alcohol 	<ul style="list-style-type: none"> Supporting people to enjoy alcohol in moderation 	<ul style="list-style-type: none"> Supporting people to cut down and reducing alcohol- 	<ul style="list-style-type: none"> Effective detox services

		related harm to communities	<ul style="list-style-type: none"> Alcohol Care Teams for hospitals with highest rates of alcohol dependent admissions (potential targeted funding available for 2020/21)
--	--	-----------------------------	--

There may also be potential for national targeted funding to support action in the following areas, and we will explore opportunities if they arise:

Air pollution

Funding from the NHS Sustainable Development Unit to spread best practice in sustainable development, including improving air quality, plastics and carbon reduction to support action on air pollution, as well as action to reduce NHS production of pollutants (transport, buildings, purchasing etc).

Antimicrobial resistance

Support available to regions to drive progress in implementing the government’s five-year national action plan to reduce overall antibiotic use and drug resistance.

3.1.3. Increasing screening and vaccinations programmes across East Sussex

We need to make a concerted effort to improve our rates of screening and immunisations to prevent avoidable diseases. This includes having a tailored approach to areas of greatest need by understanding the communities that suffer poorer access (such as through geography, deprivation or entrenched cultural values), and ensuring we have a greater focus on populations where there are lower rates of access and uptake. For example, trying new approaches to working with vaccine hesitant communities, and broadening the role of the wider workforce in opportunities for checking people’s immunisation status and promoting the value of screening and immunisations.

3.2. Supporting self-care, self-management and personalised care

It has long been recognised that supporting people to be more in control of their health and social care, and building on their individual strengths and the assets within their circumstances, is key to successful prevention. The NHS LTP sets out the **NHS comprehensive model of personalised care** which has six main evidenced-based components:

- Shared decision making
- Enabling choice, including legal rights to choice
- Personalised care and support planning
- Social prescribing and community-based support (funding available through the Network DES Contract from 2019/20)
- Supported self-management
- Personal health budgets and integrated personal budgets

This model will be developed in full by PCNs by 2023/24 through the Network DES Contract national service specification for personalised care. Some services will be best delivered within a framework of wider local coordination and support. In 2020/21 we will make a start on this through building on our local evidence base for what works developed through our existing initiatives, pilots and pathways in the following ways:

- Ensuring that prevention, **self-care** and **self-management, shared decision-making, choice** and **personalised care and support planning** approaches are built in to identified

planned care pathway and **end of life care** developments in 2020/21, where appropriate, using NICE guidance and other available condition-specific tools.

- Reviewing our **patient activation measure** (PAM) pilot to inform further development of self-care and self-management. PAM is a way of assessing an individual's knowledge, skill, and confidence for managing their health and healthcare. Using it enables self-care and self-management approaches to be targeted appropriately. We have been testing the use of PAM in some healthcare settings since March 2018, and a review is expected in December 2019, which will inform next steps.
- Building on the rollout of **wheelchair personal health budgets** to identify further groups of people who could benefit from Personal Health Budgets and/or integrated personal budgets, for example for people with continuing healthcare needs.

During the next phase of prioritisation and delivery planning, we will work as a system to roll out personalisation more widely. This will include participating in work being undertaken on a Sussex-wide basis, to inform and define the expected trajectories for improvements over the next five years.

3.3. Social prescribing and community based support

In East Sussex, a partnership between the three CCGs, ESCC, the voluntary, community and social enterprise (VCSE) sector and other partners is taking forward developing and implementing an integrated **social prescribing** framework, in order to reduce inequalities in access and health outcomes for local and diverse populations, and improve **mental health and wellbeing**. Our approach aims to align **PCNs' social prescribing DES investment** with the benefits that have already been achieved, for example, through our existing commissioned social prescribing commitments such as the Community Connector Service.

The programme is being overseen by a multi-agency steering group with clinical input. The programme's 2019/20 key objectives include:

- Agreeing a consistent East Sussex social prescribing definition
- Establishing relationships and strengthening partnerships with PCNs
- Developing and agreeing outcome measures using NHSE's guidance
- Providing Continuing Professional Development (CPD) for linkworkers and other relevant multi-agency staff and volunteers
- Establishing consistent referral and support pathways
- Using Patient Activation Measures (PAM) to personalise support for people / patients

The newly commissioned **asset-based wellbeing** programme which will be delivered in partnership between the VCS and ESCC, will work with communities with poorer health outcomes in each of our districts and boroughs to identify what matters to them, and to build solutions from their strengths – including skills and knowledge, social networks and community organisations. These co-produced solutions will add to the range of support which social prescribers can signpost people to.

3.4. Preventing situations from getting worse

Building on our work to trial proactive care, in 2020/21 we will work collaboratively with PCNs to begin to implement **anticipatory care** as part of the PCN Network Contract requirements from 2020/21 onwards. This will introduce more proactive and intense care for patients assessed at being of high risk of unwarranted health outcomes, including patients receiving palliative care.

We will link this with the development of **multi-disciplinary care coordination** working with primary care teams, as part of our work to implement a target operating model for **community health and social care services**. More broadly, we will ensure that early intervention and

anticipatory, proactive care and reablement focussed aftercare is a key feature of the target operating model for community services. More information about our plans in this area can be found in Appendix 3.

Our longstanding **Home from Hospital** and **Take Home and Settle** services provided by voluntary organisations to support our community pathways for avoiding unnecessary unplanned admissions to hospital, and supporting successful discharge. Mobilisation of newly commissioned services will start in November 2019.

In the context of the unwarranted variation in falls programme across the Sussex Health and Care Partnership, our next steps for **falls prevention services** include exploring earlier intervention and targeting the services at those who are risk of falling, but are yet to fall, and looking at a primary care led fracture liaison service in the High Weald Lewes Havens area of the county.

Care for the Carers estimates that there are 66,269 **unpaid carers** in East Sussex looking after an ill, older or disabled family member, friend or partner. The role can have a big impact of a person's physical and mental wellbeing, as well as affecting them financially. Set out below are the estimated figures for each area, including approximately 3,000 young carers aged 5-17⁹:

- Wealden 18,549
- Lewes 13,027
- Rother 12,675
- Eastbourne 11,988
- Hastings 10,030

We will work with PCNs to help implement supporting carers in general practice a framework of quality markers (NHS England 2019) to help **better identify and support carers** of all ages, provide evidence for the Care Quality Commission and:

- Improve the health of carer and promote positive wellbeing
- Reduce carer crisis and family breakdown
- Reduce unwarranted variations in carer support
- Meet demand more appropriately and better manage demand on services

Through our joint commissioning there are existing developments that currently support identification and support for carers:

- A Carers Social Prescription which is available in all GP practices in East Sussex, which can be populated from patient records and sent securely online, with Care For the Carers then making contact within two working days
- A Primary Care Support Service pilot which provides Community Support Workers with the overall aim of providing flexible and responsive short term interventions to patients with dementia and other long term conditions (including functional mental health and substance misuse), and their carers; and identifies carers not known to primary care/and/or not accessing support services
- A 'brief bite' carer awareness training offer is also available for busy practices

⁹ Figures calculated by Care for the Carers based on projected growth from 2011 UK census figures

Based on the positive feedback received from GPs about these services, agreement has been secured to roll out the Primary Care Support Service on a county-wide basis. We will further build on these initiatives and explore ways to work with PCNs to ensure that identification and support for carers is fully integrated into the new **social prescribing** link worker arrangements described in paragraph 3.3. above.

3.5. Working together to improve health outcomes for vulnerable and/or disadvantaged groups in the population

Part of our work involves specific action where we know groups of people within our population are at risk of poor health outcomes. Current areas of focus include:

- Improving the healthcare needs of people with learning disabilities, through increasing **annual health checks** for people aged 14 years and over with a learning disability
- Our multi-agency **Rough Sleepers Initiative** which is integrating housing, health, mental health, substance misuse and social care and support to improve outcomes for rough sleepers. More information about this initiative can be found in Appendix 6.
- Recommissioning **housing-related support** services for people aged 16 years and over. In order to achieve integrated housing, health, employment and social care services and outcomes for people who are either homeless, or at risk of homelessness or living in housing that doesn't meet their needs or struggling to manage / maintain independence. New services will start in November 2020 as a result of partnership working between ESCC, district and borough councils, the VCS, NHS and the Department for Work and Pensions.
- In addition to the plans for **carers** set out in paragraph 3.4 above, we are implementing a new **outcomes-based commissioning model** for young and adult carers services. New services are due to start in November 2019, so that carers have the support they need to carry out their role in a sustainable way.
- Appendix 2 sets out a number of priorities to support vulnerable **children and young people** including promoting and protecting children, young people and families' needs in disadvantaged communities, action on County Lines and integrated working to improve outcomes of children with special educational needs and disability (SEND).

3.6. Mental health and wellbeing

The Five Year Forward View for Mental Health highlighted that more needs to be done on prevention to reduce inequalities, including a greater focus on preventing suicide. To support this Public Health England (PHE) have published the national [Prevention Concordat for Better Mental Health](#) for all (PHE, October 2019), to guide local areas in developing a coherent approach to better public mental health.

The concordat sets out ways to increase the focus needed on prevention and the services that impact on the wider determinants of mental health. This includes a shift towards prevention-focused leadership and action embedded throughout the mental health and wider system across the NHS, social care, education, employment, housing, community resilience and cohesion, safety and justice, and civil society. In turn, this will impact positively on the NHS and social care system by enabling early interventions and help.

The value of this approach has also been highlighted in:

- What Good Public Mental Health Looks Like. Public Health England & Association of Directors of Public Health (2019)
- Advancing our health: prevention in the 2020s Green Paper.
- Future in Mind. Promoting, protecting and improving our children and young people's mental health and wellbeing (DoH & NHSE 2015)
- Children and Young People's Transforming Mental Health Green Paper

- ‘Thriving at Work’ the Stevenson / Farmer review of mental health and employers (2017) highlights employers’ roles in promoting good mental health.
- Preventing suicide in England. A cross-government outcomes strategy to save lives (HMG 2012). The national suicide and self-harm prevention strategy for England sets out a blueprint for localities and signals the principle that ‘good prevention is also good suicide prevention’.

In East Sussex we recognise that promoting good mental health is key to preventing avoidable illness, improving outcomes for our population and reducing inequalities. We will work with all stakeholders across our system to explore and work towards ways of adopting the principles set out in the prevention concordat. This will enable a clear focus for our cross-sector action to deliver a tangible increase in the adoption of public mental health approaches.

A specific area of focus is children and young people’s (CYP) mental health under the work of the East Sussex CYP Mental Health Local Transformation Partnership. Our next steps will be informed by the outcomes of the Sussex-wide review of emotional support and wellbeing support for children and young people.

In summary our action in this area involves building on and strengthening our partnership working across the local NHS, social care, education, employment, housing, community resilience and cohesion, safety and justice, and civil society to further develop our approaches to public mental health. We will explore the potential to linking this with population health management approaches described in paragraph 3.1.1. to support targeted action in the following areas:

Wider Determinants	Primary Prevention	Secondary Prevention	Tertiary Prevention
<ul style="list-style-type: none"> • Providing children with the best start in life • Quality employment • Quality of housing and open spaces • Safe and connected communities 	<ul style="list-style-type: none"> • Whole school approaches to promoting good mental health and emotional wellbeing • Workplace initiatives • Suicide prevention – social marketing and training for professionals • Reducing social isolation • Mental health promotion – Every Mind Matters • Improving smoking, diet and physical activity • Reducing substance misuse • Social Prescribing 	<ul style="list-style-type: none"> • Working alongside our schools to provide appropriate help at the earliest point • Self-referral to Improved Access to Psychological Therapies (IAPT) • Crisis support via NHS 111 • Improving access to peri-natal services • Social prescribing • Integrated approaches to physical and mental health through our plans for care coordination and multi-disciplinary health and social care teams. 	<ul style="list-style-type: none"> • Access to more specialist services if required but with step-down services in place • Crisis care

		<ul style="list-style-type: none">• Supported accommodation pathways.• Crisis cafés• 24 hr crisis care• Therapeutic acute inpatient care• Back to work schemes	
--	--	--	--

Appendix 2 Children and Young People – programme summary

1. Background

The NHS Long Term Plan and local East Sussex priorities for children and young people require a strong partnership approach across our local NHS, East Sussex County Council, schools and the voluntary and community sector.

As part of the East Sussex Health and Social Care Plan, this appendix outlines out how we will continue to work closely as a system across NHS and Children's Services to support age-appropriate integrated care, including integrating physical and mental health services; joint working between primary, community and acute services; and supporting transition to adult services to improve outcomes for children and young people in East Sussex. Place-based integration of services and co-production with children, young people, families and carers will help us to:

- Support a strong start in life for our children and young people, including:
 - Promote and improve mental health and emotional wellbeing.
 - Work together to safeguard children.
 - Improve outcomes for children and young people with Special Education Needs and Disability (SEND).
- Support children and young people and families to live longer, healthier lives through helping them make healthier choices.

The following partnerships and boards have a key role in supporting the delivery of this work:

- The [East Sussex Safeguarding Children Partnership](#) which supports and enables all professionals working with children and families in East Sussex to work together to safeguard children and promote their welfare.
- The [Children and Young People's Trust](#) which works to improve outcomes for children and young people. In particular, it aims to support those who are vulnerable to poor outcomes.
- The East Sussex Children and Young People's Mental Health Local Transformation Plan Board which oversees [the children and young people's mental health and wellbeing local transformation plan](#).
- The East Sussex Children and Families Strategic Planning Group which brings together senior decision makers/ officers across health, social care, education and public health in order to improve outcomes for children and families and support greater integration and or alignment of planning processes and service provision.

Our priorities for integrated working are informed by the current inspection regime which includes two local area, partnership inspections that look at how well we work as a system in the following areas:

- The Ofsted and Care Quality Commission (CQC) **joint inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities**. East Sussex was inspected in December 2016 – [East Sussex report](#)
- The Ofsted, CQC, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and Her Majesty's Inspectorate of Probation **Joint Targeted Area inspections** which look at how effectively agencies are working together in their local area to help and protect children. Each set of joint inspections evaluates the multi-agency response to a particular issue or theme. Themes include safeguarding, mental health etc.

We are committed to ensuring that the voice of children and young people informs our work.

Opportunities to get involved are at three levels:

- At the individual level, through direct involvement in personal care or support planning.
- Opportunities to help shape the design and development of services for children and young people.
- Informing strategic decision-making through mechanisms including the Youth Cabinet, Children in Care Council, Through Care Voice Group and in partnership with other youth voice groups through the Youth Voice Practitioners Network.

We will also work with our workforce across the system including schools, health, community health, social care, Primary Care Networks, nurseries and other childcare providers, and voluntary and community organisations to help deliver our shared objectives.

2. East Sussex priorities for transforming children and young people's services

We have looked at our priorities in the context of five key areas for integrated working:

- Children and young people's mental health and emotional wellbeing
- Disability pathways
- Safeguarding (including contextual safeguarding)
- Universal child health offer
- Looked after children

2.1. Children and young people's mental health and emotional wellbeing

Our objectives are:

- Improving our pathways and commissioning approach particularly with regard to tier 4/ secure/specialist placements.
- Developing a coherent emotional wellbeing strategy which works alongside our schools to provide appropriate help at the earliest point.

This priority will be delivered through our partnership work on [the children and young people's mental health and wellbeing local transformation plan](#). There is also a Sussex-wide independent strategic review of children and young people's emotional health and wellbeing. The outcomes are due at the end of December, with a report due in January 2020, and the recommendations will be used to inform implementation planning in this area with a range of partners across our system.

Mental health services across the country have also been asked to increase access for children and young people as part of the five year forward view for mental health, and our work through the Local Transformation Plan sets this out in more detail.

Priority next steps to support this include:

- Pan-Sussex development of Care Education Treatment Reviews, led by CCGs, to prevent needs escalating and high cost hospital admissions.
- To support mental health and wellbeing consider a wider roll out of the general practice prescription pad initiative. Currently available in Hastings and Rother, this is a tool which enables GPs and other practice staff to refer parents, carers and young people to Open for Parents and / or I-Rock.
- Fully develop a dynamic risk register of children and young people at risk of hospital admissions with wrap around services in place

Work in this area has strong links with actions set out in Appendix 6.

2.2 Disability pathways

Our overall objective is to further develop our work around integrating the education, health, and social care needs of children and young people, aged 0 – 25, aimed at producing local solutions.

There is a growth in the numbers of children with statements of SEND or Education Health and Care Plans some of whom will have complex medical and care needs. Our [SEND Strategy 2018-2021](#) is designed to improve outcomes for pupils with SEND across East Sussex and has four shared strategic aims which were jointly identified by professionals from education, health and social care and parent/carers and community groups:

- Improving communication with families, children and young people.
- Building capacity for inclusion in settings, schools, colleges and services.
- Effective transition at every stage including advanced planning of the journey of the child.
- High quality provision, services, outcomes and aspirations.

Where do we need to get to?

We need to:

- Improve the long term outcomes for children and young people with disabilities through earlier planning of transition into adult services.
- Improve joint commissioning arrangements to secure high quality provision for children and young people.
- Establish clear lines of responsibility and accountability for supporting children across universal targeted and specialist services.
- Build capacity in our providers to improve early identification and reduce the number of children moving into high cost provision.

How will we get there?

- All partners make a clear commitment to delivering the outcomes in the SEND strategy, through working together.
- Work jointly with parents and carers of children and young people with SEND to improve confidence in local provision and jointly commissioned support services.
- Commit to joint funding of new specialist provision to support children with Profound and Multiple Learning Difficulty (PMLD).

Digital

- Develop systems for the effective sharing of information regarding the assessment of children with SEND.

Our priority next steps to support this include:

- Review the commissioning of health providers for assessing children and young people with autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and other neurodevelopmental disorders, and explore a single assessment pathway.
- Review the current offer across education, health and care to children with PMLD and/or complex health needs alongside processes for the allocation of funding across different statutory agencies.
- Improve early planning for children who will transition into adult health and social care services, potentially starting in the areas of diabetes and neurodevelopmental disorders.
- Further develop the integration of social care personal budgets and personal health budgets for the highest need children with complex health needs.
- Review the commissioning of mental health support for children and young people with autism.

2.3. Safeguarding (including contextual safeguarding)

To improve our integrated approach to safeguarding and contextual safeguarding our objectives in this area are to:

- Further develop our pathways and service offer for young people at risk of criminal and sexual exploitation, physical and sexual harm, alcohol and substance misuse, and review of service offer and needs for 18-25 year olds.
- Make strong links with the work taking place under the mental health and wellbeing priority.

Where are we now

The number of children in need of help and protection is rising locally and nationally, potentially linked to the increase in families experiencing greater financial difficulties and an increasing awareness of the risks posed by exploitation/County Lines etc. One of our over-riding principles is to work, with partners, with the right children and families, in the right way, for the right amount of time to bring about change. We help to create a stable environment in which children can thrive and help families to develop resilience and coping strategies to avoid public service dependency. Individual and community responsibility is of fundamental importance in helping us manage demand over the coming years, supported by good public health services (particularly for young children).

The number of children (aged 0-17) will increase by 3% in the next three years. Our public health and targeted early help services help parents to care for their children in ways which effectively promote their development and well-being, so that they can make the most of their opportunities in early years education, school and college.

Where do we need to get to?

We need to:

- Use communities and individuals as resources e.g. via the volunteer programme in the 0-19 service, so that the health, wellbeing and development of children is a wider priority and not 'just the business' of statutory services.
- Further develop an integrated support offer that targets children and families early on and before problems become entrenched.
- Continue to develop confident and emotionally literate schools so that they can support children who are experiencing difficulties.
- Measure the effectiveness of our partnership response to children who are subject to criminal exploitation.

How will we get there?

- Look for quick wins and possible connections to highlight the needs of children and families in existing strategies such as in the Community Safety Plan, etc.
- Enhance existing training strategies so that we increase the capacity and confidence of a wider range of staff and partners in our communities.
- Look for all available external funding opportunities to increase resources for key priorities.
- Review existing systems and future service design.

Digital

- Develop an improved digital support offer and better signposting for children and their families.
- Explore the potential for the development of improved access for partners to contribute to assessment and safety planning for children.

Our priority next steps to support this include:

- Reviewing our current multi agency structures for young people presenting with high risk of serious violence/criminality and young people involved/at risk of criminal and or sexual exploitation.
- Delivering contextual safeguarding interventions where the need for Substance Misuse Service (SMS) expertise is identified by Multi Agency Child Exploitation (MACE) and multi-agency scoping meetings.
- Reviewing the current Public Health allocation for substance misuse (drugs and alcohol) and explore alternative allocations for prevention services.
- Reviewing Child Protection Information Sharing (CP-IS).
- Extending the health offer for children in secure accommodation at Lansdowne Secure Children's Home in line with the extension from a five to a 12-bedded unit.
- Considering the development of a consolidated approach to children suffering trauma e.g. Lansdowne, Youth Offending Team (YOT) and the NHS South East health and justice pathway.
- Extending support to care leavers who become parents and develop the role of corporate grandparents, in line with learning from serious case review.
- Continue to embed the new child death process which sits under the governance of local authorities and CCGs (formerly the responsibility of Local Safeguarding Children Boards)

2.4. Universal child health offer

Our work on integration to date provides a firm foundation for bringing together a coordinated range of preventative services that are critical to giving every child the best start in life, helping people to help themselves, and to stay healthy. Our objectives in this area are to further develop our integrated working to better enable:

- Provision of the Healthy Child Programme for under 5s through the integrated Health Visiting and Children's Centres service.
- Delivery of prevention interventions through the School Health Service.
- Nurseries, schools and hospitals to become health promoting settings.

Early identification is crucial to effective safeguarding. Effective delivery of the Healthy Child programmes, including universal development reviews for all children age 0-5, supports early identification of families with additional needs. This is delivered via an integrated service with health visitors for 0-5 year olds.

Where do we need to get to?

We need to:

- Give every child the best start in life and support people to maintain good health and promote healthy lifestyle choices.
- Strengthen integration across services.
- Work with needs identified at universal mandated reviews and providing enhanced support from a range of partners across services.
- Intervene early and proactively to prevent conditions and situations from getting worse.

Our priority next steps to support this include:

- Establishing a new 0-19 integrated service, structures, systems and evaluation data.
- Piloting evidence-based listening visits to support perinatal mental health.

This also has strong links to the action on reducing health inequalities set out in (Appendix 1).

2.5. Looked after Children

To improve our integrated approach to looked after children (LAC) and children previously looked after, our objectives in this area are to:

- Ensure looked after children's needs are prioritised across health, social care and education to enable best outcomes.
- Ensure mental health services are commissioned to optimise the emotional wellbeing of looked after children and previously looked after children.

Where are we now

The number of looked after children in East Sussex, as at 31 March 2019 is 600 a rate of 56.6 per 10,000. This is below the Income Deprivation Affecting Children Index (IDACI) rate of 60.7 (644 children).

Providing health assessments with statutory timescales is a challenge in East Sussex highlighted by increased reporting and assurance requirements from the CCG and the County Council.

Despite the fact that we have a designated service within the Child and Adolescent Mental Health Service (CAMHS) for LAC and within the Adopted Children CAMHS for previously looked after children, there are some challenges to accessing timely and appropriate emotional health support for these groups of children.

Where do we need to get to?

We need to:

- Further improve and sustain the health offer for looked after children by providing timely access to health reviews in line with statutory guidance with the aim to improve health outcomes.
- Improve assurance across all health services for looked after children to ensure services respond appropriately to their specific needs.
- Achieve enhanced access to emotional wellbeing services, with services commissioned adequately to meet looked after children's needs (including unaccompanied asylum seeking children)

How will we get there?

- Implementation of an enhanced Sussex wide service specification to meet statutory health requirements for looked after children
- Enhance the training strategy so that we increase the visibility of this group of children and the capacity and confidence of a wider range of staff and partners in our communities specifically around looked after children
- Sussex review of emotional wellbeing services will inform the commissioning for services to meet looked after children's needs

3. Summary of key priorities for 2020/21

To take forward close system working and ensure age-appropriate integrated care across physical and mental health services; joint working between primary, community and acute services; and support for transition to adult services we have agreed five key priorities for transforming children and young people's services:

Improving children and young people's mental health and emotional wellbeing

- Improving our pathways and commissioning approach particularly with regard to tier 4/secure/specialist placements.

- Developing a coherent emotional wellbeing strategy which works alongside our schools to provide appropriate help at the earliest point.

Disability pathways

Further develop our work around integrating the education, health, and social care needs of children and young people, aged 0-25, aimed at producing local solutions, including:

- Integrated health and social care budgets for children with the highest complex needs
- Exploring a single assessment pathway for autism spectrum disorder and attention deficit hyperactivity disorder, and other neurodevelopmental disorders
- Improving early planning for children who transition into adult health and social care services
- Reviewing mental health support for children and young people with autism

Safeguarding (including contextual safeguarding)

- Further develop our pathways and service offer for young people at risk of criminal and sexual exploitation, physical and sexual harm, alcohol and substance misuse, and review the service offer and needs for 18-25year olds.
- Make strong links with the work taking place under the mental health and wellbeing priority.

Universal child health offer

- Provision of the Healthy Child Programme for under 5s through the integrated Health Visiting and Children's Centres service.
- Support the delivery of the preventative interventions through School Health Service.
- Support nurseries, schools and hospitals to become health promoting settings.

Looked after Children

- Ensure looked after children's needs are prioritised across health, social care and education to enable best outcomes.
- Ensure mental health services are commissioned to optimise the emotional wellbeing of looked after children and previously looked after children.

Appendix 3

Community – programme summary

1. Background

Our work and initiatives on integration to date has piloted and delivered a range of improvements in our journey to a new model of integrated care and the ongoing development of community health and social care services and initiatives, including:

- health and social care teams
- crisis response and proactive care
- the Dementia Support Service
- Health and Social Care Connect (now available 24/7/365 days a year)
- the Joint Community Reablement Service.

We will continue to make progress with this and most critically the joint management of community health and social care teams. We want to further build on the services we provide in people's homes or in the community. We will achieve this through making sure that there are clear, simple pathways for people accessing services in the community and build on the support we provide to people after they leave hospital. We also have plans to further integrate teams of health and care staff across the county, supported by a single leadership structure.

The priorities and projects for the community programme are a mix of our ongoing work to support integrated working and new work to embed, further develop and grow our integrated community health and social care model and other local priorities. This is informed by:

- The NHS Long Term Plan
- East Sussex Urgent and Emergency Care workshop (August 2019)
- System diagnostic work and reviews carried out by NHSE and Improvement and others into on the drivers of our East Sussex system deficit in 2018/19
- NHS Rightcare
- Model Hospital
- The learning and early outcomes of pilot projects taken forward this year.

Our approach is consistent with the NHS LTP direction for primary and community healthcare. This includes the establishment of Primary Care Networks; greater multi-disciplinary working across primary medical care and community health and social care to both support rapid response in a crisis; as well as a local approach to proactively managing population health and anticipating and preventing the escalation of health and care needs.

Phase one of our programme in 2019/20 set out a series of pragmatic and realistic steps to be taken over the next six to twelve months. These will progress fuller integration of community health and social care services, with the overall aim of supporting people's independence and long-term care closer to home, so that our acute hospital services are better able to respond to the needs of local people. In brief the projects have included:

- In Eastbourne, nursing and social care teams have come together to trial working from a shared base, to support more and better **joint working** including **care co-ordination** for people with complex and longer-term support needs. This pilot is guiding how joint working best functions, and will include engagement with primary care, mental health and voluntary services.
- New '**Home First**' pathways have been tested out. These are new, joined up pathways designed to get medically fit people home from hospital sooner, and to make sure that assessments for community support and decisions about longer term care are not made in hospital.
- Joint working between East Sussex County Council and East Sussex Healthcare NHS Trust Occupational Therapy staff is being developed, to **share skills, best practice and**

help create capacity. As a minimum this is expected to include developing a joint duty and triage service that will simplify and streamline the referral and allocation process; however, the planning is already moving on to look at fully integrating the service across community health and social care

- Work has also been taking place to look at the best ways for different teams and services to work together to **provide integrated, rapid response, community services** to support discharge from hospital and avoid unnecessary hospital admissions. An integrated multi-disciplinary model has been developed and is being explored with staff. The model is designed to ensure that there are no barriers or gaps in the rapid response service; when needed it will have the remit, skills and capacity to respond. This builds upon the continuing development of the Crisis Response service (referenced elsewhere in this summary) which will continue to avoid unnecessary admissions and attendances by managing medical crises in the community where appropriate.

Taking these specific projects and pilots forward in the context of wider improvements to the quality and experience of care for our residents in 2019/20, has led to the following progress and benefits:

- Successful pilots of Home First approaches have evidenced that people left hospital more quickly and had better outcomes when discharged under these pathways. The pathways are delivered by joint working between social care staff in acute settings and community health and social care reablement staff in the community. With improved joint patient-finding in acute settings these pathways are now progressing to full implementation. A single access point ensures patients are settled at home, in community beds or in nursing care with the support they need. These pathways are now progressing to full implementation.
- This has been a factor contributing towards the average length of stay in hospital and community clinical care beds performing better than expected - reducing unnecessary length of time in hospital; accelerating recovery, and; releasing bed capacity within our hospitals and community sites to meet demand.

2. Key priorities for 2020/21

Our ongoing focus for the services we provide in people's homes or in the community is to build capacity, identify instances where more joint working would be of benefit and have clear pathways for people accessing services.

A high level integrated target operating model for community health and social care in East Sussex has been developed with ESHT, SCFT and ESCC working together to design the model. This work is in its early stages and the intention is to use the model as a vehicle for engaging more widely with key partners – primary care, mental health and the voluntary and community sector - and also to identify the priority projects that will deliver the model. The target operating model is designed to meet the key strategic priorities for health and social care services; and thus is a key element of our response to the Long Term Plan.

Within the 'blueprint' provided by the target operating model in 2020/21 we will build on our work on the phase 1 projects and pilots described above, with some pragmatic and realistic steps towards fuller integration of community health and social care services. with the overall aim of supporting people's independence and long-term care closer to home, so that our acute hospital services are better able to respond to the needs of local people.

This includes continuing to make progress with:

- Building on the co-location pilot in Eastbourne, we are identifying and exploring opportunities for co-locating nursing and social care teams to trial working from a shared base, to support **joint working** and the **care co-ordination model** for people with complex

and longer-term support needs. We are currently looking at accommodation options in Hastings and St Leonards.

- Linked to co-location, we are also progressing a pilot on **care coordination** of people with multiple long term conditions and support needs, to test the benefits and inform how this sits within our wider target operating model for community health and social care. A key part of this will be developing mechanisms for enhanced case level collaboration with primary care, mental health and voluntary sector support services.
- Continuing to progress the wider roll out of **Home First** pathways, to make sure that assessments for community support and decisions about longer term care are not made in hospital so medically fit people can get home from hospital or another community setting sooner.
- Joint working between East Sussex County Council and East Sussex Healthcare NHS Trust Occupational Therapy staff will be developed, **to share skills, best practice and help create capacity**. We are currently looking at whether/how we move to a fully integrated community therapy service across social care and community health.
- A key element identified in the target operating model and currently being worked up is to provide **integrated, rapid response, community services** to support discharge from hospital and avoid unnecessary hospital admissions.

To enable greater levels of **multi-disciplinary working across primary medical care and community health, mental health and social care services** our next steps will focus on developing and implementing our agreed **common target operating model** for 2020/21. A key challenge will be to deliver the same service framework across the East Sussex footprint with levels of service flexed due to local population needs. This high level operating model will consolidate the pilots and projects from phase 1 of our community programme into a single county-wide approach aimed at delivering the following:

- Maximising independence and maintaining people in the community – helping people to live independently at home for longer
- Preventing unnecessary hospital attendances and admissions
- Reducing length of stay in hospital by supporting timely and effective hospital discharges
- Enabling system design and planning to optimise the use of all available resources

The target operating model for integrated core community health and social care services will help build the **capacity, workforce and partnerships** to do this, and will develop in a phased way to ensure alignment and strong relationships with:

- PCN footprints to support effective **multi-disciplinary team working** including work to implement the PCN Network DES Contract for 2020/21 and risk stratification of local populations, to enable **proactive anticipatory care** for those with multiple long-term conditions and/or assessed at high risk of unwarranted health outcomes
- Pathways for the acute hospital (ESHT) **Integrated Discharge Team** interfacing with the community Home First pathways
- Developing further capacity in **crisis response** within two hours and **reablement care** within two days; noting the need to align the offer across the East Sussex footprint.
- The next steps in relation to the wider development and roll out of **Enhanced Care in Care Homes** to reduce acute hospital admissions by enabling better early identification and forward care planning
- **Structured medication reviews** for priority groups
- **Personalised care and support planning**
- **Social prescribing** and community-based support
- Better identification and support to **improve outcomes for carers**
- The continued implementation of **Extended Access** in 2019/20 and 2020/21

End of life care (EOLC)

Across East Sussex high quality, individualised end of life care is effectively coordinated and integrated and provided to all those who need it, regardless of diagnosis or age. Where appropriate, conversations take place about death and dying at an early stage, supporting people to make plans and communicate these with those who are important to them. This care extends beyond death to include bereavement and support for families.

In EHS and HR, partners are working together to deliver the aims and ambitions for End of Life Care identified within the End of Life Care Strategy (2019-2022). The Strategy was developed with the following partners - East Sussex Healthcare NHS Trust, East Sussex County Council, Eastbourne, Hailsham & Seaford CCG and Hastings & Rother CCG, St Wilfrid's Hospice, St Michael's Hospice Chestnut Tree Hospice, Demelza Children's Hospice, Adult Social Care, Care for the Carers, Age UK Sussex and patient and parent representatives. The aim is to deliver joined up care to support patients, their family, carers and those close to them to live independently as possible and achieve the best outcomes.

To ensure the delivery of the strategy an implementation plan has been drafted with nine key workstreams:

- Sharing of information to ensure care is co-ordinated across agencies
- Improving staff capability through learning and development to ensure the workforce has the knowledge, skills and attitudes to delivery high quality care
- Communications and patient and public engagement to include the views of patients, their family and carers to improve care
- Improving patient care through clinical effectiveness and governance to ensure care meets national standards and staff delivering care are competent, confident and capable
- End of Life care strategy and implementation plans to ensure the vision is clear and we meet our aims
- Care of the dying to ensure best end of life care for patients in community and that it is delivered with compassion and dignity
- Care after death by treating every patient with dignity and respect and equally supporting the bereaved
- Care of the dying child to ensure appropriate and timely transition to adult services
- Out of hours care to ensure services are fully integrated and accessible to enable patients to remain in the community if this is their wish

End of Life Care Vision 2017-19 outlines a strategic vision for end of life care and recommended next steps in the High Weald Lewes Havens area. This is evidence based and has been developed with local partners, with six key ambitions:

- Each person is seen as an individual
- Each person gets fair access to care
- Maximising comfort and wellbeing
- Care is coordinated
- All staff are prepared to care
- Access to community support

Plans are being taken forward to support the two key priorities for End of Life Care:

- Support and training to Care and Nursing Homes, including communication
- Ensuring the EOLC vision for HWLH links with other priority areas including Frailty and the Enhanced Health in Care Homes (EHCH) service, and community services.

A project board is being established to identify the priorities for 2020/21 and beyond to ensure delivery of the strategy. This will include exploring an East Sussex-wide approach and the possibility of bringing together existing working groups, and building on the implementation work currently being progress across the county including:

- The case for change for anticipatory prescribing to meet NICE Quality Statement for anticipatory prescribing
- Timetable of education for primary care
- Linking with other priority areas for example, Frailty and the Enhanced Health in Care Homes (EHCH) service, and appropriate areas of community services
- Multi-agency workshop for verification and certification of death to inform Sussex wide guidance.
- Implementation of ReSPECT across acute, secondary and primary care providers and in hospices and care homes, including; communication and engagement with the general public and other stakeholders; GP training; and digitalisation of the ReSPECT form. ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices.

Appendix 4 Urgent Care – Programme Summary

1. Background

The key aim of the Urgent Care (UC) programme is to transform urgent and emergency care services in East Sussex to ensure that, in an emergency (i.e. serious or life threatening conditions) or in case of an urgent (i.e. non-emergency) need, people are treated and supported in the most appropriate place by the right clinical and/or social care service.

Through working in partnership with local Primary Care Networks (PCNs), acute, community, mental health and social care services, South East Coast Ambulance Service NHS Foundation Trust (SECAmb) and the East Sussex CCGs, the programme places emphasis on avoiding unnecessary hospital admissions through:

- Building pathways and capacity within community and primary care services by developing urgent care pathways to support patients in their own home or community settings.
- Building on the services already provided in our Accident & Emergency (A&E) departments, acute medicine and surgical assessment units to make sure that those presenting to an acute site seeking urgent care are seen by the most appropriate clinician, treated, and either admitted or discharged as soon as is appropriate.

There are strong links to the community programme which is described more fully in Appendix 3. The East Sussex urgent care programme is also closely aligned with the Sussex Health and Care Partnership (SH&CP) Sussex-wide Urgent and Emergency Care (UEC) Strategy and Integrated Urgent Care (IUC) programme, to deliver a consistent and standardised approach to urgent and emergency care pathways across Sussex. The projects are a mix of existing work to implement and embed a new model of 24/7 NHS 111 Clinical Assessment Service (CAS) and Urgent Treatment Centres (UTCs), and further developing and growing the urgent care model and other local priorities informed by:

- The NHS Long Term Plan (LTP) and LTP Implementation Framework
- The Keogh Review (2013)
- Sussex Health and Care Partnership (SH&CP) UEC plans
- Urgent and Emergency Care System Demand Diagnostic 2018/19 (ESHT)
- Qualitative Research with Patients in A&E at the Conquest Hospital in Hastings and Eastbourne District General Hospital (August 2019)
- East Sussex Urgent and Emergency Care workshop (August 2019)
- System diagnostic work and reviews carried out by NHS England/Improvement and others into the drivers of our East Sussex system deficit in 2018/19
- NHS Rightcare, Model Hospital and Get it Right First Time (GIRFT)

The programme is making progress with significant improvements for our residents through delivering the following benefits:

- **Extending Ambulatory Care** Rapid multi-disciplinary team working, discharge assessment and follow up has meant that 42% of the patients admitted to hospital via A&E are discharged less than 24 hours after admission, leading to zero length of stay. This is particularly significant for our frail patients who are known to deteriorate rapidly if admitted to hospital.

- From December 2018- October 2019, our **High Intensity User service** saw **55** patients. In the period to August 2019, **352** A&E attendances and a further **98** non-elective admissions were avoided (accounting for 36 patients).
- **The Frail and Vulnerable Patient Scheme** This locally-commissioned GP service is focussed on moderately and severely frail patients with a Rockwood score¹⁰ of 5-7, as well as palliative care patients. The scheme includes assessment, personalised care planning and reviews, medication reviews and a falls assessment. 6,462 care plans were produced in 2018/19 and these are being peer reviewed annually.
- **Urgent Treatment Centres** will be up and running in line with the national mandate by December 2019, providing consistent access to an urgent care service to diagnose and deal with many of the most common ailments for which people often go to A&E. This service will build on the success of our **GP Streaming Service**, which was successfully launched in October 2018 and enabled GPs and primary care practitioners to work more closely with A&E staff.
- **Primary Care Improved Access (PCIA)** – since October 2018 **PCIA** has delivered additional capacity within primary care for same-day primary care needs, and expanded patient choice by offering appointments after 6.30pm during weekdays and in the mornings on weekends and bank holidays
- **NHS 111 Clinical Assessment Service (CAS)** will become fully operational from 1st April 2020, and will offer local people a single point of access for urgent and emergency care services, including the ability to book appointments at UTCs or other walk in services, and also within primary care.
- **GP-led respiratory care** has reduced the number of hospital admissions for Chronic Obstructive Pulmonary Disease (COPD)
- Our approach to **end of life care** pathways has also been aligned to our Urgent Care model, more detail is set out about this in Appendix 3.

2. Key priorities for 2020/21

Our focus in 2020/21 includes continuing to implement, further develop and embed the following projects and initiatives:

2.1 Extending acute frailty

This looks to build in the appropriate interventions when people require hospital care to ensure they receive a timely frailty assessment, and supports patients to return home or to another appropriate care setting, when patients no longer require consultant-led care in an acute setting. Subsequent community services will also be aligned on discharge to reduce frailty severity where possible. The current focus is:

- Expansion of **acute frailty teams and pathways** to ensure right support at the hospital 'front-door'
- Supporting **Same Day Emergency Care (SDEC)**

¹⁰ The Rockwood Score is a clinical frailty scale to assess needs and plan interventions

2.2 Extending Ambulatory Emergency Care (AEC)

AEC is a way of managing a significant proportion of emergency patients on the same day without admission to a hospital bed, giving the opportunity to better manage patient flow, improve patient experience and reduce acute hospital admissions. AEC is already provided by our hospitals; however, this project looks to increase the availability of AEC to a minimum of 12 hours a day, 7 days a week. This will also help meet requirements in the NHS LTP to increase treatment and discharge from emergency care without an overnight stay. This is currently live in Eastbourne DGH and will be expanded to the Conquest Hospital to support **SDEC**.

2.3 Expanding our high intensity user service

To address the increased demand on our A&E services, in November 2018 a **high intensity user (HIU) service** went live in East Sussex. The HIU service (initially developed by NHS Blackpool) offers a robust way of reducing high unscheduled users of multiple services such as 999, NHS 111, A&E, General Practice and hospital admissions. This in turn frees front line resources to focus on more clients and reduce costs. It uses a health coaching approach, engaging with high users of services whose needs are often unable to be met fully by one area of service.

The service supports some of the most vulnerable clients within the community to flourish, whilst making the best use of available resources. The service is now fully operational with two key workers visiting high users of services with very significant improved outcomes evidenced already. Our next stage is to expand the scope and reach of the service to ensure patients who are frequent users of other services, (for example mental health, ambulance and primary care) are also identified and offered appropriate support (not always medical or clinical). The aim is to make sure these patients are enabled and empowered to manage times of crisis by utilising the most appropriate urgent or emergency care service.

2.4 Expanding Community Frailty/PEACE planning (advance care planning)

The Proactive Elderly Advance Care (PEACE) planning process and documentation helps health and care professionals to deliver the best care to frail, older people, based on a personalised approach to care and support planning. Combined with a Comprehensive Geriatric Assessment, PEACE Planning has been shown to reduce admissions by up to 83% and bed days by up to 94%¹¹. It also offers improved outcomes for patients, families and carers (including health care and care home staff) through increased independence, confident decision-making, and by supporting patients to receive care and to die in their preferred place.

The Community Frailty Service currently completes around 230 PEACE plans per year. We anticipate rolling out PEACE planning to a greater number of patients as part of personalised care and support planning roll-out and supporting patients in care homes.

2.5 Integrated Urgent Care Model

Continuing to roll out and embed:

- **Urgent Treatment Centres (UTCs)** are GP-led services that are equipped to diagnose and deal with many less serious injuries and urgent ailments people often attend A&E for. Open at least 12 hours a day, every day, UTCs offer appointments that can be booked through NHS 111 or through a GP referral. This is an existing project as part of

¹¹ Audit of Frailty Service patients, April 2016-April 2019, activity 12 months before and after discharge

the national requirements to implement UTCs and develop a standardised approach to make best use of emergency care resources across Sussex. UTCs are intended to ease the pressure on hospitals, leaving other parts of the system free to treat the most serious cases. This includes reducing attendance at A&E and, in co-located services, provides the opportunity for streaming at the front door. These will be rolled out in Eastbourne DGH and the Conquest Hospital in Hastings by December 2019. There is currently a minor injuries unit (MIU) at Lewes Victoria Hospital and a plan has been agreed recently for a brief closure of this service, with interim arrangements in place to allow improvement works in readiness for the UTC to open in the Spring.

- We will also be developing the Minor Injuries Units in Crowborough and Uckfield to provide support for patients with minor ailments as well as injuries, through a mix of nursing and medical staffing these will provide opportunities to mitigate increasing demand on Emergency Departments and improve local access for same day care.
- As part of implementing UTCs we are reviewing our **walk-in centres** to ensure the right balance of services and to maximise the role of out of hospital services that complement the new UTC facilities.
- **Clinical Assessment Service** to support patients to navigate the optimal service 'channel' we will embed a single multi-disciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hours services from April 2019 including:
 - Direct booking into **Primary Care Improved Access**
 - Direct booking into Primary Care Extended Access, UTCs or other walk in services and sites being developed as part of the East Sussex integrated urgent care model
- Increased utilisation of **Primary Care Improved Access** capacity – working with Primary Care Networks as a system to review location and access to those services

2.6 The Locally Commissioned Service (LCS) for chronic respiratory conditions provided by General Practice has been implemented, aimed at supporting the better management of respiratory conditions in the community to ensure people are less likely to deteriorate, and reducing emergency admissions. This project looks to measure the outcomes from providing training workshops, regular out of hospital reviews of medication, and medication application techniques.

3. Implementing the NHS Long Term Plan and new local priorities

In addition we are building on progress made with the above projects and initiatives to scope and implement the following priorities as part of our comprehensive model of urgent care:

3.1 Our Ambulance Conveyances project provides the ability for our ambulance staff, paramedics and GPs to contact our Crisis Response team via Health and Social Care Connect (HSCC) to avoid an unnecessary A&E admission, for common conditions that result in 999 calls and an unscheduled conveyance to A&E. It will include new clinical pathways that can be managed outside of hospital.

3.2 Reforms to hospital emergency care – **Same Day Emergency Care (SDEC)**. New diagnostic and treatment practices allow patients to spend just hours in hospital rather than being admitted to a ward. This also helps relieve pressure elsewhere in the hospital and frees up beds for patients who need quick admission either for emergency care, or for a planned operation. Through moving to a comprehensive model of SDEC we will increase the proportion of acute admissions discharged on the day of attendance from a fifth to a third.

3.3 Enhanced care in care homes is aimed at developing and testing a range of initiatives that offer dedicated support to care homes, such as dedicated primary care ward rounds. This programme will build confidence for staff and avoid unnecessary admissions. It is currently at the exploration stage of looking to understand how appropriate support can be delivered to people in care home settings in partnership with Primary Care Networks. An enabler for all enhanced health in care homes projects is the alignment of care homes to specific practices. This process of alignment is underway.

3.4 The **NHS Clinical Standards Review** is due to be published in the Spring 2020. We will develop new ways to look after patients with the most serious illnesses or injuries, ensuring that they receive the best possible care in the shortest possible timeframe. In addition, the East Sussex A&E Delivery and Urgent Care Oversight Board are in the process of analysing the key drivers of demand behind the recent increases in A&E attendance and admissions, to scope further actions and interventions to take forward in winter 2019/20 and 2020/21.

4. Key milestones for urgent and emergency care

- In 2019 England will be covered by a 24/7 Integrated Urgent Care Service, accessible via NHS 111 or online.
- All hospitals with a major A&E department will:
 - Provide SDEC services at least 12 hours a day, 7 days a week by the end of 2019/20.
 - Provide an acute frailty service for at least 70 hours a week. The service will work towards achieving clinical frailty assessment within 30 minutes of arrival.
 - Aim to record 100% of patient activity in A&E, UTCs and SDEC on the same system by March 2020.
 - Test and begin implementing the new emergency urgent care standards arising from the Clinical Standards Review, by November 2019.
 - Further reduce Delayed Transfers of Care in partnership with local authorities.
 - By 2023 the Clinical Assessment Service will typically act as the single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care.

5. Summary of urgent care priorities for 2020/21

Working with partners across primary care, community, mental health, social care and ambulance services, the key focus of the Urgent Care programme is to transform urgent and emergency care services in East Sussex to ensure that, in an emergency, people are treated in the most appropriate place by the right clinical and/or social care service. The priorities are

closely aligned with the SH&CP plans for Urgent and Emergency Care and include a mix of work to implement Urgent Treatment Centres (UTCs) and local priorities:

High intensity users

- Further expand and focus on supporting patients with multiple needs and high numbers of A&E attendances and admissions.

Ambulatory Emergency Care (AEC)

- Expansion of AEC at both EDGH and the Conquest Hospital (Supporting Same Day Emergency Care)

Acute frailty

- Expansion of Acute Frailty teams and pathways to ensure the right support at the front door (Supporting Same Day Emergency Care).

Enhanced care in care homes

- Work with Primary Care Networks to develop and testing a range of initiatives that offer dedicated support to care homes, to better support patients in care homes, build confidence for staff and avoid unnecessary hospital admissions.

Community frailty/PEACE planning

- Further rollout of Proactive Elderly Advance Care planning as part of personalised care and support planning roll-out; supporting the cohort of patients in care homes.

Integrated Urgent Care

- Rollout of enhanced NHS 111 and Clinical Assessment Service from 1 April 2020.
- Rollout of UTCs at Eastbourne DGH, Conquest Hospital, Hastings and Lewes Victoria Hospital
- Direct booking into Primary Care Improved Access, UTCs or other walk in services and sites being developed as part of the East Sussex integrated urgent care model.
- Increased utilisation of Primary Care Improved Access capacity.

In addition the Local A&E Delivery and Urgent Care Oversight Board are in the process of analysing the key drivers of demand behind the recent increases in A&E attendance and admissions, to scope further interventions to take forward in winter 2019/20 and 2020/21.

Appendix 5 Planned Care – programme summary

1. Background

Our overall aim is to make sure that those people who are referred into hospital are seen and tested as quickly as possible. There will be quicker routes to tests, enhanced technology to detect any concerns faster and one stop clinics that will bring together consultations, tests, treatment and support in one place, at one time.

Planned care can be defined as routine services with planned appointments or interventions in hospitals, community settings and GP practices. This is also sometimes known as elective care and is any treatment that doesn't happen as an emergency and usually involves a prearranged appointment. Most patients are referred for planned care by their GP.

We want to make sure that those people who are referred into hospital are seen and treated as quickly as possible. There will be quicker routes to tests, enhanced technology to detect any concerns faster and one stop clinics that will bring together consultations, tests, treatment and support in one place, at one time.

The East Sussex planned care programme aims to optimise the use of resources across planned care pathways by reducing variation, and using evidenced based, clinically effective commissioning. This will ensure the best patient outcomes and experience and improve the productivity of acute and out of hospital planned care capacity. Our current focus is supporting more effective patient pathways between primary and acute care and working with the Sussex Outpatients Transformation Board to transform and digitally enable outpatients care.

Our local plans are informed by and developed in the context of the following:

- The NHS Long Term Plan
- NHS Rightcare
- Getting It Right First Time (GIRFT)
- Model Hospital
- Elective Care High Impact Interventions
- Guidance from the National Institute of Clinical Effectiveness (NICE) and the Royal Colleges
- Sussex Health and Care Partnership (SH&CP) Sussex-wide plans

Significant progress has been made with improving efficiency and productivity of planned care services across our system. This includes:

1.1 GP referral variation – our work with Primary Care to look at referral variation has led to a reduction in first outpatient appointments with no subsequent procedure or follow up. We are further developing this work through the establishment of a GP-led clinical reference group, under the banner 'Right Referral, Right Route'. This group is peer reviewing referrals on a practice and specialty level, with professional development and learning being disseminated across primary care. The group is also fostering closer working relationships between primary and secondary care.

1.2 Ophthalmology – we have used a High Impact Intervention methodology to map ophthalmology demand and capacity locally. We have responded to these findings by:

- Undertaking intensive waiting list validation
- conducting virtual review by consultants
- introducing failsafe procedures and changes aimed at optimising clinics.

This has generated efficiencies in the system, for example through a reduction in patients waiting for follow up. Further work continues in 2019/20 on a clinical strategy for Ophthalmology.

1.3 Clinically effective commissioning - East Sussex successfully applied the clinically effective commissioning policies where procedures with limited evidence of benefit where initial conservative therapy is effective and where a threshold for intervention may be appropriate or where NHS provision may be inappropriate

1.4 Musculoskeletal services – In line with the Royal College of Radiologist guidance that does not support the use of MRI or CT scans when dealing with MSK presentations, we have worked with our local providers to review the diagnostics undertaken for MSK related conditions. Following this, processes were put in place to manage diagnostic requests and reject those that were not clinically appropriate. The one exception concerns suspicions of cancer, at which point the patient would be referred under the two-week wait rule. As a result, reductions in both MRI and CT scans have been realised.

1.5 Diabetes pathway redesign - this is a project implemented last year and has resulted in successfully avoiding amputations and improving preventative care, by providing GP led multidisciplinary community teams as well as greater levels of patient involvement in decision-making and self-care. East Sussex CCGs are now leading on Diabetes pathway re-design across the SH&CP, to further build on this model and inform a Sussex-wide approach.

1.6 Medicines optimisation – the East Sussex CCGs Medicines Management team works in partnership with pharmacy teams in local NHS Trust providers and other providers to deliver a highly effective structured programme designed to integrated Medicines Optimisation (MO) services to improve medicines use across care pathways.

2. Key priorities for planned care in East Sussex

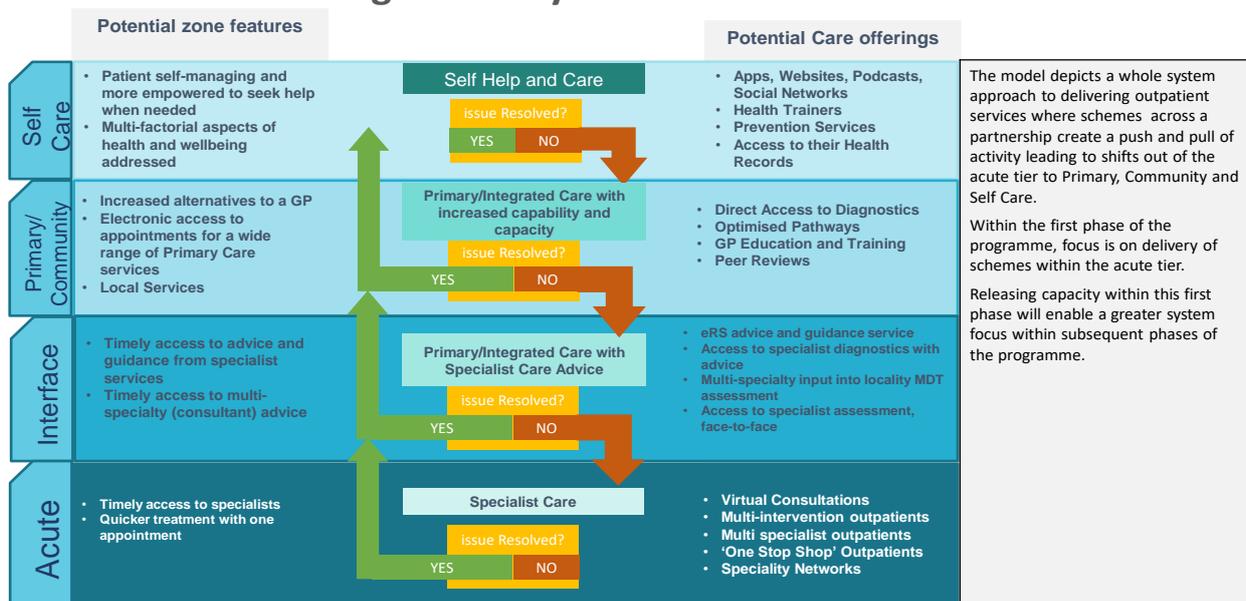
An outline of our key priorities for planned care in East Sussex is summarised below. All of our transformation priority areas will be underpinned by full pathway reviews. We will also ensure we reduce unwarranted variation and inefficiency in care pathways generally, by ensuring elimination of outdated concepts, introduction of one-stop diagnosis and reductions in unnecessary follow-ups wherever possible.

2.1 Outpatients

The vision for outpatient services developed by the system’s stakeholders is:

“The East Sussex community will have timely access to specialist advice, care and treatment. This will be delivered through modern, efficient, and effective services that provide greater choice and less disruption to the daily lives of our community.”

High Level System Model of Care



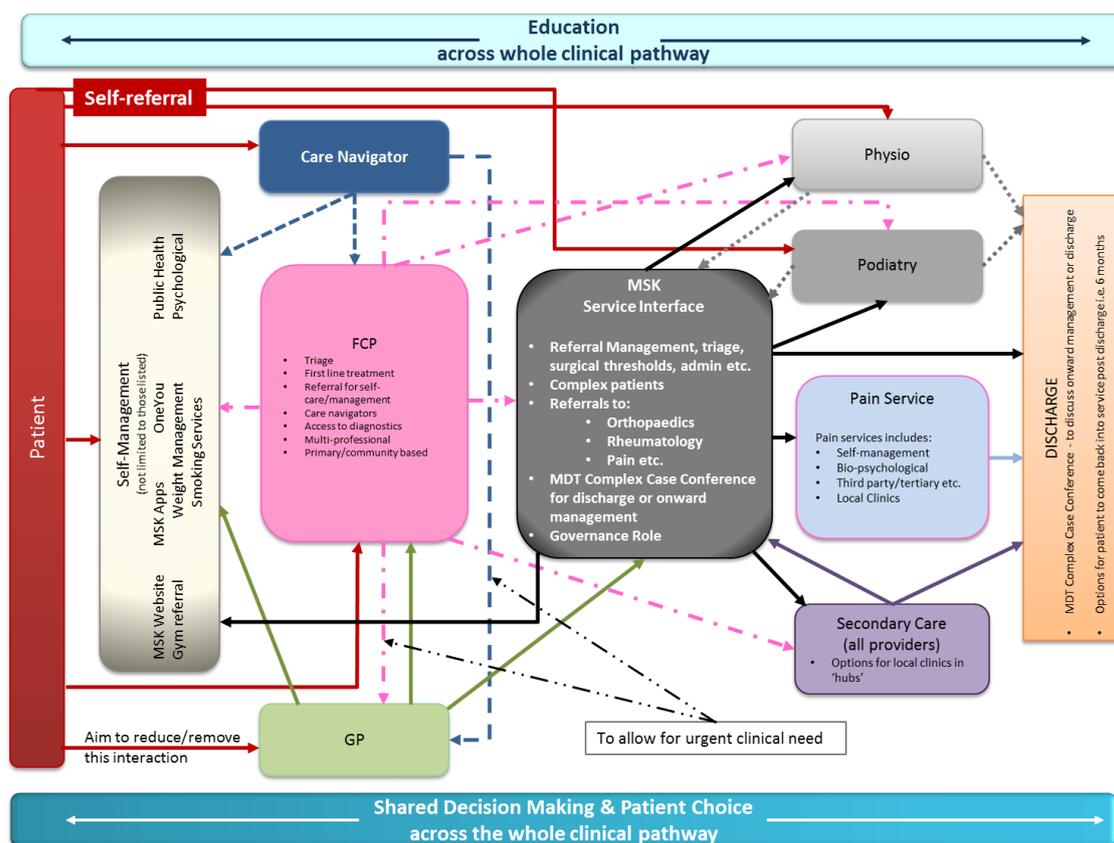
Outpatient appointments will be provided via the optimum channel i.e. video, telephone or face-to-face to ensure patients and clinicians are making best use of their time. East Sussex will have concluded and embedded optimal outpatient referrals by the end of 2019 enabling us to build on this to improve the efficiencies of the pathways.

2.1. Musculoskeletal (MSK) services in our area

In Eastbourne Hailsham and Seaford MSK Services are provided by Sussex MSK Partnership East, which offers a fully integrated service. The MSK triage (iMSK) service in Hastings and Rother is provided by East Sussex healthcare NHS Trust (ESHT). Our aim is to provide equity of service across East Sussex whilst aligning to the vision of NHS LTP and the transformation of MSK services - services delivered by the right person, in the right place, first time.

We are undertaking a review of MSK services, linked to our East Sussex MSK model, focussing on the reduction of unwarranted clinical variation of MSK services and re-design of the MSK community workforce to improve productivity. This includes first contact practitioners to provide faster diagnosis and treatment for people with MSK conditions. Pain management provision is also included in our redesign, including efficient use of community services. This programme is closely aligned with the SH&CP programme for MSK. The introduction of virtual fracture clinics will also form part of this programme.

Our agreed model of care is:



2.2. Evidence based interventions and clinically effective commissioning (CEC)

Part of a Sussex-wide programme, clinically effective commissioning (CEC) aims to review and standardise non-emergency treatments and procedures to reduce variation, reduce waste and make best use of limited resources. It supports referrers to use the appropriate guidelines agreed by clinical commissioners to ensure:

- unnecessary high-risk interventions are not carried out
- treatment is clinically effective

- management of referrals for procedures that are either not routinely funded, or require patients to meet certain eligibility criteria before they can receive treatment

This year more procedures will be reviewed with these principles in mind and work has commenced to implement the pathway redesigns.

2.3. Cardiology

Locally our population has high incidences of atrial fibrillation (AF) and heart failure (HF). These high incidences are driven by our older population and levels of deprivation described elsewhere in our Plan, which is why our work on health, wellbeing and prevention is so important. This is also a significant driver of elective and non-elective cardiology spend in secondary care. With AF cases, and stroke-related hospital admissions predicted to rise as the population ages, this could put significant pressure on primary and secondary care services.

Our work on cardiology is therefore focused on ensuring our local East Sussex services are designed to cope with these current and future challenges. We are aiming for a reduction in the use of isolated coronary angiography, an increase in identifying and supporting patients to self-manage their own heart health through using the patient activation measure tool, and a reduction in variation in spend/activity across our CCG areas. These aims will be delivered through application of NICE guidance to all interventions, equitable community cardiology services across East Sussex and reduction in unwarranted variation.

There are a range of projects focused on cardiology. These include looking to reduce variation in the way community cardiology provides community-based assessments for people who may have problems with their heart, blood pressure or breathing, and standardising the use of procedures such as Computerised Tomography (CT) scans and angiograms. This project is looking to standardise pathways across the east and west of the area and so more patients can be treated within the community setting to make best use of capacity. In acute cardiology, we are reviewing the acute model of care to support the long term clinical sustainability of the service.

2.4. Diabetes

The prevalence of type 2 diabetes across our area is 6.9% and is in line with the average for England. However, local data within our CCGs shows variation in care and outcomes – and our programme of work described in the next section looks to address this. Overall, we are aiming for:

- improved patient experience for people with diabetes
- reduction in outpatient appointments
- reduction in non-elective admissions
- reduction in amputations
- improved access for psychological therapies for people living with diabetes with co-morbid depression/anxiety and;
- improved workforce retention within our local services.
- improved access to innovative technologies for glucose monitoring for patients with type 1 diabetes (includes flash and continuous glucose monitoring).

Building on the success of service redesign now being rolled out across the Sussex system, we acknowledge predicted exponential growth in Diabetes, and will plan how we will manage this as a system over the next 3 years.

2.5. Ophthalmology

In response to an all-party parliamentary group on eye health capacity, NHS England has initiated a high impact intervention scheme, requiring Trusts and CCGs to work together to look at their demand and capacity in this area and come up with a plan to ensure the system is ready to respond. Across our CCGs, data is being reviewed from all acute trusts and community providers of ophthalmology services. The aim is to agree a solution to the predicted growth in the number of patients at risk of losing their sight. The role of **community ophthalmology** is central to this, with the longer term aim of expanding the remit of community providers to monitor stable patients and triage new conditions.

In East Sussex our work on this priority area that supports our patients to have a positive experience of care in the right place, first time. It aims to keep them well for longer, reducing or eliminating the risk of losing sight, with all the additional challenges that sight loss brings to the wider system and the economy. We know it requires our acute and community providers to work closely together to ensure a seamless pathway. We are working to ensure that our local system can respond to current and future demand in eye health for our patients.

We will implement a planned NHS-managed choice process for all patients who reach a 26-week wait, starting in areas with the longest waits and rolling out best practice through a combination of locally agreed targeted initiatives and nationally-driven pilots. This is currently being managed from a Sussex-wide position and local implementation plans will be developed in time for implementation by end of March 2020.

Over the coming months we will be working with Brighton and Sussex University Hospitals NHS Trust (BSUH), East Sussex Healthcare NHS Trust (ESHT) and Sussex Community NHS Foundation Trust (SCFT) and our other providers to ensure the 26-week-wait policy is fully implemented for April 2020. Where there are known issues we are currently seeking to commission further capacity from the local independent sector providers, and we are also exploring opportunities for patients across a wider regional geography, particularly where there is spare capacity and short waiting times. Leads from the East Sussex CCGs and ESHT have already been identified, and as part of the Sussex-wide work we will also work closely with Surrey Heartlands as a Fast Mover pilot site looking to share learning.

2.6. Cancer

Cancer is a national and local priority, as reflected by the National Cancer Strategy Achieving World Class Outcomes for Cancer 2015-2020: A Strategy for England: Report of the Independent Cancer Taskforce Review¹² as well as the cancer plan for the Sussex Health and Care Strategy, which was signed off in April 2019. In the context of the Cancer Alliance and Sussex-wide cancer plan, our aim is to continue to improve operational performance to support early diagnosis and treatment and to support our population to manage their own health and wellbeing through personalised care.

The priority areas for cancer include: prevention, early diagnosis, patient experience, living with and beyond cancer (personalised care) and modernising cancer services. Through the work of the East Sussex Planned Care Oversight Board, and the clinical leadership of the East Sussex Cancer Action Group, we will build on existing work during 2020/21 to take forward local plans in the following areas:

- Continue to improve performance against the cancer constitutional waiting times standards and ensure sustainability, including the new 28 day faster diagnosis standard.
- Work with PCNs to improve the uptake of screening targeting those areas with lower uptake and focussing on health inequalities.
- Develop diagnostics working towards set up of the rapid diagnostic service.
- Continue to ensure implementation of timed pathways so support earlier diagnosis and treatment.
- Strengthening the two-week wait process to ensure referrals are managed proactively to improve the Referral to Treatment (RTT) waiting times.

¹² Achieving World Class Outcomes for Cancer 2015-2020 A Strategy for England; Report of the Independent Cancer Taskforce Review (2015) : http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

- Ensure personalised care pathways in breast are implemented and plans for other specialties are developed, with prostate and colorectal as priorities for 2020/21.

3. Sussex Health and Care Partnership (SH&CP) programmes

East Sussex is fully engaged with the programmes of work managed by the SH&CP with local representatives on all the workstreams. Some workstreams are in early stages; head and neck, dermatology, cardiology, and some more further developed, for example MSK and fractures and falls.

Head and neck

To develop a model of care using national evidence and best practice that will ensure the long term sustainability of head and neck services, address the challenges faced by current providers in delivering head and neck services for our population; and ensure improved outcomes for patients.

Dermatology

To develop a model of care using national evidence and best practice that will ensure the long term sustainability of the dermatology services, addresses the challenges faced by current providers in delivering dermatology services for our population; and ensure improved outcomes for patients.

Cardiology

To develop a model of care using national evidence and best practice that will ensure the long term sustainability of the cardiology services, addresses the challenges faced by current providers in delivering cardiology services for our population; and ensure improved outcomes for patients.

Fractures and falls

To develop a model of care that is based on prevention and improved outcomes following a fall or fracture. There were two initial falls oversight groups earlier this year where four priority areas were identified. These priority areas have developed into four task and finish groups covering:

- Low level falls prevention & osteoporosis identification
- Non injured falls at home
- Post A&E attendance/hospital admissions falls prevention
- Fracture liaison service development

Musculoskeletal Services (MSK)

The model under development looks at how we can improve the patient experience from the first point of contact, so that they see a clinician with specialised MSK skills at the earliest possible opportunity. This in turn will streamline the rest of the pathway, when a referral to secondary care is necessary.

The role of First Contact Practitioners (FCPs) is becoming central to this, and we are feeding into the evaluation of FCP pilots with insights from our own pilots locally, to inform these discussions. This will help us understand the best way to make use of FCPs. Extensive patient engagement is being undertaken at an STP wide level, with patient forums being approached locally, and clinicians, commissioners and service managers have been attending the STP wide workshops to design the model.

4. Planned Care Priorities for 2020/21

Our aim for 20/21 is to make sure that those people who are referred into hospital are seen and tested as quickly as possible. There will be quicker routes to tests, enhanced technology to detect any concerns faster and one stop clinics that will bring together consultations, tests, treatment and support in one place, at one time. We will do this by prioritising on the following areas:

- Outpatients
- Musculoskeletal services
- Evidence-based interventions

- Cardiology
- Diabetes
- Ophthalmology
- 26 week wait capacity alerts
- Cancer
- Medicines optimisation

4.1. Outpatients

During the last 2 years we have made significant improvements in the referral pathways for patients from GPs to hospitals consultants by working closely together to ensure the flow of communication is the most effective for our patient care. Next year we will build on this success by:

- Introducing video appointments, virtual fracture clinics, electronic correspondence for our patients
- Expanding of successful approaches to:
 - improve the timeliness of treatment
 - improve the experience of patients on care pathways
 - reduce unnecessary appointments
 - introduce one-stop clinics specifically focusing on gastroenterology and breast cancer two-week wait.

4.2. Musculoskeletal services

During the last two years we have introduced community-based specialist teams to care for patients with musculoskeletal conditions, ensuring interventions are appropriate to individual needs and pain is effectively managed. Next year we will focus on the sustainability of services to meet the growth in demand by:

- Introducing First Contact Practitioners (FCPs) in GP surgeries designing the correct bespoke pathway to ensure timely recovery, minimised pain and improved independence
- Improving shared decision-making between specialist clinicians and patients with more complex conditions, alongside improved education on self-management.
- Enabling patients to self-refer to physiotherapy so they start treatment earlier at the onset of a condition
-

4.3. Evidence based interventions

More is now known about what types of treatment improve outcomes for our patients and during the last year we have been ensuring patients do not undergo unnecessary invasive procedures. We will continue to review the latest evidence and change our recommended treatments where this evidence indicates areas that do not benefit our patients, allowing us to release capacity for the right treatments.

4.4. Cardiology

Locally, we see a high incidence of heart conditions, driven by our older population and levels of deprivation. Our specialist heart clinicians are working together to agree a new model of cardiology care spanning general practice through to community services and hospital care. We are aiming for a model that:

- Increases identification of heart conditions and related support for patients to self-manage their own heart health
- Reduces variation in community-based cardiology assessments by standardising pathways, enabling more patients to be treated within a community setting to make best use of capacity

- Supports the long term sustainability of hospital services

4.5. Diabetes

Building on our success in implementing complex diabetes treatment in a community setting, and our expansion of urgent treatment for diabetics, we will continue to refine these services to:

- Provide improved patient experience for people with diabetes by reducing unnecessary hospital appointments including outpatient appointments and hospital admissions
- Provide improved access for psychological therapies for people living with diabetes that also have co-morbid depression/anxiety
- Provide improved access to innovative technologies for glucose monitoring for patients with type 1 diabetes (includes flash and continuous glucose monitoring).

We recognise the predicted exponential growth in diabetes and we will develop a plan to manage this as a system over the next 3 years.

4.6. Ophthalmology

Our work on this priority area supports our patients have a positive experience of care in the right place, first time. It aims to keep them well for longer, reducing or eliminating the risk of losing sight, with all the additional challenges that sight loss brings to the wider system and the economy. We know it requires our acute and community providers to work closely together to ensure a seamless pathway. Our focus next year is to address the growing demand by repatriating care to our specialist community optometrists, releasing capacity in our hospital multidisciplinary teams to manage the more complex eye conditions.

4.7 26-week wait/capacity alerts

We know some of our patients are waiting too long for treatment. We will implement a planned choice process for all patients who reach a 26-week wait, starting in areas with the longest waits. This will give patients options to access care across NHS services in Sussex

4.8. Cancer

The priority areas for cancer include: prevention, early diagnosis, patient experience, living with and beyond cancer (personalised care) and modernising cancer services. We will build on existing work. During 2020/21 we will build on existing work to take forward local plans in the following areas:

- Continue to improve performance against the cancer constitutional waiting times standards and ensure sustainability, including the new 28 day faster diagnosis standard
- Improve the uptake of screening targeting those areas with lower uptake and focus on inequalities
- Strengthen the two-week wait process to ensure referrals are managed proactively
- Implement personalised care pathways for breast cancer and develop plans for other specialties, with prostate and colorectal as priorities

4.9 Medicines Optimisation

Through a structured programme of work, the East Sussex CCGs medicines management teams work in partnership with pharmacy teams in NHS Trust providers and other providers to deliver integrated Medicines Optimisation (MO) services aimed at improving medicines use across care pathways. Although the outcomes we are seeking are broadly similar across our population and are being delivered in the context of alignment with Sussex-wide plans, approaches are flexed and tailored to local geographies in the county and relationships with different NHS Trust providers. Building on recent successes, some of the key priorities for 2020-21 include:

- Improving **value for money** through specific projects aimed at optimising prescribing in a range of areas including diabetes, pain management, malnutrition and anticoagulation; as

well as de-prescribing medicines no longer needed through NHS England led programmes such as low priority prescribing.

- Development of an Integrated Medicines Optimisation service and approaches between local GP primary care networks (PCNs) and local NHS Trust providers. This service will support the delivery of structured medication reviews and quality improvement in areas such as **antimicrobial stewardship** and **dependence forming medicines**.
- Continuation of successful **medicines optimisation in care homes** service to reduce inappropriate polypharmacy and working towards integration with the PCN structured **medicines review and optimisation service**, under the PCN Network Directed Enhanced Services (DES) contract in 2020/21.
- Focus on **medication safety** including rolling out the electronic transfer of medicines discharge information between hospital and community pharmacists; and implementation of a quality improvement process for pharmacy led interventions to enhance medication safety in General Practice.
- **Integrated vocational training programmes** for pharmacists and pharmacy technicians across primary and secondary care, mental health and community services.

5. Enabling delivery of planned care

In order to deliver the plans detailed above there are a number of key enablers that will ensure success.

Digital

Digital enablers such as Patient Knows Best and virtual fracture clinics are two areas looking to reduce waste on pathways and reduce patient travelling requirements to improve patient experience and outcomes. The initial focus will be on ophthalmology, gynaecology, and urology.

Workforce redesign

Robust workforce planning is a key enabler of the planned care efficiency and transformation programmes. Robust processes are in place with high quality data integrity and increased breadth and depth of insight to underpin short-term, medium term and long-term strategic planning. Cohesive workforce strategies are in place that balance quality and safety with financial sustainability through the identification of workforce optimisation principles that will support the future work programmes.

Appendix 6 Mental Health – programme summary

1. Background

The NHS LTP requirements for delivering a “new service model for the 21st century” by 2024, include the following ambitions:

- Better care for major health conditions: improving mental health services
- Meeting the mental health investment standard for adults, and children and young people’s mental health services (new ring-fenced local investment fund worth at least £2.3 billion a year by 2023/24)
- Delivering the Five Year Forward View for Mental Health and NHS LTP commitments
- NHS-led provider collaboratives for specialised mental health, learning disability and autism services
- Stabilisation and expansion of core community teams of adults and older adults with severe mental health illnesses
- Testing and rolling out adult community access standards once agreed; services for people with specific and complex needs including people with a diagnosis of ‘personality disorder’; Early Intervention in Psychosis (EIP); adult eating disorders and mental health community rehabilitation; and developing services for 18-25 year olds
- Fair share transformation funding from 2021/22 to 2023/24 to deliver the above services in new models of care integrated with primary care networks

Our work on mental health takes place in the context of the Sussex Health and Care Partnership (SH&CP) mental health programme priorities, and local implementation to support closer system working between physical and mental health, community health and social care, and primary care.

The overall vision for the SH&CP mental health programme is that by 2025, all people with mental health problems in Sussex will have access to high quality, evidence-based care and treatment. This will be delivered by integrated statutory, local authority and third sector services that are accessible, well connected with the wider community, and which intervene as early as possible to prevent mental ill health.

The SH&CP mental health programme priorities have been developed as a result of extensive public engagement with service users, carers, partner agencies, providers and commissioners. This has evolved through the Sussex Partnership NHS Foundation Trust (SPFT) Clinical Strategy (March 2017) and the STP Mental Health Case for Change (November 2017). The latest version of the SH&CP mental health programme takes account of NHS Long Term Plan commitments, with workstreams that seek to address the following priorities:

- Perinatal Mental Health
- Children and Young People’s (CYP) Mental Health – including CYP Crisis
- Adult Common Mental Illnesses – Improving Access to Psychological Therapies (IAPT)
- Adult Severe Mental Illnesses (SMI) Community Care
- Adult Liaison Mental Health
- Adult Crisis Alternatives
- Ambulance mental health provision (all ages)
- Therapeutic Acute Mental Health Inpatient Care
- Suicide Reduction and Bereavement Support
- Rough Sleeping Mental Health Support

The SH&CP programme for mental health also has ambitions to further develop and strengthen the role of housing and third sector partners. A task and finish group (Sector Connector) has been

developed to support this diverse sector to influence change, and engage more fully in the work of our mental health programme. Proposals are being developed to:

- Enhance representation from housing and the third sector on the programme board
- Develop an East Sussex mental health forum (alongside mental health forums across Sussex)
- Develop an overarching mental health partnership board across Sussex.

Robust estates plans will also be key to the successful transformation of community, patient flow and rehabilitation workstreams including the development of more supported housing for local people. The LTP commitments expect an increase of over 600 staff over a 5 year period, so new models for providing work spaces and hubs for staff will be a priority. More joined up working will lead to teams being co-located. There are also some stretching targets for remodeling community support and providing crisis support in the Sussex-wide plans, and this will require new facilities, with crisis cafés being embedded and located within local communities.

The plans for mental health are set out in full in the SH&CP Strategy Delivery Plan and response to the NHS LTP.

2. Transformation funding

In addition, **transformation funding** has recently been awarded to the Sussex Health and Care Partnership and this will enable SH&CP to build on the work we are already doing to improve patient and family experience of mental health services.

Specific areas of development include:

- **Children and young people**

The East Sussex CCGs and East Sussex County Council (ESCC) have been awarded funding to set up three Mental Health Support Teams (MHSTs) covering approximately 24,000 pupils / 60 schools in total, focussing on groups of schools in areas with highest levels of need. These teams will provide specialist support to children and young people, through one-to-one and group psychological support, and working with families. This will build on the whole-school work on mental health and emotional wellbeing that is already underway, as well as provide additional support for children and young people with emerging problems, aligning with support pathways for individual children.

Schools, pupils and parents will be involved in the design of the teams and the project is being delivered through an MHST implementation group with members from East Sussex CCGs and Child and Adolescent Mental Health Services (CAMHS) alongside a range of ESCC services working in schools, and Public Health.

- **Crisis resolution / home treatment**

More specialist roles will be introduced to our existing 24/7 crisis resolution/home treatment teams to provide psychological interventions to prevent people from relapsing and having to be admitted to hospital.

- **Expansion of psychiatric liaison teams**

A bid has been submitted to expand existing psychiatric liaison provision at Eastbourne District General Hospital (EDGH) and the Conquest Hospital in Hastings to enable the criteria for 24/7 provision of specialist mental health support set by NHS England to be fully met. This is already provided at the Royal Sussex Hospital in Brighton, and a similar bid is being explored for the Princess Royal Hospital in Haywards Heath.

- **Crisis cafés**

Four new crisis cafés will be set up across Sussex, and will be open for 46 hours a week including evenings and weekends. The cafés offer an alternative to A&E for people who need specialist mental health support and use the expertise of our third sector partners. They are also accessible for people with learning disabilities and autism. There is already a

crisis café in Hastings, The Sanctuary, and the options are being explored for another crisis café elsewhere in the county.

- **Ambulance triage**

The ambulance triage service involves qualified psychiatric nurses attending incidents where a person does not need medical or paramedical attention, but appears to be experiencing some form of mental health crisis. Within East Sussex we are currently reviewing existing ambulance triage services with a view to rolling out more widely.

- **Street triage**

We will extend the successful street triage scheme to operate for 84 hours a week right across Sussex. We were one of the first systems in the country to develop this joint scheme between the police and mental health services, which involves a police officer and qualified psychiatric nurse attending incidents where a person is experiencing some form of mental health crisis. A review will take place with Sussex Police during the remainder of 2019/20, to see if the model needs to be refreshed.

3. Key priorities for 2020/21 in East Sussex

Initial workshops and discussions have taken place locally to further define the scope and nature of the work to build on existing Sussex-wide mental health plans and understand the specific developments for East Sussex. This has helped identify specific areas that will support closer system working across physical and mental health, community health and social care, and primary care. Information on our priorities to support better mental health and wellbeing for all can be found in Appendix 1.

The following areas are being taken forward in East Sussex and will be built on further in 2020/21:

- **Single point of access - no 'wrong doors' and access to crisis pathways**

In order to enable people to easily access services, wherever they present, we are seeking to invest in the expansion of NHS 111 so that it can take mental health referrals. A pilot Single Point of Access (SPOA) for adults is also being developed for Eastbourne, embedded within Health and Social Care Connect (HSCC). In addition, pathways have been simplified and a joint operational policy is being co-produced to support joint working across mental health and social care teams.

- **Supporting people in the community through community health and social care teams for adults with severe mental health issues**

Work is being taken forward by ESCC Adult Social Care and SPFT across a number of operational areas to enhance integrated working through community health and social care teams for people with severe mental health problems. This includes resource and quality practice panel processes, protocol development in relation to Approved Mental Health Professional (AMHP) duties, and access to Crisis Resolution and Home Treatment (CHRT) teams to help avoid unnecessary admissions. In addition, joint management meetings are being reviewed to ensure representation is appropriate for collaborating to solve problems.

To enable better outcomes for people with serious mental illnesses through the wider integration of mental health teams and multi-disciplinary working, we are considering how to deliver a more integrated and multi-disciplinary approach to meeting physical health and mental health needs as part of the target operating model for community health and social care services.

- **Supported accommodation pathways**

A review of supported accommodation pathways is taking place. This will identify people using mental health services that need specific housing support, to inform work with housing teams to find long term solutions.

Supported accommodation is currently commissioned by Adult Social Care to provide medium-term (average of 18 months) accommodation-based support for:

- Adults who are homeless
- Adults who have mental health needs and are homeless
- Young people who are 16-25 years old and homeless
- Young parents and homeless

There are currently 89 beds across mental health and homelessness, and 160 beds across young parents and young people, for a total of 249 beds. This provision will be recommissioned from December 2020.

This offers an opportunity to re-consider how services are commissioned and delivered to meet the joint working requirements of Adult Social Care and its partners, including Children's Services, local housing authorities, registered social landlords, and the wider local population, including:

- A sufficient supply of accommodation-based support to enable clients with Care Act/Children's Act/Homelessness Reduction Act-eligible needs and those at greater risk of eligible needs to live independently as quickly and sustainably as possible
- An effective system of planning, allocating, managing and retaining oversight of accommodation
- An opportunity to strengthen supported accommodation provision to support a wider range of needs, including more complex and challenging behaviour, in more appropriate settings, for example, smaller units of self-contained accommodation for people with higher levels of need, and step down flats within larger accommodation support-units to prepare for fully independent living
- How supported accommodation can best be provided for a range of clients groups that struggle to maintain independent living and require support

- **Rough sleeping**

The first round of funding through the rough sleeping initiative (RSI) has been crucial in establishing a multi-disciplinary approach to tackling rough sleeping. We have formed a multi-disciplinary team of health, mental health, social care and substance misuse professionals who are responsible for carrying out holistic assessments of each individual's needs. The team are led by the Rough Sleeping Initiative Project Co-Ordinator who has worked alongside each of the services to develop a new pathway for rough sleepers. The team has an outreach focus, which ensures direct access to statutory services for rough sleepers, who would otherwise be unable to access this support via traditional routes. The work of the team is supported by enhanced outreach and day centre provision in both Eastbourne and Hastings.

In October 2019, 23 people were rough sleeping in Eastbourne and 30 people in Hastings. Since the project started, the RSI has supported 213 individual rough sleepers.

A second initiative, 'rough sleeper's initiative 2' operates across Lewes, Wealden and Bexhill. This is a team of two navigators who work to offer outreach services to entrenched rough sleepers. The project launched in July 2019 to improve access to housing and support services for entrenched rough sleepers living in rural East Sussex.

The funding for these initiatives is currently available from the Ministry of Housing, Communities and Local Government until March 2020, and we will be pursuing opportunities to bid for funding for a further year.

- **Aftercare and support**

To ensure people get the best support and aftercare, a new delayed transfers of care network has been established, with joint leadership from Sussex Partnership Foundation NHS Trust and ESCC Adult Social Care Services and weekly discharge meetings to support safe and timely discharge. A live section 117 register has also been implemented to better coordinate care across teams.

- **Access to children and young people's mental health services**

An independent strategic review of the whole pathway of emotional wellbeing and mental health services for young people is taking place across Sussex. This has involved engagement with staff, partners and those who use services across the pathway. The outcomes are due at the end of December 2019, and this will inform implementation planning with a range of partners across our system.

Services across the country have also been asked to increase access for children and young people as part of the five year forward view for mental health, and our work through the East Sussex Children and Young People Mental Health and Wellbeing Local Transformation Plan sets this out in more detail. There is also some more detail in Appendix 2.

Appendix 7

Summary of key themes from the audit of recent engagement activity in East Sussex

Theme	Which reports?
<p>Joining up health and care services, partnership working and collaboration</p> <ul style="list-style-type: none"> • People told us we needed to have better co-ordination across the health and care system in order to improve people’s experience of receiving services and make the system less confusing (pathways, information sharing, joined up working). They also talked about the importance of partnership working and involving the right people and organisations, the ongoing challenges to integration, the importance of collaboration and co-design – for example involving Patient Participation Groups (PPGs) in commissioning. In the Our Health & Care Our Future (OH&COF) engagement people fed back that the creation of multi-disciplinary ‘Health Hubs’ was a great opportunity. 	<ul style="list-style-type: none"> • Healthwatch • OH&COF¹³ • SH&C¹⁴ Spring ‘18 • SH&C Autumn ‘18 • Big Health and Care Conversation • Listening To You • Takeover Day 2018: Mental Health and Emotional Wellbeing
<p>Communication, access to information, and information sharing</p> <ul style="list-style-type: none"> • People consistently told us we need to improve access to information, and improve communication about services, between staff, between organisations and to patients about their care. People told us we need to have integrated IT systems and record sharing, but that we should consider confidentiality and how people’s information is used. 	<ul style="list-style-type: none"> • Healthwatch • OH&COF • SH&C Spring ‘18 • SH&C Autumn ‘18 • Big Health and Care Conversation • Listening To You • Takeover Day 2018: Mental Health and Emotional Wellbeing
<p>Digital</p> <ul style="list-style-type: none"> • People gave positive feedback about increasing use of digital services and innovations, and that it could help make best use of resources. They also said we must ensure we don’t exclude people who may not be able to access digital services. 	<ul style="list-style-type: none"> • OH&COF • SH&C Spring ‘18 • SH&C Autumn ‘18
<p>Staffing, resources and funding</p> <ul style="list-style-type: none"> • People acknowledged increased demand for care and appreciate honest conversations, but also emphasised the importance of having more/enough staff, that resources must 	<ul style="list-style-type: none"> • Healthwatch • OH&COF • SH&C Spring ‘18

¹³ Our Health and Care Our Future

¹⁴ Shaping Health and Care

Theme	Which reports?
<p>be adequately planned for the future and for the population (for example where there is new housing), and gave views on where they thought resources should be directed and how to make best use of existing staff. There is sometimes a mismatch between what people feel they need and what the system is offering. The need for more GPs was a common theme.</p>	<ul style="list-style-type: none"> • Big Health and Care Conversation • Listening To You
<p>The role of the voluntary and community sector, and social prescribing</p> <ul style="list-style-type: none"> • The importance and value of the voluntary and community sector and social prescribing was highlighted throughout the engagement, and people said that it should be adequately planned and resourced. People taking part in the Healthwatch mental health focus groups said VCS organisations are picking up services no longer provided by the statutory sector. 	<ul style="list-style-type: none"> • Healthwatch • OH&COF • SH&C Autumn '18 • Big health and Care Conversation
<p>Health inequalities</p> <ul style="list-style-type: none"> • People agreed that there shouldn't be 'postcode lotteries' for care, and said that there are still significant health inequalities to address. The issue of transport and access for rural communities was raised consistently. 	<ul style="list-style-type: none"> • Healthwatch • OH&COF • Big Health and Care Conversation
<p>Prevention and supporting healthier choices</p> <ul style="list-style-type: none"> • People are aware of, and agree with, the importance of their own choices in living healthy and independent lives, but said that the healthcare system and staff also play an important role in prevention. People said access to information, education, services and facilities is important, alongside addressing barriers to access. 	<ul style="list-style-type: none"> • Healthwatch • OH&COF • SH&C Spring '18 • SH&C Autumn '18 • Big Health and Care Conversation
<p>Mental health</p> <ul style="list-style-type: none"> • Issues discussed around mental health services include access, waiting times, support to meet people's needs, communication with people about their care. • People also raised communication with people about their care and support for those with autism and dementia during these sessions • Issues discussed around young people's mental health services included access to services and experience. 	<ul style="list-style-type: none"> • Healthwatch • OH&COF • Big Health and Care Conversation • Takeover Day 2018: Mental Health and Emotional Wellbeing
<p>Holistic and personalised care</p> <ul style="list-style-type: none"> • People highlighted the importance of a holistic approach and more personalised care, including "non-medical" solutions, a joined up system, and support from healthcare professionals to help them make their own or joint choices. 	<ul style="list-style-type: none"> • Healthwatch • OH&COF • Big Health and Care Conversation
<p>Access to services and experience of services</p> <ul style="list-style-type: none"> • There was lots of feedback from people about difficulty accessing services or not feeling they are getting enough support. For example, lack of co-ordination in the system, 	<ul style="list-style-type: none"> • Healthwatch • OH&COF • SH&C Spring '18

Theme	Which reports?
<p>availability and timeliness of appointments, availability of GPs/ health care professionals or treatment, continuity of care and gaps in services, and home care provision. As above, support for young people's mental health needs was also a common point of feedback.</p>	<ul style="list-style-type: none"> • Big Health and Care Conversation • Listening To You
<p>End of life care</p> <ul style="list-style-type: none"> • People highlighted the importance of better conversations and support around end of life care, including conversations with their GP. 	<ul style="list-style-type: none"> • Healthwatch • OH&COF • Big Health and Care Conversation
<p>Multiple and complex needs</p> <ul style="list-style-type: none"> • People with multiple or complex needs find it more difficult to access the support that they need. 	<ul style="list-style-type: none"> • Healthwatch • OH&COF

This page is intentionally left blank

Report to: East Sussex Health and Wellbeing Board

Date: 10th December 2019

By: Executive Managing Director, East Sussex Clinical Commissioning Groups (on behalf of the Health and Social Care System Senior Responsible Officers)

Title of report: East Sussex Health and Social Care Programme monitoring report

Purpose of report: To provide an update of progress against the priority objectives and lead Key Performance Indicators for the health and social care programme in 2019/20

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to consider the progress in Quarter 2 against the priority objectives and lead Key Performance Indicators (KPIs) for 2019/20

1. Background

1.1 As part of the East Sussex Local System Review, the Care Quality Commission (CQC) recommended that the Health and Wellbeing Board (HWB) should have a strengthened role in providing a robust whole system approach to transformation and improved health and wellbeing outcomes for local people. This includes having oversight and holding the health and social care system collectively to account for delivery of the agreed system-wide priority objectives for 2019/20.

1.2 At the HWB meeting on the 16th July members of the HWB received more detail about the current East Sussex Health and Social Care Programme priority objectives and Key Performance Indicators (KPIs) for 2019/20, as agreed by the East Sussex Health and Social Care Executive Group across planned care, urgent care and community, and the proposed monitoring arrangements.

1.3 It should be noted that these were the initial in-year objectives that were collectively agreed by partners and does not exclude other work that takes place across our system, for example prevention, primary care and mental health. Our plans to widen the scope of our transformation programme in 2020/21, through developing the long term East Sussex health and social care plan to include shared system priorities across the whole East Sussex health and social care economy, are covered in a separate report to the HWB. This will include priorities for prevention, children and young people and mental health and how we will work in partnership with primary care networks and wider system partners to support delivery in 2020/21.

1.4 The initial focus of our programme in 2019/20 has been the immediate objective for our system partnership to enable continued grip on financial stabilisation. This was informed by our existing programme objectives, and the financial recovery process that parts of our NHS system were engaged in with NHS England and NHS Improvement, as well as benchmarking and consideration of best practice and new models of care.

1.5 This is the second report to the HWB tracking progress on the nine priority objectives and lead KPIs for 2019/20 to ensure effective monitoring and oversight of the programme. The report covers the previous quarter from 1st July - 30th September (Q2).

2. Supporting information

Performance report: Quarter 2 (Q2) 2019/20

2.1 Appendix 1 sets out the current progress against the nine overarching priority objectives for the transformation programme for Q2 in 2019/20. Our priority objectives are based on what we want to achieve this year, to ensure high quality sustainable services.

2.2 Appendix 2 sets out progress against the lead KPIs for urgent care, planned care and community for Q2 in 2019/20, set by the Health and Social Care Executive Group to indicate whether we are impacting on the system as expected in order to achieve the priority objectives in 2019/20.

2.3 The programme is evidencing significant improvements for our residents at the end of the second quarter by the delivery of the following benefits:

- i. Our average length of stay in hospital and community clinical care beds continues to perform better than expected - reducing unnecessary length of time in hospital; accelerating recovery; and releasing bed capacity within our hospitals and community sites to meet demand. The expansion of a hospital integrated discharge team, and discharge assessments at home or into temporary residential care, has improved patient experience and flow. Patients have responded well to the new pathways and prefer being back in their own home, and in their own surroundings they are often assessed with lower ongoing care needs than if the assessment had been carried out in hospital.
- ii. We have continued to discharge up to 42% of patients on the same day they are admitted to hospital via A&E supported by the extension of our ambulatory emergency care, ensuring patients receive appropriate levels of intervention.
- iii. The avoidance of A&E attendances and admissions has improved since the last report but are still not performing to plan in line with the increases in A&E activity seen regionally and nationally. However, we know that the success of our A&E avoidance projects have helped contain the impact of increased A&E activity:
 - o The High Intensity Users service has increased referrals and will move to business as usual managed by our Health and Social Care Connect team.
 - o Our locally commissioned respiratory service continues to support patients to manage their long term conditions in the community
 - o Continued focus on our frail and vulnerable patients by the multidisciplinary teams in A&E, with timely assessments and therapies and rapid discharge from hospital back into the community, has continued to support a return to greater levels of long term independence.
 - o Improved access to urgent foot clinics has continued to sustain the reduction in our emergency amputation rates significantly for diabetic patients. The GP led Integrated Community Diabetes Clinics are close to full utilisation for our more complex patients and will reduce A&E attendances going forward.
 - o Admissions to hospital from care homes has continued to reduce due to the work by our pharmacy teams to review medications and our frailty practitioners who ensure

effective care plans are in place respecting the patient's wishes following any deterioration.

- iv. Projects to ensure the right referrals from our primary care teams follow the right routes have realised benefits this year.
 - Reduction in unnecessary hospital visits for our patients
 - Access by GPs to consultants via the Advice and Guidance service has improved communications and information flows
 - A regular clinical reference group meeting of GPs and hospital consultants reviews recent hospital referrals enabling targeted improvements to be made and educational opportunities identified.
 - Reviews of referrals and suggested alternative approaches to hospital appointments has also prevented unnecessary hospital trips for up to 1,500 patients this year.
 - Application of clinically effective referral criteria has also seen a reduction in patient procedures which NICE guidance demonstrates does not improve the condition.

Areas for development

2.4 Areas of focus for the rest of the year will be on the rapid mobilisation of new projects and the continual review of existing work, to support the following areas:

- i. As reported last quarter and in common with trends seen across Sussex and nationally, A&E attendances and emergency admissions are higher than planned at the end of quarter 2. Quantitative local research has taken place into the drivers of demand, alongside a qualitative patient survey has taken place to inform new and existing projects to improve performance in this area. A proposed plan was presented at the East Sussex Health and Social Care Executive Group on 20th September and six new evidence-based projects now form part of our transformation plan:
 - Expansion of our PEACE (Proactive Elderly Advance Care) planning with our frail residents in care homes approaching end of life, to deliver the best care to frail, older people based on a personalised approach to care and support planning
 - Providing direct access gateways to appropriate specialist areas of the hospital for emergency care, reducing demand in A&E
 - Providing a single access point for all clinical staff whom may need to refer to emergency services
 - Providing extended GP appointments co-located within our Urgent Treatment Centres
 - Ambulance conveyancing project, avoiding A&E for non-injury falls where our community teams may be better placed to intervene
 - Localised communications and engagement to build knowledge of available services so that people can feel enabled to make an informed decision about the service they need to access for their care, support or advice.

- ii. From December, Urgent Treatment Centres will be open at the front of our hospitals to ensure our A&E department capacity is most effectively used and our patients receive the optimum intervention.
- iii. Health and Social Care staff are now co-located in Eastbourne and this will be extended to Hastings providing further opportunities to work more efficiently as multi-disciplinary teams in the future.
- iv. Further improvements along our integrated discharge pathways will also be a key focus.
- v. Plans are being prepared for 2020/21 and beyond, and this will be subject to further reporting to the HWB.

3. Conclusion and reasons for recommendations

3.1 The current health and social care programme, projects and KPIs for 2019/20 represent pragmatic and realistic steps to be taken this year to progress fuller integration of health and social care services, in order to support ongoing grip on financial recovery for our system. This includes better system working to reduce pressure on hospital service delivery; improving community health and social care responsiveness, and; ensuring good use of, and shorter waits for, planned care.

3.2 During Q2 the programme has continued to be able to evidence the impact of a range of projects as a result of clear governance and standardised multi-agency performance reporting. This has enabled us to identify the benefits realised to date and highlight in a timely way any areas of risk to our plans. Emergency attendances and admissions continues to be a priority focus along with community health and social care integration, and collaborating to support recruitment and retention in our shared workforce.

3.3 Partners across our system have also been working together to develop an integrated long term health and social care plan for East Sussex covering the next 3-5 years.

JESSICA BRITTON

Executive Managing Director, East Sussex Clinical Commissioning Groups

Contact Officer: Lesley Walton
Tel. No. 07785515326

Email: lesleywalton@nhs.net

Contact Officer: Vicky Smith
Tel. No. 01273 482036

Email: Vicky.smith@eastsussex.gov.uk

Background documents

None

Appendix 1 – Progress against Health and Social Care Programme Priority objectives for 2019/20¹

Ref No	Objectives 2019/20	Target Measure	Target Date	Current Measure	RAG
1	Reduction in average length of stay for non-elective admissions	4.4 days <i>Average Length of Stay</i>	31/03/2020	4.1	●
2	Reduction in average length of stay in non-acute beds (e.g. community, intermediate, non-weight bearing etc.)	25.3 days <i>Average Length of Stay</i>	31/03/2020	25.0	●
3	Growth prevention in A&E attendances not to exceed plan	6%	31/03/2020	10.9%	●
4	Delivery of transformational plan financial efficiencies 19/20	£11.1m	31/03/2020	tbc ²	tbc
5	Growth prevention in non-elective admissions	6%	31/03/2020	7.8%	●
6	Increase efficiency and capacity within the existing community health and care services workforce	Metric definition not yet agreed and unlikely to be impacted by changes this year			
7	Reduction in the number of people 65+ permanently admitted to residential and nursing homes	206 YTD <i>Permanently admitted</i>	31/03/2020	219	●
8	Outpatients Optimised	Upper Quartile	31/03/2020	Middle Quartile	●
9	Increase in % of same day emergency care	30%	31/03/2020	42.5%	●

¹ These are locally set objectives and targets for our transformation programme that we have set to try and measure the impacts of specific improvement projects. Some areas are still in development and we will use the learning to inform how we set objectives, measures and KPIs for 2020/21 monitoring. In some cases, local targets are being impacted by increases in activity beyond what we would have anticipated.

² In 2019/20 we set some proxy indicators for system financial efficiencies in order to help our understanding of the way we can financially quantify efficiencies and the impacts of transformation across our system. This continues to be reviewed and refined, so that the combined impacts of transformation and operational delivery can be captured and understood in the context of further analysis of activity growth

Appendix 2 – Progress against Lead Key Performance Indicators (KPIs) for urgent care, planned care and community 2019/20

Lead KPIs	Indicator Description	Target	Current Measure	RAG
Urgent Care Oversight Board	Reduce the number of people seen in Emergency Department (ED) (i.e. majors and resus) as a % of the total number of people attending the A&E site (all streams)	Pending UTC implementation in December		
	Increase the number of people seen through Urgent Treatment Centre (UTC) services as a % of the total no of people attending the A&E site (all streams).			
	Reduction in >75yrs Non-Elective average LoS	7.9	7.3	
	Reduction in A&E admissions from Care Homes	1387(YTD)	1079	
Community Oversight Board	Reduced number of medically fit patients per month (including reductions in delayed transfers of care, stranded and super stranded numbers)	158	164	
	Reduction, against original trajectory, of patients conveyed to ED	No longer KPI, project closed.		
	Reduction in time on waiting list for relevant community services	Data unavailable to measure ³		
	Increase in client contact/patient visits for relevant services			
	Reduction in %age of health and care workforce turnover	15.8%	15.7%	
Planned Care Oversight Board	Reduction in rate variation of acute GP referrals	33.3%	28.6.%	
	Reduce number Low Clinical Value Procedure Referrals	544 (YTD)	450	
	Reduction in Elective Activity	3872(YTD)	3632	
	Increase number of Advice & Guidance Requests	1928(YTD)	1771	
	Growth prevention of new hospital appointments with no further action after 2 appointments	11,320	5885	
	Growth Prevention of new hospital appointments with no further appointments needed.	41797	23003	

³Informed by baseline data gathering a potential OT/JCR integration project is being explored as a priority project that would support the delivery of a new target operating model in 2020/21, with the specific objective of improving efficiency and creating capacity in therapy services – success would see reduced waiting lists and increased patient contact/visits. This will be considered fully as part of objective planning for 2020/21, and as and when the OT/JCR integration project is agreed and underway we would expect to report on these performance and productivity measures for a joint therapy service.

Report to: Health and Wellbeing Board
Date: 10th December 2019
By: Director of Children's Services
Title of report: East Sussex Local Safeguarding Children Board (LSCB) Annual Report 2018-19
Purpose of report: To advise the Health and Wellbeing Board of the multi-agency arrangements in place to safeguard children in East Sussex

RECOMMENDATION

The Board is recommended to consider and note the report

1. Background

1.1 Section 13 of the Children Act 2004 required each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs.

1.2 Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are: (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

1.3 [Working Together 2015](#) had set out the responsibility of the Chief Executive to appoint or remove the LSCB chair with the agreement of a panel including LSCB partners and lay members. The Chief Executive, drawing on other LSCB partners and, where appropriate, the Lead Member will hold the Chair to account for the effective working of the LSCB. The Lead Member for Children should be a participating observer of the LSCB. For the period covering the 2018/19 Annual Report this legislation has remained relevant, however, in July 2018 a revised and updated version of [Working Together to Safeguard Children](#) was published following the legislative changes made within the Children and Social Work Act 2017. Working Together 2018 sets out differing arrangements and the three safeguarding partners: the local authority, police, and clinical commissioning groups, published the new arrangements in June 2019 which took effect from 1st October 2019. [East Sussex Safeguarding Children Partnership Arrangements](#).

1.4 The LSCB Chair works closely with all LSCB partners and particularly with the Director of Children's Services. The Director of Children's Services has the responsibility within the local authority, under section 18 of the Children Act 2004, for improving outcomes for children, local authority children's social care functions and local cooperation arrangements for children's services.

1.5 The Chair must publish an Annual Report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

1.6 The purpose of this report is to assess how well local services are ensuring that children are kept safe. This is done in three main ways:

- Holding organisations to account at regular Board meetings
- Providing vital training to professionals through the ESSCB training programme

- Driving improved practices by conducting targeted reviews and audits of cases.

2 Supporting Information

2.1 The Ofsted inspection of the LSCB published in January 2014 judged the LSCB to be 'good', one of the first boards in the country to receive this grading under the then new inspection framework. East Sussex County Council was inspected by Ofsted in accordance with the framework and evaluation schedule for Inspections of Local Authority Children's Services (ILACS) in July 2018 and the Local Authority was judged overall to be 'Outstanding'. This is a new inspection framework which was introduced in January 2018 and no longer has a judgement for the LSCB. However, the report highlights the role of the LSCB and the Council in providing oversight and challenge: *'Probing oversight and challenge from the corporate parenting board, scrutiny committee and the East Sussex safeguarding children's board are routine, all closely holding senior managers to account.'*

2.2 The Annual Report of the LSCB (**Appendix 1**) is submitted to the Health and Wellbeing Board as part of the accountability arrangements for ensuring effective safeguarding and promotion of the welfare of children and young people in East Sussex. It outlines the work undertaken by the LSCB in 2018/19.

2.3 The key issues addressed by the LSCB in 2018/19 are highlighted in the report, together with a summary of key learning and achievements which includes:

- A commitment to listen to children and young people is central to how we seek to improve multi-agency safeguarding practice.
- Pan Sussex Conference on developing approaches to safeguarding adolescents.
- Effective scrutiny of the multi-agency Quality Assurance dashboard and escalation reports to the board.
- New record keeping guidance issued for schools.
- A significant range and volume of training was delivered reflecting the local and national safeguarding agenda.
- No Serious Case Reviews were concluded in 2018/19.
- Purposeful Lay Member activity and attendance at board as well as observing sub-groups and case review practitioner events.

2.4 This year's priorities have necessarily included work for the transition to the new arrangements, but the practice focus has been retained, particularly on child exploitation and on safeguarding in schools. Here are just two examples;

- Following a pilot in Hastings Operation Encompass is being adopted across the county. This enables, and requires, police to inform schools immediately where a child has been exposed to domestic abuse so that schools can give appropriate support.
- With the support of the University of Sussex the LSCB has led a move to adopting a local culture and approach of 'contextual safeguarding'. This is a multi-agency approach to understanding and responding to children's experience of significant harm beyond their families. It recognises how the different relationships that children and young people form in their schools, neighbourhoods, and the online world can feature abuse and that effective intervention has to work at that level.

3 Conclusion and Reason for Recommendations

3.1 An effective LSCB is in place in East Sussex with an Independent Chair.

3.2 The Health and Wellbeing Board is recommended to consider and note the LSCB Annual Report 2018/19, and to note the new Safeguarding Children Partnership Arrangements.

STUART GALLIMORE

Director of Children's Services

Contact Officer: Douglas Sinclair, Head of Children's Safeguards and Quality Assurance

Tel: 01273 481289

Background Documents:

None

This page is intentionally left blank

East Sussex Local Safeguarding Children Board

Annual Report 2018/19



Contents

	Foreword by Reg Hooke, East Sussex LSCB Independent Chair	3
1.	Key Learning & Achievements 2018/19	4
2.	Governance Arrangements	
2.1	Overview of Board	5
2.2	Board structure and subgroups	6
2.3	Links to other partnerships	6
2.4	Safeguarding context	7
3.	Impact of Board Activity during 2018/19	8
3.1	Voice of the child	8
3.2	Lay Members	9
3.3	Quality Assurance	11
3.4	Serious Case Reviews	13
3.5	Training	15
3.6	Child Death Overview Panel	17
3.7	Pan Sussex Procedures	19
3.8	Local Safeguarding Children Liaison Groups	20
3.9	Multi-Agency Child Exploitation Group	21
3.10	Local Authority Designated Officer (LADO)	23
4.	Appendices	25
4.A	Board Membership	25
4.B	LSCB Budget	27
4.C	Links to other documents	29

Foreword by Reg Hooke, East Sussex LSCB Independent Chair



Due to changes in legislation, this is the last annual report of the East Sussex Local Safeguarding Children Board (LSCB). It covers the year April 2018 to March 2019. In September 2019 East Sussex will move to new multi-agency safeguarding arrangements under the Children and Social Work Act 2017.

It is testament to the effectiveness and development of the LSCB over the years, and the high standard of multi-agency working and scrutiny across the county that, in practical terms, the new arrangements will be essentially the same as we currently have. Recent inspections of Children's Social Care, Sussex Police, Health and other partners have all commented positively on the value and contribution the LSCB has made

to effective working and improving practices to keep children safe.

Through this year of change our primary concern has continued to be the safety of children who are the most vulnerable, and who are most at risk of harm by:

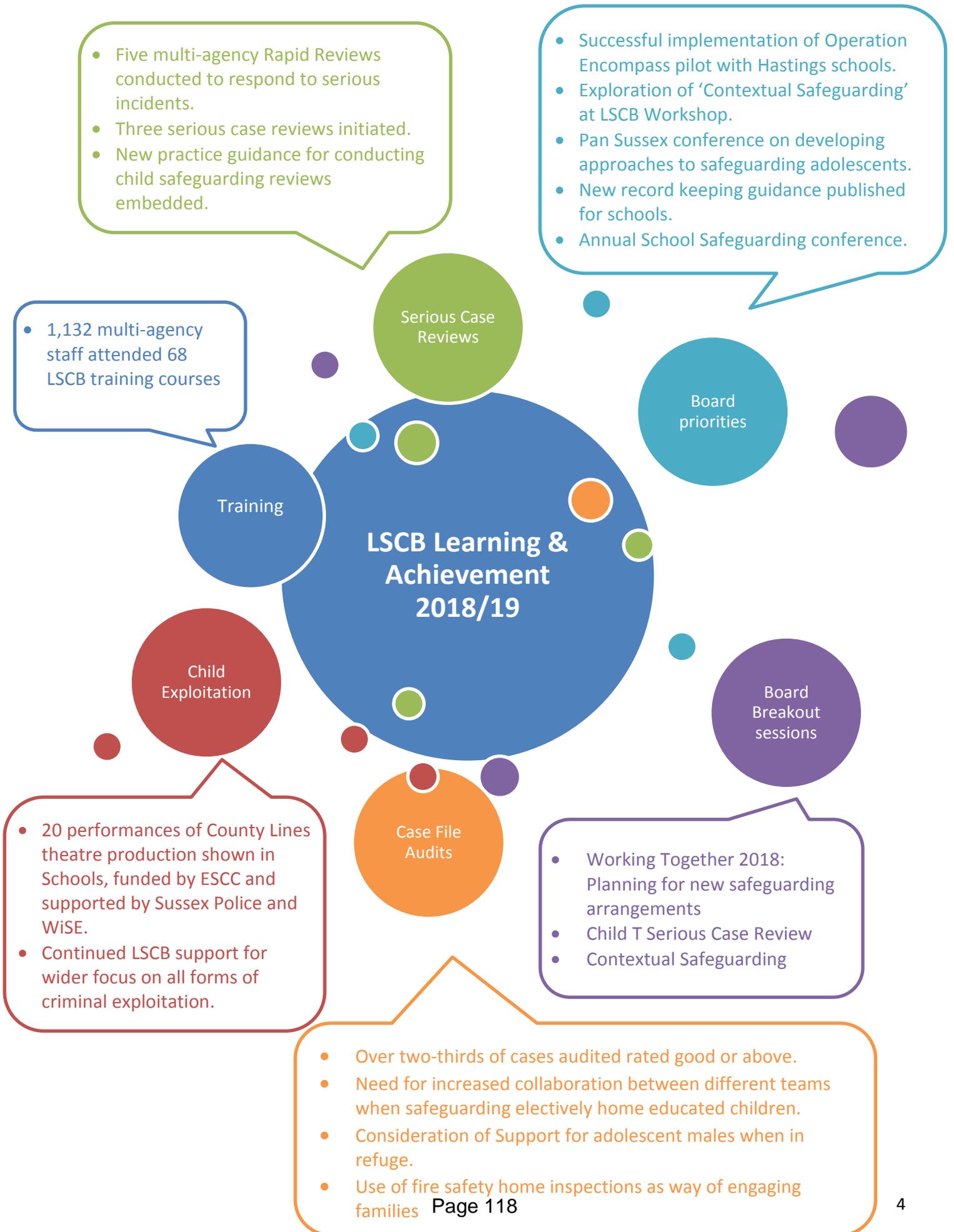
- **Holding organisations to account** at regular Board meetings,
- **Providing vital multi-agency training** to professionals, and
- Improving practices by conducting **targeted reviews and audits**.

This year's priorities have necessarily required work for the transition to new arrangements but we have kept our focus, particularly on child exploitation and safeguarding in schools. Here are just two examples:

- Following a pilot in Hastings **Operation Encompass** is being adopted across the county. This enables, and requires, police to inform schools immediately where a child has been exposed to domestic abuse so that schools can give appropriate support.
- With the support of University of Sussex the LSCB has led a move to a culture and approach of '**contextual safeguarding**'. This is a multi-agency approach to understanding, and responding to, children's experience of significant harm beyond their families. It recognises how the different relationships that children and young people form in their schools, neighbourhoods, and the online world can feature abuse. The partnership will continue to support this valuable development in assessment of risk to children and identification of options to reduce it.

On behalf of the LSCB my thanks go to those practitioners, volunteers and leaders from all agencies in East Sussex who work so tirelessly, and effectively, to make East Sussex a safe place for children to live well and live safely and to the many children who have helped us all learn how best to do that.

1. Key Learning & Achievements 2018/19



2. Governance Arrangements

2.1 Overview of Board

The East Sussex Local Safeguarding Children Board (LSCB) is made up of senior representatives from organisations in East Sussex involved in protecting or promoting the welfare of children. The key aims of the Board are to: ensure children in East Sussex are protected from harm; coordinate agencies' activity to safeguard and promote the welfare of children; and ensure the effectiveness of agencies' activity to safeguard and promote the welfare of children through monitoring and review.

Further functions of the LSCB are set out in the box below, and a full list of Board members can be found in Appendix 4A.

The LSCB was established in compliance with the Children Act 2004. The work of the LSCB is governed by the statutory guidance Working Together to Safeguard Children. During 2018/19 there has been significant change to the legislation that defines our work. The [Children and Social Work Act 2017](#) created new duties for three key agencies, police, health and the local authority, to lead arrangements locally to safeguard and promote the welfare of children in their area.

In July 2018 the Government published the revised statutory Guidance [Working Together to Safeguard Children 2018](#). The changes include: the replacement of LSCBs with local safeguarding partnerships; a number of changes to conducting serious case reviews; and significant changes to the child death review process.

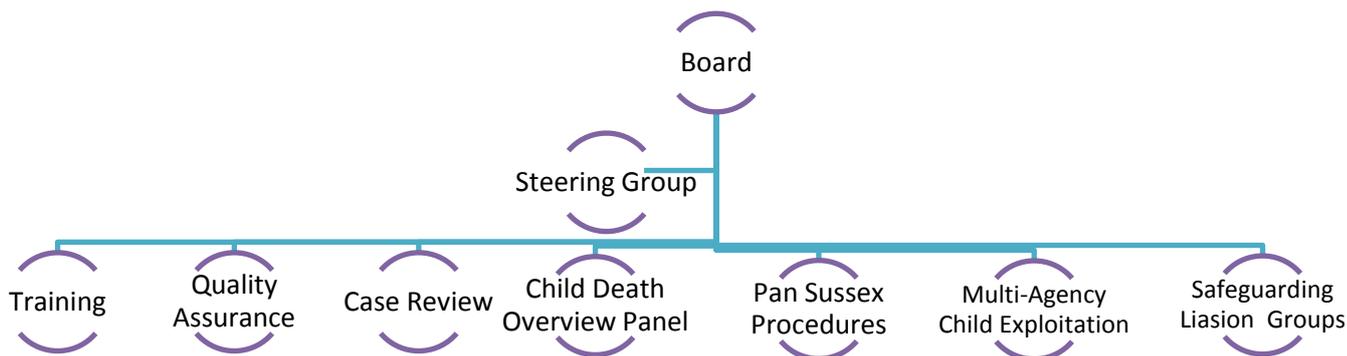
During 2018/19 the LSCB has been working on the transitional arrangements, whilst ensuring that the major functions of the LSCB continue. The Department for Education requires the three key agencies to publish their new arrangement by 29th June 2019, and for it to be implemented by 29th September 2019. The new arrangement is named the [East Sussex Safeguarding Children Partnership \(ESSCP\)](#). Details can be found here: [Safeguarding children in East Sussex – East Sussex County Council](#)

Key functions:

- Ensure the coordination of child protection activity in East Sussex
- Evaluate safeguarding activity
- Develop robust policies and procedures
- Coordinate multi-agency training on safeguarding which meets local needs
- Conduct audits and monitor performance of safeguarding activity
- Raise public and professional awareness of safeguarding issues
- Participate in the planning of services for children in East Sussex
- Carry out serious case reviews where abuse or neglect is known or suspected, and there is concern about the way in which agencies worked together
- Ensure that the wishes and feelings of children and young people, and their families, are considered in the delivery of safeguarding services.

2.2 Board Structure and Subgroups

The Board is chaired by an Independent Chair and meets four times a year. The Independent Chair also chairs the LSCB Steering Group which meets four times a year. The main Board is supported by a range of subgroups that are crucial in ensuring that the Board's priorities are delivered. These groups ensure that the Board really makes a difference to local practice and to the outcomes for children. Each subgroup has a clear remit and a transparent mechanism for reporting to the LSCB, and each subgroup's terms of reference and membership are reviewed annually.



2.3 Links to Other Partnerships

The Board has formal links with other strategic partnerships in East Sussex, namely the Health and Wellbeing Board; Adult Safeguarding Board; Safer Communities Partnership; East Sussex County Council's People Scrutiny Committee; Children and Young People's Trust, and the Clinical Commissioning Groups. The commitment to these important links is set out in the [Joint Protocol – Partnership Working](#) which was written in 2016/17. This protocol will be reviewed and updated in light of the forthcoming changes to the LSCB, and to reflect changes in partner agencies.

The LSCB Chair also maintains regular liaison with other key strategic leaders, for example, the Police and Crime Commissioner, neighbouring LSCB Chairs and Government inspection bodies.

This Annual Report will be received by the East Sussex Health and Wellbeing Board; East Sussex County Council People Scrutiny Committee; the Children and Young People's Trust; the Safeguarding Adults Board, the Safer Communities Board, and other LSCB member organisations' senior management boards. It will also be presented to the Clinical Commissioning Groups, and to the Police and Crime Commissioner.

2.4 Safeguarding Context

The information below is a snapshot summary of the safeguarding context in East Sussex at the end of the performance year in March 2019. A full analysis of multi-agency safeguarding activity and the number of vulnerable children can be found in the accompanying East Sussex LSCB Local Safeguarding Context 2018/19 document.



3. Impact of Board Activity during 2018/19

3.1 Voice of the Child

East Sussex Local Safeguarding Children Board strongly believes that children and young people should have a say when decisions are made which may affect them. We also believe that children and young people should have the means and opportunities to be able to raise issues which are important to them, and ensure they are listened to. By doing so, we believe that this will create a stronger child protection system that is more responsive to the needs of our most vulnerable children.

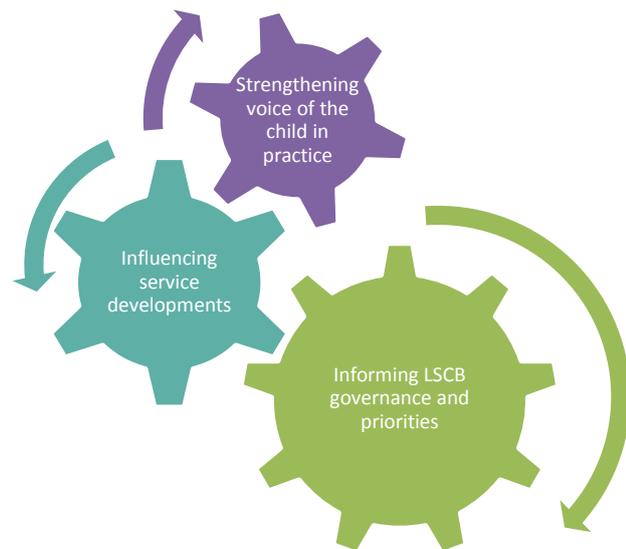
East Sussex LSCB endeavours to ensure that children and young people are appropriately involved in the governance and decision making of the board. The LSCB also challenges and holds Board members to account on their engagement and involvement of children and young people within their own agencies.

The LSCB has continued to request that all reports presented at the Steering Group or main Board meetings contain a section on the 'voice of the child'. Agencies are required to consider how the voice of the child has impacted on the area of work. These contributions have provided a rich evidence base of how services are responding to children's voices in the day to day delivery of services and in longer term strategic work. For example, the annual MACE update to Board (January 2019) highlighted:

“Effective safeguarding for children who go missing and/or are vulnerable to or experiencing criminal exploitation needs to be underpinned by an understanding of the day to day experience for the child at home, in their family, in their school or education setting and in their community. Understanding the barriers to engagement for individual children and ensuring the best chance for the child to be heard, relies on each child having a trusted adult and professionals developing good relationships with children. This is fundamental to our approach.”

Specifically, young people have been involved:

- **In selecting the new LSCB Lay Members** (July 2018). A young person from the Children in Care Council was part of the selection panel and asked a range of questions to the prospective candidates.
- **In the Challenge Panels for both the East Sussex and Pan Sussex Section 11 Challenge Events** Standard 4 of the Section 11 toolkit asks agencies to demonstrate how they listen to children, how services are accessed equally and how information is shared in a 'child friendly' way. Young people were invited to provide additional challenge to agencies around their responses to this standard by asking them questions about how they do this. For example, at the Pan Sussex Challenge Event young people asked “how do you encourage participation?”



“we need to break away from the past – because of risks we don’t work directly with children; we need to rethink this and engage with wider family.”

Sussex Partnership Foundation Trust (SPFT): we have changed clinic opening times acting on YP feedback. “You said, we did” and YP involved in design of services and YP on Board of Governors.

Sussex Community Foundation Trust – we invite YP to sit on interview panel (as YP is a service user). Need to improve work in A&E units and not treat YP as “children” – talk to YP and involve them in their care package. Feedback from YP services users used to change services

Brighton and Sussex University Hospital – regularly seek feedback from young people e.g. into design of new building – windows at different heights and offering appointments to YP in the afternoons.

“How do you encourage participation?”

The LSCB Manager **attended the annual ‘Takeover Day’**, in November 2018, involving young people from the CiCC (Children in Care Council), Youth Cabinet, ABLE Group (for children with disabilities), and locality based youth forums, to engage with young people on their views about local services. Young people were particular concerned about support for mental health, specifically in schools. Following the event the LSCB manager wrote to the young people to say their concerns had been raised with the LSCB Chair, to highlight current support to schools, and to ask pupils to challenge their schools on how they are developing their mental health and wellbeing support for pupils, as set out in the [East Sussex ‘schools mental health guide’](#)

3.2 Lay Members

Lay Members are a critical part of the Board. They act as ambassadors for the community and for the LSCB by building stronger ties between the two, making the work of the LSCB more transparent. The Lay Members also act as a further independent insight on behalf of the public into the work of agencies and of the Board. Lay Members support the work of the Board by:

- Encouraging people living in East Sussex to become involved in child safety issues
- Helping people living in East Sussex to understand the work of the LSCB
- Ensuring that plans and procedures put in place by the LSCB are available to the public
- Assisting the development of links between the LSCB and community groups in East Sussex

In June 2018, the LSCB recruited two new Lay Members to the Board – Graham Cook and Harriet Martin. As well as acting as a critical friend at Board meetings, providing additional



challenge and scrutiny, during 2018/19 the Lay Members have:

- ✓ **Met with young people** from the Eastbourne Youth Forum to consider their priorities (around mental health and emotional wellbeing) for the next Eastbourne Youth Strategy
- ✓ **Attended the Annual Safeguarding in Schools Conference** to hear how schools are strengthening safeguarding practice.
- ✓ **Taken part in practitioner workshops for serious case reviews (SCRs)** to champion the voice of the child and provide independent challenge and scrutiny of agencies.
- ✓ Acted as members of a **challenge panel** at the East Sussex and Pan Sussex Section 11 challenge events, to provide independent challenge and scrutiny.
- ✓ **Taken part in the LSCB's 'deep dive' audit** on fabricated and induced illness and perplexing cases, to champion the voice of the child and provide independent challenge and scrutiny of agencies.
- ✓ **Met with Lay Members from the Adult Safeguarding Board** to share best practice and learning.

Graham Cook:

I became a Lay Member in September 2018 after a senior management career in local government and consultancy. I was excited by the opportunity to make a contribution to the life of my local community...

It has become clear to me that the Board and its working groups are genuinely focused on improving services and acting on the needs of young people. Not an easy task given the pressures of growing demand and diminishing budgets seen across the public sector.

I have witnessed the work of a number of SCR panels and have been impressed by the effort that is made to learn and implement lessons from what are often sad and depressing life stories.

I am looking forward to being able to make a growing contribution to the work of the Board as it moves into a new structure and starts to deliver a new Business Plan.

Harriet Graham:

I have now been a lay member for a year. I have been impressed by everyone's commitment and their very collaborative approach. The LSCB meetings are large and could be daunting but I feel that everyone's views are appreciated. People have been very welcoming to me and the other new lay member and I have had plenty of opportunity to learn about how the services in East Sussex work and to attend different working groups in addition to the main board meetings.

As a lay member I see myself as being someone who is independent and can act as a critical, though often also complimentary, friend, as I do not work for any of the agencies involved in safeguarding. In this sense I think the lay members can act as support for the Chair of the Board who is also independent. I also see myself as a champion for the perspective of the child and a link between the board and the community. These are both things that I would like to continue to develop in the future. As a lay member on the LSCB I hope I am able to contribute to safeguarding children and young people in East Sussex. From a personal perspective the role is interesting and rewarding. My intention is to remain as a lay member for some time yet.

3.3 Quality Assurance

The Quality Assurance (QA) Subgroup is responsible for monitoring and evaluating the effectiveness of the work carried out by Board partners to safeguard and promote the welfare of children, and to give advice on the ways this can be improved. It does this through regular scrutiny of multi-agency performance data and inspection reports, and through an annual programme of thematic and regular case file audits. The group meets six times per year and is made up of representatives from NHS organisations, Sussex Police and East Sussex Children's Services.

What has been achieved during 2018/19:

- ✓ Strengthened the LSCB's Performance Dashboard to include a wider range of multi-agency data and make the impact of multi-agency work and outcomes for vulnerable children clearer to monitor.
- ✓ Ensured that learning from audit work is regularly shared with the Training Subgroup so that learning is reflected in the LSCB's training programme.
- ✓ Increased the number of 'deep dive' audits to provide greater opportunity to identify good practice and barriers/challenges to effective multi-agency working.
- ✓ Continued to produce learning summaries for managers and practitioners on the findings from the subgroup's case file audits. The summaries include key findings, areas of good practice, recommendations made, links to further information, and 'learning for practice' discussion points to take forward in team meetings or group supervision.
- ✓ Successfully collated and analysed 40 agency/team responses to the Section 11 audit on the arrangements agencies have in place to safeguard and promote the welfare of children.

During 2018/19 the QA subgroup held four audits: one regular case file audit, one thematic audit on electively home educated children and two deep dive audits: domestic abuse and fabricated and induced illness and perplexing cases. Of the 13 cases audited, six were graded Good and another two cases were identified as meeting the standard of Good by auditors, but were not graded at the audit meeting; four cases were graded Requires Improvement, and a further case was identified as meeting the standard of Requires Improvement by auditors but was not graded at the audit meeting.

The percentage of cases audited in 2018/19 that were graded 'Good' was 69%. Auditors noted that two of the cases graded Good had 'Outstanding' features. However, the small number of cases audited does not necessarily reflect the overall picture of safeguarding practice in East Sussex, especially as the audits require complex cases to be chosen to enable better learning.

Where cases were graded 'Requires Improvement' there was evidence of very good practice in many of the cases but, there were specific individual gaps in practice. For example: in once case there should have been more work with the family prior to initiation of Child Protection proceedings; in one case auditors found a lack of evidence of engagement by a family to justify a letter of support which one professional provided as part of a child protection process; and in once case there should have been a

S47 enquiry, and later a strategy discussion, when professionals received information regarding incidents involving the child.

In the majority of cases auditors found: improved outcomes for the child; good management oversight; good initial response and an effective response to safeguard the child; professionals looked beyond the immediate situation to identify the wider safeguarding context and risks; good decision making and direct work with the child and family; the voice of the child was carefully considered and reflected in child focused work; good collaboration between different teams working with a child in children's services; and excellent multi-agency working and record keeping.



Spotlight on deep dive audits: Domestic Abuse and FII & Perplexing Cases

The deep dive audits held in November 2018 and March 2019 involved front line practitioners working with the child, and their siblings, coming together and discussing a case. The domestic abuse deep dive audit was held over a whole day with one case discussed in the morning and another case discussed in the afternoon. The fabricated and induced illness & perplexing case audit was held in March and looked at one case.

The cases were not graded using the usual Ofsted based audit tool as the focus of the meeting was to explore the cases in depth with the front line practitioners. However, the approach used here enabled auditors to capture a good understanding of the systemic and environmental challenges to achieving good outcomes for the child. The audits identified substantial evidence of excellent relationship-based practice and improved outcomes for the children. Auditors agreed that on the information available to auditors two of these three cases would have been graded Good, if they had been graded as per the usual audit.

Recommendations made in 2018/19 included:

- ✓ There should be increased collaboration between the different teams involved with a child who is being educated at home, and those helping the child to secure a school place, and a greater clarity for these teams on their distinct roles.
- ✓ The Clinical Commissioning Groups should encourage GPs to attend training covering the issues affecting children who are educated at home. The training for GPs has now been updated to include electively home educated children
- ✓ The LSCB to remind agencies that they can refer in to the East Sussex Fire & Rescue Service for a fire safety home inspection. Professionals working in different agencies were reminded (via team meetings, briefings and QA learning briefing) that they can refer to the East Sussex Fire and Rescue Service for a fire safety home inspection if they are struggling to gain entry to a home and there are safeguarding concerns.
- ✓ Head of Specialist Services to discuss with Sussex Refuge the rationale for refusing entry to any male professional and what steps they can implement to support a child or parent's relationship with male professionals while the family are in the refuge. Sussex Refuge will consider further how to support a child entering the refuge, especially teenage boys, to maintain a stable and continued working relationship with any male professional.
- ✓ Head of Specialist Services to ensure that when commissioning refuge services there is consideration for how adolescent males will be supported at the refuge.
- ✓ Social workers should deliver domestic abuse intervention work. Social workers are delivering domestic abuse interventions informed by the most up to date evidence.

- ✓ Social workers should attend up to date domestic abuse training which addresses different domestic abuse orders and safety planning.



Spotlight on Section 11

Section 11 of the Children Act 2004 places a statutory duty on organisations to make arrangements to safeguard and promote the welfare of children. The Section 11 Audit is a key source of evidence, for agencies and the LSCB, of how well organisations are working to keep children safe.

The Section 11 audit tool was sent out to agencies at the start of April 2018. A total of 22 agencies (40 including individual ESCC teams) returned the Section 11 audit tool. Of the 1830 responses to the 81 standards included in the Section 11 audit tool, 85% were rated Green 'standard met'.

The standards with the most amber/red responses included standards relating to online safety, domestic abuse, consideration of fathers and other males, and safer recruitment.

Since the previous Section 11 audit there had been improvement in 22 measures; mostly in the standards relating to private fostering, Prevent, and harmful traditional practices.

The Local Peer and Pan Sussex Challenge Events – which involved young people and LSCB Lay Members - provided additional scrutiny, identified areas of best practice, and identified areas for LSCB support.

3.4 Serious Case Reviews

The LSCB Case Review Subgroup meets every month and is a well-established multi-agency group which reviews cases and, using the guidance set out in Working Together, makes recommendations to the Independent Chair and Board, about whether a SCR or another type of review is required. Cases considered by the group are referred in by group members, professionals from partner agencies, or are identified by the Child Death Overview Panel.

[Working Together to Safeguard Children 2018](#) (WT2018) made changes to the SCR process. Chapter 4 of WT2018 states that:

“The purpose of reviews of serious child safeguarding cases, at both local and national level, is to identify improvements to be made to safeguard and promote the welfare of children. Learning is relevant locally, but it has a wider importance for all practitioners working with children and families and for the government and policy-makers...Reviews should seek to prevent or reduce the risk of recurrence of similar incidents”.

From 29 June 2018 local authorities were required to notify the Child Safeguarding Practice Review Panel (“the Panel”) of incidents where they know or suspect that a child has been abused or neglected

and the child has died or been seriously harmed. Local authorities will be expected to notify the Panel of any serious incident within five working days of the incident, and safeguarding partners should undertake a rapid review of the case within fifteen working days. The local authority must also notify the Secretary of State and Ofsted where a looked after child has died, whether or not abuse or neglect is known or suspected.

The Case Review Subgroup successfully implemented these changes during 2018/19. A total of five rapid reviews were undertaken, following cases being referred to the group. Three SCRs were initiated in 2018/19. Although all three SCRs were ongoing at the end of March 2019, one review, Child T, will be published in June 2019 and will be available on the [LSCB website - Child T - Serious Case Review Report](#).

Rapid Reviews: the aim of the rapid review is to enable safeguarding partners to:

- gather the facts about the case, as far as they can be readily established at the time
- discuss whether there is any immediate action needed to ensure children's safety and share any learning appropriately
- consider the potential for identifying improvements to safeguard and promote the welfare of children
- decide what steps they should take next, including whether or not to undertake a child safeguarding practice review
- as soon as the rapid review is complete, the safeguarding partners should send a copy to the Panel [to include] their decision about whether a local child safeguarding practice review is appropriate, or whether they think the case may raise issues which are complex or of national importance such that a national review may be appropriate

During 2018/19 the Case Review Subgroup started to use a new model of conducting SCRs known as SILP – Significant Incident Learning Process - which is provided by [Review Consulting](#).

The SILP model involves the front-line practitioner group - the professional who knew the child and family and worked with them. It explores significant events and focuses on why things happened, rather than reporting on the detail of what happened – this is still covered during the process but is not the focus of the SCR report which means the SCR reports are shorter and more effective at communicating key learning and recommendations.

3.5 Training

East Sussex LSCB provides a thriving and well attended training programme. During 2018/19 the training programme continued to offer a diverse range of courses. All of the forthcoming LSCB training courses can be accessed via the [ES Learning Portal - LSCB](#).

The LSCB Training Subgroup meets quarterly to:

- review and update the training programme
- analyse key data such as the number of courses run, numbers of attendees, and attendees by agency
- analyse data on the course evaluation/feedback from attendees
- plan for LSCB communication including: learning briefings for SCRs and themed audits

The LSCB training offer is planned and delivered by the LSCB Training Consultant alongside a 'pool' of experienced local practitioners. Only a very small number of external expert trainers are commissioned to provide courses. The training pool, which delivers the majority of LSCB courses, is a valuable resource and mutually beneficial to the training programme and to the practitioners who deliver training as they are able to gain new skills alongside their day to day practice.

To support the training pool, regular development sessions were held during 2018/19; this provided an opportunity to share knowledge and information, look at local and national developments, and ensure that the training pool is thanked for its contributions.

In 2018/19 a total of 68 training courses were delivered; attended by 1,132 participants from a variety of statutory, private and voluntary agencies. During 2018/19 the LSCB ran 16 more courses than the previous year due to jointly commissioning courses with partner agencies such as the Children's Services Training Department, and the Safer East Sussex Team, meaning that more courses are offered on a multi-agency basis.

The courses offered in 2018/19 covered a wide range of subjects, some examples being:

- ✓ **Holding Difficult Conversations with Families - workshop**
- ✓ **Working with Resistance and Disguised Compliance in Child Care**
- ✓ **The Effective Communication of Safeguarding Concerns**
- ✓ **Young People and Substance Misuse – professional level**
- ✓ **Mental Health: impact of adult mental health on children and young people**
- ✓ **Child Criminal and Sexual Exploitation (updated course content to include all forms of exploitation including County Lines)**
- ✓ **Domestic Abuse – professional level**

eastsussex.gov.uk

SAB

LSCB

East Sussex

Domestic Abuse:

2 day professional level workshop

Adopting a whole family approach to Domestic Abuse and promoting safety

Hastings: 20 November & 27 November 2018 Ref CWA281AB
Eastbourne: 21 & 28 January 2019 Ref CWA282AB
Lewes: 7 & 14 March 2019 Ref CWA285AB
Hastings: 5 & 12 June 2019 Ref CWA288AB
Eastbourne: 8 & 15 October 2019 Ref CWA291AB

This very popular 2 day 'professional level' workshop is essential for practitioners from Children and Adult Social Care, education, early help, the police and health. It is a dynamic and interactive learning experience that will increase staff skill base in assessment, intervention and safety planning.

Book your place today on the East Sussex Learning Portal

ESLEP

Connected Practice

Training participants are invited to evaluate, and give feedback about, the training they attend. On average around 48% of participants complete the evaluation which is sent to them electronically after the training has taken place. The evaluation returns tell us that training is very well received with the vast majority of participants rating their training as either good or excellent. The evaluation data is carefully considered by the subgroup at each meeting, paying particular attention to any feedback where courses have been rated less positively so that the group can use this information constructively.



Spotlight on Children and Young People Who Display Harmful Sexual Behaviour

During 2018/2019 there were two training courses held on working with children and young people who exhibit problematic and harmful sexual behaviours. 33 people attended this training designed and delivered by colleagues from SWIFT (Specialist Family Services).

The training course includes exploring the links to the growing challenge of children's access to online pornography depicting explicit and often violent sexual images. An article from Research in Practice 2017 states that:

'Currently, professionals are not always clear what is meant by 'online abuse'. They may not realise the full range of technologies that can be used to facilitate sexual abuse. They may also think there is a clear distinction between abuse that happens online and offline, without understanding that the two can be, and often are, entwined. This could mean they do not ask young people about the involvement of technology in abuse, nor offer them appropriate support after having experienced online abuse'

Following the training, 18 of the 33 attendees completed the evaluation/feedback questionnaire about the course and of those: 10 rated the course as 'Excellent', and 8 gave an overall rating as Good. All 18 attendees took time to write comments which gave a good level of feedback about the impact of this training course, including the following:

"Children will benefit from my educated and informed approach and will have better interventions that will more effectively protect them from re-offending"

"I believe I have taken with me, key understanding of what language to use when discussing behaviours and/or disclosures with children, which will best support them through what they are sharing"

" I am currently undertaking protective behaviours work with 3 siblings and this training has improved my knowledge around the behaviours that they have displayed and my interventions"

3.6 Child Death Overview Panel

The Child Death Overview Panel (CDOP) is a statutory function of the East Sussex LSCB. The overall purpose of the child death review process is to determine whether a death could have been prevented; that is whether there were ‘modifiable factors’ which may have contributed to the death and where, if actions could be taken through national or local interventions, the risk of future death could be reduced.

The work of the CDOP

Between April 2018 and March 2019, the CDOP was notified of 25 deaths of children living in East Sussex. The number of children who died has decreased from the previous year when there were 34 deaths notified. During this period, the CDOP met 10 times, reviewing a total of 31 deaths (including some deaths which occurred prior to April 2018). Of these deaths, 9 were deemed to have modifiable factors.

The CDOP is well attended. There is a strong commitment from the Independent Chair and multi-agency panel members to carefully consider the information presented about each child death, as this can make a real difference to keeping children safer by informing future practice. The work of the CDOP continued to be strengthened during 2018/19 by a CDOP coordinator that worked across the three local authority areas of Sussex. This has enabled greater sharing of learning and best practice.

It should be noted that from 29 September 2019 the responsibility for reviewing child deaths will no longer be a function of the LSCB, but of local child death review partners: the local Clinical Commissioning Groups and local authority.

What has been achieved during 2018/19:

- ✓ The work of the **Pan Sussex Suicide Prevention Group** was escalated to the LSCB Steering Group for oversight and action. The LSCB has subsequently requested that it provides multi-agency input in to the CCG re-commissioning of services, and redesign of pathways of support, for vulnerable children following presentation at A&E due to self-harm.
- ✓ Achieved better working relations with the **Learning Disabilities Mortality Review (LeDeR)** Programme. The LeDeR programme was set up to learn from the deaths of all children and adults with a learning disability. By finding out more about why people died, lessons can be learned about what can be changed to make a difference to people’s lives.
- ✓ During the last year the East Sussex CDOP, along with members of the West Sussex and Brighton & Hove CDOPs, have worked together to respond to the national changes to review child death as set out in Working Together 2018 and Child Death Review: Statutory and Operational Guidance 2018. As part of this:
 - An agreement was made to purchase a **new Child Death Case Management System (eCDOP)**. This is a cloud based system that will streamline the previous management of sensitive information. eCDOP went live in April 2019.
 - Child Death Review (CDR) partners agreed to **establish a pan Sussex CDOP** from October 2019 and developed operational guidance for joint working. It was also agreed to recruit a single Independent Chair for the panel.
 - The CDOPs helped support the design of the child death review process in local hospital settings.

CDOP Recommendations to East Sussex LSCB 2018/19

If, during the process of reviewing a child death, the CDOP identifies an issue that could require a SCR; a matter of concern affecting the safety and welfare of children in the area; or any wider public health or safety concerns arising from a particular death or from a pattern of deaths in the area, a specific recommendation is made to the LSCB.

During 2018/2019 the East Sussex CDOP made no recommendations to the LSCBs regarding the need for a SCR, but did make five recommendations to the LSCB regarding matters of concern about the safety and welfare of children, and wider public health concerns. These included:

- **That the LSCB should discuss with the Department for Transport how best to promote better understanding by drivers of their obligations to discuss with health professionals, and disclose to DVLA, when they have health conditions that might preclude them from driving.**

The LSCB wrote to the Department for Transport, and the ESCC Director Communities, Economy & Transport, to request how best to respond to the issues raised by CDOP. Jesse Norman MP (Minister responsible for the DVLA) responded that the DVLA accepts notifications from third parties and also runs regular campaigns, focusing on a variety of medical conditions, and has developed processes to investigate driver's health.

- **The LSCB should raise with the relevant agencies how best to improve the messages being shared with young people about risk minimisation when drinking alcohol.**

The East Sussex Alcohol Partnership coordinates the multi-agency alcohol harm reduction strategy for East Sussex. The strategy has three priorities, including: develop individual and collective knowledge, skills and awareness towards alcohol; provide early help, intervention and support for people affected by harmful drinking and; create better and safer socialising. There are a number of work streams that target young people's safe use of alcohol. This information will be shared with the CDOP.

- **That the Board consider what reasons there may be for parents failing to take on board safe sleep advice and Sudden Infant Death Syndrome (SIDS) risk reduction guidance and to take action as appropriate.**
- **The LSCB should request that the agencies commissioning and providing the HV and Midwifery services require Midwives/HVs to see where babies are sleeping as part of their mandated home visits and where unsafe sleeping practices are identified the parents are advised of the risks and provide support.**

The LSCB has requested assurance from East Sussex Healthcare Trust (ESHT) and ESCC Health Visiting Service that staff see where the baby is sleeping as part of their home visits.

ESHT have advised that safe sleeping is discussed with parents on discharge, which is documented in the maternity postnatal notes. Subsequently, all new mothers and new-borns are visited by the community midwife in their own home, on the first day home following discharge from the hospital. The community midwife discusses safe sleep at this visit and asks to see where the baby is sleeping. This is documented in the postnatal hand held notes.

In the last six months, the **Health Visiting and Children's Centre Service** has delivered safer sleep training to Health Visitors, Community Nursery Nurses and Key Workers. The recording of safer

sleep information has been strengthened to record that HV's have seen day and night time sleeping arrangements, with targeted follow up depending on outcome.

3.7 Pan Sussex Procedures

[Child Protection and Safeguarding Procedures Manual](#)

The Pan Sussex Procedures Group reviews, updates and develops safeguarding policies and procedures in response to local and national issues, changes in legislation, practice developments, and learning from serious case reviews and audits. The procedures are a tool for professionals working with children and families across Sussex. The group meets four times a year and has a membership drawn from key agencies across the LSCBs in East Sussex, West Sussex and Brighton & Hove.



Spotlight on Pan Sussex Procedures Conference on Safeguarding Adolescents

Each year the Pan Sussex Procedures Group hosts a conference based on an important area of practice development, local learning arising from serious case reviews, and/or related to reviewed or updated procedures. In 2018 the theme of safeguarding adolescents was chosen, and a conference was held with over 100 delegates attending from a wider range of agencies.

The key themes of this conference included:

- Contextual safeguarding approach to safeguarding adolescents
- Understanding adolescent neglect
- Suicide prevention for young people – equipping our workforce
- Transition from child to adult services

Speakers at the event included: Action for Children, the Children's Society, the National Centre for Suicide Prevention, and the National Working Group for Sexually Exploited Children and Young People.



Safeguarding Adolescents

Monday 26 November 2018

Amex Stadium, BN1 9PH

Hosted by the East Sussex, Brighton & Hove, and West Sussex Safeguarding Children Boards, this exciting one day conference will explore a range of topics relating to the safeguarding of adolescents.

Topics for discussion have been informed by local learning arising from serious case reviews and national research on safeguarding adolescents. Subjects will include: Contextual Safeguarding; adolescent neglect; suicide prevention; and transition to Adult Services. We are delighted to invite national speakers from Action for Children, the National Working Group for Child Sexual Exploitation and the Children's Society.

To register your interest in attending the event please email maxine.nankervis@eastsussex.gov.uk by 12 October.

Places are limited. This is a free event to attend, however professionals who cancel less than three working days before the event, or do not attend on the day, will be charged.



3.8 Local Safeguarding Children Liaison Groups

The LSCB facilitates two 'Local Safeguarding Children Liaison Groups' (LSCLG) which cover the East and the West of the county. The group provides a dynamic forum for sharing information (e.g. about thematic service developments or referral pathways), strengthens multi-agency working, disseminates learning, escalates practice issues, and promotes LSCB training courses relevant to topics discussed and group membership.

The group is very popular and is attended by a range of frontline practitioners and managers across partner agencies. In 2018/19 a total of 11 meetings were held.

The group's aims include:

- To promote positive working relationships, effective communication, and information sharing between agencies.
- To ensure the LSCB priorities and related action plans are implemented and learning from audits and SCRs is disseminated across partner agencies.
- To allow a safe forum for professional challenge and case discussion in order to learn, develop and improve practice.

The group invites guest speakers, or speakers from within the group membership, and covers a diverse range of topics. Some of the highlights of the 2018/19 meetings were:

- ✓ Presentation from MYTrust "preparing young people for their future" a charity who work with 15-19 year olds and specialise in employment support, careers guidance and supporting vulnerable young people in the community, particularly if they are not in education or employment.
- ✓ Presentation from East Sussex Young Carers Service who provide support and advice for 5-18 year olds who are young carers e.g. having a role in caring for a parent with physical or mental health problems. This generated a useful discussion about the balance between supporting and safeguarding. An action agreed from the meeting was to circulate the details of the service to schools via the Designated Safeguarding Leads network.
- ✓ Presentation from WiSE (what is sexual exploitation) Boys and Men Campaign, the group heard about the awareness campaign to tackle the exploitation of boys and men, and the support that is available, either on a one to one or group work basis. The service also offers advice to professionals, or to parents and carers.
- ✓ Presentation from a Practice Manager in the Children's Disability Service to update the group on the restructure of the service, and to provide an overview on how the Education, Health and Care Plan (EHCP) system works for children with special educational needs and disabilities.
- ✓ Learning summaries presented from the Pan Sussex Procedures annual conference on adolescent mental health, and from the annual School Safeguarding conference.

Each year the Chair of the LSCLGs invites feedback from group members to ensure the groups remains purposeful and relevant. The feedback received indicated how valued the groups are, and included the following comments:

“The LSCLG Subgroup is very helpful for information sharing, networking and in particular learning from SCRs.” **Manager, Education Support, Behaviour & Attendance Service**

“For me the LSCLG subgroup is invaluable. It provides the only regular opportunity to meet with other agencies and to update on service changes and new ways of working. It is a relaxed meeting where professionals feel able to share their views and experiences. It is, for me a really important networking event”. **Named Nurse, East Sussex Healthcare Trust**

“As an academy we gain a lot by sharing up to date information regarding the support and practices in place with other agencies. This is particularly valuable with regards to Health professionals as it is often hard to ascertain key points of contact otherwise”. **Assistant Principal and Designated Safeguarding Lead, Academy School**

“The LSCLG is particularly valuable to us in that it supports us in promoting our service to partner professionals, enables us to have an overview of what is new in relation to safeguarding across a range of teams and disciplines, and supports our CPD through presentations and visiting speakers, learning which is then cascaded through the Speak Out! Team”. **Service Manager, Speak Out! Advocacy, Change, Grow, Live**

3.9 Multi-Agency Child Exploitation Group

The Multi-Agency Child Exploitation (MACE) Group is the strategic planning group for partnership activity to address the sexual and/or criminal exploitation of children, including ‘County Lines’ and missing children.

The priorities in 2018/19 were:

- Deliver a holistic and effective response to children and young people referred to MACE.
- Raise awareness within the community and deliver preventative education to equip children and young people with the skills they need to make safe and healthy choices and avoid situations which put them at risk of Child Exploitation.
- Develop a ‘disruption toolkit’ to divert children and young people from being exploited and disrupt those engaging in child exploitation.
- Strengthen and support safeguarding arrangements for transitional 18-25 year olds (with a particular focus on care leavers).
- Oversee the statutory delivery and performance of services to Missing Children.

Key areas of work in 2018/19:

- ✓ The MACE Bronze Operational Group, which reports to the strategic group, delivered a multi-agency response to 66 children; 44 of this number were discharged with risks reduced.
- ✓ The Council's Standards and Learning Effectiveness Service (SLES) have incorporated child sexual exploitation, and criminal exploitation, within the Designated Safeguarding Leads training.
- ✓ Between January and March 2019, SLES commissioned 20 theatre productions from AlterEgo Creative Solutions on 'County Lines' the term used to describe how criminal gangs exploit children to sell drugs. The theatre productions were shown to secondary school children to raise awareness around the County Lines model of drug trafficking and child criminal exploitation. The performances were supported by the YMCA WiSE Project.
- ✓ In partnership with Sussex Police, the Safer East Sussex Team held a County Lines awareness event for 50 front line professionals. A speaker from St Giles' Trust gave a presentation to professionals who are directly involved in supervising or spending time with children, so that the warning signs of criminal exploitation could be identified effectively.
- ✓ In September 2018 the SpeakUp Forum, a countywide network for the voluntary and community sector in East Sussex, hosted a one-day conference event focusing on "Safeguarding & Community Safety: The Roles of the Voluntary Sector". This was an opportunity for 137 community organisations to hear a presentation from the Safer East Sussex team about child criminal exploitation.
- ✓ Work started to look at transitional arrangements for 18 – 25 year olds across East Sussex. The MACE Group engaged with the Child Sexual Exploitation National Working Group, using their benchmarking framework to disseminate information to partner agencies with the intention of ascertaining what more each organisation can do to support and safeguard this group of young people. Further work is expected in 2019/20.
- ✓ To promote the voice of the child, the MACE worked with the Principal Social Worker to interview 8 young people who had been subjected to exploitation and received services via the MACE process. The interviews identified many common struggles in the backgrounds and life experiences of the young people, as well as common themes in the feedback about the help and support they received. This led to good suggestions about what agencies can improve to ensure young people take up the support offered.
- ✓ The MACE group provided oversight of children who are reported missing. The responsibility for the completion of the return home interviews, which are an important part of understanding, and intervening with children who go missing, returned to Children's Services in July 2018.



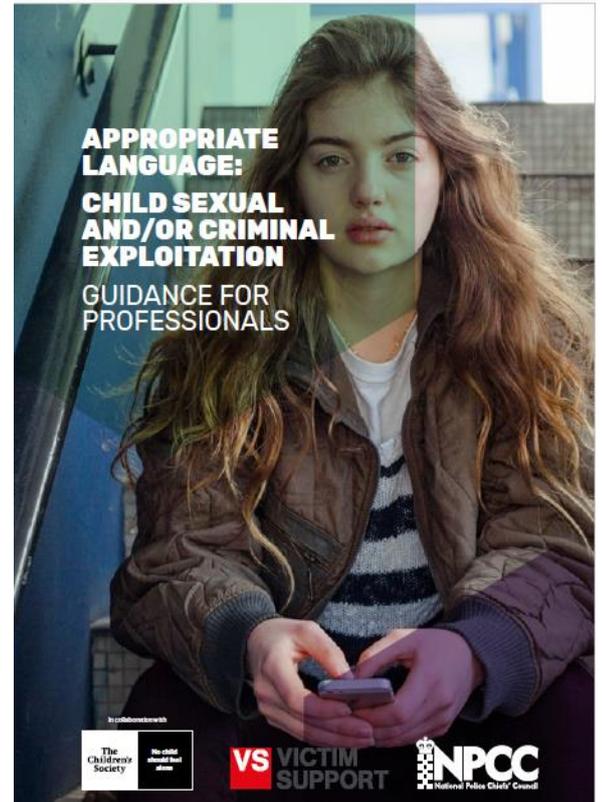
Spotlight on Appropriate Language Toolkit

The LSCB and the MACE group disseminated the child exploitation appropriate language toolkit during 2018/19. The toolkit was produced by The Children’s Society, Victim Support, and the NSPCC:

[Appropriate Language: Child Sexual and/or Criminal Exploitation – guidance for professionals](#)

“It is imperative that appropriate terminology is used when discussing children and young people who have been exploited, or are at risk of exploitation. Language implying that the child or young person is complicit in any way, or responsible for the crimes that have happened or may happen to them, must be avoided.

Language should reflect the presence of coercion and the lack of control young people have in abusive or exploitative situations, and must recognise the severity of the impact exploitation has on the child or young person. Victim-blaming language may reinforce messages from perpetrators around shame and guilt. This in turn may prevent the child or young person from disclosing their abuse, through fear of being blamed by professionals. When victim-blaming language is used amongst professionals, there is a risk of normalising and minimising the child’s experience, resulting in a lack of appropriate response”.



3.10 Local Authority Designated Officer (LADO)

The LADO responds to allegations made about people who work with children. The statutory guidance Working Together 2018 sets out the requirements for all agencies providing services for children to have procedures in place for reporting and managing allegations against staff and volunteers. The criteria for LADO involvement applies when an individual working or volunteering with children has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children.

The work of the LADO and their team is set out in an Annual Report received by the Board annually. The information below is the Executive Summary.

Activity and Demands on the LADO Service 2018-19

Activity and demands on the service have remained high with 1,781 new enquiries received. This includes all contacts classified as non-LADO, where advice was provided and signposted elsewhere. A total of 1,108 were classed as consultations, including 252 potential allegations which had already been dealt with, but were referred to the LADO for a review of the decision making at the end of the process, and those which did not meet threshold. Of the additional 253 contacts received, 205 came from social care teams. There were 673 referrals, requiring additional support and monitoring. In addition to these cases, there were 9 carried over from 2015-2016, and 3 of these remain open because of ongoing police/regulatory body investigations. A further 93 cases from 2017-2018 were unresolved and of these 31 remain open.

What Went Well?

As a result of increasing contact with the LADO over the last three years, a full-time Assistant LADO post was created during 2018. There is also part-time administrative support, which has also had a positive impact on being able to complete tasks and manage workloads more effectively. Positive feedback has been received internally and from other agencies regarding this change. This has been complemented with the development of a bespoke database for recording.

All consultations and referrals were reviewed by a LADO within 24 hours and referred to Single Point Of Advice (SPOA), Multi-agency Safeguarding Hub (MASH), police or other agencies where appropriate. When threshold was not met for LADO involvement, advice, support and guidance was provided to a setting.

Allegations management procedures have been promoted through training, liaison with colleagues in the school safeguarding and Early Years settings. When opportunities arise visits to other agencies have been undertaken to explain the role and the process for consultations and referrals.

What Difference Has It Made?

Each referral is allocated to one of the LADO team who will oversee the case, giving advice and chasing updates until the matter has been concluded. The administrator undertakes the fostering and adoption checks for new applicants in consultation with the LADO, which frees up further capacity for ongoing casework.

The LADO team have worked well with partner agencies including police, education, health, transport and Ofsted, in addition other teams in the organisation and continuing to work on improving links with language schools.

4. Appendices

(4.A) Board Membership 2018/19

NAME	TITLE, ORGANISATION
Reg Hooke (Chair)	Independent East Sussex LSCB Chair
Sally Williams	Manager, East Sussex LSCB
Victoria Jones	Manager, East Sussex LSCB
Graham Cook	Lay Member, East Sussex LSCB
Harriet Martin	Lay Member, East Sussex LSCB
Maxine Nankervis	LSCB Administrator

Allison Cannon	Chief Nurse, NHS Hastings & Rother Clinical Commissioning Group (CCG)
Bethan Haskins	SECamb
Catherine Scott	Deputy Director for Safeguarding and Transforming Care East Surrey & Sussex CCGs
Debbie Barnes	Designated Nurse Safeguarding Children, East Sussex
Dee Harris	Designated Nurse Safeguarding Children, East Sussex
Domenica Basini	Assistant Director for Safeguarding and Quality, Nursing and Quality Directorate NHS England
Jayne Bruce	Deputy Chief Nurse, Sussex Partnership Foundation Trust (SPFT)
Jeanette Waite	Named Nurse for Safeguarding Children East Sussex
Jessica Britton	Chief Operating Officer, Sussex and East Surrey STP Commissioners
Martin McAngus	Acute Service Manager Coastal / AMHP Sussex Partnership
Naomi Ellis	Head of Safeguarding and Looked After Children, Sussex CCGs
Sue Curties	Head of Safeguarding, (Adults and Children) ESHT
Tracey Ward (Deputy Chair)	Designated Doctor Safeguarding Children, East Sussex
Vikki Carruth	Director of Nursing, ESHT

Andrea Holtham	Service Manager, Sussex CAF/CASS
Andrea Saunders	Head of the National Probation Service, Sussex
Carwyn Hughes	Det. Superintendent, Public Protection Command, Sussex Police
David Kemp	Head of Community Safety, East Sussex Fire & Rescue Service
David Satchell	Snr Probation Officer, National Probation Service, Sussex
Debbie Piggott	KSS, CRC – Head of Service, Assessment & Rehabilitation
Lee Whitmore	KSS, Assistant Chief Probation Officer
Till Sanderson	Acting D/Sup Sussex Police

Jerry Lewis	Principal Deputy Head Teacher, Bede's Senior School
Kate Bishop	Rotherfield Primary School
Richard Green	Deputy Head Teacher, Chailey Heritage School
Richard Preece	Executive Head teacher, Torfield & Saxon Mount Federation

Catherine Dooley	Senior Manager, Standards and Learning Effectiveness (5-19), Children's Services
Delyth Shaw	Interim Safeguarding Adults Board Development Manager

Douglas Sinclair	Head of Safeguarding and Quality Assurance, Children's Services
Fraser Cooper	Safeguarding Adult Board Manager
George Kouridis	Head of Service Adult Safeguarding
Justine Armstrong	Safer Communities Manager
Liz Rugg	Assistant Director (Early Help & Social Care), Children's Services
Richard Grout	Legal Services Manager
Stuart Gallimore	Director of Children's Services
Sylvia Tidy	Lead Member for Children and Families
Vicky Finnemore	Head of Specialist Services, Children's Services
Victoria Spencer-Hughes	Consultant in Public Health

Jeremy Leach	Principal Policy Adviser, Wealden District Council
Malcolm Johnston	Executive Director for Resources, Rother District Council
Oliver Jones	Lewes DC + Eastbourne BC, Strategy and Partnerships Lead
Pat Taylor	Strategy & Commissioning Lead for Community & Partnership Lewes DC & Eastbourne BC
Seanne Sweaney	Strategy and Corporate Projects Officer, Lewes DC and Eastbourne BC
Verna Connolly	Head of Personnel and Organisational Development, Hastings Borough Council

Kate Lawrence	Chief Executive Home-Start East Sussex
Micky Richards	Change Grow Live, Director Operations
Rebecca Luton	3VA

(4.B) LSCB Budget

Actual Income & Expenditure 2018/19

Actual Income 2018/19		Actual Expenditure 2018/19	
Sussex Police	£12,500	Independent Chair	£22,206
National Probation Service	£1,434	Business Manager(s) 1.4 FTE	£85,765
Kent, Surrey and Sussex (KSS) CRC	£2,500		
CAFCASS	£550	Administrator	£20,245
CCGs	£39,999	Administration	£1,370
Change Live Grow (CLG)	£750	Child Death Overview Panel (CDOP)	
East Sussex County Council (ESCC)	£165,500	Trainer	
Training Income	£14,750	Training Programme and Conferences	£10,474
		Projects	£15,285
		Pan Sussex Procedures	£2,030
Brighton & Hove CC contribution for CDOP	£12,500	IT Software & Hardware	£1,130
		Serious Case Reviews	£6,946
LSCB brought forward from 17/18	£45,278	Carry forward	£49,698
Total	£295,761		£295,761

Projected Income and Expenditure 2019/20* (for remainder of LSCB 01.04.19 to 30.09.19)

Projected Income 2019/2020		Projected Expenditure 2019/2020	
Sussex Police	£6,250	Independent Chair	£11,100
National Probation Service	£717	Business Manager(s) 1.4 FTE	£42,900
Kent, Surrey and Sussex (KSS) CRC	£1,250		
CAFCASS	£275	Administrator	£10,100
CCGs	£20,000	Administration	£700
Change Live Grow (CLG)	£375	Child Death Overview Panel	£13,900
East Sussex County Council (ESCC)	£79,200	Trainer	£26,400
Training Income	£7,375	Training Programme and Conferences	£5,000
Brighton & Hove CC contribution for CDOP	£6,250	Projects	£7,600
		Pan Sussex Procedures	£1,000
LSCB brought forward from 18/19	£49,698	IT Software & Hardware	£600
		Serious Case Reviews	£52,090
Total	£171,390		£171,390

(4.C) Links to other documents

[East Sussex Health and Wellbeing Strategy \(2016-19\)](#)

This strategy is a framework for the commissioning of health and wellbeing services in the County. The Health and Wellbeing Board will consider relevant commissioning strategies to ensure that they have taken into account the priorities and approaches set out in the Health and Wellbeing Strategy.

The main priority is to protect and improve health and wellbeing and reduce health inequalities in East Sussex, to enable us to do this over the next three years the strategy will focus on: Accountable care; Improving access to services; Bringing together health and social care; Improving emergency and urgent care; Improving health and wellbeing; Improving mental health care; Improving primary care; Better use of medicines; Better community services.

[Sussex Police and Crime Commissioner – Police and Crime Plan 2017-21](#)

The Commissioner has identified the following four policing and crime objectives:

- Strengthen local policing
- Work with local communities and partners to keep Sussex safe
- Protect our vulnerable and help victims cope and recover from crime and abuse
- Improve access to justice for victims and witnesses

[East Sussex Safer Communities Partnerships' Business Plan \(2017-2020\)](#)

The East Sussex Safer Communities Partnership undertakes a strategic assessment of community safety every three years with an annual refresh in order to select work streams and plan activity for the year ahead.

Colleagues from the LSCB and ESCC Children's Services work closely with the Safer Communities Partnership to respond to the broader threat of exploitation. Sustaining existing work within the partnership and developing new and existing relationships with partners is of particular importance to ensure that we are supporting vulnerable individuals within the community and helping them feel safe and confident in their everyday lives.

[East Sussex Safeguarding Adult Board Strategy 2018-21](#)

The LSCB works closely with the SAB on the overlapping themes of Modern Slavery, Domestic Abuse, and Cuckooing. The two boards are also collaborating on a needs analysis for the cohort of 18-25 year olds who may be at risk of exploitation to identify any current gaps in service provision

This page is intentionally left blank

Report to: Health and Wellbeing Board

Date: 10th December 2019

By: Independent Chair, East Sussex Safeguarding Adults Board

Title of report: Safeguarding Adults Board (SAB) Annual Report 2018-19

Purpose of report: To present the SAB annual report as required in the Care Act

RECOMMENDATION

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

1. Background

1.1 The SAB Annual Report (Appendix 1) outlines the multi-agency safeguarding activity and performance in East Sussex between April 2018 and March 2019.

2. Supporting Information

2.1 Highlights in the report are as follows:

Priority 1.1: Ensure the effectiveness and transparency of the Safeguarding Adults Board to oversee and lead adult safeguarding and the prevention of abuse

- The work of the Quality Assurance and Learning Development Officer has been key in developing a more enhanced multi-agency audit process, implementing learning from reviews and ensuring action plan improvements are made across agencies.
- The SAB has contributed to a research project being led by the University of Sussex looking at how learning from Safeguarding Adults Reviews (SARs) involving self-neglect can inform practice and organisational change.

Priority 1.2: Develop arrangements with other Boards to respond to and capture emerging themes, including domestic abuse, modern slavery, cuckooing, exploitation and abuse of those transitioning from children's to adults services, and safeguarding rough sleepers.

- The local authority Safeguarding Adults process has been updated to ensure that a robust referral pathway is in place for all suspected concerns involving modern slavery and human trafficking. A focus to increase awareness about modern slavery has continued in 2018-19, and links maintained with the Pan Sussex Modern Slavery Network.

Priority 2.1: Ensure Section 42 safeguarding arrangements are in place under the Care Act, with appropriate feedback and review arrangements

- A range of new policies and procedures were published over 2018-19, including revised self-neglect procedures, Multi-agency Mental Capacity Act Policy and Procedures, and Guidance on Raising Concerns about Abuse and Neglect.
- In 2018-19 two new SARs were commenced. As these reviews are current, summaries of these and findings will be included in next year's annual report. The SAB also contributed to a Serious Case Review (SCR) led by the Local Safeguarding Children Board (LSCB), which related to a young man who died aged 18.
- A multi-agency audit of safeguarding cases was undertaken, with a focus on how partner agencies work together to support people with complex needs. Good practice in the

application of a Making Safeguarding Personal approach was evidenced, as well as appropriate consideration of the Mental Capacity Act.

Priority 3.1: Focus on personalising and integrating safeguarding responses, and measure safeguarding outcomes that bring safety and people's wishes together

- Key safeguarding data reflects a decrease in the number of safeguarding contacts received from 5,551 in 2017-18 to 5,532 in 2018 – 19. Of the total contacts received in 2018 - 19, 4,589 (83%) were considered safeguarding concerns.
- The number of enquiries completed has also decreased by 18% when compared with 2017-18 (decreasing from 1,450 to 1,182). This is due to issues with the recording of safeguarding concerns and enquiries and measures are in place to address this.

Priority 4.1: Allow the voice of clients, carers and the local community to be heard in safeguarding policy and practice

- In 2018 – 19, in 85% of enquiries there was an identified risk to the adult and action was taken. In 93% of these cases the risk was either reduced or removed completely. This is a slight increase from 91% in 2017 – 18.
- Nationally, 79% of adults who lack capacity to make informed decisions about the enquiry receive support. In East Sussex, 99.5% received support. This is an improvement from 2017 – 18 when 96% were supported.

Priority 4.2: Ensure that people are aware of safeguarding and know what to do if they have a concern

- A video created by Ben, a member of the Safeguarding Community Network, about his own experience of safeguarding was published on the SAB website in April 2019. This illustrates a powerful message about overcoming abuse and the importance of Making Safeguarding Personal.

Priority 5.1: Ensure that all people involved in safeguarding have the appropriate skills, knowledge and competencies

- Key training figures from partner agencies are included in the annual report, with a particular focus on domestic abuse, modern slavery and the Mental Capacity Act.
- The Sussex Learning & Development Strategy 2019-22 has been developed, which will be shared across the East Sussex, Brighton & Hove and West Sussex SABs to provide an overarching framework for adult safeguarding training and workforce development.

Priority 5.2: Ensure clear links exist between partnership boards with accountability arrangements documented and understood to avoid duplication of workstreams

- The SAB has maintained its links with a number of other strategic partnerships, including the Health and Wellbeing Board, Safer in East Sussex and the East Sussex Safeguarding Children Partnership.

3. Conclusion and reasons for recommendations

3.1 The annual report shows significant progress in adult safeguarding activity and the continued commitment from partner agencies to work together in delivering the aims set out in the SAB Strategic Plan 2018 – 2019. The SAB will ensure that learning from the two SARs commenced in 2018 is shared and embedded into practice over the coming year. We will also continue to focus on developing and delivering multi-agency training to ensure that staff involved in safeguarding have the appropriate skills and knowledge.

East Sussex Safeguarding Adults Board

Annual Report

April 2018 to March 2019

“Our vision is for all agencies to work together effectively to enable the citizens of East Sussex to live free from abuse and neglect, and to promote widely the message that safeguarding is everybody’s business”



You can get all our publications in a format to suit you. If you would prefer this report in an alternative format or language please ask us. Please phone Health and Social Care Connect on 0345 60 80 191.

Contents

Foreword by Graham Bartlett, East Sussex SAB Independent Chair	1
Comments from Healthwatch East Sussex	2
Safeguarding Adults Board structure and subgroups	3
Our vision	6
Raising a safeguarding concern	6
Executive summary of key achievements 2018 – 19.....	7
Progress on 2018 – 19 priorities.....	12
1.1 Ensure the effectiveness and transparency of the SAB to oversee and lead adult safeguarding and the prevention of abuse	12
1.2 Develop arrangements with other Boards to respond to and capture emerging safeguarding themes, including domestic abuse, modern slavery, cuckooing, exploitation and abuse of those transitioning from children’s to adult services, and safeguarding rough sleepers	15
2.1 Ensure Section 42 safeguarding arrangements are in place under the Care Act, with appropriate feedback and review arrangements	16
3.1 Focus on personalising and integrating safeguarding responses, and measure safeguarding outcomes that bring safety and people’s wishes together	25
4.1 Allow the voice of clients, carers, and the local community to be heard in safeguarding policy and practice.....	34
4.2 Ensure that people are aware of safeguarding and know what to do if they have a concern	44
5.1 Ensure that all people involved in safeguarding have the appropriate skills, knowledge and competencies.....	46
5.2 Ensure clear links exist between partnership boards with accountability arrangements documented and understood to avoid duplication of workstreams	50
Conclusion.....	52
Appendix 1 – SAB Budget 2018 – 19.....	53
Appendix 2 – Additional updates from SAB partners	54
Appendix 3 – Partners of the East Sussex SAB.....	70
Appendix 4 – Glossary of key terms.....	71

Foreword by Graham Bartlett, East Sussex SAB Independent Chair



I am pleased to introduce the East Sussex Safeguarding Adults Board Annual Report 2018 – 19.

Our aim as a Safeguarding Adults Board (SAB) is to provide strategic leadership to ensure that adults who are at risk of abuse or neglect are effectively safeguarded. My role as Independent Chair is to support and challenge SAB partners and agencies in East Sussex to work collaboratively for the benefit of adults with care and support needs, and bring about continuous improvement.

Reflecting on our achievements over the past year, we have made significant progress against the priorities set out in our Strategic Plan 2018-21 and I would like to acknowledge the hard work and commitment shown by all our partner agencies to achieve these aims. A notable success has been the positive impact of the Quality Assurance and Learning Development Officer role in taking our auditing arrangements from strength to strength and ensuring that learning from reviews is taken forward and embedded into practice.

The SAB has not published any Safeguarding Adults Reviews (SARs) this year, but we have initiated two new SARs, and we will share the findings from these in next year's annual report.

We hope you find this report interesting and are assured of the commitment of the East Sussex SAB to continual improvement and decisive action when things go wrong.

A handwritten signature in black ink, appearing to read 'G. Bartlett', written in a cursive style.

Graham Bartlett

Independent Chair, East Sussex Safeguarding Adults Board

Comments from Healthwatch East Sussex



Healthwatch has worked closely with the East Sussex SAB over the past year. As chair of the Safeguarding Community Network (previously known as the Clients and Carers Safeguarding Advisory Network), I have been pleased and encouraged by the progress made in 2018 – 19. This includes the launch of a video of an adult's own safeguarding story, which provides a powerful message about overcoming abuse and will be used as a resource to raise awareness about the importance of speaking out about abuse or neglect.

A continued priority of the SAB is to consider ways to increase adult involvement in safeguarding, and it is encouraging to see the work taking place in this area, which acknowledges the importance of feedback in contributing to overall learning and future developments in practice.

There is ongoing commitment to expanding representation from the voluntary and community sector within the SAB and I look forward to being involved in this process over the coming year.

I have also been involved as a representative in the Preventing Abuse Steering Group and am pleased to see the commitment of the SAB to oversee and lead on strategies that contribute to the prevention of abuse.

Healthwatch will continue to seek the views of those who use care and support services, with the aim of improving how people experience health and social care services in East Sussex, and will ensure appropriate challenges can be made to hold partner agencies to account where required.

Elizabeth Mackie

Volunteer & Community Liaison Manager, Healthwatch East Sussex

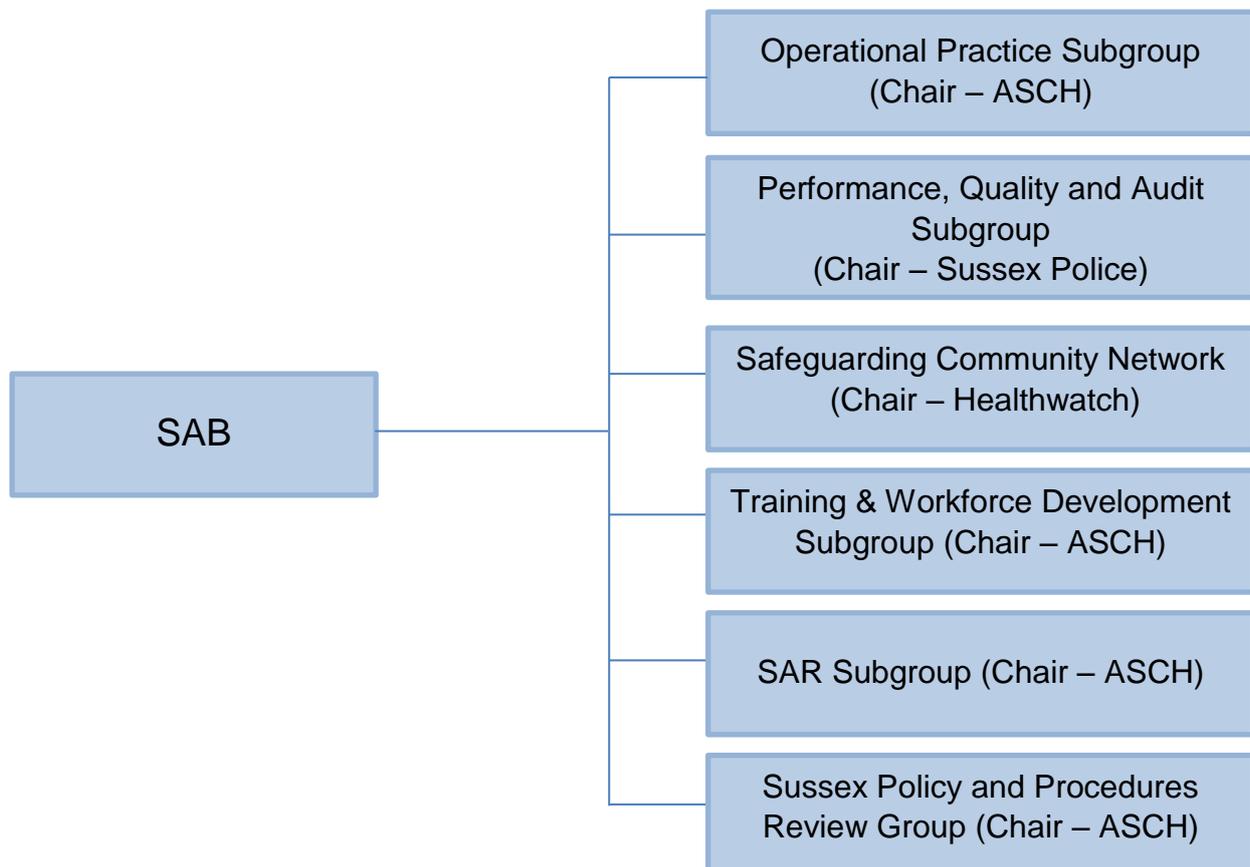
Safeguarding Adults Board structure and subgroups

The East Sussex Safeguarding Adults Board (SAB) is a multi-agency partnership of key statutory and voluntary agencies in East Sussex, as well as lay members. A full list of partners of the East Sussex SAB is available at Appendix 3.

The major functions of the SAB include:

- Overseeing the co-ordination of adult safeguarding activity in East Sussex.
- Developing and co-ordinating multi-agency safeguarding training, which meets local needs.
- Conducting multi-agency audits, and monitoring performance of safeguarding activity.
- Raising public and professional awareness of adult safeguarding issues.
- Carrying out Safeguarding Adults Reviews (SARs) where abuse or neglect is known or suspected, and there is a concern about the way in which agencies worked together.
- Ensuring that the views, wishes and desired outcomes of adults and their carers / families are considered in the delivery of safeguarding services.

The SAB is chaired by an Independent Chair and meets four times a year. The Board is supported by a range of subgroups that are crucial in ensuring that the priorities set out in the SAB Strategic Plan and SAB Work Plan are delivered. These subgroups ensure that the work of the Board really makes a difference to local safeguarding practice and to the outcomes adults and their carers wish to achieve.



Operational Practice Subgroup This group co-ordinates local safeguarding work, and ensures the priorities of the SAB are put into place operationally. Currently, its particular focus is to ensure an outcomes-focused approach is embedded in safeguarding practice, as well as ensuring advocacy provision will meet the Care Act duties.

Performance, Quality & Audit Subgroup This group establishes effective systems for monitoring, reporting and evaluating performance across agencies, and links annual reporting to improvement planning. The group highlights staffing groups or service areas that require further awareness or training.

Safeguarding Community Network This subgroup (previously known as the Client and Carers Safeguarding Advisory Network) brings together representatives from the community and organisations who support people with disabilities, mental ill health and learning disabilities, together with older people and carers. The group enables two-way communication and exchange of information between the SAB and clients and carers to improve safeguarding experiences and inform policy development. Currently, the network is focusing on expanding its membership to include greater representation from the voluntary and community sector.

Multi-agency Training & Workforce Development Subgroup This group is responsible for delivering the objectives of the training strategy, and overseeing training opportunities in key safeguarding matters affecting a number of agencies.

Safeguarding Adults Review (SAR) Subgroup This consists of the statutory partners of the East Sussex SAB, and meets monthly with the purpose of considering cases that may require a Safeguarding Adults Review (SAR), and makes a recommendation to the SAB Independent Chair.

Sussex Policy and Procedures Review Group This consists of the statutory partners of the SABs across Sussex, with the purpose of reviewing and updating the safeguarding procedures in line with any policy and legal updates.

Our vision

“

Our vision is for all agencies to work together effectively to enable the citizens of East Sussex to live free from abuse and neglect, and to promote widely the message that safeguarding is everybody's business.

”

To achieve this vision, the Board will:

- Actively promote collaboration and commitment between organisations.
- Work together on prevention strategies.
- Listen to the voice of adults with care and support needs and carers to deliver positive outcomes.

The East Sussex SAB is committed to the principles of Making Safeguarding Personal ie. to listen to what the adult or their representative would like to achieve, and by ensuring the most appropriate support is available.

Raising a safeguarding concern

No-one should have to live with abuse or neglect – it is always wrong, whatever the circumstances.

Anybody can raise a safeguarding concern for themselves or another person. Do not assume that someone else is doing something about the situation.

You can raise a concern in the following ways:

Phone: 0345 60 80 191 (8am to 8pm 7 days a week inc. bank holidays)

Email: [Health and Social Care Connect](#)

Text: 07797 878 111

Contact the Police on 101 or in an emergency 999

Find out more from our [safeguarding leaflet](#).

Executive summary of key achievements

2018 – 19

This annual report outlines safeguarding activity and performance in East Sussex between April 2018 and March 2019, as well as some of the main developments that have taken place to prevent abuse and neglect from occurring.

Highlights contained in the report are as follows:

Priority 1.1: Ensure the effectiveness and transparency of the Safeguarding Adults Board to oversee and lead adult safeguarding and the prevention of abuse

- The work of the Quality Assurance and Learning Development Officer has been key in developing a more enhanced multi-agency audit process, implementing learning from reviews and ensuring action plan improvements are made across agencies.
- Following on from a peer review of adult safeguarding by South East ADASS, actions have been taken to address areas requiring improvement. This has included the development of 'Guidance on Raising Concerns about Abuse and Neglect', designed to support all partner agencies in identifying and raising safeguarding concerns.
- The SAB has contributed to a research project being led by the University of Sussex looking at how learning from Safeguarding Adults Reviews (SARs) involving self-neglect can inform practice and organisational change.

Priority 1.2: Develop arrangements with other Boards to respond to and capture emerging themes, including domestic abuse, modern slavery, cuckooing, exploitation and abuse of those transitioning from children's to adults services, and safeguarding rough sleepers.

- The ASCH safeguarding adults process has been updated to ensure that a robust referral pathway is in place for all concerns involving modern slavery and human trafficking.
- A commitment to increase awareness about modern slavery has continued in 2018 – 19, and links continue to be maintained with the Pan Sussex Modern Slavery Network.

Priority 2.1: Ensure Section 42 safeguarding arrangements are in place under the Care Act, with appropriate feedback and review arrangements

- Edition 4 of the Sussex Safeguarding Adults Policy and Procedures was launched in June 2018 and is available online. Revised self-neglect procedures were published in January 2019 and set out a clear framework for collaborative multi-agency working when supporting adults who are experiencing self-neglect.
- Work has started within Adult Social Care and Health (ASCH) to develop the role of Lead Enquiry Officer (LEO) who will replace the previous roles of Enquiry Manager and Enquiry Officer and will have responsibility for coordinating decision making and actions in safeguarding enquiries. It is planned for the LEO role to be implemented across all ASCH operational teams from September 2019.
- Multi-agency Mental Capacity Act Policy and Procedures were also launched in 2019, providing guidance in the understanding and application of the Mental Capacity Act (MCA) in practice. The East Sussex SAB Resolution Protocol was also revised to highlight the process to be followed where disagreements or challenges arise in relation to MCA related decisions.
- A review of the Resilience Project, a joint initiative between Adult Social Care and Health (ASCH) and East Sussex Fire and Rescue Service (ESFRS) demonstrated positive outcomes for adults who had been involved in safeguarding enquiries, in terms of regaining self-confidence and building links with community services.
- In 2018 – 19 two new Safeguarding Adults Reviews (SARs) commenced. As these reviews are current, summaries of these and findings will be included in next year's annual report. The SAB also contributed to a Serious Case Review (SCR) led by the Local Safeguarding Children Board (LSCB), which related to a young man who died aged 18. This report is due to be published in June 2019.
- Six SAR referrals were made in 2018 – 19 involving a range of adults with differing care and support needs. In each case, a decision was made that the case did not meet the statutory criteria for carrying out a SAR under Section 44 of the Care Act, and the SAB was satisfied that appropriate learning was identified through other mechanisms.
- A multi-agency audit was undertaken by several representatives of the SAB focusing on complex safeguarding cases, and assessing how partner agencies work together to support people with complex and multiple needs, including people with substance misuse issues, self-neglect or people who may lack capacity. Good practice included the application of a Making

Safeguarding Personal approach, appropriate consideration of the Mental Capacity Act and Human Rights Act, and practitioners adopting a patient and flexible approach when working with people who may at times be reluctant to accept support. Development areas included the need for greater consistency of communication and information sharing, ensuring that feedback is provided to referring agencies on safeguarding concerns and subsequent actions, and providing greater opportunities for joint working across partner agencies.

Priority 3.1: Focus on personalising and integrating safeguarding responses, and measure safeguarding outcomes that bring safety and people's wishes together

- The number of safeguarding contacts has decreased from 5,551 in 2017 – 18 to 5,532 in 2018 – 19. Of the total contacts received in 2018 – 19, 4,589 (83%) were considered safeguarding concerns.
- The number of enquiries completed has decreased by 18% when compared with 2017 – 18 (decreasing from 1,450 to 1,182). This is due to issues with the recording of safeguarding concerns and enquiries, and measures are in place to address this.
- In 2018 – 19, the most common form of abuse reported was neglect (as in 2017 – 18) with 46% of all enquiries undertaken comprising, at least in part, neglect. Psychological abuse is now the second most common form of abuse reported, followed by financial abuse, accounting for 26.1% and 25.7% respectively of the enquiries completed.

The most significant proportional differences since 2017 – 18 are an 8% decrease in physical abuse from 29% to 21%, a 6% increase in financial abuse from 20% to 26%, and a 3% decrease in cases of neglect from 49% to 46%.

- As in previous years, the most common reported location of abuse is in the adult at risk's own home (43%). This is an increase from 32% in 2017 – 18. The second most common location continues to be residential care and nursing homes combined, accounting for 36%. This is a 9% decrease compared to the 43% reported in 2017 – 18. Whilst there is little difference in nursing homes, reported abuse in residential care homes has reduced from 30% to 22% whilst cases in acute hospitals have increased from 3% to 6% of all cases.

Priority 4.1: Allow the voice of clients, carers, and the local community to be heard in safeguarding policy and practice

- In 2018 – 19, in 85% of enquiries there was an identified risk to the adult and action was taken. In 93% of these cases the risk was either reduced or

removed completely. This is a slight increase from 91% in 2017 – 18. It should be acknowledged that it is unlikely that risk will be reduced or removed in 100% of cases, as individuals may exercise choice and control over the steps taken by authorities to mitigate the risk. The proportion of cases where risk remains has increased from 5% to 7%.

- Nationally, 79% of adults who lack capacity to make informed decisions about the enquiry receive support. In East Sussex, 99.5% received support. This is an improvement from 2017 – 18 when 96% were supported.

Priority 4.2: Ensure that people are aware of safeguarding and know what to do if they have a concern

- A video created by Ben, a member of the Safeguarding Community Network, about his own experience of safeguarding was published on the SAB website in April 2019. This illustrates a powerful message about overcoming abuse and the importance of Making Safeguarding Personal. This resource will be used in training courses and to raise awareness of safeguarding. The video can be accessed at this link:
<https://www.eastsussexsab.org.uk/>

Priority 5.1: Ensure that all people involved in safeguarding have the appropriate skills, knowledge and competencies

- Multi-agency training in relation to domestic abuse, modern slavery and the Mental Capacity Act has continued throughout the last 12 months with a good representation of attendees across SAB partner agencies.
- A Sussex Learning & Development Strategy 2019 – 22 has been developed. This will be shared across the East Sussex, Brighton & Hove and West Sussex SABs to provide an overarching framework for adult safeguarding training and workforce development.
- Additional updates from SAB partners, including key safeguarding initiatives and progress on priorities, are included in Appendix 2 of this annual report.

Priority 5.2: Ensure clear links exist between partnership boards with accountability arrangements documented and understood to avoid duplication of workstreams

- The SAB has maintained its links with a number of other strategic partnerships, including the Health and Wellbeing Board, Safer in East Sussex, Local Safeguarding Children Board, and East Sussex County Council's Scrutiny Committee. The commitment to these partnerships ensures that strategic priorities are better aligned and focused on principles of Making Safeguarding Personal.

- Multi-agency arrangements for safeguarding children have changed in response to The Children and Social Work Act 2017, which has created a new statutory duty for police, health and the local authority to have equal responsibility to make local plans to safeguard and promote the welfare of children in their area. These local safeguarding partnerships will replace the Local Safeguarding Children Board (LSCB). The new arrangements in the [East Sussex Children Partnership](#) will be in place by the end of September 2019.
- Given this significant change to child safeguarding arrangements, the formal review of the partnership protocol will now take place later in 2019.

Progress on 2018 – 19 priorities

1.1 Ensure the effectiveness and transparency of the SAB to oversee and lead adult safeguarding and the prevention of abuse

SAB budget

The SAB budget for 2018 – 19 consisted of financial contributions from the core partners of the SAB, namely Adult Social Care & Health (ASCH), Sussex Police and the Clinical Commissioning Groups (CCGs). East Sussex Healthcare NHS Trust (ESHT) and East Sussex Fire and Rescue Service (ESFRS) also contributed financially to the working of the Board.

The following areas were identified for the budget to support the SAB in what is required of it under the Care Act, and to inform future business planning:

- Independent Chair
- SAB Development Manager
- SAB Administrator (0.5 FTE)
- Quality Assurance & Learning Development Officer (0.6 FTE)
- Multi-agency training and raising awareness of safeguarding
- Safeguarding policy and procedures
- SAB website
- Safeguarding Adults Reviews (SARs) / other case reviews.

Please see Appendix 1 for more details of the end of year budget.

Quality Assurance & Learning Development Officer

The Quality Assurance & Learning Development Officer is employed on a shared basis between the East Sussex SAB and the Brighton & Hove SAB. The main purpose of this post is the implementation of learning from reviews and multi-agency audits, and ensuring that action plans are developed to effect improvements across agencies.

The positive impact of this role is reflected in a number of achievements over the past year, including:

- Development of an improved multi-agency data set report which allows the oversight of multi-agency safeguarding data, which is essential in demonstrating the effectiveness of safeguarding arrangements. This has strengthened the role of partner agencies in providing data to the SAB to determine strategic priorities.
- Playing a key role in coordinating multi-agency audits and developing action plans to address learning.
- Developing learning briefings following audits and reviews, and ensuring learning is disseminated across agencies.
- Development and delivery of multi-agency training, and evaluating the impact of this on practice.

South East ADASS peer review

Following a peer review of adult safeguarding in East Sussex undertaken by the South East ADASS in March 2018, ASCH has implemented a number of recommendations to address the areas for improvement which were identified.

Key achievements include:

- The development of multi-agency [Guidance on Raising Concerns about Abuse and Neglect](#), which is designed to enable practitioners and providers across all agencies to have greater consistency in identifying and reporting safeguarding concerns.
- The guidance has been incorporated into online and face-to-face safeguarding training.
- Sussex Police are now using this guidance to inform their decision making in relation to risk and in completing Single Combined Assessment of Risk Form (SCARF) referrals.
- A review of the content of online safeguarding training to include information on emerging safeguarding themes, such as cuckooing, county lines and modern slavery.

Other areas of the action plan will continue to be progressed over the coming year, including:

- Refreshing the ASCH safeguarding recording system to develop a streamlined and outcome focused system for recording safeguarding concerns and enquiries, and carrying out an audit to consider the impact of this on safeguarding decision making.

- Developing a standardised system for providing feedback to referrers on the outcomes of safeguarding concerns.
- Improving the mechanisms by which adults who have experienced a safeguarding intervention can provide feedback.
- Developing a system by which partner agencies can make online referrals for safeguarding concerns.

Peer challenge and support

Following the Sussex-wide self-assessment process and the peer challenge event in 2017, considerable progress has been made by partner agencies in relation to areas identified for improvement, including reviewing and updating internal safeguarding training courses, improving knowledge of the Mental Capacity Act (MCA) in practice and the promotion of Making Safeguarding Personal.

In accordance with the two year cycle for the self-assessment process, planning has begun for the next self-assessment programme in May 2019 and a Sussex-wide peer challenge and support event will take place in July 2019.

Organisational change research project

The East Sussex SAB has been working alongside the University of Sussex on a research project to explore how learning from Safeguarding Adults Reviews (SARs) involving self-neglect can be embedded into practice and how organisational change can best be facilitated. Six other SABs across the country have also been involved in this project.

Self-neglect is acknowledged as a particularly challenging area of practice as demonstrated by the fact that to date there have been approximately 150 Serious Case Reviews (SCRs) or SARs completed nationally where self-neglect is a feature.

In East Sussex, part of our involvement in this project has been to collate feedback in the form of reflective accounts from the attendees of the multi-agency self-neglect training programme. These accounts have focused on the usefulness of the training, how it can be used in practice and what barriers may exist to implement what is taught in the training.

The second aspect of the SAB's involvement relates to co-ordinating a focus group, consisting of a range of staff from partner agencies to discuss the impact of the revised self-neglect procedures, which were launched in January 2019, on frontline practice. This focus group is planned to take place in June 2019. The SAB will use the findings from this research to help inform future developments in procedures and practice.

1.2 Develop arrangements with other Boards to respond to and capture emerging safeguarding themes, including domestic abuse, modern slavery, cuckooing, exploitation and abuse of those transitioning from children's to adult services, and safeguarding rough sleepers

Modern slavery

Within East Sussex, the Safe in East Sussex Team has led on the Pan Sussex Modern Slavery Delivery Plan 2017 – 2020 which sets out key priorities for a coordinated response to tackle modern slavery and human trafficking across Sussex. The Pan Sussex Modern Slavery Network established in December 2016 has continued to build links over 2018 – 19 with a number of national and regional networks in order to gain a more holistic focus and learn more about best practice in this area.

In 2018, ASCH updated the local authority safeguarding adults process to ensure that a robust referral pathway is in place for all safeguarding concerns involving suspected modern slavery and human trafficking.

The Modern Slavery Act 2015 sets out a duty for specified public authorities, including the police and the local authority, to notify the Home Office of anyone encountered in England and Wales who they believe is a suspected victim of modern slavery or human trafficking. Work has commenced this year to develop a specific modern slavery referral pathway and associated operational guidance, to outline how potential victims should be supported through this National Referral Mechanism (NRM) process. This will be published later in 2019.

Note Further information regarding training initiatives in relation to modern slavery in 2018 – 19 can be found on page 47 of this report.

Future plans

- As part of the organisational learning research project with the University of Sussex, the East Sussex SAB will co-facilitate a Focus Group in June 2019 to explore how self-neglect procedures support frontline practice.
- A peer challenge and support event will take place in July 2019 to provide an opportunity for agencies to evaluate their safeguarding practice.
- Development of a multi-agency Prevention Strategy which supports effective prevention of abuse and neglect in regulated care settings.

2.1 Ensure Section 42 safeguarding arrangements are in place under the Care Act, with appropriate feedback and review arrangements

Care Act 2014 duties

Edition 4 of the [Sussex Safeguarding Adults Policy and Procedures](#) was launched in June 2018. This was further updated in January 2019 to include the revised self-neglect procedures. Further information regarding the self-neglect procedures can be found on page 17 of this report.

The policy and procedures provide an overarching framework to ensure a proportionate, timely and professional approach is taken, and that adult safeguarding is co-ordinated across all relevant agencies and organisations.

The definition of adults within the Care Act which the Board seeks to protect is any person aged 18 years or over who:

- has needs for care and support (whether or not the local authority is meeting any of those needs), and
- is experiencing, or at risk of, abuse or neglect, and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

These three criteria are referred to as the ‘three key tests’.

The Care Act places statutory duties on SABs as follows:

- It **must** publish a strategic plan for each year that sets out how it will meet its objectives. In developing this plan the SAB **must** consult Healthwatch and the local community.
- It **must** publish an annual report.
- It **must** develop policies and procedures, promote multi-agency training and develop preventative strategies.
- It **must** conduct any Safeguarding Adults Reviews (SARs).

Lead Enquiry Officer (LEO) role

The Lead Enquiry Officer (LEO) role is referred to within the Sussex Safeguarding Adults Policy and Procedures. The LEO role replaces the current Enquiry Manager and Enquiry Officer roles which Adult Social Care and Health (ASCH) staff undertake in relation to safeguarding enquiries. The LEO has responsibility for co-ordinating decision making and ensuring that enquiry actions are carried out in accordance with Care Act duties and safeguarding procedures.

In December 2018, ASCH started work to develop this role and trial it within a number of frontline operational teams. This will be evaluated in the summer of 2019 with plans to roll out the implementation of the LEO role across the whole of ASCH from September 2019.

Self-neglect procedures and hoarding framework

The revised self-neglect procedures, contained within the Sussex Safeguarding Adults Policy and Procedures, were launched in January 2019. These procedures set out the framework for collaborative multi-agency working within Sussex to provide a clear pathway for all agencies to follow when working with adults who are self-neglecting, whether this falls within the remit of a Section 42 safeguarding enquiry or outside of this.

The procedures were updated in response to learning from research and SARs, including from a SAR undertaken in East Sussex in relation to Adult A. A [learning briefing](#) was produced in response to one area of learning from the Adult A SAR, which highlighted the importance of raising staff awareness and confidence in understanding the factors relating to self-neglect.

Alongside the self-neglect procedures, the SAB has endorsed the [Hoarding Framework](#) developed by East Sussex Fire and Rescue Service (ESFRS). This document sets out the expectations for collaborative multi-agency working for any professional coming into contact with someone who is hoarding.

Mental Capacity Act Policy and Procedures

The SAB launched the [Multi-Agency Mental Capacity Act Policy and Procedures](#) in February 2019.

A number of Safeguarding Adults Reviews (SARs) carried out since 2015 and the pan Sussex self-assessments of 2017 identified gaps in how agencies understand and apply the Mental Capacity Act (MCA) in practice. These procedures were developed to address these gaps and support operational practice.

Key features include:

- Advocacy and supported decision making.
- Undertaking mental capacity assessments and best interests decision making.
- The role of the Office of the Public Guardian.
- The interface between the MCA and the Mental Health Act (MHA).

The [East Sussex SAB Resolution Protocol](#) was also revised as part of the work to develop the MCA Policy and Procedures to highlight the process to follow where disagreements or challenges may arise in relation to MCA related decisions.

Fire safety and prevention

Multi-agency activity to reduce the risk of fire-related harm in the community is closely monitored. A data sharing agreement between East Sussex Fire and Rescue Service (ESFRS) and Adult Social Care and Health (ASCH) was implemented in October 2014 and continues to support the strategy to reduce the numbers of fire deaths, fire injuries and fires in domestic dwellings. The effectiveness of this agreement continues to be monitored. Between April 2018 and March 2019, ESFRS received 1,415 referrals from ASCH requesting a home fire safety visit.

Resilience project

The resilience project is a joint initiative between Adult Social Care and Health (ASCH) and East Sussex Fire and Rescue Service (ESFRS), which was launched as a pilot in September 2017. The aim is to support adults who have been involved in a safeguarding enquiry or are vulnerable to abuse and neglect, to regain their resilience and self-confidence to enable them to recover and protect themselves from abuse and neglect in the future. ESFRS trained volunteers provide up to six visits to adults to support them to access and engage with community resources.

The pilot was reviewed by the SAB in April 2018. Whilst it was noted that overall referral numbers into the project were low, positive outcomes were achieved for the adults in all cases and it was agreed that the pilot should continue as an ongoing project. ESFRS has recruited to a Volunteer Coordinator post with active plans to expand the number of volunteers and increase the number of referrals from ASCH operational teams.

Safeguarding Adults Reviews (SARs)

SABs have a statutory duty under the Care Act to undertake Safeguarding Adults Reviews (SARs) – formerly known as Serious Case Reviews. This is when:

- An adult dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
- An adult is still alive but has experienced serious abuse or neglect and there is concern that partner agencies could have worked more effectively to protect the adult.

SABs can undertake reviews in any other circumstance where an adult has care and support needs. The purpose of having a SAR is to consider any lessons to be learnt from the circumstances of the case regarding:

- the ways in which professionals and agencies work together to safeguard adults,
- review the effectiveness of procedures, and
- highlight good practice.

The SAB SAR Subgroup is a well-established multi-agency group which meets every month to consider cases that have been referred for consideration for a SAR, using the guidance set out in the [Sussex SAR Protocol](#). The Subgroup makes recommendations to the SAB Independent Chair and Board about whether a SAR or another type of review is required. Cases considered by the group are referrals made by subgroup members or professionals from partner agencies.

Of the referrals made in the previous year (2017 – 18), one case was taken forward as a Serious Case Review (SCR) led by the Local Safeguarding Children Board (LSCB), since the majority of the concerns related to the period before the person turned eighteen years of age. This report is due to be published later in 2019.

Between 2018 – 19 two new SARs were started. Following a referral made in the previous year, a discretionary SAR was undertaken into the death of an older woman where concerns had been raised over possible abuse and neglect. Due to an ongoing parallel process, the learning from this review will be reported later in the year. Another SAR which commenced in August 2018 is yet to be finalised. Summaries of all these reviews will be included in next year's SAB annual report.

Between April 2018 and March 2019 six additional referrals were considered by the SAR Subgroup involving a range of adults with differing care and support needs. In each case, a decision was made that the case did not meet the

statutory criteria for carrying out a SAR under Section 44 of the Care Act, and the SAB was satisfied that appropriate learning was identified through other mechanisms.

Safeguarding Performance and Quality Assurance Framework

The Safeguarding Performance and Quality Assurance Framework was updated in August 2018 to provide assurance that the SAB and its constituent partner agencies have effective systems, structures, processes and practice in place to improve outcomes and experience in the context of safeguarding adults at risk.

The framework reflects an approach in which multi-agency quality assurance work should measure the effectiveness of safeguarding activity in line with a Making Safeguarding Personal approach and according to the six safeguarding principles of:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

The Performance and Quality Assurance Framework includes a range of different approaches including the strategic safeguarding self-assessment, use of performance data, multi-agency audits and single agency reviews. All of these mechanisms support the SAB in its role to hold partner agencies to account for their safeguarding work, including the areas of prevention and risk management.

Multi-agency safeguarding audit 2018 – 19

Complex cases

This year, the SAB undertook an audit of complex safeguarding cases. The focus of the audit was to assess how partner agencies work together to manage complex safeguarding cases with particular reference to the effectiveness of approaches to:

- Adults with complex and multiple support needs including high risk factors such as substance misuse and mental health issues.
- Adults who self-neglect.

- Adults who may lack capacity.
- Adults who practitioners may find challenging to engage.

The audit group comprised representatives from Adult Social Care and Health (ASCH), Sussex Police, Sussex CCG safeguarding team, Sussex Partnership NHS Foundation Trust (SPFT), East Sussex Healthcare NHS Trust (ESHT), National Probation Service, Eastbourne Borough Council, Change, Grow, Live (CGL), BHT / Fulfilling Lives and Kent Surrey and Sussex Community Rehabilitation Company (KSS CRC).

What is working well?

- In many cases, professionals demonstrated effective multi-agency working and good practice in relation to information sharing.
- Application of a Making Safeguarding Personal approach was evident in several cases.
- One case reflected good use of the self-neglect procedures.
- There were examples of professionals exploring a number of different options including legal avenues, to reduce risk.
- There was appropriate consideration and application of the principles of the Human Rights Act and Mental Capacity Act.
- Practitioners adopting a patient and flexible approach when working with adults who at times may be reluctant to accept or engage with support.
- Good knowledge and application of the Sussex Safeguarding Adults Policy and Procedures by the agencies involved.

What can we improve?

- Greater consistency of communication and information sharing across agencies, for example, in relation to sharing minutes of safeguarding meetings with all relevant professionals.
- Ensuring feedback is provided to referring agencies on safeguarding concerns and subsequent actions.
- Raising awareness of the avenues available to challenge decisions within safeguarding processes (for example, using the SAB Resolution Protocol) amongst all agencies.

- Promoting greater opportunities for joint working across partner agencies to meet the challenges of engaging with adults who may at times appear resistant to support.

In the light of these development areas, the SAB has agreed the following actions will be implemented in 2019 – 20:

- The [SAB Information Sharing Protocol](#) will be updated to include specific guidance on the importance of effective communication between agencies.
- Development of a standardised system for providing feedback to referrers on the outcomes of safeguarding concerns they have raised.
- A [learning briefing](#) highlighting the findings of the audit will be shared amongst frontline staff.

Managing allegations against people in a position of trust

In line with Care Act 2014 requirements, a framework and process has been established for how allegations against people in positions of trust, working with adults with care and support needs, should be responded to, in order to promote an individual's suitability to work with adults. Board partners and care providers should have equivalent policies for dealing with such allegations. Within Adult Social Care and Health (ASCH) responsibility for this lies with the Local Authority Designated Officer (LADO).

The concerns managed have related to individuals who:

- Work with adults with care and support needs.
- Have behaved in ways that have harmed an adult or child.
- Have committed criminal offences against adults or children.
- Have behaved towards adults or children in a way that indicates they may pose a risk of harm.

The key behaviours that have required the LADO's involvement, at times working in partnership with the Children's Services LADO, are:

- Allegations and incidents of sexual assault or offences.
- Allegations and incidents of domestic violence.

- Allegations and incidents of inappropriate conduct outside of the workplace that may pose a risk to adults with care and support needs, and potential to bring their employer or their profession into disrepute.
- Involvement of Children's Services, in particular child protection enquiries relating to the child(ren) of a person employed or volunteering with adults with care and support needs.
- Misuse or inappropriate use of social media including WhatsApp, Twitter and KiK and, where appropriate, involvement from POLIT (Paedophile On-Line Investigation Team).

In managing allegations against people in a position of trust, the LADO has undertaken the following:

- Staff who are unsuitable to work in health and social care settings have been removed from their professional role and referred to their professional body, where appropriate. Thereby, the risk of abuse or misconduct has been reduced or eliminated.
- Proportionate information has been shared consistently by the LADO with employers, student bodies and voluntary organisations to enable personnel procedures to be invoked, or risk assessments and effective risk management to be undertaken.
- The LADO has ensured employers have clear safeguarding and personnel procedures in place, and are carrying out investigations accordingly. The ASCH LADO and Children's Services LADO have worked jointly in collaboration with key partners to review and support the Sussex Safeguarding Adults Policy and Procedures.
- A protocol for managing allegations in respect of people in positions of trust has been developed for ESCC ASCH staff.
- A dataset is in place to record information which is GDPR compliant. This details the person of concern, their gender identification, type of abuse, professional role, type of employer, and actions taken.
- Strong links have been established with Children's Services colleagues, and regular meetings take place between both departments' LADOs. Links have also been forged with Brighton & Hove City Council ASCH & Children's LADO to support cases involving geographical boundaries, and this is proving effective in practice. Links have also been established with the CCGs, ESHT and West Sussex ASCH.

The SAB will continue to monitor the LADO's activity in 2019 – 20, and ensure there is clarity on the response to allegations about people in a position of trust.

Future plans

- Joint commissioning of the SCIE SAR Learning Together Programme by East Sussex, Brighton & Hove, West Sussex and Surrey SABs to improve knowledge of the SAR approach.
- Update the SAB Information Sharing Protocol.
- Revise the Sussex SAR Protocol.
- A multi-agency audit will be undertaken in the summer of 2019 focusing on young people at risk of exploitation. This will include joint work with the Local Safeguarding Children Board.
- Implementation of the Lead Enquiry Officer (LEO) role in ASCH.

3.1 Focus on personalising and integrating safeguarding responses, and measure safeguarding outcomes that bring safety and people's wishes together

Domestic violence and abuse

The Portal continues to provide a single point of access for victims and survivors of domestic and sexual violence and abuse, to find advice and support in East Sussex and Brighton & Hove. Other commissioned services also provide support to victims of domestic violence and abuse across the county, including Refuge (which operates five refuges in East Sussex) and Home Works (which provides flexible and tailored support to prevent homelessness).

In early 2018 it was agreed that existing strategies in relation to domestic and sexual violence and abuse against women would be reviewed. A comprehensive stakeholder engagement programme has been underway since November 2018 which has informed the development of a new joint strategy framework for East Sussex and Brighton & Hove, and continues to inform development of partnership activity and planned recommissioning. The detailed delivery plan for the partnership strategy will be finalised in the latter part of 2019 alongside service specifications for specialist domestic and sexual violence and abuse services. Commissioning of services will commence in January 2020 and new services will be implemented by October 2020. This work is being managed by the Joint Unit for Domestic and Sexual Violence and Abuse.

During 2018 – 19, the following developments and activity have taken place or are in progress:

- Work in health care settings, with domestic violence and abuse specialists located in a local hospital and primary care settings (funded by the Hastings & Rother Clinical Commissioning Group).
- Change, Grow, Live (CGL) has continued to provide their Health Independent Domestic Violence Advisor service across East Sussex.
- Delivery of multi-agency domestic abuse training in partnership with the Local Safeguarding Children Board (LSCB), the SAB and Safer Communities Partnership to reflect the need to adopt the 'Whole Family' approach.
- Collaborative review of the training and awareness raising offer in relation to domestic abuse, rape and sexual violence, stalking and harassment, and harmful practices, working to develop quality and efficiency in the training programme.

- Development of a coercive control training module in partnership with Sussex Police, the LSCB and the SAB.
- Marking the 16 Days of Action and securing White Ribbon Status, alongside a range of events and activities hosted by district and borough Community Safety Partnerships.
- Ongoing delivery of the Multi-Agency Risk Assessment Conference (MARAC) for the highest risk victims of domestic violence and abuse, with a focus on continuous improvement and ensuring that professionals can access training with the roll-out of courses on risk identification and referral.
- Redesign of the MARAC process to respond to a year-on-year increase in referrals and complexity of cases. A MARAC Hub pilot will be delivered from October 2019.
- Delivering the Women's Aid 'Ask Me' scheme to create safe spaces in the local community to increase public awareness and promote opportunities for disclosure.
- Roll out of the pilot 'Make a Change Programme' in Eastbourne. This is a project, developed by Respect in partnership with Women's Aid, to deliver an early response to domestic abuse in Lincolnshire and Sussex, creating opportunities for change for those who use abusive behaviours in their relationships. This work is funded by the Home Office and supported by the Office of the Police Crime Commissioner in Lincolnshire and Sussex as well as the police and local authorities in each area.

Financial abuse strategy 2017 – 20

The East Sussex SAB identified a need for a strategy to combat financial abuse of adults with care and support needs, in recognition that where there are other forms of abuse it is likely that financial abuse will be occurring too. Moreover, financial abuse is the most commonly reported type of abuse that people experience in later life. The aims of the strategy are to ensure:

- Activity is co-ordinated between partners of the SAB to prevent and respond to financial abuse.
- Clarity of the roles of partner agencies.
- Recognition of activities already taking place.
- Identification of any overlaps and joint working opportunities to reduce duplication.

- Improvements in the consistency of signposting, responses and messages to the public and adults with care and support needs.
- Identification of gaps and actions needed.

An action plan was developed as part of this strategy, and most of the recommendations have been implemented over the past year. This has included:

- Publication of [multi-agency guidance to support adults at high risk of financial abuse](#).
- A [financial abuse screening tool](#) has been developed to support risk assessment.
- The [financial abuse toolkit](#) has been developed from an ASCH tool into a multi-agency resource.
- The Operation Signature 'Fraud and Scams' video and the Friends Against Scams eLearning web address have been shared with SAB partners.
- Training content has been updated to include additional information on postal and internet scams, and a focus on prevention by directing the learner to web links about services such as Trading Standards.

The full strategy can be accessed [here](#).

Protecting vulnerable people against scams and fraud

Alongside this strategy, the Safer Communities Partnership has continued to develop resources for vulnerable victims of fraud, rogue trading and cyber-enabled crime.

Increasingly, these types of fraud are becoming more complex and deceptive, and much of this is targeted at vulnerable or disadvantaged consumers. Mass marketing mail scams cause approximately £5 – 10 billion of detriment to UK consumers each year. Some victims even struggle to identify themselves as victims, and respond because it helps with feelings of loneliness.

Locally, there are well established links between East Sussex Trading Standards Service, Sussex Police, the National Trading Standards (NTS) Scams Team, East Sussex Fire and Rescue Service and Adult Social Care and Health.

The Scams Working Group continues to hold a bi-annual networking and engagement event to provide a platform for all partners in the voluntary and statutory sectors to showcase their work against scams. To build upon the success of the working group, each networking and engagement event

incorporates a facilitated forum to test practice, share operational procedures, share research and plan strategies.

The NTS Scams Team works across England and Wales, and engages with local authorities and partner agencies to identify and support victims of scams. As part of this, officers from the East Sussex Trading Standards Service visit scams victims identified by the NTS Scams Team, usually accompanied by an Age UK or Citizen Advice Bureau representative. The NTS Scams Team also runs the Friends Against Scams initiative which aims to increase the awareness of scams throughout the UK.

This is supported by the East Sussex Against Scams Partnership (ESASP) which is a partnership of organisations – businesses, charities, church groups, clubs, community enterprises, councils, societies, voluntary groups and other partners. Partners are committed to the three key aims of the ESASP Charter, which are:

- Raising awareness and de-stigmatising scams.
- Prevention and protection.
- Identifications and recording.

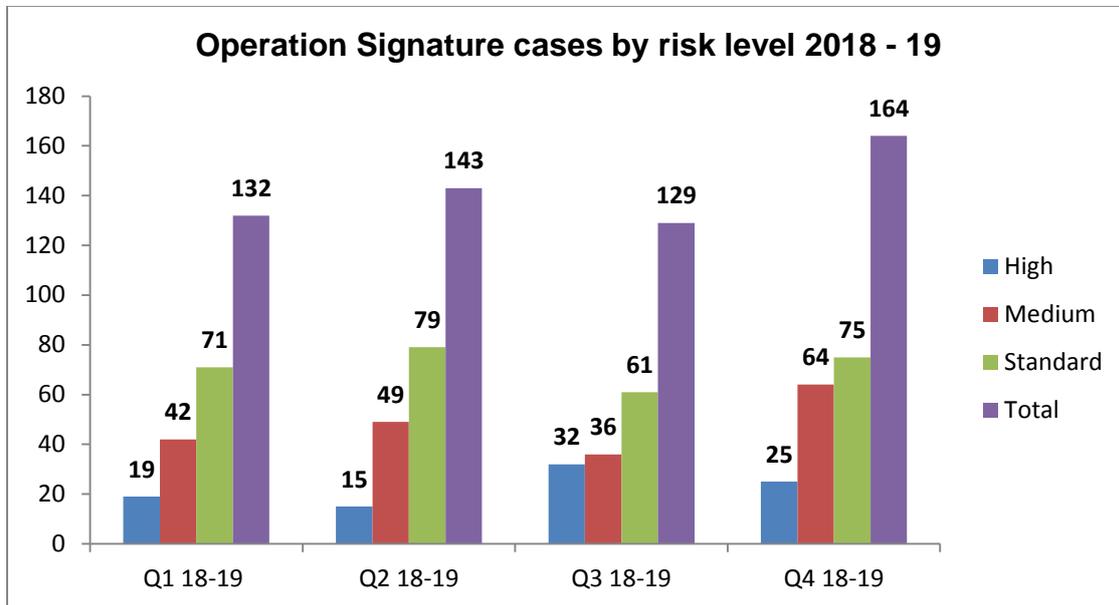
Over 100 partners have signed up to the ESASP Charter and pledged their commitment to taking a stand against scams, and the number continues to grow. During the 2018 Citizens Advice National Scams Awareness Month campaign there were over 21 events held in East Sussex, including Friends Against Scams awareness sessions, talks and literature displays, with over 375 people reached directly and many more via social media.

Future plans include:

- Continuing to support the implementation of the SAB Financial Abuse Strategy and the development of guidance for people who are at high risk of financial abuse who do not have care and support needs.
- Increasing Charter Partners and continuing to provide scams and fraud awareness raising activities to existing members.
- Developing resources for people with additional needs to prevent them from becoming victims of fraud, rogue trading and cyber-enabled crime.
- Continuing to strengthen communications with Charter Partners: sharing key messages, providing electronic bulletins, and maximising social media output for Charter Partners to disseminate information through their own channels to reach a wider audience.
- Holding an annual networking and engagement event which will incorporate a facilitated forum to test practice, share operational procedures, share results of surveys and plan strategies.

Operation Signature

Operation Signature is the operational response of Sussex Police to scam mail fraud. It identifies and supports vulnerable, and often elderly, victims of this type of fraud within Sussex. The chart below shows the number of cases identified in East Sussex during 2018 – 19.



The Police and Crime Commissioner (PCC) funded two specialist caseworker posts, under Victim Support, to provide frontline support to vulnerable victims of fraud and prevent future victimisation. These posts have established clear pathways with other relevant support agencies, and began taking cases from Operation Signature in January 2017. The support provided has shown that the majority of victims are continually being targeted and affected by scam and nuisance phone calls, and an increase has also been seen in romance fraud. The two fraud caseworkers have supported 638 victims within Sussex over the last year. The PCC will continue to fund these posts for the next financial year, and the SAB will continue to monitor the impact this has.

Analysing safeguarding activity

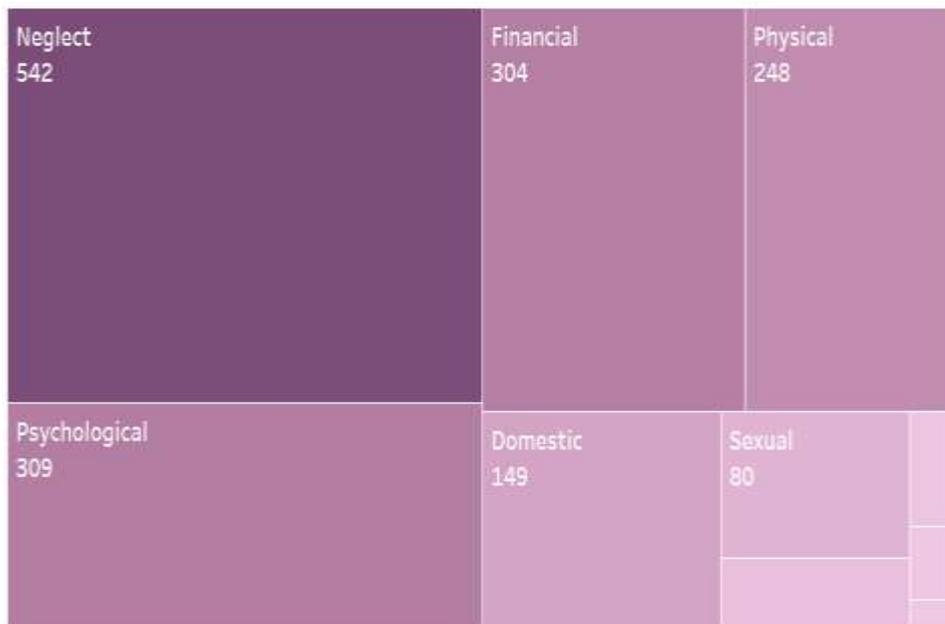


Note The figure for completed enquiries is not a proportion of the figure given for enquiries started as some completed enquiries would result from concerns received prior to 2018 – 19 and correspondingly some enquiries started in 2018 – 19 would still be ongoing at the end of the financial year.

The number of safeguarding contacts has decreased from **5,551** in 2017 – 18 to **5,532** in 2018 – 19. Of the total contacts received in 2018 – 19, **4,589 (83%)** were considered safeguarding concerns.

The number of enquiries completed has also decreased by **18%** when compared to 2017 – 18 (decreasing from **1,450** to **1,182**). This is due to issues with the recording of safeguarding concerns and enquiries, and measures are in place to address this.

Types of abuse investigated in 2018 – 19



Type of abuse

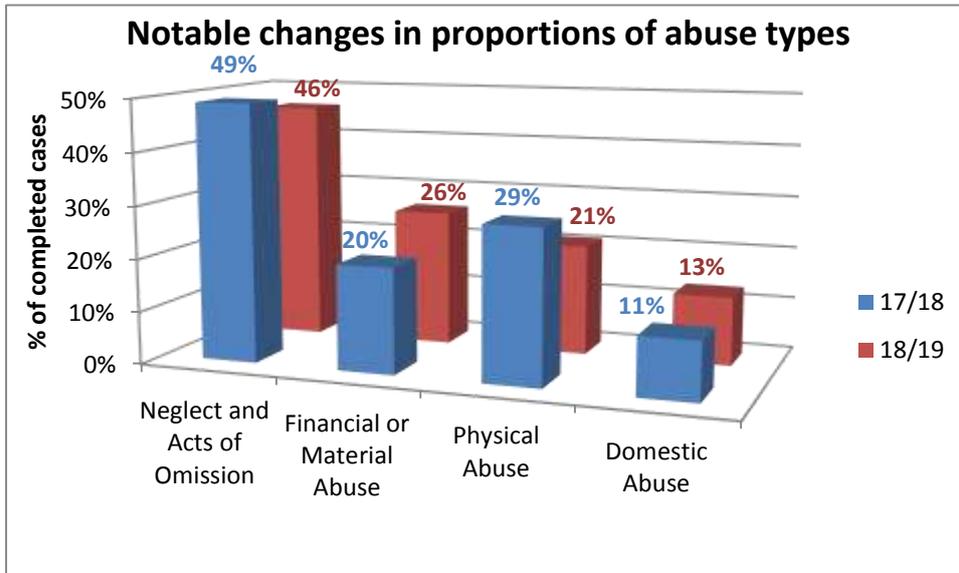
Neglect	542
Psychological	309
Financial	304
Physical	248
Domestic	149
Sexual	80
Self-Neglect	38
Organisational	16
Discriminatory	10
Sexual Exploitation	4
Modern Slavery	0

Note The total types of abuse will exceed the total completed enquiries as some enquiries involve multiple types of abuse.

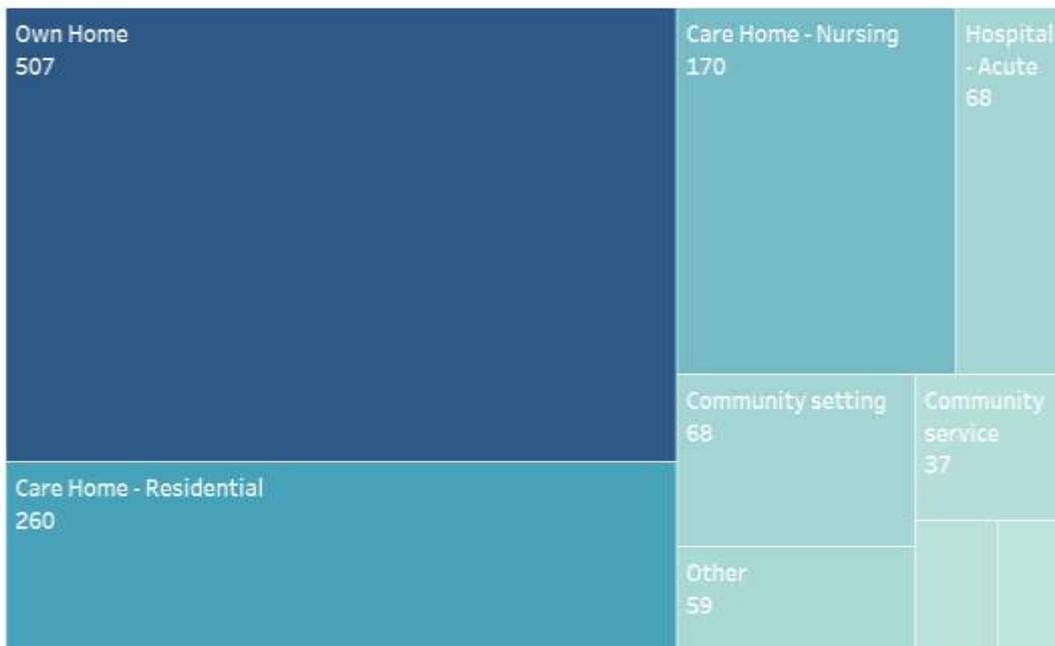
In 2017 – 18, the most common form of abuse reported was neglect followed by physical and then emotional abuse. In 2018 – 19, neglect is still the most common type of abuse with **46%** of all enquiries undertaken comprising, at least in part, neglect. Psychological abuse is now the second most common form of abuse reported, followed by financial abuse, accounting for **26.1%** and **25.7%** of the

enquiries completed respectively. The most significant proportional differences since 2017 – 18 are:

- An 8% decrease in physical abuse from 29% to 21%.
- A 6% increase in financial abuse from 20% to 26%.
- A 3% decrease in cases of neglect from 49% to 46%.



Location of abuse

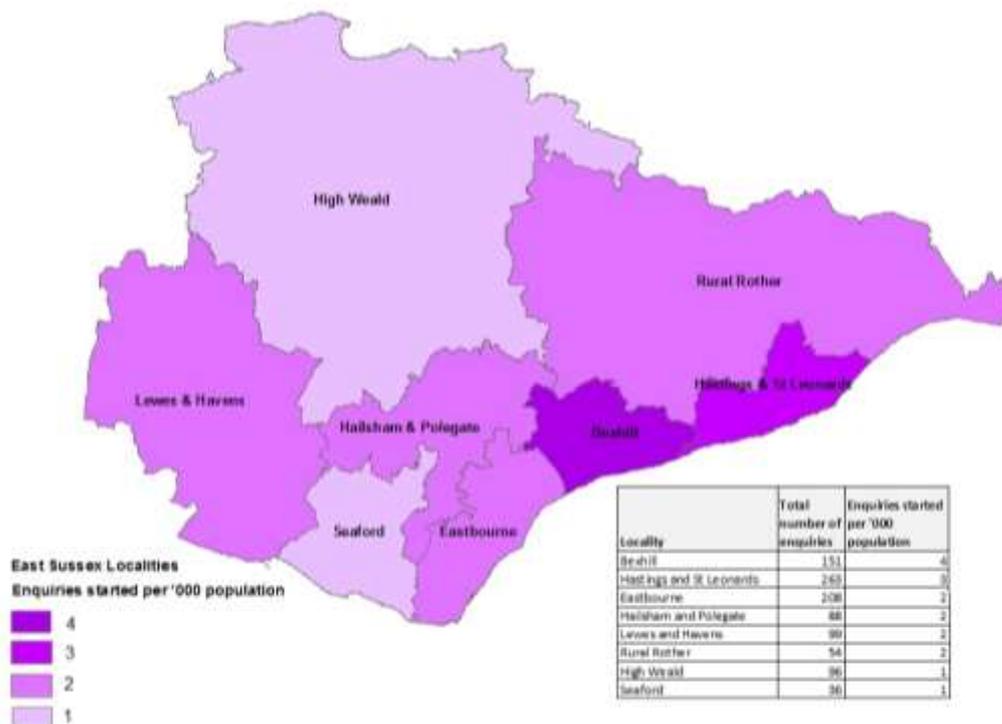


Location of abuse

Own Home	507
Care Home - Residential	260
Care Home - Nursing	170
Hospital - Acute	68
Community setting	68
Other	59
Community service	37
Hospital - Mental Health	24
Hospital - Community	20

As in previous years, the most common reported location of abuse is in the adult at risk's own home (**43%**). This is an increase from **32%** in 2017 – 18. The second most common location is in residential and nursing homes combined accounting for **36%** of enquiries. This is however a **9%** decrease compared to the **43%** reported in 2017 – 18.

Whilst there is little difference in nursing homes, reported abuse in residential care homes has reduced from **30%** to **22%** of all reported abuse. In acute hospitals, safeguarding enquiries have increased from **3%** to **6%** of all cases.



Source of risk



In **50%** of the enquiries completed, the source of risk was known to the adult (up from **45%** in 2017 – 18). In **10%** of cases, the source of risk was not known to the adult (down from **18%** in 2017 – 18) and in the remaining **41%** of cases the source of risk was social care staff, an increase from **37%** in the previous year.

4.1 Allow the voice of clients, carers, and the local community to be heard in safeguarding policy and practice

Quality assurance activity in Adult Social Care and Health

Quality assurance activity in Adult Social Care and Health (ASCH) includes analysis of audits, and feedback from stakeholders and adults who have been involved in safeguarding enquiries or had mental capacity assessments.

The Safeguarding Development Team has continued to support the commitment to promoting greater opportunities for adults who have been involved in safeguarding enquiries to provide feedback on their experience. This is in line with the SAB priority in the strategic plan for 2018 – 2021 to increase feedback rates.

The Safeguarding Development Team met with members of the Safeguarding Community Network SAB Subgroup in December 2018 to gather views from adult and carer representatives as to how to improve mechanisms for gaining meaningful feedback. Work will continue to develop these proposals over the next year, but the plans include:

- Making changes to ASCH's recording system to capture feedback more effectively.
- Changing the format of the feedback questionnaire to make the language more accessible.
- Considering how other agencies can support the process of gathering feedback.

Between April 2018 and March 2019, the Safeguarding Development Team:

- Completed audits on **28** cases, consisting of responsive audits and themed audits, including in relation to cases involving adults of working age and deprivation of liberty safeguards assessments.
- Received feedback from **5** stakeholders via questionnaires.
- Received feedback from **5** adults regarding their experiences of the safeguarding enquiry from questionnaires and interviews.

From this quality assurance activity, the following strengths and areas for development were identified:

Strengths

- Enquiries reflect appropriate risk assessment and clear plans for the management of individuals' needs.
- A Making Safeguarding Personal and outcomes-focused approach is evident in safeguarding interventions.
- Enquiry documentation reflects good standards with a clear and proportionate recording.

Key areas for development

- Ensuring that mental capacity assessments completed as part of the Deprivation of Liberty Safeguards reflect the views of family and friends and relevant professionals alongside those of the adult.
- Embedding feedback from adults on their experience of the safeguarding enquiry within the safeguarding process.

Elizabeth's story

Elizabeth lives in supported accommodation, and has care and support needs related to her diagnosis of schizophrenia and substance misuse issues. She receives daily support commissioned by the local authority. Elizabeth has been assessed as lacking the capacity to manage her financial affairs, and the local authority Client Affairs Team holds appointeeship on her behalf.

Following a decline in her mental health, Elizabeth was detained under the Mental Health Act and has been in hospital for the past six months.

The Client Affairs Team raised a safeguarding concern after they became aware that Elizabeth's accommodation provider had been invoicing for items whilst she was in hospital.

Elizabeth disclosed to her sister that she was concerned that the accommodation manager was trying to take her money, but as nothing had happened did not want to inform the police. A safeguarding enquiry was instigated by the local authority. With support from her sister, Elizabeth was able to express her desired outcomes as:

- I want to find out why my accommodation provider has been invoicing me for items I have not asked for or received due to being in hospital.
- I want to look for alternative accommodation as I no longer feel able to trust the accommodation provider.
- I need ongoing support to manage my finances and am happy for the Client Affairs Team to continue to support me with this.

Elizabeth was supported by her sister to attend a safeguarding meeting, and the following safeguarding measures and outcomes were achieved:

- There was no evidence of financial abuse but poor practice by the supported accommodation provider regarding the management of accounting and supporting residents with day-to-day purchases. Recommendations were made around improving practice in this area which the provider implemented.
- Elizabeth was supported to move to an extra-care housing scheme located nearer to her sister who was able to visit on a more regular basis.
- The Client Affairs Team continued to support Elizabeth in managing her financial affairs.

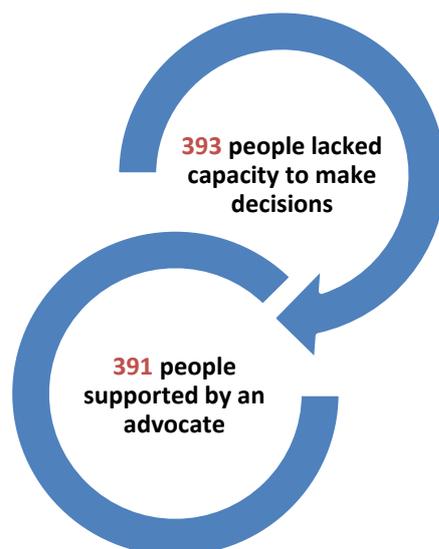
Analysis of outcome data

Impact on risk



In 2018 – 19, in **85%** of enquiries there was an identified risk to the adult and action was taken. In **93%** of these cases, the risk was either reduced or removed completely. This is a slight increase from **91%** in 2017 – 18. It should be acknowledged that it is unlikely that risk will be reduced or removed in 100% of cases, as individuals may exercise choice and control over the steps taken by authorities to mitigate the risk. The proportion of cases where risk remains has increased from **5%** to **7%**.

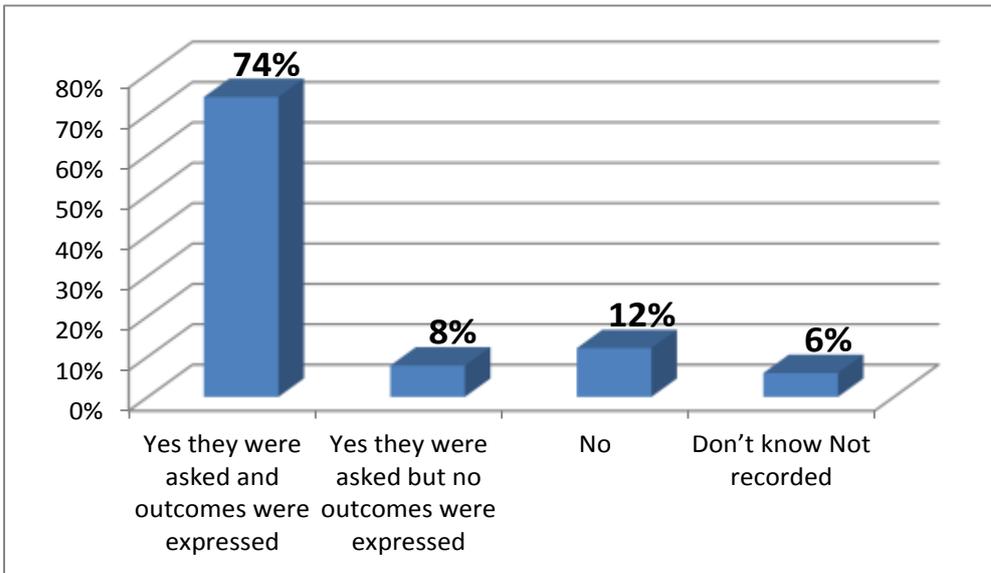
Support for adults at risk who lack capacity to make informed decisions



Nationally, **79%** of adults who lack capacity to make informed decisions about the enquiry receive support. In East Sussex, **99.5%** received support. This is an improvement from 2017 – 18 when **96%** were supported.

Outcomes achieved through safeguarding

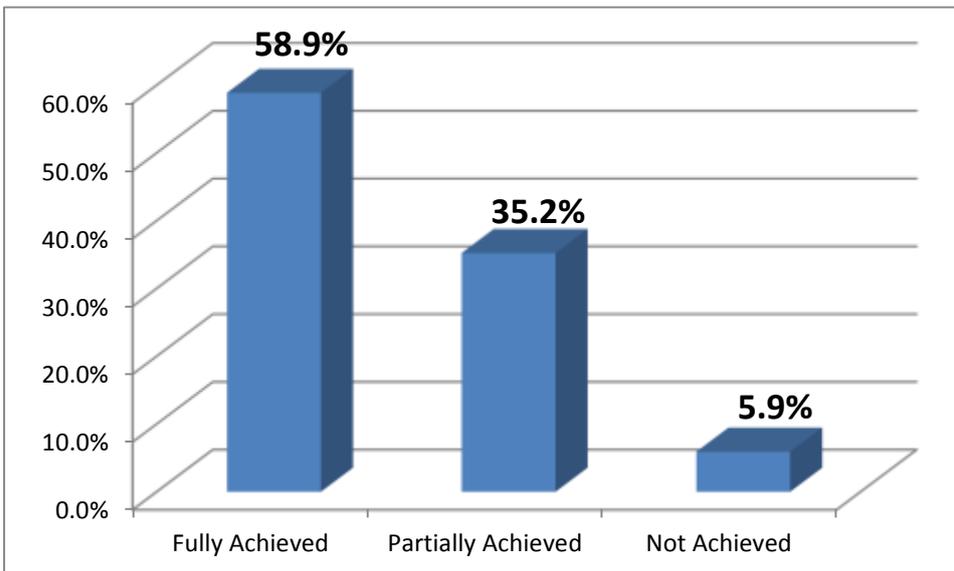
Number of adults who were asked for their desired outcomes:



In 2018 – 19, **82%** of adults were asked about their desired outcomes. This is a slight decrease from **84%** in 2017 – 18, however, it is still above the national average of **75%** for local authorities that submitted data relating to this in 2017 – 18.

A review of cases where outcomes were not asked found that these were all cases where the adult lacked capacity to make decisions in relation to the enquiry.

Of those who identified outcomes, the proportion whose outcomes were met:



In 2018 – 19, of those who expressed a desire for specific outcomes, in **94.1%** of cases those outcomes were either fully or partially met. This is a slight drop from last year when **94.6%** of outcomes were fully or partially met. It is, however, still higher than the average for local authorities who submitted data relating to this in 2017 – 18, (**92%**).

It is acknowledged that there will always be cases where outcomes will not have been achieved, for example, where desired outcomes are beyond the remit and control of the enquiry or enquiry manager, or where the situation has changed from the initial desired outcomes that were recorded.

Learning from complaints

All complaints about our safeguarding processes are taken seriously, as they help us to learn and improve how we do things in the future.

We aim to work with complainants in a mutually respectful way, and respond to their concerns fairly and openly. Generally, managers will look into any concerns that have not been considered within the safeguarding enquiry, when the enquiry has been closed. This is to ensure the focus of the safeguarding enquiry is maintained appropriately.

Findings are informed by looking at whether we have followed our processes and communicated in ways that we would expect. This is done through discussions with complainants, practitioners and other stakeholders, and by looking at records. We want to put things right when things have gone wrong to avoid someone else having the same experience in the future.

Because of the nature of safeguarding, we can expect that some people will not agree with the decisions or the outcomes of our enquiries. We do, however, always try to explain the actions we have taken and resolve any ongoing issues, wherever possible.

The total number of complaints recorded for Adult Social Care and Health (ASCH) for 2018 – 19 was 427. Of these 18 related directly to safeguarding, this is **4.25%** of the total complaints received.

In addition to these 18 complaints, four MP / councillor enquiries were received. This represents **2.5%** of the total number of MP / councillor enquiries received in 2018 – 19, which was 163 enquiries.

This compares to 20 complaints and two MP / councillor enquiries in 2017 – 18.

The 18 complaints received can be broken down as follows:

Complaint outcome	
Not upheld	12
Partially upheld	4
Upheld	2
Total	18

These complaints were broken down into the following complaint sub-categories:

Complaint sub-categories	
Delay in communication	1
Disagree with policy or procedure	1
Discrimination – not treated fairly	1
Failure to deliver a service	1
Incorrect information or advice given	2
Insufficient information given	1
Not to the quality or standard expected	4
Other communication cause	2
Unhappy with decision	5
Total	18

Key themes

Of the complaints received from clients or their representatives, key themes were about:

- Outcomes of safeguarding enquiries, including the actions agreed in the safeguarding plan.
- Safeguarding enquiries not addressing the concerns raised.
- The safeguarding process, particularly around communication, information and support provided during safeguarding enquiries.
- Delays in safeguarding enquiries.

Some complaints were from former workers and care providers involved in enquiries, and they were concerned about:

- Communication, inaccurate information, advice given and delays during safeguarding enquiries.
- Outcomes of safeguarding enquiries.

Learning and actions

We record learning at an individual, service and organisational level. Examples of learning and changes included:

Process and recording

- Emphasise the need and importance to thoroughly explain any actions undertaken.
- Conducting an offline safeguarding review to inform complaint response.

Partnership working

- Working with providers to prepare for important safeguarding meetings.

Compliments

We received three compliments about the safeguarding process from clients and their representatives:

“Thank you so much for chairing the meeting so effectively. We appreciate the concrete actions, follow-up and timescales, all of which were accepted by the provider. We hope that these things will improve the situation of current residents.

Please pass on our thanks and admiration to D who has done a very thorough investigation and analysis of the facts. Very impressive! The report meant that the provider had to accept the conclusions and do something about their failures. J was well prepared and gave a very good account of the findings.”

“Thank you for your work on this case. I know it hasn't always been that smooth and this just demonstrates how perseverance does pay off! Well done.”

“Just a card to thank you so much for all your help. F is now home and getting stronger by the day.”

The Safeguarding Development Team received the following feedback from adults and their representatives:



Lay members

Lay members are a critical part of the SAB. Their role is to enable effective ties to be developed between the SAB and the local community and to ensure the work of the SAB is transparent and accessible. The lay members also provide independent insight on behalf of the public into the work of agencies and the Board.

Lay members support the work of the Board by:

- Contributing to the development of strategies and plans to respond to and prevent abuse and neglect.
- Challenging the work of the SAB where required.
- Bringing an awareness and knowledge of the diverse communities and individuals living in East Sussex.
- Assisting the development of links between the SAB and community groups in East Sussex.

An additional lay member was recruited to the SAB in 2018 and, together with another lay member who has been a member of the SAB since 2016, has continued to support the work of the SAB. Over the next year there are plans to

develop links between the lay members of the SAB and LSCB to share experiences and establish wider networking across Sussex.

“Having been appointed as a lay member in 2018, I have had the opportunity to support the work of the Board over the past year. My role includes contributing to the development of strategies and plans to effectively prevent and respond to abuse and neglect, challenging the SAB where required and helping to bring about increased awareness and knowledge of the diverse communities and individuals living in East Sussex.

I have particularly enjoyed the opportunity to contribute to the discussions that take place in SAB and subgroup meetings, and how these effect change. As a member of the Safeguarding Community Network I have been pleased to see progress in a number of areas, including looking at ways to increase community participation, improve communication between the SAB and the voluntary and community sector, and consider how we can increase the feedback we receive from adults who have been involved in safeguarding enquiries.

It is clear that the SAB remains committed to its priorities and adheres to the principles and requirements of legal frameworks including the Care Act 2014. Its composition reflects the multi-agency partnership including statutory and voluntary partners as well as lay members.

There is still more work that is needed to monitor the impact of all implemented strategies and to ensure all partner agencies continue to work in partnership to achieve the aims set out in the SAB’s Strategic Plan.”

Board lay member, 2019

4.2 Ensure that people are aware of safeguarding and know what to do if they have a concern

Safeguarding leaflets

The safeguarding leaflet for members of the public was updated. This includes information about the types of abuse and neglect, and sets out how to raise any concerns in relation to someone who may be experiencing exploitation.

The leaflet can be accessed [here](#).

In addition, an easy read version of this leaflet was produced which can be accessed [here](#).

An easy read version of the Making Safeguarding Personal leaflet has been developed through the Safeguarding Community Network and this will be launched later in 2019.

Overcoming abuse: Ben's safeguarding story

A video created by Ben, a member of the Safeguarding Community Network, about his own experience of safeguarding was published on the SAB website and is available on this link:

<https://www.eastsussexsab.org.uk/>

The short film illustrates a powerful message about overcoming abuse and is a resource to be used to promote awareness of the impact of safeguarding and the importance of Making Safeguarding Personal.



East Sussex SAB on Twitter

The SAB has developed its use of social media over this year by increasing its use of [Twitter](#) to support the public in understanding the role of the SAB and to promote broader community engagement.

We have used Twitter to share examples of good safeguarding practice, and promoted awareness of a number of local and national campaigns and initiatives.

Future plans

- Review the Financial Abuse High Risk Strategy in September 2019.
- Launch an Easy Read version of the 'Making Safeguarding Personal' leaflet.
- Update content of SAB website to improve accessibility of information.

5.1 Ensure that all people involved in safeguarding have the appropriate skills, knowledge and competencies

Key training figures and initiatives

The East Sussex SAB provides a well-attended training programme, with courses receiving positive feedback from partner agencies.

All of our courses can be accessed via the [East Sussex Learning Portal](#). In response to feedback from some of our partners, we have also utilised Eventbrite as a means to book onto some of our training courses and events.

Adult Social Care & Health safeguarding training

April 2018 – March 2019

Course title	No. of courses
Safeguarding adults: basic awareness	11
Safeguarding adults and the law	1
Safeguarding adults: refresher	20
Making safeguarding enquiries for Enquiry Managers / Officers	4
Safeguarding adults – train the trainer / Train the Trainer Forum	2
Using coaching skills to support an adult to identify their desired outcome	3
Mental Capacity Act 2005	14
Deprivation of Liberty Safeguards	4
Self-neglect	5
Domestic violence and abuse – initial risk response and the MARAC process	3
Court skills for ASCH staff	3
Bespoke courses	27

Safeguarding adults e-learning training

April 2018 – March 2019

From 1st July 2018, ESCC took over developing and providing its own e-learning modules following the closure of the previous provider, KWANGO. The content of the new online safeguarding module, ADAPT, was updated with the topics including cuckooing, county lines, modern slavery, stalking and coercive control being added.

E-learning course title	No. of learners
Safeguarding adults	411
Mental Capacity Act	294
Domestic Abuse Module 1	253
Domestic Abuse Module 2	210
Domestic Abuse Module 3	131
Modern Slavery and Human Trafficking	67

Multi-agency training

Modern slavery

In response to the increasing demand for greater awareness amongst staff about modern slavery and the need to ensure that agencies have the appropriate level of skill and knowledge to respond to concerns about potential cases involving modern slavery and human trafficking, multi-agency training has been rolled out since October 2018. This involves the following stages:

Tier 1: Raising awareness This tier is for all staff. The Home Office [modern slavery booklet](#) provides an up-to-date, easy-to-read resource setting out some of the key facts about modern slavery. To supplement this, Home Office research '[A typology of modern slavery offences in the UK](#)' has broken down the broad categories of modern slavery into 17 distinct types of offence identified in the UK. This booklet will help to inform staff and increase understanding of the issues.

Tier 2: e-learning module This tier is aimed at staff requiring a bit more information and in-depth knowledge because of their role. The module explores:

- The 17 types of modern slavery (signs, symptoms, barriers to disclosure) in more detail.
- The global, national and local context.

- How to apply the learning to clients, carers and other people we may come into contact with in our day-to-day work.

Tier 3: Single Point of Contact (SPOC) training This tier is aimed at staff taking on the role of a SPOC. This face-to-face training is multi-disciplinary and will:

- Increase knowledge and understanding of legislation, policy and practice.
- Ensure an understanding of the role of the SPOC.
- Provide an opportunity to share experiences.
- Enable learning from others.
- Establish a network for peer support.

Evaluation of this training has identified a need to increase the numbers of frontline staff who are trained to take on the SPOC role, and to develop more enhanced training which will equip people to support potential victims of modern slavery through the National Referral Mechanism (NRM) process. Work will take place later in the year to develop the course content with the training scheduled to take place in the autumn of 2019.

Domestic abuse

The SAB has continued to be involved in the design and delivery of the domestic abuse training programme, delivered on behalf of the LSCB, SAB and Safer Communities Partnership. Feedback from the two day course 'A whole family approach to domestic abuse and promoting safety' continues to be very positive with staff benefitting from an increased focus on the impact of domestic abuse on the whole family.

Mental Capacity Act

The Safeguarding Adults Review for Adult A included a recommendation for the SAB to:

“Review the effectiveness of single and multi-agency training in raising awareness and confidence, and strengthening knowledge with respect to the Mental Capacity Act 2005, referrals to the Office of the Public Guardian and the Court of Protection”.

In response to this, the SAB has developed multi-agency Mental Capacity Act training which aims to develop understanding of, and confidence in, applying a multi-agency approach to managing issues involving the Mental Capacity Act in complex cases, including:

- How a multi-agency approach can assist with best interests decisions.

- How disputes around mental capacity and best interests can be resolved.
- The role of the Office of the Public Guardian (OPG) and the Court of Protection.

The first course was delivered in October 2018 with a further course taking place in March 2019. Further sessions are planned later in 2019. Staff who have attended the training have been asked to complete an evaluation designed to assess how effectively the training has embedded knowledge and has been applied to working practice. Feedback received has been positive overall, with the majority of staff feeling that the training has helped them develop a good understanding of the MCA and how this should be applied in practice.

Pan Sussex Learning and Development Strategy

Work has started to develop a three year Learning & Development Strategy from 2019 – 22, which will be shared across the East Sussex, Brighton & Hove and West Sussex SABs and will be published later in 2019. The aim of the strategy is to provide an over-arching framework for adult safeguarding training and workforce development across Sussex. The strategy provides a shared approach to the promotion of safeguarding competency frameworks, analysis of learning outcomes from Safeguarding Adults Reviews (SARs) and multi-agency audits and how such learning outcomes are put into practice.

Implementation of the strategy will support staff working with adults who have care and support needs to be competent and confident to carry out their responsibilities, and assist them in appropriately responding to, and preventing, abuse and neglect.

This strategy is also driven by requirements set out in the Care Act 2014:

- to create shared learning opportunities between agencies,
- to embed the Making Safeguarding Personal (MSP) principles into practice, and
- to ensure the new categories of abuse of modern slavery, self-neglect and domestic abuse are appropriately incorporated and addressed in training and development activities.

This strategy will sit alongside the national safeguarding competencies for multi-agency use, and the national Mental Capacity Act competency framework, both endorsed by all three Sussex area SABs.

Priorities for 2019 – 20

Coercion and control

Multi-agency training on coercion and control has been developed and will be delivered later in the year. Jointly facilitated by Sussex Police and Safe in East Sussex, the training will explore:

- The legal context.
- How to identify coercion and control.
- Mental capacity, coercion and control.
- How to support victims to gather evidence effectively.
- How to ensure your personal safety.
- How to use the Risk Indicator Checklist for coercion and control.

We are now in a position to roll this out on a multi-agency basis, and will be promoting dates through SAB members later in 2019.

Key safeguarding initiatives and training figures from SAB partner agencies can be found in Appendix 2.

Liberty Protection Safeguards

2020 will see significant changes to the Deprivation of Liberty Safeguards with the introduction of the Liberty Protection Safeguards (LPS), which is expected to be implemented in October 2020. There will be implications for many organisations (particularly NHS Trusts and CCGs) and the SAB will be involved in contributing to the development of the new training programmes.

5.2 Ensure clear links exist between partnership boards with accountability arrangements documented and understood to avoid duplication of workstreams

The SAB has formal links with a number of other strategic partnerships in East Sussex, including the Health and Wellbeing Board, Safer in East Sussex, Local Safeguarding Children Board, and East Sussex County Council's Scrutiny Committee. The commitment to these important links is set out in the [Joint Protocol – Partnership Working](#), which ensures that strategic priorities are better

aligned and focused on principles of Making Safeguarding Personal, and ensuring that safeguarding is 'everyone's business'.

The SAB is committed to maintaining regular liaison with Sussex-wide and national networks and forums, including participation at the South East Regional SAB Chairs and Board Managers meetings. The SAB Independent Chair also maintains regular liaison with other key strategic leaders, for example, the National Chairs Network. Our SAB Independent Chair also chairs a neighbouring Board which supports appropriate collaboration regarding shared themes and priorities.

Multi-agency arrangements for safeguarding children have changed in response to The Children and Social Work Act 2017, which has created a new statutory duty for police, health and the local authority to have equal responsibility to make local plans to safeguard and promote the welfare of children in their area. These local safeguarding partnerships will replace the Local Safeguarding Children Board (LSCB). The new arrangements for the [East Sussex Children Partnership](#) will be in place by the end of September 2019.

Given this significant change in arrangements to child safeguarding the formal review of the partnership protocol will now take place later in 2019.

Future plans

- Further development of multi-agency training opportunities including modern slavery, and coercion and control.
- Implementation of the Sussex Learning and Development Strategy.
- Review of the partnership protocol.

Conclusion

This annual report has presented the progress of the Safeguarding Adults Board (SAB) against its key priorities for 2018 – 19, and has shown the continued effort of all partner agencies to work together to safeguard adults from abuse and neglect.

We will continue to focus on developing and delivering multi-agency training to ensure that staff involved in safeguarding have the appropriate skills and knowledge. The SAB has published a number of policy and guidance documents this year, including the revised Sussex Self-neglect Procedures, Multi-Agency Mental Capacity Act Policy and Procedures, and Guidance on Raising Concerns about Abuse and Neglect. These also serve as resources to support effective safeguarding practice.

The SAB has commenced two Safeguarding Adults Reviews (SARs) this year and will ensure that learning from these is shared and embedded into practice appropriately over the coming year. The SAB also looks forward to our continued involvement in the research project with the University of Sussex, looking at learning from SARs and implementing organisational change.

Our strategic plan for 2018 – 2021 provides full details of our future plans that have been highlighted at the end of each section in this report. These plans will ensure adults with care and support needs are safeguarded from abuse and neglect as effectively as possible.

Appendix 1 – SAB Budget 2018 – 19

Income		Expenditure (excluding VAT)	
East Sussex County Council	£66,800	SAB Development Manager	£59,093
Sussex Police	£10,000	SAB Administrator	£9,659
East Sussex Healthcare NHS Trust (ESHT)	£10,000	Quality Assurance & Learning Development Officer	£28,214
NHS Hastings and Rother Clinical Commissioning Group (CCG)	£5,000	Independent Chair	£10,957
NHS Eastbourne, Hailsham and Seaford CCG	£5,000	Multi-agency Training programme (inc. admin. and safeguarding promotional materials)	£2,215
NHS High Weald Lewes Havens CCG	£5,000	Policy and procedures	£667
East Sussex Fire and Rescue Service (ESFRS)	£5,000	SAB Website	£1,080
Carry forward from 2017-18	£25,137	SARs / Multi-Agency Reviews (facilitator and venue costs)	£11,135
Totals	£131,937		£123,020

Appendix 2 – Additional updates from SAB partners

Adult Social Care and Health (ASCH)

Adult safeguarding activity / initiatives

- Safeguarding and mental capacity competency frameworks have been combined into a single practice quality assurance framework.
- Guidance in relation to managing enquiries into organisational abuse has been revised and aligned to the function of the Market Support Team in ASCH.
- The Lead Enquiry Officer (LEO) role has been piloted across a number of ASCH operational teams, and the role will be formally launched in the autumn of 2019.
- A Preventing Abuse Steering Group was established in the last quarter of 2018 – 19 to develop a strategy to prevent and reduce the incidence of abuse and neglect in the independent care home sector.

Priorities for 2019 – 20

- Undertake and complete all tasks remaining in the action plan developed following the South East ADASS peer review.
- Engage with SAB partners to revise the SAR Protocol to be informed by the SCIE Learning Together programme, with key areas to include SAR criteria and the recruitment and contract process with SAR lead reviewers.
- Review current rate of feedback provided to referrers of safeguarding concerns and aim to achieve improvements in this area.
- Implement the LEO role in safeguarding enquiries.
- The Principal Social Worker in ASCH to lead on implementation of the Liberty Protection Safeguards and workforce training plan in this area.

Clinical Commissioning Groups (CCGs)

Progress on 2018 – 19 priorities

- **Continue to improve awareness of domestic abuse, and appropriate responses by health professionals**

Domestic abuse awareness continues, with the provision of enhanced training to primary care colleagues and support to provider organisations to increase staff awareness.

- **Continue to improve application of the Mental Capacity Act (MCA), and promote awareness of the Court of Protection and Office of the Public Guardian**

The CCGs have supported and participated in the delivery of multi-agency MCA training.

- **Improve understanding of, and the response to, self-neglect**

Self-neglect has been included in Level 3 training.

Safeguarding Adults Review learning briefings have been disseminated.

The revised self-neglect procedures have been promoted throughout the organisation.

- **Increase awareness of modern slavery and human trafficking, and appropriate responses**

Participation in the planning and delivery of multi-agency modern slavery training.

The CCGs have three staff trained as Single Points of Contact (SPOCs) who are available for CCG and primary care staff to discuss any queries relating to modern slavery and human trafficking.

Level 3 training on modern slavery includes awareness of cuckooing and human trafficking.

- **Develop a Sustainability and Transformation Plan (STP) safeguarding profile, including safeguarding awareness and accountability within commissioned services**

The CCG safeguarding team continues to work collaboratively with health and social care colleagues across Sussex ensuring effective information sharing, sharing of lessons from Safeguarding Adults Reviews and Domestic Homicide Reviews, and ensure that any emerging themes are addressed and any lessons embedded into practice.

Ensuring a 'one team' approach which provides assurance of arrangements of commissioned providers and reporting any concerns through an STP management structure.

- **Continue partnership prevention work**

Throughout 2018 – 19, the CCGs have continued to work collaboratively and effectively with the SAB and partner agencies to ensure that there are effective safeguarding arrangements in place across health and social care.

The CCGs have contributed to Safeguarding Adults Reviews and Domestic Homicide Reviews in their areas, participating fully in panel meetings and learning events. The Designated Nurses have ensured that key lessons and action plans are shared across the organisation, and included in safeguarding training.

Adult safeguarding activity / initiatives

- Level 1 online training has been undertaken by 83% of staff with Level 3 face-to-face safeguarding training also being delivered to 83% of the workforce.
- Making Safeguarding Personal and the ethos of safeguarding being 'everybody's business' is embedded within safeguarding training.
- The CCGs have continued to promote the value of multi-agency working to implement steps that can be taken to strengthen a preventative approach.
- The CCGs have continued to promote and raise the profile of adult safeguarding within primary care practices, with links being forged with Safeguarding Leads, the Named GP for Adult Safeguarding and Designated Nurses.
- Face-to-face safeguarding training for primary care staff continues to be delivered on a monthly basis at locations across the CCGs.

Priorities for 2019 – 20

- To continue to strengthen the role of the safeguarding team within the commissioning cycle and assurance processes.
- To ensure health teams are prepared for the implementation of the Liberty Protection Safeguards (LPS).
- To embed the self-neglect procedures.
- To promote understanding and learning from Safeguarding Adults Reviews.

Sussex Police

Progress on 2018 – 19 priorities

- **Sussex Police adult safeguarding improvement plan. This is an aspirational working plan and subject to change and revision.**

This plan has been refined and an Adult Safeguarding Working Group has been formed to take forward the actions in the plan.

- **Development of Force Management Statements required by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), over four years. We are developing a consistent return regime that incorporates organisational governance, operational standards and performance. This information will be the benchmark for sharing with partners.**

The force is in the process of providing HMICFRS with data for year two.

- **Improving knowledge and awareness amongst officers and staff, specifically around adult safeguarding (under the Care Act and in accordance with the pan-Sussex procedures)**

This is captured in the force improvement plan and work is to be carried out over the next six months to ensure this is embedded.

- **Improving performance in relation to the completion of the Vulnerable Adult at Risk (VAAR) form. This will be done through the Combined Assessment of Risk Form (SCARF) review process.**

This action is also captured in the force improvement plan. The force will be implementing the Public Protection Notification module this year which will help drive improvements in the quality of the SCARF submissions.

- **Improving knowledge and awareness of mental capacity. This will be achieved by teams completing online training.**

This action is captured in the force improvement plan and work is due to be carried out over the next six months via the Adult Safeguarding Working Group.

Adult safeguarding activity / initiatives

- Following a recent SAR in East Sussex, Sussex Police has amended their force policy so that before an officer files a case of neglect as 'No Further Action' it must be peer reviewed by an officer not below the rank of Detective Sergeant based within the Safeguarding Investigations Unit or the Multi-Agency Safeguarding Hub (MASH).

- The force has invested in improving the way officers and staff handle investigations relating to stalking and harassment, and there are now almost 60 'Single Points of Contact' (SPOCs) for stalking and harassment, who can offer guidance and support around the investigation of these often dangerous crimes.
- We have worked closely with the stalking advocacy service, Veritas Justice, to drive improvements in our response to stalking and harassment.
- Domestic Abuse Matters training has been rolled out across the force and 200 mentors given enhanced training with regular continuous development sessions planned.
- Operation Signature (scam mail fraud) and Operation Edisto (courier fraud) continue as the force's operational response to identify and support vulnerable, and often elderly, victims of these types of fraud within Sussex. We continue to raise awareness internally and externally to ensure the public are aware of the support available to these victims.
- Safeguarding Toolkit: Sussex Police continues to use the safeguarding plan template to supplement the initial investigation template. The safeguarding plan has been developed to support how officers understand vulnerability and risk, and ensure consistency across the force in recording safeguarding plans. The safeguarding plan has been designed to be simple to use and is based around the principles of Remove, Avoid, Reduce and Accept (RARA).
- There has been a project in relation to the Gatwick Immigration Detention Estate to improve the engagement and reporting of potential victims of trafficking.

Priorities for 2019 – 20

- To improve knowledge, understanding and identification of vulnerability and the Mental Capacity Act amongst frontline officers and staff.
- To improve the protection of vulnerable adults by embedding a culture and practice of Making Safeguarding Personal.
- To improve outcomes for vulnerable adults by ensuring an effective, timely and consistent referral process.

Care for the Carers (CFTC)

Progress on 2018 – 19 priorities

- **Ongoing training and reflective practice with staff**

Safeguarding has been a regular topic of reflective discussion, safeguarding training has been delivered, and staff have continued to recognise indicators of abuse and raise safeguarding concerns appropriately. SAB resources such as the video 'Ben's safeguarding story' and learning briefings have been shared with staff.

Adult safeguarding activity / initiatives

- Joint working protocols have been developed between CFTC and various agencies, including the Alzheimer's Society and Cranstoun. The protocols seek to ensure that carers get the support they need when they need it, thereby achieving positive impacts for people with care and support needs.
- CFTC has worked with SAB partners to improve links and communication between the SAB and the voluntary and community sector, with an action plan in progress.
- Twenty five staff (100% of workforce) have completed safeguarding adults training, through either e-learning or more in-depth face-to-face training, in the last three years. Several staff have also attended other safeguarding related training, including Mental Capacity Act and Deprivation of Liberty Safeguards.
- In 2018 – 19, feedback from carers has been overwhelmingly positive about the impact of Care for the Carers' services on their lives. There has been a demonstrable improvement in carers' wellbeing, achieved by support and advice and counselling services.

Priorities for 2019 – 20

- Continue to work with the East Sussex SAB to build stronger links between the SAB and the voluntary and community sector by implementing an agreed action plan through the Safeguarding Community Network.
- Ongoing training and reflective practice with frontline staff.

Change, Grow, Live (CGL)

Adult safeguarding activity / initiatives

- During 2018 – 19, CGL STAR and the Portal were involved with completing thematic reports for Safeguarding Adults Reviews, Domestic Homicide Reviews and multi-agency audits. Learning and actions from these have been embedded into our service by workshops, refresher sessions at monthly staff meetings, case management and supervision processes.
- CGL STAR attends a monthly cuckooing / modern slavery forum which looks at individual cases.
- East Sussex drug and alcohol recovery service (STAR) continues to contribute to Coroner's inquests, and to embed a process of learning across the service from investigations into deaths. This has led to a significant increase in our offer of naloxone pens resulting in 91.7% of eligible service users being offered a naloxone pen. In addition, more staff have completed suicide prevention training, and we have joined the East Sussex Suicide Prevention Group.
- 93% of STAR staff and volunteers have completed safeguarding adults refresher training in 2018, and 89% have completed Mental Capacity Act training. All CGL@thePortal staff have completed the mandatory safeguarding adults classroom and online training.

Priorities for 2019 – 20

- To appoint a family worker.
- To review the induction programme for new staff within CGL STAR and the Portal.
- To review our organisational safeguarding strategy and policy to ensure that it makes explicit reference to Making Safeguarding Personal.
- To ensure that practice leads are trained to support staff who are working with clients who have experienced childhood sexual abuse.
- To expand CGL's 'dual diagnosis working together agreement' with Sussex Partnership NHS Foundation Trust (SPFT) mental health services to cover the Eastbourne area, as well as Hastings. This aims to improve the experience of people who need to access both mental health services and substance misuse services by enabling them to get their needs met through a combined approach which is informed by the expertise of both services.
- To develop a pan-Sussex joint working protocol with Sussex Partnership NHS Foundation Trust for people with dual diagnosis.

East Sussex Fire and Rescue Service (ESFRS)

Progress on 2018 – 19 priorities

- **Ensure that our new online training course is undertaken by all staff and volunteers**

The Safeguarding Essential iLearn course has been fully integrated, with 84% of the workforce of staff and volunteers having completed the training.

- **Encourage greater uptake of reporting concerns through the ‘coming to notice’ reporting mechanism once safeguarding training has been widely rolled out**

There has been an increase in safeguarding referrals raised by ESFRS reflecting greater understanding and confidence in this area.

Adult safeguarding activity / initiatives

- ESFRS continues to be involved in scams prevention work with ASCH, Trading Standards, Sussex Police and the National Scams Team.
- ESFRS is a member of the Pan Sussex Modern Slavery Network, and Multi-Agency Mental Capacity Forum.
- The Financial Abuse Strategy and associated toolkit have been embedded into a number of core areas including the Resilience Project.
- ESFRS led on developing the multi-agency Hoarding Framework.

Priorities for 2019 – 20

- To support the continuation of the iLearn training package, and ensure staff complete this on a yearly basis.
- To see an increase in the number of safeguarding concerns raised by the operational crew.
- To embed learning from Safeguarding Adults Reviews and multi-agency audits amongst staff.

East Sussex Healthcare NHS Trust (ESHT)

Progress on 2018 – 19 priorities

- **Embed the revised governance arrangements for the operational and strategic groups and safeguarding adults teams**

Safeguarding governance arrangements have been revised in accordance with the NHS Accountability Framework and Intercollegiate Document to improve operational understanding of safeguarding responsibilities.

The governance and reporting arrangements which are in place to provide scrutiny and assurance reflect the organisation structure divisionally and corporately. The Safeguarding Operational Group and Divisional Governance Meetings are held monthly and report into a bi-monthly Strategic Children and Adults Safeguarding Group. This group reports to the Trust Board via its Quality and Safety Committee.

- **Continue to review safeguarding training, introducing Level 3 safeguarding adults training, to include self-neglect and modern slavery**

ESHT has re-designed Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training.

Training has been delivered to key teams in ESHT to ensure that patients detained under the Mental Health Act (MHA) 2007 are safeguarded.

- **Deliver Prevent awareness training throughout the Trust, and address areas of low training compliance**

ESHT has successfully raised the profile of Prevent, attending the Regional Prevent Board and sharing information across the Trust through awareness and targeted WRAP training.

- **Introduce structured safeguarding adults supervision for ESHT professionals working in areas where there is an increase in patient vulnerability.**

ESHT has reviewed its services provided to young people aged 16 – 18 years from a safeguarding perspective, piloting a Safeguarding Transitions Specialist Nurse role to oversee patients placed on adults wards and outpatients specialisms such as diabetes.

Adult safeguarding activity / initiatives

- The ESHT Safeguarding Team was the winner of the Trust's Working in Partnership Award in 2018.

- Safeguarding policies have been updated to reflect current issues including county lines, cuckooing and modern slavery / human trafficking.
- A Policy for Allegations of Abuse Against Staff is in place which supports Trust professionals when dealing with such concerns.
- The Head of Safeguarding has revised collaborative working arrangements with Sussex Partnership NHS Foundation Trust to improve practice in relation to patients who are admitted to ESHT inpatient beds when they are sectioned under the MHA 2007.
- Funding has been secured for an Independent Domestic Violence Advisor (IDVA) working with the emergency departments, maternity services and Special Care Baby Unit.
- Increased delivery of safeguarding supervision in adult specialist areas, specifically the community which has managed complex caseloads including, for example, self-neglect.

Priorities for 2019 – 20

- To improve maternity services' practice and documentation in relation to pregnant women and domestic abuse.
- To develop a programme to support staff who are working with patients who self-neglect.
- To ensure that learning from Safeguarding Adults Reviews informs work around discharge planning.
- To consider the vulnerability of children who transition from Children's Services to Adult Social Care and Health Services within acute hospital settings.

Kent, Surrey, Sussex Community Rehabilitation Company (KSS CRC)

KSS CRC staff are responsible for identifying vulnerable adults with whom they work directly or indirectly. This may be adults supervised under statute or other adults in a service user's circle, including family and potential victims. At the start and throughout the service user's sentence, the Responsible Officer is required to identify key issues of vulnerability that relate to the service user's life, not only from a service user perspective, but in partnership with other key agencies including statutory, non-statutory and third sector. Identified risks are then managed with the service user and relevant agencies to reduce any identified concerns.

Progress on 2018 – 19 priorities

- **Our Strategic Lead to attend team meetings across Sussex to ascertain frontline practitioners' safeguarding needs, in relation to accessibility of policies and training etc**

This priority has been met with the Strategic Lead attending meetings across the CRC to support staff in fulfilling their statutory safeguarding duties.

- **Review of safeguarding policies (including staff safeguarding policy) to include stalking behaviours**

KSS CRC's safeguarding policy has been revised to ensure mental capacity and information about stalking behaviours have been fully addressed and responsibility clearly outlined.

- **Continue to publish articles that raise staff awareness of a variety of safeguarding issues**

We continue to raise awareness of our need to safeguard adults through different modes such as short articles via email on mate crime, and articles in the staff magazine regarding domestic abuse, adult and child neglect, and Making Safeguarding Personal.

Adult safeguarding activity / initiatives

- KSS CRC designed and implemented the safeguarding campaign 'See me, Hear me, Protect me, I am not invisible' which ran across the whole of the CRC and Seetec Group over a four month period. The campaign was based on the following themes: domestic abuse, exploitation, child neglect and abuse, radicalisation and mental health. At the end of the campaign all staff were encouraged to enter their teams into a safeguarding quiz to win a Chief Executive Team Award. Approximately twelve teams completed the quiz with an average pass rate of 93%.
- KSS CRC's Women's Strategy was launched in 2018 in response to evidence showing that women's pathways into offending are different from that of men, women are more likely to be sentenced to prison than men for non-violent crimes and be victims of domestic abuse. To support our work with women, we have trained our Women's Leads to facilitate a trauma informed approach in their work with women. The Leads have also been trained to facilitate our Believe & Succeed Women's Offending Behaviour Programme designed in conjunction with the Brighton Women's Centre. This has been well received by our women service users. We now have 204 women-friendly options for our women unpaid work cohort, of which 11 are now women only. This is fantastic progress for our women's strategy,

as we recognise the difficulty faced by our women service users in completing the unpaid work requirement in a majority male environment.

- KSS CRC's Research Department is currently conducting research regarding probation practice and working with families to support the service user in their rehabilitation journey. This research is being conducted across regional, national and international probation practice. Our service users and their families are being asked to contribute to this research with the aim of improving how KSS CRC works with them.
- We have continued to work closely with our partners including Brighton Women's Centre, substance misuse services and local mental health partnerships to ensure we are able to meet the specific needs of the different cohorts of our service users.

Priorities for 2019 – 20

- To focus on risk assessment and risk management, core aspects of probation practice, within a holistic context which includes identification of safeguarding needs.
- To develop practitioners' professional curiosity in identifying and pursuing warning signs relating to adult safeguarding, and tenacity in pursuing relevant referrals and safeguarding activities.

National Probation Service (NPS)

The NPS' responsibilities include sentence planning, assessment, supervision, risk management, monitoring and enforcement of multi-agency public protection arrangements (MAPPA), and preparation of Crown and Magistrates Court assessments of convicted offenders.

The NPS provides a public protection service to children and adults, working in partnership with other agencies.

Adult safeguarding activity / initiatives

- A key area of our work continues to be in relation to MAPPA and developing our practice and management of some of the most dangerous offenders in Sussex.
- Increased focus on the issue of homelessness for offenders and tackling serious organised crime (including county lines), and close working with partner agencies in these areas.

Priorities for 2019 – 20

- To increase understanding and consequent disruption of serious organised crime including county lines.
- To increase our partnership working and community presence, especially in relation to work with rough sleepers and the homeless.
- To promote reflective practice and peer learning in relation to safeguarding.
- To ensure that our Safeguarding Practice Improvement Tool drives up the quality of our risk management plans in direct relation to safeguarding actions as well as safeguarding objectives in sentence plans.

Sussex Community Foundation Trust (SCFT)

Progress on 2018 – 19 priorities

- **Rolling internal audit of Making Safeguarding Personal.**

This rolling audit is now core data collection and will continue.

- **Continue to capture data via advice line contacts that evidences the care and support that SCFT delivers to patients to protect them from harm or abuse.**

This has been implemented and will continue.

- **Following the provision of Level 3 adult safeguarding training to Band 6 and above Nursing and AHP adult services frontline staff, to open up Level 3 training to all bands of Nursing and AHP staff (Bands 3 – 7) working in frontline clinical care so that Level 3 training becomes 'business as usual' within adult services.**

Staff working at band 6 and above and AHP adult services frontline staff have all attended Level 3 training. The Adult Safeguarding Team will now make Level 3 adult safeguarding training available to all bands of Nursing and AHP staff (Bands 3 – 7) working in frontline clinical care.

Adult safeguarding activity / initiatives

- The SCFT Adult Safeguarding Advice Line provides frontline staff with live supervision to facilitate safeguarding support.

- A Mental Capacity Assessment Tool and Best Interests Decision document is now accessible to all Nursing and Allied Health Professional staff via the SCFT intranet.

Priorities for 2019 – 20

- To ensure all staff have received training to attain the appropriate level of safeguarding competencies, and in line with this target for the Adult Safeguarding Team to review and amend the Level 3 training.
- To continue to review and amend stretch targets with an aim of 85% compliance of target cohort by 2021 which will then reflect Trustwide training targets.

South East Coast Ambulance Service NHS Foundation Trust (SECamb)

Adult safeguarding activity / initiatives

- The safeguarding team has worked closely with the Trust's Quality Improvement Hub to develop monthly safeguarding posters which have included areas of learning for the organisation.

Priorities for 2019 – 20

- To embed a greater understanding of domestic abuse and how to support staff in working with patients experiencing domestic violence and abuse.
- To increase understanding of the link between the Mental Capacity Act and consent in our service.
- To develop a stronger model of safeguarding supervision across the organisation.

Sussex Partnership NHS Foundation Trust (SPFT)

Progress on 2018 – 19 priorities

- **Improved and timely data reporting.**

The quality and detail of data reporting has improved through changes to both internal and external reporting processes. Internal data from the incident reporting system is cross referenced with data held by the local

authorities. Quarterly data is presented to the Quality Committee and to the CCGs.

- **Development of Level 3 safeguarding adults face-to-face training.**

Level 3 safeguarding adults training has been developed and, from April 2019, has been mandatory for all clinical staff at bands 6 and 7.

- **Compliance with NHS England requirements regarding Prevent training.**

As of February 2019, we are meeting NHS England mandatory training requirements for Prevent.

- **Raised awareness and improvements in practice – embedding safeguarding culture in everyday practice.**

The Safeguarding Team provides support and consultation to staff in relation to safeguarding issues, provides awareness training for teams on request and promotes the awareness raising work of the Sussex Safeguarding Boards.

- **To continue to provide governance and assurance through the local safeguarding management groups.**

A programme for regular attendance by adult and children's safeguarding leads at Care Delivery Service (CDS) Boards is being established.

- **Improved learning and governance with regard to safeguarding adults reviews and domestic homicide reviews.**

Trustwide learning events have been held jointly with the Governance Team. Learning is also disseminated to the relevant operational service and teams. Stronger links with the Governance Team have been established with a new joint process being developed to include a high level scrutiny meeting chaired by the Chief Nurse.

Targeted training has been provided in relation to both adult and children's safeguarding in both inpatient units and community teams.

By the end of March 2019, we had achieved compliance in all mandatory training areas including the Level 3 Specialist Children's Safeguarding training.

Trustwide learning events have been held by the Safeguarding Team on child sexual exploitation, modern slavery and county lines.

Adult safeguarding activities / initiatives

- Current work with the Joint Unit for Domestic and Sexual Abuse and Violence against Women and Girls to improve the interface between the Unit and SPFT.

Priorities for 2019 – 20

- To develop a Trustwide safeguarding strategy for adults and children.
- To improve the data we record and are able to use in relation to safeguarding.
- To improve governance processes which include evidence of clear reporting lines, roles and robust scrutiny of Safeguarding Adults Reviews, Domestic Homicide Reviews, Serious Case Reviews and learning.
- To implement a Trustwide revised training strategy to enable staff to learn through experience and broaden their knowledge and skills.
- To champion the patient and carer voice and provide opportunities for greater involvement in safeguarding training and forums.

Appendix 3 – Partners of the East Sussex SAB

Partners of the East Sussex Safeguarding Adults Board are:

- East Sussex Adult Social Care & Health
- Hastings & Rother Clinical Commissioning Group, Eastbourne, Hailsham & Seaford Clinical Commissioning Group, High Weald Lewes Havens Clinical Commissioning Group
- Sussex Police
- Care for the Carers
- Change, Grow, Live (CGL)
- District and borough council representation
- East Sussex Fire and Rescue Service
- East Sussex Healthcare NHS Trust
- Healthwatch
- HMP Lewes
- Homecare representatives
- Kent, Surrey, Sussex Community Rehabilitation Company
- Lay members
- Local Safeguarding Children's Board
- National Probation Service
- NHS England
- Registered Care Association
- South East Coast Ambulance Service NHS Foundation Trust
- Sussex Community Foundation Trust
- Sussex Partnership NHS Foundation Trust
- Trading Standards
- Voluntary and community sector representation

Appendix 4 – Glossary of key terms

Safeguarding concern A ‘safeguarding concern’ is when someone has reasonable cause to suspect that an adult with care and support needs, who is unable to protect themselves because of those needs, is experiencing or is at risk of abuse or neglect.

Three key tests in the Care Act The three key tests relate to adults covered by these safeguarding procedures.

Safeguarding duties apply to any adult who meets the three key tests, namely:

- has needs for care and support (whether or not the local authority is meeting any of those needs), and
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those care and support needs is unable to protect themselves from the risk or experience of abuse or neglect.

Once the local authority has reasonable cause to believe an adult meets these tests, the Section 42 duty to undertake a safeguarding enquiry is triggered. However, the local authority may still decide to undertake an enquiry where the three tests in the Care Act are not met

Note Carers are also covered by these procedures where they meet the three tests set out above.

Safeguarding enquiry The action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place.

An enquiry can range from a conversation with the adult to a more formal multi-agency plan or course of action.

A safeguarding enquiry starts when the initial information gathering has established that all three of the Section 42 criteria are met or, where the criteria are not met, the decision has been made that it is necessary and proportionate to respond as a safeguarding enquiry (ie. ‘other safeguarding enquiry’).

Section 42 enquiry Those enquiries where the adult meets **all** of the Section 42 criteria ie. the three key tests.

The local authority must make, or cause other agencies or organisations to make, enquiries when the Section 42 duty is triggered.

Other safeguarding enquiry Enquiries where an adult does not meet all of the Section 42 criteria but the local authority has the power under the Care Act to undertake an enquiry where it considers it necessary and proportionate to do so.

Safeguarding Adults Board (SAB) Safeguarding Adults Boards (SABs) are multi-agency partnerships that are committed to the effective safeguarding of adults in their local area.

A vital aspect of the work of a SAB is to ensure information is available to the public, staff working in partner agencies, adults with care and support needs, and informal carers.

The Care Act 2014 sets out the core purpose of a SAB as ensuring that local safeguarding arrangements are effective and take account of the views of the local community. In setting out to achieve this, it must:

- Publish an annual report outlining its work and the findings of any Safeguarding Adults Reviews. The report must be available to member organisations and the public.
- Publish a strategic plan each financial year with key objectives, consulting with Healthwatch and developed with local community involvement. The SAB must also take account of the views of people who use care and support services, their families and carer representatives.
- Undertake any Safeguarding Adults Reviews (SARs).

Safeguarding Adults Review (SAR) Safeguarding Adults Boards must arrange a SAR when an adult in its area has experienced, or dies as a result of, serious abuse or neglect (known or suspected), and there is concern that partner agencies could have worked more effectively together. The aim of the SAR is to identify and implement learning from this.

Making Safeguarding Personal (MSP) A 'Making Safeguarding Personal' approach means safeguarding responses should be person-led and outcome-focused.

The person should be engaged in a conversation about how best to respond to their safeguarding situation in a way that enhances their involvement, choice and control as well as improving their quality of life, well-being and safety.

Report to: Health and Wellbeing Board

Date: 10th December 2019

By: Healthwatch East Sussex

Title of report: Healthwatch East Sussex High Weald Listening Tour

Purpose of report: To provide an overview and summary of the recent Healthwatch East Sussex High Weald Listening Tour

RECOMMENDATION

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

1. Background

1.1 A Listening Tour is a programme of extensive engagement activity developed to generate diverse and inclusive public feedback on their experiences of health and care services, including the wider social determinants of health.

1.2 Over two weeks in June 2019, Healthwatch East Sussex (HWES) conducted a Listening Tour of the High Weald area of East Sussex. HWES visited various locations centred around Crowborough, which is in the High Weald area.

2. Supporting Information

2.1 The report attached as appendix 1 provides an overview and summary of the key findings of the Rural Listening Tour activity. Key findings from all the visits will be included in the full Listening Tour report when it is published in January 2020.

3. Conclusion and reasons for recommendations

3.1 The Board is recommended to note the report.

JOHN ROUTLEDGE
Executive Director

Contact Officers: John Routledge and Liz Mackie
Tel: 01323.403590
Email: john.routledge@escv.org.uk

BACKGROUND DOCUMENTS

None

This page is intentionally left blank

Healthwatch East Sussex High Weald Listening Tour

June 2019

Overview and summary of findings

Report Date: 28th November 2019

For: East Sussex Health & Wellbeing Board meeting on 10th December 2019

Healthwatch East Sussex *High Weald* Listening Tour

A Listening Tour is a programme of extensive engagement activity developed to generate diverse and inclusive public feedback on their experiences of health and care services, including the wider social determinants of health.

Over two weeks in June 2019, Healthwatch East Sussex (HWES) visited various locations centred around Crowborough in the High Weald area of East Sussex.

The area falls within the Wealden District Council borders and is mostly within the High Weald Lewes & Havens Clinical Commissioning Group (CCG) area, with some overlap with the Hastings & Rother CCG area.

As with previous Listening Tour activity, we looked at data that already exists, such as Public Health East Sussex information. We also undertook *Community Observation Walks* to inform our engagement planning and delivery.

The High Weald area has a large number of elderly residents who enjoy relatively good health outcomes and life expectancy, compared to other parts of the county and indeed the rest of the UK.

However, according to Public Health records, residents in the Wealden ward of Hailsham East have the highest levels of health problems and disabilities in East Sussex at 39% compared to a 21% average across the county.

The High Weald has one of the lowest percentages of households able to access a GP within 15 minutes by public transport and has the lowest percentage of residents accessing East Sussex NHS general dental services.

Emergency admissions for accidents and injuries, and for falls injuries in older people are similar to the rest of the County. The High Weald has one of the lowest percentages of unpaid carers providing 20 hours or more care per week.

Delivering a rural Listening Tour

To assist with the logistics of delivering a rural Listening Tour and raise the profile of Healthwatch East Sussex (HWES) in the area, we enlisted help from 'Chatty Van' a mobile engagement resource that *Healthwatch Cumbria* hire out.

'Chatty Van' visited Crowborough, Heathfield, Mayfield, Wadhurst, Ticehurst, Burwash, Forest Row and Groombridge, at different days and times during the two weeks in June 2019.

Partnering with colleagues in the voluntary sector, our outreach teams visited: Nutley, Stonegate, Burwash Common and Hartfield.

The **key benefit** for undertaking this activity is the unique value of the insight gathered. The vast majority of people we engaged with have rarely if ever given feedback about the health and care services they use or heard of HWES.

Crunching the Numbers

Engagement opportunities:

- 23 different events over 16 different locations
- 7 NHS Dental Practices
- 4 Community Pharmacies (Wadhurst, two in Crowborough and Heathfield)

Total 34

Partner involvement

We were delighted to work with a diverse range of **25** partners including:

- Staff from statutory organisations such as East Sussex County Council (ESCC), NHS and Wealden District Council
- CQC Inspectors and Managers
- Representatives from the Voluntary Community Sector (VCS); and
- Private sector businesses

We Listened to the views of

- A total of **407 local people** completed our mini and more detailed surveys
- **62 local people** when we visited seven NHS Dental practices in the area; and
- 4 Community Pharmacists
- We held conversations with an additional **240 local people** who declined to complete a survey
- On Social Media activity - our messages reached **over 9,000** people

Our Findings

What we heard

- A significant minority of people in the area spoke about having private health insurance, therefore not always accessing NHS services
- A lot of praise for local community hospitals (Crowborough and Uckfield) by well-informed residents
- Access to GPs featured often in the responses, with a mix of positive and critical reviews, where many people found it difficult to get an appointment
- Local pharmacies received positive mentions, they are valued by local people in the area for not only administering prescriptions but for advice, information sharing and acknowledgement of the role they play in supporting GPs and A&E departments
- During conversations with people around Adult Social Care most (57%) said in the event they became frail or disabled, family members would care for them, and 41% said that 'Family' members would pay if they needed to live in a care home

How did people share their feedback with us?

We asked people to complete a mini survey relating to the NHS and Adult Social Care (ASC), or spend more time to complete a longer survey about their experiences using services, or the experiences of the person they cared for.

- **365 people** completed our Mini Survey.

Some of the top answers include:

What's the best thing about the NHS?

- Top answer was 'Free at the point of entry' with 32% followed by 'Accessible to all' at 16% and third was the 'Dedicated staff' at 11%.

What's the worst thing was about the NHS?

- The top response was 'Waiting times' 25% followed by 'Underfunded 9.3 %' and 'Understaffed' 6.3%

What one change would improve the NHS?

- Joint top was 'More staff' and 'More funding' both 9.5 %. Third was 'Improve communication' where people listed improving communication within NHS systems and more joining up of services with local councils.

We also asked about Adult Social Care services;

If you or someone you care for become frail or disabled, who would look after you?

- 207 (57%) said 'Family'
- 53 (14%) said NHS,
- 31 (8%) said Friends
- 21 (6%) Council
- 38 (10%) said they 'Don't know).

Who would pay if you needed to live in a care home?

- 119 (41%) said Family
- 62 (21%) said Don't know
- 42 (14%) said Council
- 39 (13%) said *other; and
- 25 (9%) said NHS

**Where respondents ticked 'other' most common responses here was 'myself'*

What one change would help you to live at home for as long as possible?

- 107 (48%) people said - Care services at home; NHS and ASC
- 31 (14%) said 'Equipment and home adaption; and
- 25 (115) said Money - more investment in services

Headline responses to the supplementary Rural Village survey

42 people completed the full Listening Tour survey, 11 (28%) declared themselves as a carer.

34 (94%) had used local services in the past six months which included:

- 31 (91%) GP
- 22 (65%) Local Dentist
- 23 (68%) Local Pharmacy
- 12 (35%) Acute hospital services such as outpatients, clinics and A&E

When asked which acute hospital they used, the following responses received were:

- 10 visited Eastbourne District General Hospital (EDGH), some returning patients
- 5 visits to the Conquest Hospital in Hastings (including 1 attendance at the Maternity unit)
- 2 visits to Tunbridge Wells Hospital at Pembury
- 1 to William Harvey hospital in Ashford
- 1 visit to Princess Royal Hospital in Haywards Heath; and

- 1 visit to Uckfield Community Hospital

The survey went on to ask about how satisfied people were with the services they used, whether they found it easy to access information and advice they needed about health and care services and being able to access the right care and support when needed.

Responses were largely positive from people regarding satisfaction with the service and access to information. *Accessing the right care and support when needed was divided with a 57% response strongly agree/agree and the remaining, neither agree nor disagree, disagree and a small number strongly disagreed.*

The service receiving the most positive responses was patients visiting their GP service with 25 (87%) very satisfied or satisfied.

There is more data available in the full report, this is just a flavour of some of the responses.

New for 2019

We included in the Listening Tour a short review of **NHS Dentists** in the area, eight High Street practices were identified and seven were visited using HWES's enter and view duties. (One practice declined).

Our research data on dental practices in the area indicated, not everyone had positive experiences

- accessing NHS dentist treatment; and
- received high quality treatment.

Mystery shopping research we conducted also indicated that patients did not always receive high quality, up to date information on:

- how to access emergency dental care; and
- information explaining the different charging bands.

To gather further insight, follow up visits by our Authorised Representatives were made to the NHS Emergency Dental Service in Eastbourne over a two-week period in August.

Key findings from all the visits will be included in the full **Listening Tour report** when it is published in January 2020. This paper represents a short summary of all the Rural Listening Tour activity.

Healthwatch East Sussex
28th November 2019.

This page is intentionally left blank

East Sussex Health and Wellbeing Board Work Programme

Date of Meeting	Report
3 March 2020	East Sussex Health and Social Care Programme– quarterly monitoring report
	Director of Public Health Annual report
	Children and young people mental health and emotional wellbeing review
	Continuing Healthcare
14 July 2020	Workshop meeting - to look at and agree milestones and Key Performance Indicators (KPIs) for monitoring on integrated health and social care partnership
	Joint Strategic Needs and Assets Assessment (JSNAA) Annual Report
	East Sussex Health and Social Care Programme– quarterly monitoring report
	Healthwatch Annual Report
17 September 2020	East Sussex Health and Social Care Programme– quarterly monitoring report
8 December 2020	Pharmaceutical Needs Assessment (every 3 years and next due by end of 2020)
	East Sussex Health and Social Care Programme– quarterly monitoring report
	Safeguarding Adults Board (SAB) Annual Report 2019-20
	Children’s Safeguarding Annual report 2019-20
TBC	

East Sussex Health and Wellbeing Board Work Programme

Pharmaceutical Needs Assessment (every 3 years) next due 2020