EAST SUSSEX HEALTH AND WELLBEING BOARD

THURSDAY, 30 SEPTEMBER 2021

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 Rebecca Whippy, Eastbourne Borough Council Louise Ansari, East Sussex Clinical Commissioning Group Jessica Britton, East Sussex Clinical Commissioning Group Dr David Warden, East Sussex Clinical Commissioning Group Mark Stainton, Director of Adult Social Care Alison Jeffery, Director of Children's Services Darrell Gale, Director of Public Health John Routledge, Healthwatch East Sussex Sarah MacDonald, NHS England South (South East) Joanne Chadwick-Bell, East Sussex Healthcare NHS Trust Siobhan Melia, Sussex Community NHS Trust Samantha Allen, Sussex Partnership NHS Foundation Trust
INVITED OBSERVERS WITH SPEAKING RIGHTS	Councillor Paul Barnett, Hastings Borough Council Councillor Adrian Ross, Lewes District Council Councillor John Barnes MBE, Rother District Council Becky Shaw, Chief Executive, ESCC Mark Matthews, East Sussex Fire and Rescue Service Katy Bourne, Sussex Police and Crime Commissioner Geraldine Des Moulins, Voluntary and Community Sector representative

A G E N D A

1 Minutes of meeting of Health and Wellbeing Board held on 13th July 2021 *(Pages 3 - 8)*

2 Apologies for absence

3 Disclosure by all members present of personal interests in matters on the agenda

4 Urgent items

Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently

5 East Sussex Health and Social Care Programme - update report *(Pages 9 - 26)*

6 East Sussex Outbreak Control Plan *(Pages 27 - 28)*

7 Annual report of the Director of Public Health, 2020 - A year of COVID *(Pages 29 - 92)*

8 Safeguarding Adults Board Annual Report *(Pages 93 - 136)*

9 Health and wellbeing inequalities of residents at Kendal Court, Newhaven and homeless people accommodated by Brighton and Hove City Council in temporary accommodation in East Sussex *(Pages 137 - 186)*

10 Work programme *(Pages 187 - 188)*

11 Any other items previously notified under agenda item 4

PHILIP BAKER
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22 September 2021

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EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 13 July 2021.

MEMBERS PRESENT	Councillor Keith Glazier (Chair) Councillor Carl Maynard, Councillor John Ungar, Councillor Trevor Webb, Councillor Philip Lunn, Dr David Warden (Deputy Chair), Ashley Scarff, Keith Hinkley, Stuart Gallimore, Darrell Gale, Joanne Chadwick-Bell, Samantha Allen and Elizabeth Mackie
INVITED OBSERVERS PRESENT	Councillor Zoe Nicholson, Councillor John Barnes MBE, Becky Shaw and Sarah Deason

1. MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 2 MARCH 2021

1.1. The minutes of the meeting held on 2nd March 2021 were agreed as a correct record.

2 APOLOGIES FOR ABSENCE

2.1. Apologies for absence were received from:

- Cllr Paul Barnett
- Sarah MacDonald
- Siobhan Melia
- Mark Matthews

2.2. The following substitutions were made:

- Ashley Scarff substituted for Jessica Britton
- Keith Hinkley substituted for Mark Stainton
- Carol Pearson substituted for Louise Ansari
- Elizabeth Mackie substituted for John Routledge
- Sarah Deason substituted for Geraldine Des Moulins

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

3.1. There were no disclosures of interest.

4 URGENT ITEMS

4.1. There were no urgent items.

5. EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME - UPDATE

5.1. The Board considered a report providing an update on progress with planning for 2021/22 and the preparation for the implementation of NHS White Paper 'Integration and Innovation - working together to improve health and social care for all'.

5.2. The Board asked whether there will be more resources for GP practices to help them integrate with community health and social care services.

5.3. Ashley Scarff, Deputy Executive Managing Director – East Sussex Clinical Commissioning Group (CCG), said the funding for primary care is ringfenced and this helps to ensure it is targeted to meet the needs of primary care services, including GP practices. The East Sussex Health and Social Care Partnership's (ESHSCP) strategy includes moving towards earlier medical interventions in primary care settings to help improve outcomes, which means funding for GP practices and Primary Care Networks (PCNs) will remain a priority. Dr David Warden, Chair of the CCG, said that all CCGs will be abolished next April 2022 and the commissioning functions will move to the new Integrated Care Systems (ICS). This means GPs will no longer control the spending for healthcare locally, however, PCNs will in future be the voice of GPs locally and the mechanism for GPs to develop closer working relationships with the rest of the healthcare sector. Vicky Smith, Programme Director - East Sussex Health and Social Care Transformation, said the transition from CCGs to ICS will cause disruption and involves significant work, but there is a general feeling that East Sussex health and care sector is in a good place to make the change and benefit from it.

5.4. The Board asked how the roles of the ESHSCP and HWB will change under the new legislation.

5.5. Keith Hinkley, Executive Director of Adult Social Care and Health, said the ESHSCP Partnership Board will continue as before engaging with a wider range of partners, such as care home providers, and district and borough councils, to develop and deliver integrated care locally. The HWB will retain its role of overseeing the overall direction of the ESHSCP.

5.6. The Board asked whether the ESHSCP's priorities are quantifiable and whether there were any baseline measures that could enable the HWB to measure the progress of the ESHSCP.

5.7. Vicky Smith said the ESHSCP had been reviewing its outcomes framework following the agreement by the HWB of key outcomes at its March 2020 meeting, however, this was delayed due to the pandemic. The key outcomes related to population health, improved quality and experience of care, and sustainable transformation of services. The next step is to complete this piece of work and produce key indicators for these outcomes and begin reporting to the Board at future meetings whether they are being met.

5.8. The Board asked whether there were sufficient resources to ensure the Strategic Development Framework could be delivered on time, especially given the amount of milestones that land in Q4 21/22, shortly before the objectives are due to be implemented.

5.9. Vicky Smith said that developing Strategic Development Framework is a negotiated process between many different stakeholders who all have to be broadly in agreement. The later milestones will allow enough time for all the organisations involved to undertake detailed planning to agree a vision between themselves before producing final written documentation in Q4, such as detailed business cases. The system does have the capability to develop integrated services at pace, as evidenced by the community hubs that were developed during the COVID-19 outbreak between the NHS, East Sussex County Council, district and borough councils, and Voluntary, Community and Social Enterprise (VCSE) sector.

5.10. The Board RESOLVED to:

1) Note the key agreements reached to date to support our continued collaboration and implementation of the White Paper; and

2) Note the progress with our planning activity focussing on our partnership work and shared plans aimed at improving population health and delivering more integrated care.

6 HEALTHWATCH ANNUAL REPORT 2020-21

6.1. The Board considered a report providing an overview of Healthwatch East Sussex's Annual Report 2020-21 – On equal terms: Then and now.

6.2. The Board asked whether Healthwatch should focus on access to primary care, in particular dentistry.

6.3. Simon Kiley, Evidence and Insight Manager, said Healthwatch had been relaying concerns about access to dentistry – as well as other services like GP practices, Emergency Departments and NHS 111 – to all avenues possible, including through its national network, and via the Sussex Health and Care Partnership (SHCP), where it has representation. It is seeking responses from the relevant commissioning organisations responsible for these services.

6.4. The Board asked about how people have been able to access GP services during the pandemic

6.5. Dr David Warden said it has been extremely difficult for GP practices during COVID-19, however, many have coped well and developed new ways of working including virtual appointments and triage. In addition, they have maintained face-to-face appointments and have been delivering a significant component of the vaccine programme. Dr Warden agreed that access to GP services has room for improvement, however, the public also needs to be made aware of all the other urgent care options available to them, including NHS 111 and local pharmacies, that may be more appropriate than seeing a GP in many cases. Elizabeth Mackie, Volunteer and Community Liaison Manager, said she had received lots of good examples of GP practices working well and that the main concerns of patients related to access to dentistry.

6.6. The Board asked whether the CCG has produced the pre-merger guidance for GP Practices mentioned by Healthwatch.

6.7. Ashley Scarff said there is not specific guidance as each merger is unique, but the CCG will work closely with all GP practices planning to merge through a framework of areas such as patient lists, how specific sites are managed, the different needs of patients and geography between sites. All learning from a completed merger is then taken on board and applied for future mergers. Elizabeth Mackie added that the largest number of contacts about GP practices received by Healthwatch relate to overwhelmed telephony systems caused by a merger of practices. Simon Kiley agreed that it was important that the CCG prompts practices to have early discussions about facilities and infrastructure, as issues such as telephone systems being overloaded otherwise come to light when it is too late. He added that COVID-19 played a role in the issues around telephony by placing additional demand on phone systems that otherwise would not have been there.

6.8. The Board asked whether the list of top 5 priorities for 2021/22 was in any kind of order and if so, why Children and Young People – wellbeing, especially mental health was last.

6.9. Elizabeth Mackie said the priorities were not hierarchical and there is already a project underway for young people with mental health. Healthwatch has also recruited 10 young people to help develop a Young Healthwatch for people aged 14-18 and one of their key priorities is young people's mental health.

6.10. The Board RESOLVED to note the report and thank Healthwatch for its work in complying the report and engaging with residents.

7 HEALTH AND WELLBEING INEQUALITIES OF RESIDENTS AT KENDAL COURT, NEWHAVEN AND HOMELESS PEOPLE ACCOMMODATED BY BRIGHTON AND HOVE CITY COUNCIL IN TEMPORARY ACCOMMODATION IN EAST SUSSEX

7.1. The Board considered a report providing information on the significant welfare concerns about the placing of unsupported homeless people in Kendal Court and the wider Lewes and Eastbourne areas by Brighton and Hove City Council (BHCC).

7.2. The Board asked whether there were staff on site at Kendal Court 24/7.

7.3. Keith Hinkley said Kendal Court is not set up as a 24/7 care service and East Sussex County Council (ESCC) is not trying to make it into one. The Council is seeking to ensure that BHCC provide appropriate support for those vulnerable people who are placed there. There are ways of providing this support in a consistent way to people in the unit, but not as a 24/7 service.

7.4. The Board asked whether there was a known length of stay of residents.

7.5. Keith Hinkley said there is minimal throughput of clients, i.e., some clients have been there for a very considerable time, and this is one of the main areas of concern.

7.6. The Board asked whether BHCC, as a neighbouring authority, had been engaged sufficiently over the issue. The Board also asked whether BHCC should be reported to the Ministry of Housing Communities and Local Government (MHCLG) for not fulfilling its statutory duties.

7.7. Keith Hinkley said that ESCC has made it clear that the needs of the residents placed at Kendal Court are at the forefront of the actions being undertaken by the Council. The Director of Adult Social Care and Health said that homeless support was a complex issue that local authorities face, but ESCC is committed to working collaboratively and had sought over a period of time to address these challenges with BHCC. It is clear, however, that during this time fundamental issues around people receiving the right care and support to meet their needs have not been addressed, even though they are solvable. BHCC has been informed about this report and the local authority's views had been reflected in the report's contents. Health and wellbeing boards are concerned with the oversight of the wellbeing of local residents, which is why this issue has been escalated to the East Sussex HWB. The proposed letter will raise the Brighton & Hove HWB's awareness of the issue and will provide a further opportunity to work together in the best interests of these vulnerable people who have been placed in Kendal Court and elsewhere in East Sussex. A further update is proposed in September and it will give the HWB the opportunity to reflect on next steps if progress is not made.

7.8. The Board took the view that it should be a very strongly worded letter, as residents in East Sussex had expressed concern about the plight of these vulnerable homeless people who had been placed across the county by BHCC, and meeting their needs was a clear strain on ESCC and the district and borough council's resources. BHCC is a neighbour and attempts should be made to work together as far as practicable, however, if no progress has been made by September there could be a need to escalate the matter further.

7.9. The Board RESOLVED to:

1) note the concerns highlighted in this report and the work undertaken to try and address them;

2) agree that the Chair of the Health and Wellbeing Board write to the Chair of the Brighton and Hove Health and Wellbeing Board to request that Brighton and Hove City Council (BHCC) urgently resolve the inequalities experienced by the vulnerable adults that it has placed at Kendal Court and elsewhere in Lewes and Eastbourne by fulfilling its statutory health and welfare responsibilities;

3) agree to receive a further update report on the situation at its next meeting on 30th September 2021.

8 IMPROVING POPULATION HEALTH - EAST SUSSEX ALCOHOL STRATEGY AND HEALTHY WEIGHT PARTNERSHIP

8.1. The Board considered a report seeking endorsement of the East Sussex Healthy Weight Plan for 2021-2026, and the East Sussex Alcohol Strategy 2021-2026.

8.2. The Board asked whether the East Sussex Healthy Weight Plan put enough emphasis on physical activity, particularly community organised activities like dancing, or walking.

8.3. Darrell Gale, Director of Public Health, explained that the report contained a summary of the East Sussex Whole-system Healthy Weight Plan, which contained more detail. He agreed physical activity was integral to healthy weight and provided other benefits than just burning calories like improving balance and bone strength. Communal activities like walking also offer social benefits and can provide stimulation and purpose to people with dementia. Peter Aston, Health Improvement Principal, said the Plan had three priority areas developed with partners – Food, Environment and Physical Activity. The Plan aims to identify how these areas can be improved by building on what already exists in the system, so residents can improve their weight or be more active using readily available methods.

8.4. The Board asked whether the East Sussex Healthy Weight Plan should be more focused on mother and toddler groups, given the impact healthy lifestyles can have on young people's weight.

8.5. Peter Aston said one of the action areas in the Food element of the Plan included working with acute trusts to ensure their Baby Friendly Initiative and some of its key messages such as 'Wherever possible, Breast is best' are supported and amplified across the county. The Plan also promotes the Healthy Active Little Ones programme, which involves working with early years settings, like nurseries, to help them obtain accreditation to show they are helping young people build and maintain a healthier weight. The Healthy Schools programme is also included and involves improving health outcomes for children in primary and secondary schools.

8.6. The Board asked about how hidden fat in food could be lobbied against.

8.7. Darrell Gale agreed that cheap food is cheap calories and the cheaper the more hidden salt, fat and sugar there tends to be. There is work nationally to highlight to food manufacturers the calories in their food. Locally the work is done with the district and borough Environmental Health teams, as much of the cheaper food is served by local takeaways. The Director of Public Health said that there are fresh food deserts in some areas of the county, where there is a lot of takeaways and few cheap healthy food options, including around schools.

8.8. The Board asked whether alcohol services also do targeted intervention in cases where domestic abuse is likely.

8.9. Darrell Gale said the commissioner for drug and alcohol services sits in the Community Safety Team in the Adult Social Care Department and works closely with the commissioning of domestic violence services.

8.10. The Board RESOLVED to:

1) Endorse the East Sussex Whole-system Healthy Weight Plan for 2021-2026 (Appendix 1);

2) Endorse the East Sussex Alcohol Strategy 2021-2026 (Appendix 2); and

3) Note the approach taken in the development of the whole-system healthy weight plan and the East Sussex Alcohol Strategy, and their priority areas for action.

9 EAST SUSSEX OUTBREAK CONTROL PLAN

9.1. The Board considered a report seeking approval of the refreshed East Sussex Outbreak Control Plan.

9.2. The Board asked about how many people in East Sussex had received both vaccine doses.

9.3. Darrell Gale said approximately two thirds of the over 18 population had received two vaccinations based on the most recent data from 9th July. This included more than 90% of the clinically extremely vulnerable, over 75, over 80, care home residents, and residential care home workers. There are areas where uptake is lower and the Public Health Team is working to improve vaccination rates including parts of Eastbourne, Hastings and Forest Row.

9.4. The Board asked whether advice would be issued about mask wearing in schools.

9.5. Darrell Gale said that directing schools to enforce mask wearing involved getting sign off from a number of Department for Health and Social Care national committees. Instead, the Public Health team strongly recommend to schools that they continue with face masks in communal areas. There has been close working throughout the pandemic with the Director of Children's Service and headteachers to co-produce guidance to schools that schools will find realistic and achievable to implement and it has so far worked very well. Any more stringent recommendations, such as wearing masks in classrooms would need to be considered in the context of rising cases but also an approaching end of the school year.

9.6. The Board asked what would be done if a different pandemic arises locally.

9.7. Darrell Gale said his team works with emergency planning to horizon scan and build on learning from the COVID-19 pandemic, which is not yet over, to ensure there is greater resilience for future pandemics and other incidents. It is probable that seasonal flu will be more of an issue this year due to suppressed immunity amongst residents.

9.8. The Board RESOLVED to:

1) approve the revised East Sussex Outbreak Control Plan (appendix 1); and

2) agree to receive an update at its 30 September 2021 meeting.

10 WORK PROGRAMME

10.1. The Board considered its work programme

10.2. The Board RESOLVED to agree its work programme.

The meeting ended at 4.15 pm.

Councillor Keith Glazier (Chair)

Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**30th September 2021**
By:	**Executive Managing Director, East Sussex Clinical Commissioning Group and Director of Adult Social Care, East Sussex County Council**
Title:	**East Sussex Health and Social Care Programme – update report**
Purpose:	**To provide an update on progress with preparation for the implementation of the NHS Health and Care Bill and our Partnership Plan for 2021/22**

RECOMMENDATION

The Board is recommended to:

1. **Note the progress to date to support our continued collaboration and implementation of the NHS Health and Care Bill in East Sussex and in the context of our Sussex Integrated Care System (ICS)**

2. **Note the progress with our planning activity in 2021/22; and**

3. **Endorse our shared Health and Social Care Partnership Plan aimed at improving population health and delivering more integrated care (Appendix 1).**

1. Background

1.1 Previous reports to the East Sussex Health and Wellbeing Board (HWB) have updated members on our progress with integrated working between the local NHS, East Sussex County Council and wider partners in the District and Borough Councils and Voluntary, Community and Social Enterprise (VCSE) sector. This is delivered through our shared programme aimed at improving health and delivering new models of preventative and integrated care, based on our population needs across children and adults of all ages.

1.2 In 2021/22 our context continues to be implementing the changes brought about by the NHS Health and Care Bill and further developing our place-based collaboration in East Sussex to support this. At the same time our system is managing the ongoing pandemic response and the risks and challenges around capacity, and restoration and recovery of services.

1.3 Our system in East Sussex and across Sussex is currently experiencing high levels of pressure due to the ongoing pandemic situation, and the associated impacts on the workforce across all sectors and care settings. To help mitigate this we are working to ensure a strategic approach to supporting urgent care demand and maintaining system flow to best support local people in the most appropriate care setting. Locally we are also exploring additional opportunities for how we can work together to support our collective workforce.

1.4 The Government presented 'Build Back Better: Our Plan for Health and Social Care' to Parliament on 7th September focussed on tackling the electives backlog in the NHS and putting the NHS on a sustainable footing. The Plan also sets out proposals for funding Adult Social Care in England, including a cap on social care costs and how financial assistance will work for those without substantial assets. It covers wider support that the government will provide for the social

care system, and how the government will improve the integration of health and social care, including the Government's Plan to introduce a new Health and Social Care Levy. These proposals will be factored into our system plans once detail is published.

1.5 This report provides a summary of developments with supporting our continued collaboration and implementation of the Health and Care Bill, as well as progress with our planning activity focussing on our shared priorities aimed at improving population health and delivering more integrated care.

2. Supporting information

Sussex Integrated Care System

2.1 Since the last meeting of the HWB the Health and Care Bill has been presented to Parliament which will put Integrated Care Systems (ICSs) on a statutory footing in England by April 2022. The report to the last meeting summarised the detail of proposals set out in the NHS White Paper, and the expected arrangements that will help remove some of the barriers to integration within the NHS and also between the NHS and Local Government and wider partners.

2.2 The previous report described the proposals contained in the then White Paper and in summary the key points are recapped as follows:

- The new legislation will establish ICSs covering the whole of England as being legally responsible for commissioning healthcare services for their populations by April 2022.
- Our East Sussex Health and Care Partnership member organisations; East Sussex Clinical Commissioning Group (CCG), East Sussex County Council (ESCC), East Sussex Healthcare NHS Trust (ESHT), Sussex Community NHS Foundation Trust (SCFT), Sussex Partnership NHS Foundation Trust (SPFT) are each individually members of the Sussex Health and Care Partnership (SHCP) ICS, alongside and the upper tier and unitary Authorities, CCGs and NHS Provider Trusts in West Sussex and Brighton and Hove.
- In our Sussex ICS East Sussex Health and Care Partnership is one of three existing Place partnerships, that contribute to the wider health and wellbeing of our population. Longstanding relationships between partners at the local level across NHS commissioners and providers, local government and the voluntary, community and social enterprise sector and other organisations have grown organically to reflect priorities and local context. All three Places in Sussex are based on the boundaries of Local Authorities and their Health and Wellbeing Boards.
- There are no proposed changes to existing statutory responsibilities for Councils' social care and public health services, or the role of Health and Wellbeing Boards and Health Overview and Scrutiny Committees.

2.3 To support implementation for April 2022, the following developments are currently being progressed by our Sussex ICS to implement the Bill:

- Confirmation of designate appointment to the ICS Chair position, with the ICS appointment to the designate ICS Chief Executive Officer position to follow
- Confirmation of proposed governance arrangements for the developing ICS
- The draft proposed ICS Memorandum of Understanding (MOU) arrangements for 2022/23, which will cover the ICS vision and principles and operating model, and the governance arrangements that will support oversight and assurance of the NHS system and mutual accountability between ICS partners

Place and place-based partnerships

2.4 The Sussex ICS MOU will include the critical role, responsibilities and governance of the three Places, including East Sussex. To carry out the role of Place set out in the Bill effectively, it has been agreed through leadership discussions that the focus of place-based partnerships and plans will be on the coordination and delivery of the following:

- Population health management using public health principles
- Health inequalities
- Transformation of clinical pathways and health and social care service models
- Primary care
- Priorities for social care and housing, and other services related to delivering outcomes for our community
- Operational issues and pressures

2.5 Improving population health will be central to the role of the place based partnerships with Directors of Public Health having a lead role, alongside others, in coordinating and leading partnership plans across the range of services and activity that support this. The role of Places in the Sussex ICS is aligned to the Sussex Vision 2025 Strategic Outcomes:

- Tackle health inequalities and the causes of reduced healthy life expectancy
- Establish collaborative partnerships to develop integrated models of care based upon the needs of the local population
- Lead on the delivery of transformation to improve the quality of services and deliver financial and workforce sustainability

2.6 Our East Sussex Health and Care Partnership has contributed to developing an ICS Place Development Plan to ensure there is a consistent approach to the role and responsibilities of Place across Sussex. In East Sussex work has taken place on the following critical milestones for 2021/22, which align with our agreed local partnership development proposals and actions that were shared at the last meeting of the HWB, and are as follows:

- Confirmation of the key elements of our established place-based partnership governance structure, including our existing partnership Executive Group and System Partnership Board arrangements with oversight and accountability to the East Sussex Health and Wellbeing Board for our system working
- Updating and delivering our health and care partnership plan and programme jointly developed with partners, which includes delivering our Sussex-wide and local priorities (covered below)
- Agreement of our placed-based principles for collaboration, which link back to our shared ICS principles
- Designing a self-assessment tool based on recognised good practice about the role of place set out by the Kings Fund[1], and aimed at testing the level of our ambition for our Place against evidence and best practice. This will be used to carry out a partnership maturity self-assessment to inform a development plan and roadmap for the next phase of our integration plans and maturity at Place, including the potential to meet defined criteria for readiness to assume delegated responsibilities in following years.

[1] Developing place-based partnerships, the foundation of effective integrated care systems (The Kings Fund, April 2021)

- Agreeing and testing a model of neighbourhood working in line with the NHS Long Term Plan and our shared ambition for planning and delivery of services jointly in local communities in East Sussex
- Delivering a roadmap for integrated commissioning at place aligned to the ICS.

Health and Social Care Partnership Plan 2021/22

2.7 The planning round for 2021/22 has involved planning at both Sussex/ICS level and CCG/Place level. The NHS Operational Planning Guidance required an initial Sussex-wide plan focused on NHS recovery and LTP commitments. This was submitted to NHS England in June 2021. We have since focused on developing our in-year plans for the partnerships in the three Places within the Sussex ICS, with a broader focus on delivering a joined up offer of care and addressing the wider determinants of ill-health. The draft East Sussex Health and Care Partnership Plan Summary is included in **Appendix 1**.

2.8 The Partnership Plan for 2021/22 provides an update of the long term East Sussex Health and Social Care Plan which was finalised in March 2020 after engagement and consultation across our local system. This brought together our response to the NHS Long-Term Plan (LTP) commitments and our shared priorities for our East Sussex system across health, social care and wellbeing over 3-5 year time frame.

2.9 The Partnership Plan for 2021/22 is based on our latest summary update of our population needs previously shared with the HWB, and sets out our in-year delivery priorities across health, social care and wellbeing and our response to the impact of the Pandemic. Key features of the plan are:

- Local population – identification of needs and priorities
- Local priorities responding to local population needs
- Addressing health inequalities
- NHS performance challenges
- ICS priorities reflected at place
- Recovery and restoration of services
- Progressing transformation of services to improve services and ensure clinical and financial sustainability.
- Place based governance arrangements including oversight and management of place-based risk.
- Key Performance Indicators and Success Measures

2.10 The East Sussex priorities in the Plan are taken from the significant work of our five programme Oversight Boards to update our shared priorities for children and young people, mental health, community, planned care and urgent care, to enable increased levels of personalised and integrated care as well as prevention and early intervention, which has been previously reported to the HWB. Work is being progressed to agree metrics and KPIs to enable progress and impact of our transformation to be monitored, and delivery will be supported by the Oversight Boards.

2.11 The Strategic Development Framework to support a strengthened focus on improving population health and coordinating our cross-cutting work on prevention and health inequalities was shared as a work in progress at the last HWB meeting, and has now been finalised. We have now established arrangements to monitor and deliver our collective work in this area, and this is sponsored and overseen by our East Sussex Health and Social Care System Partnership Board.

2.12 The Partnership Plan should be seen as an iterative document that will be further refreshed during 2021/22. Planning and delivery will continue to be a live process supported by ongoing engagement with stakeholders in specific projects and areas of work, and plans will also need to be sensitive to any changes necessary to respond to the ongoing pandemic and other requirements that may arise during the year as applicable.

2.13 In addition, our ICS has currently set a six-month expenditure plan from April 2021 to September 2021 in line with the NHS national financial framework arrangements. These plans look to the longer-term priorities based on our population health and will need to respond to future funding arrangements, including those proposed in 'Build Back Better'. This means that all three of the Place plans will continue to be reviewed as the financial framework for the second half year is confirmed, and will reflect any changes necessary to respond to the ongoing pandemic or national guidance.

2.14 It has been agreed that oversight of the delivery plan will be primarily through our East Sussex Health and Social Care Executive Group on behalf of the HWB and ICS, with the key deliverables aimed at the wider determinants of population health led by our Health and Social Care System Partnership Board. Updates on progress and overall reporting will be provided to the Health and Wellbeing Board. An updated governance chart is attached at **Appendix 2**.

2.15 Delivery of our Partnership Plan will support our shared whole population Outcomes Framework which sets out our shared aims for improvements across population health and wellbeing, the quality and experience of care and the financial sustainability of services including prevention and early intervention, and is based on what local people have told us is important about their health and care services. A next step will be to set appropriate measures and indicators for improvements, so that we can include this as part of our overall reporting framework to our Health and Wellbeing Board and other stakeholders.

3. Conclusion and reasons for recommendations

3.1 As part of wider plans to put our ICS on a statutory footing by April 2022 we are progressing plans locally to further develop our Place-based partnership, so that we can continue to build on our strong foundations to take forward increased integration of commissioning and delivery of services for the population of East Sussex This will lead to a roadmap for the next phase of our integration plans, setting out the areas where we would like to go further and faster as part of our ICS, and our further development of neighbourhood and community working in 2022/23. This will be brought to a future meeting of the HWB.

3.2 Our East Sussex Health and Care Partnership Plan 2021/22 was agreed as a live operating plan by our Executive Group on 30th July, and endorsed by our System Partnership Board on 5th August. Plans include a strengthened focus on our collaboration to improve population health and address health inequalities. The next steps will be to share Plans more widely as we continue to use as the basis for ongoing engagement with stakeholders in specific projects and areas of work. Plans will also be revisited over the second half of the year as the detailed expectations and underpinning financial framework becomes clear.

JESSICA BRITTON
Executive Managing Director, East Sussex Clinical Commissioning Group

MARK STAINTON
Director of Adult Social Care, East Sussex County Council

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Background documents

None

Appendices
Appendix 1 East Sussex health and care Partnership Summary Plan
Appendix 2 East Sussex Health and Social Care Partnership Governance

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East Sussex Health and Care Partnership Plan

2021/22

Summary

Our ambition

Our aim is to improve the health and wellbeing of local people and reduce the health inequalities across East Sussex. We want people to live healthier lives for longer and have access to the best possible services and support.

This can only be achieved by health and care organisations working closer together alongside our local communities, the Voluntary, Community and Social Enterprise (VSCE) sector, and wider stakeholders to deliver more joined-up 'integrated' and personalised care, and a greater focus on preventing people from becoming unwell, early intervention and better support after ill-health.

The East Sussex health and social care system has a long history and commitment to integrated working and we need to maintain and build on this during 2021-22 and beyond to ensure better outcomes for local people and we are able to make best use of our collective resources.

Our East Sussex Health and Care Partnership Plan sets out the vision, outcomes, priorities and actions that we will be taking during the year to strengthen the way we work together for our populations. It includes the agreed shared local priority areas we will be focusing on for the East Sussex population, as well as the wider Sussex-wide system priorities we will be delivering locally. This summary provides an overview of the full detailed plan, which has been published in the public domain.

Working together for our population

Health and care organisations and partners across East Sussex are working together as a partnership for our local population. Our East Sussex Health and Care Executive is an informal place-based partnership arrangement, bringing together East Sussex Clinical Commissioning Group, East Sussex County Council, East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust.

Our partnership includes the East Sussex Health and Social Care Executive Group and supporting Oversight Boards, and we are working with our Primary Care Networks to ensure they have a collective voice. Our Health and Social Care System Partnership Board brings together our health and social care system with our District and Borough Council and Voluntary, Community and Social Enterprise (VCSE) partners, with a relationship to our East Sussex Health and Wellbeing Board.

Our Partnership supports greater levels of collaboration between our organisations to enable better planning and use of our collective resources. It provides the framework for all commissioners and providers of health, care and support in East Sussex to come together to plan, organise and deliver services in the best way to improve health and wellbeing, and quality and experience of care, in the most sustainable way.

We have agreed a set of shared outcomes, based on what local people have told us is important about their health and care, that we are collectively working towards within this plan and support our shared Sussex vision. These are set out below:

Population health and wellbeing

The impact of services on the health of the population such as preventing premature death and overall prevalence of disease.

Ambition	Outcome
Improve and protect mental and physical health and wellbeing for local people	• Children have a good start in life • People are able to live well • People age well • People have a good end of life
Reduce health inequalities for local people	• The gap in health outcomes is improved

The experience of local people

The experience people have of their health and care services.

Ambition	Outcome
Good communication and access to information for local people	• Jargon free health and social care information can be found in a range of formats and locations • Health and care services talk to each other so that people receive seamless services and people and staff have access to shared and integrated information
Put people in control of their health and care	• People feel respected and able to make informed choices about services • People have choice and control over services and how they are delivered

Transforming services for sustainability

The way health, mental health, social care, education, housing and other services and support work together, and how effective they are at impacting positively on the people who use them.

Ambition	Outcome
Prioritise prevention, early intervention, self-care and self-management	• People get support from their communities to prevent, reduce or delay their need for health, care and support • People get help early to prevent situations from getting worse • People get help to manage their condition(s)
Deliver an integrated model of care	• People are supported to be as independent as possible
Demonstrate financial and system sustainability	• People have access to timely and responsive care, including access to emergency hospital services when they need them • Financial balance is achieved across the health and care system • Digital services and innovation are used to help make best use of resources

Quality care and support

Making sure we have safe and effective care and support.

Ambition	Outcome
Provide safe, effective and high-quality care and support	• People receive high quality care and support • People are kept safe and free from avoidable harm
Deliver personalised care through integrated and skilled service provision	• People are supported by skilled staff, delivering holistic and personalised care

Working across the wider system

We work as part of the Sussex Health and Care Partnership Integrated Care System (ICS) which is a partnership of health and care organisations working together across Sussex. Working as part of the ICS, allows health and care services to be planned and co-ordinated at a larger 'system' level at scale, while our Partnership allows us to work at a more local 'Place' level to ensure there is focus on the needs of our population.

The Sussex Health and Care Partnership has made huge strides to improve and transform health and care over the last few years, with a significant amount of work taking place behind the day-to-day frontline delivery of services to focus on how we can develop a system that enables our organisations to work in a more joined-up and collaborative way for the benefit of our populations.

We have agreed a vision for Sussex that sets out where we want to be as a health and care system in the future. It is a vision where people live for longer in good health; where the gap in healthy life expectancy between people living in the most and least disadvantaged communities will be reduced; where people's experiences of using services will be better and where staff feel supported and work in a way that makes the most of their dedication, skills and professionalism. It is a vision where the cost of health and care will be affordable and sustainable in the long term.

This vision will enable every individual living in Sussex to have access to the best health and care from the moment they are born and throughout their lives. Our place-based plan supports and enables this vision to become a reality for our local population.

Our challenges

Impact of COVID-19

COVID-19 is the greatest challenge the health and care system has faced in living memory, which has made significant impacts on demand, capacity and the performance of services. In addition, the pandemic has contributed to increased disparities and health inequalities, with large sections of the community facing increased deprivation and challenges due to various personal and economic circumstances. Our partnership working has been stress tested significantly by COVID-19 and proved crucial as the system collectively came together to respond to the unprecedented challenge.

Thanks to the vaccination rollout, we are moving to restore services while remaining prepared for any future waves of the virus. We aim to build on what we learned to bring about positive change and renewal so that we can deliver improvements in health and wellbeing for our population.

NHS performance

The NHS is required to meet a number of constitutional standards on the performance of services. Despite an extremely difficult year due to the pandemic, locally we delivered a number of the required targets over 2020/21. However, there are a number of standards we have not been able to meet due to the increased and rising demand on pressure on services we are working collectively across the system to manage and improve performance.

Rising demand and complexity

There is increasing demand and pressure on services, due to a number of factors outlined below:

- East Sussex is a county with a **growing and ageing population**. By 2024 we predict that 23.3% of our population will be aged 65-84 (compared to 16.8% for England), and a further 4.3% will be over 85 (2.7% England).

- The number of **children in need of help and protection** is rising locally and nationally, linked to the increase in families experiencing financial difficulties, and there is a growth in the numbers of children with special educational needs and disability, some of whom will have complex medical and care needs.

- Although on average our population health is similar to England, **more older people and the complexity of their needs with increasing longevity, frailty and people with multiple conditions**, means that health and care needs in East Sussex are likely to be higher than other similarly sized areas in England.

- There are **significant gaps in life expectancy and healthy life expectancy** within the county associated with deprivation.

- The biggest causes of **inequality in life expectancy** in East Sussex are circulatory disease, cancer, respiratory disease and digestive disease.

- The county is **rural and urban in nature** with the inevitable challenges that this brings for ensuring appropriate access to services.

Our population

- Our population of approximately 560,000 people is predicted to grow by around 19,000 people between 2020 and 2024.

- 20,136 births to East Sussex residents are expected in that period, over 4,000 per year.

- Over half the increase in population is in people aged 65 and older.

- 25,944 deaths are predicted between 2020 and 2024, with many of these people will require end of life care.

- 91.7% of our population describe themselves as White British or Northern Irish (2011 census).
- 8% describe themselves as being from a Black, Asian or minority ethnic (BAME) group
- Only 6% of the BAME population were over 65 years old compared to 23% of the White British population (2011 census)

- Life expectancy for both men and women in East Sussex is 0.7 years longer than the England average of 79.6 for men and 83.1 for women.

- There is greater variation in male life expectancy than female within East Sussex (12 years vs 6 years gap between Hastings' most deprived quintile and Rother's least deprived quintile).

Our priorities

We have a number of priority areas where we are collectively working together to improve and transform services. These six agreed 'place-based' priorities are based on the needs of the East Sussex population, and there are a number of Sussex-wide priorities that will also be delivered locally to meet the national commitments of the NHS.

Our Place-based priorities

Our agreed place-based East Sussex shared priorities and actions we are taking in 2021/22 are:

- **Addressing Health Inequalities**

We will be building on our existing progress to enhance prevention, personalisation and reduce health inequalities and reduce the gap in life expectancy and healthy 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 to improve outcomes.

During 2021/22 we are:

- Agreeing our vision and next steps for a sustainable model for community hubs with our District and Borough Councils and VCSE partners.
- Developing a system approach to tackling loneliness and social isolation.

- Supporting the growth of Population Health Management capability, and linking this with anticipatory care, multi-disciplinary team working and care coordination where helpful
- Further developing the East Sussex social prescribing model.
- Ensuring all local plans and programmes have a focus on health inequalities and will have specific health inequalities priorities developed.
- Agreeing our understanding of population health and health inequalities at a local level within our communities, to enable support to be more targeted and baselines to be set for reducing gaps in life expectancy and healthy life expectancy.
- Ensuring personalised care and support approaches are embedded in all transformation and development as appropriate across specific conditions and care pathways.
- Exploring ways to join up our approach as employers and service providers for the benefit of the broader social and economic wellbeing of our communities.

- **Community Health and Social Care Integration**

Within our community services, we will continue to integrate health and social care services and work with our Primary Care Networks to embed proactive anticipatory care, and seamless wrap around care to people with long term care needs and conditions and those in care homes, including where people are at the end of their lives.

During 2021/22 we are:

- Building on our target operating model and shared approach to the leadership and management of services across acute and community health and adult social care, to support the deployment of our resources and our teams to work together more effectively across services for the frail elderly and others with complex and long term care needs.
- Implementing an integrated urgent response team approach aimed at enabling hospital admissions to be avoided where an alternative service can be provided, as well as supporting rapid discharge from hospital when people are medically ready to leave.
- Working with primary care and the VCSE to support the multi-disciplinary team (MDT) working and care coordination developments in primary care, and the implementation of anticipatory care.
- Implementing our approach and model for planning and delivering services in a locally sensitive way to ensure strong links are made between core community health and social care services, primary care, mental health and other services that support people's needs.

- **Integrated Children and Young People's services**

We will improve existing support to children and young people focusing on improving mental health and emotional wellbeing and Autism, ADHD and other neurodevelopmental disorders pathways; support for vulnerable young people at risk and looked after children; support for children and young people with disabilities; and through health promotion activities.

During 2021/22 we are:

- Continuing a joint approach to pathways and commissioning for Tier 4, secure, and specialist placements.
- Improving access for children and young people to emotional wellbeing and mental health services.

- Enhancing autism, ADHD and other neurodevelopmental disorders pathways to improve outcomes for vulnerable and disadvantaged children with special educational needs and disability.
- Developing new free special schools focussing on expanding Children's Integrated Therapies and Equipment Service provision to cover new schools' provision, and improving outcomes for children with special education needs and disabilities.

- **Mental Health Community Transformation**

We will expand our support for people with mental health needs by ensuring access to a full range of services that support emotional wellbeing in primary care; enhanced support in the community to help avoid unnecessary admissions and support recovery; and working with housing teams and providers to support those people who also have housing and accommodation related support needs.

During 2021/22 we are:

- Working to increase the range of emotional wellbeing services accessible in primary care, wrapped around Primary Care Networks, including effective triage arrangements and implementation of the Mental Health Practitioner in primary care.
- Enhancing specialist community based services for eating disorders, personality disorders and support with rehabilitation needs.
- Developing more integrated pathways for mental health and accommodation and housing related support.
- Focusing on prevention, including suicide prevention.
- Implementing of the Mental Health investment standard for Dementia to ensure recovery of diagnosis rates, increased provision of community support and enhanced support to care homes.

- **Urgent care**

As part of our wider Sussex ICS work, In East Sussex we will continue 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 urgent response; support people in care homes with urgent care needs; and building on the introduction of our Integrated Urgent Care model, and the Urgent Treatment Centres.

During 2021/22 we are:

- Further developing the Integrated Urgent Care Model, including next steps with the Hastings Station Plaza and the strategic framework for Minor Injury Units at Crowborough and Uckfield community hospitals.
- Improving the join-up of urgent care with the work on increased demand, discharge improvements and implementation of the new waiting times standards.

- **Planned care**

As part of our wider Sussex ICS work, in East Sussex we will further improve services that deliver planned care for local people including: more innovative outpatient care through new technology and better organisation of services; 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.

During 2021/22 we are:

- Maximising elective capacity including use of the independent sector.
- Prioritising patients who are most clinically urgent and those waiting over 52 weeks.
- Ensuring effective prioritisation and management of clinical risk.
- Ensuring effective communication with patients and advice and support for those who are waiting for treatment.
- Addressing health inequalities particularly where patient cohorts may have been disproportionately impacted as a consequence of waiting longer for treatment or not seeking treatment in the first place.
- Redesigning system pathways to reduce variation in access and outcomes.
- Embedding outpatient transformation to avoid activity of low clinical value that could be redeployed to where it is needed.
- Recovering diagnostic services and delivery of Community Diagnostic Hubs.
- Working with Healthwatch, patient ambassadors and other key stakeholders to ensure their insights inform our transformation and we effectively communicate with the local public.

Our wider system priorities

In addition to the local place-based priorities, our Sussex-system priorities we need to deliver at place are set out below.

- **Primary and Community Care**

We will continue to ensure patients can access to safe, high quality and effective primary care services. This will include restoring and recovering primary and community care, maintaining the delivery of the COVID-19 vaccination programme, and supporting the continued development of Primary Care Networks. In addition, we will continue to embed personalised care and support planning into our health and care.

- **Long Term Conditions**

We will be establishing a Long-Term Conditions programme which includes supporting those with multiple long-term conditions relating to diabetes, respiratory, stroke, cardiovascular disease (CVD) and CVD prevention.

- **Supporting hospital discharge**

We will further improve hospital discharge processes and embedding the hospital discharge hubs in our hospitals, which were successfully deployed in response to the pandemic. We will also develop a multi-disciplinary, integrated urgent care community team to enable hospital discharges to people's homes with a package of support.

- **Cancer**

We will be focusing on improving experience and outcomes of cancer patients through earlier and faster diagnosis, easier access to services, and restoring performance of services following the impact of COVID-19, with priority given to long waiters and those at most clinical risk. We will also

increase awareness of the signs and symptoms of concern and increase patient confidence regarding safety of services.

- **Mental Health**

We will be focusing on improving access to services and patient outcomes, experience and quality of care across a number of areas. Back by significant new investment, we will be looking to expand and improve: perinatal mental health services; children and young people mental health and eating disorders; improved access to psychological therapies; adult urgent care; adult community; Primary Care Network Mental Health roles; acute mental health care; and dementia care. We will also be looking to continue and enhance suicide reduction and bereavement support, staff wellbeing, housing plans, and personalised care.

- **Learning disabilities and autism**

We will focus on reducing health inequalities for individuals with learning disability, autism or both. We will look to reduce reliance on inpatient care and discharge people out of hospital into community settings with the right skills to support their needs.

- **Children and Young People**

We will be continuing to focus on improving services to ensure there are high quality, equitable care for children and young people and their families, and we are able to address inequalities. We will be developing a strategy that builds on work that has already taken place and supports plans to improve children and young people mental health and emotional wellbeing, and learning disabilities and autism.

- **Maternity**

We will be focusing on restoring maternity and neonatal services impacted by the pandemic and the support that is within the community. We will be transforming smoke free pregnancy pathways, and developing a perinatal equity strategy, ensuring continuity of carer and developing of vision for maternity and neonatal services.

Our Workforce

We recognise there are opportunities to look at how the collective workforce for health and care across East Sussex is deployed and developed in support of our integration and transformation plans. We currently have high vacancy rates, high turnover, and an insufficient supply of future staff so we need to take collective action to ensure we have the workforce to continue to deliver high quality care and services. We will be developing a local workforce plan which will help meet the needs of our populations.

Our finances

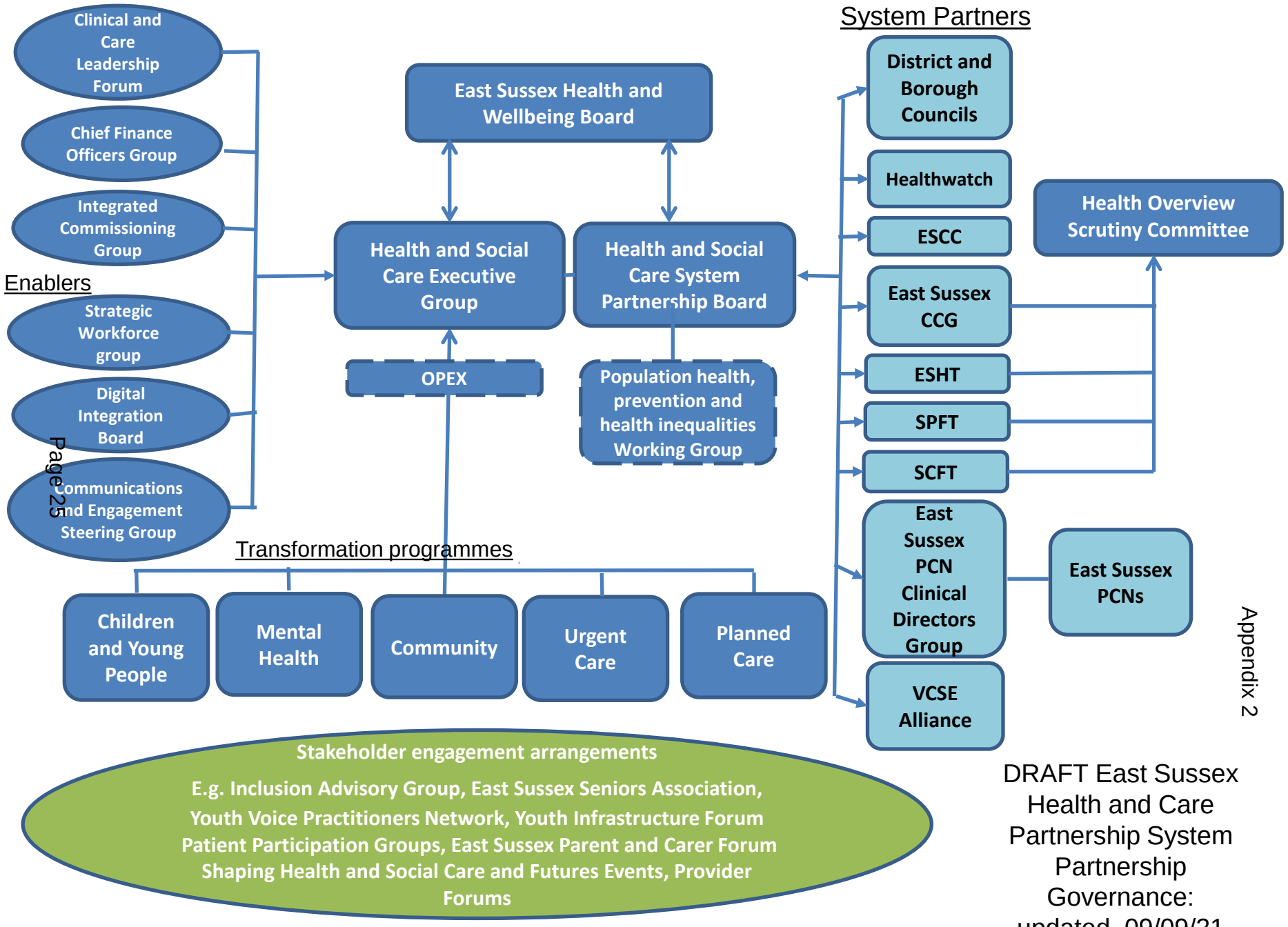
It is essential that we deliver our health and care priorities in a way that gets best value from the collective resources available to us. This requires effective partnership working, with a collective approach to risk management to deliver our health and care priorities. It is therefore important that the system as a whole continues to work together to develop sustainable underpinning financial

plans, which are also linked to our priorities for transformation, to enable service change and address any increases in activity in urgent and emergency care and recovery activity to sustain performance and quality overall.

To deliver our healthcare priorities, all partners across our ICS have agreed to work to the following principles:

- The ICS will deliver overall balance, with each organisation also in balance at the end of the period.
- As many resources as possible are distributed to providers within the ICS.
- There is a collective approach to risk management.
- All investments and any additional funding agreed as an ICS.
- Any contingency is held at an ICS (system) level.
- Budget setting should be a completely transparent process.
- The financial plan will deliver the baseline activity and any additional costs for any additional activity above the baseline will be funded from the Elective Recovery Fund.

We will be developing place-based sound financial management, including the role of our Place finance leadership group in line with national policy. The local financial governance arrangements, systems and process will be informed by decisions taken around issues including how much financial decision making happens at place level and which resources are delegated to place level.



DRAFT East Sussex Health and Care Partnership System Partnership Governance: updated_09/09/21

Appendix 2

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Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**30 September 2021**
By:	**Director of Public Health**
Title:	**East Sussex Outbreak Control Plan**
Purpose:	**To update the Health and Wellbeing Board of the results of emergency planning exercise and the plan to refresh East Sussex Outbreak Control Plan**

RECOMMENDATIONS

The Board is recommended to:

1) review the update from the emergency planning exercise and the associated recommendations

2) agree to receive an updated East Sussex Outbreak Control Plan at its 14 December 2021 meeting.

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1 Background

1.1 COVID-19 (a coronavirus) was declared a global pandemic by the World Health Organisation in March 2020 after sustained global transmission.

1.2 East Sussex County Council (ESCC) published the first version of the East Sussex COVID-19 Outbreak Control Plan (OCP) at the end of June 2020 as required by the Government, to prevent cases of the virus where possible in East Sussex and to respond to any local outbreaks. The OCP continues to be an iterative document, with continuing updates as more learning / guidance is produced, as well as structured whole reviews every 3 months. The latest version of the OCP agreed by the Board is available online.

1.3 At its meeting of 13 July 2021, the Board agreed to receive an update on development of the OCP.

1.4. Following the emergency planning exercise, a report was written to review the exercise and identify associated recommendations.

2 Supporting information

2.1 The OCP was produced in collaboration with a wide range of stakeholders including the NHS and Borough and District Councils.

2.2 Planning to prevent and respond to cases of Covid-19 in our communities requires a whole system and multi-agency approach, including the NHS Test and Trace programme. From November 2020 East Sussex County Council has been supporting contact tracing where an individual has tested positive, but the NHS Test and Trace system has not been successful in making contact with them. This locally supported contact tracing aims to improve the proportion of people successfully followed up. From February 2021 this is being further supported by the Districts and Boroughs through door knocking where people are not able to be traced.

2.3 Budget plans for the £2.5m allocated to East Sussex to support the development of its response have been developed, including an allocation to Districts and Borough Environmental Health Teams, and ESCC Trading Standards, Emergency Planning, Communications and Public Health functions.

2.4 All OCPs have gone through a national assessment process, which involved being reviewed by both Public Health England (PHE) and the Department of Health and Social Care (DHSC). The OCP was judged against 12 essential criteria, with three possible outcomes for criteria: not met; met; or fully met. The East Sussex OCP was assessed as meeting or fully meeting all 12 criteria. The was followed by a Sector Led Improvement process with neighbouring authorities (Surrey County Council and Buckinghamshire Council) to share best practice.

2.5 A multi-agency emergency planning exercise was carried out on 16 June 2021 to test the OCP. A detailed report has been produced and the associated recommendations and action plan is being discharged through the Operational Cell. These recommendations can be summarised as follows:

- The Escalation Framework to be removed from the OCP and replaced by the Contain Framework
- Further high risk groups that have been identified as part of the exercise which will be included in the OCP
- The creation of a new Part 2 section in the OCP which will focus operational guidance according to emergency planning processes
- A set of key recommendations associated with future exercise planning

2.6 The OCP will also need to be updated to reflect the easing of restrictions since July 2021 and further national changes in August 2021. However, it is recognised that with easing of restrictions there are more limited opportunities to reduce transmission rates of COVID and therefore a greater emphasis will need to be on accessing testing and getting vaccinated.

3. Conclusion and reasons for recommendations

3.1 The Health and Wellbeing Board, as the local accountable body, required an update following the exercise and the plan to update the OCP.

3.2 Members of the Health and Wellbeing Board will be updated as further guidance is received from Government and the East Sussex Outbreak Control Plan is developed. It is also proposed that a report providing an update on the Plan is made to the next meeting of the Health and Wellbeing Board on 14 December 2021.

DARRELL GALE

Director of Public Health

Contact Officer: Rob Tolfree, Consultant in Public Health

Tel. No. 07923 240932

Email: Rob.Tolfree@eastsussex.gov.uk

Background Documents:

None

Report to:	**Health and Wellbeing Board**
Date of meeting:	**30 September 2021**
By:	**Director of Public Health**
Title:	**Annual report of the Director of Public Health, 2020 – A year of COVID**
Purpose:	**To introduce the Annual report of the Director of Public Health, 2020 – A year of COVID**

RECOMMENDATION

The Health and Wellbeing Board is recommended to endorse the Annual report of the Director of Public Health, 2020 – A year of COVID (Appendix 1).

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1 Background

1.1 It is a statutory requirement for the Director of Public Health to publish an annual report.

1.2 The 2020/21 Annual Report of the Director of Public Health focuses on the first year of COVID - from the emergence of the pandemic up to the end of December 2020 when East Sussex experienced its highest peak of infection. The report is attached at **Appendix 1**.

1.3 The Report tells part of the story of COVID in East Sussex. It has been produced around the moving waves of infection and available Officer time during the peak period of response.

2 Supporting information

2.1 We talk about 'the' or 'a' pandemic as though it were a singular ongoing event or challenge. Experience has taught us that it covers a constant turnover of issues and that the combination of those issues presents a unique picture at any given point. One of the clearest stories about COVID-19 in East Sussex is that this was not defined by one pattern, one trend, or a simple narrative.

2.2 The report makes several recommendations which identifies areas for continued action with partners. The recommendations build on programmes already underway across our county as well as being specific to COVID-19.

The report covers:

- the global context of the pandemic providing a timeline and an overview of the virus and interventions deployed by government;
- an overview of the health and wellbeing of our local population, services, and workforce including those identified as clinically vulnerable;
- data and trends on confirmed cases including hospitalisation data and deaths;
- the impact of interventions (such as 'lockdowns') on our population including insight from partner surveys as well as qualitative data;
- the economic impact of the pandemic; and
- the way in which COVID-19 exacerbated existing inequalities.

3. Conclusion and reasons for recommendations

3.1 Many of the inequalities that COVID-19 exposed are known. These require a long-term solution focussed plan and action on reducing inequalities in health, which requires reducing inequalities in wealth, access to quality housing, education, and employment. This report makes several recommendations which identifies areas for continued action with partners. The

recommendations build on programmes already underway across our county as well as being specific to COVID-19.

3.2 The Board is recommended to endorse the Annual report of the Director of Public Health, 2020 – A year of COVID.

DARRELL GALE

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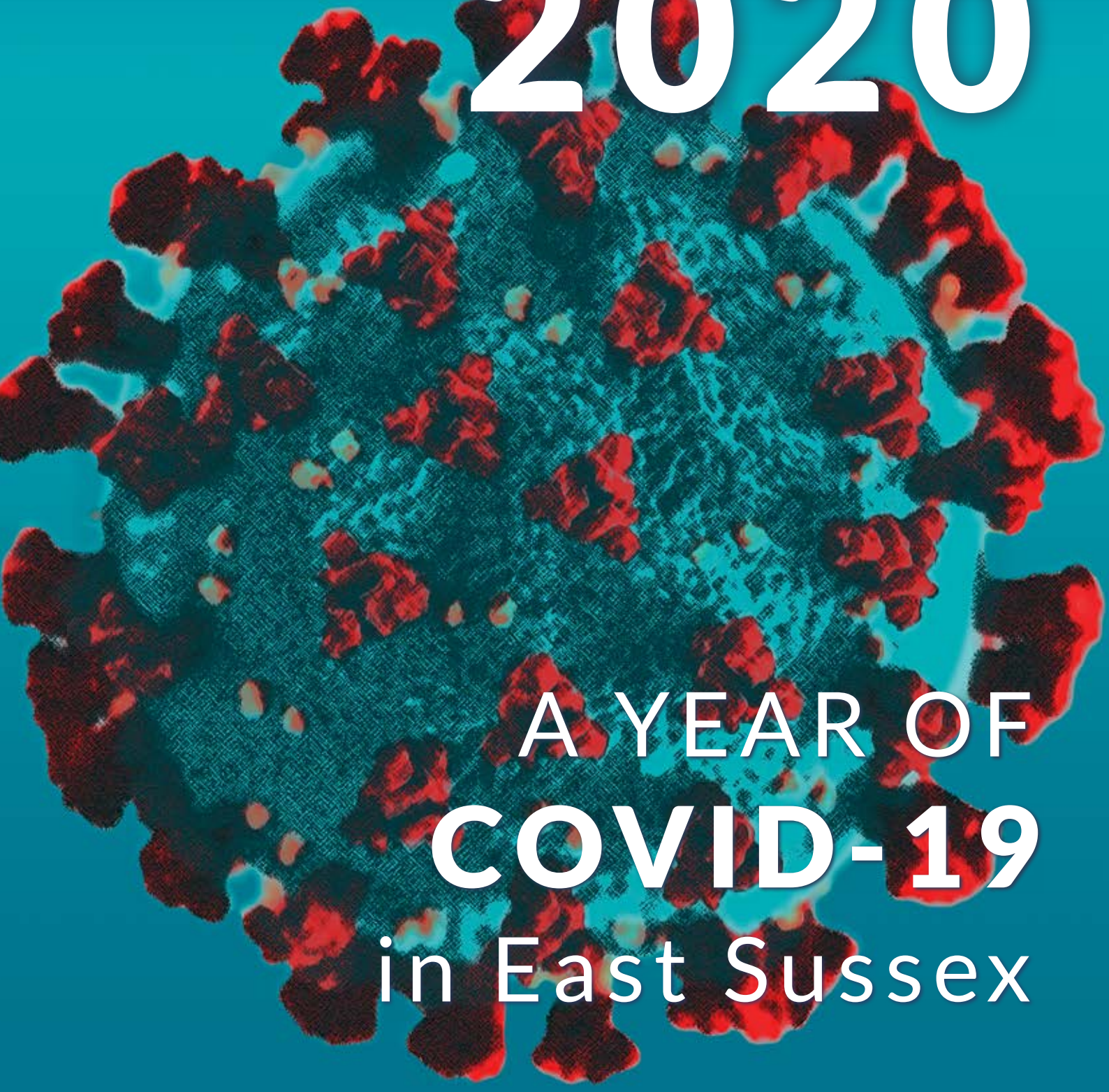
Email: rob.tolfree@eastsussex.gov.uk

BACKGROUND DOCUMENTS

None

2020



A YEAR OF COVID-19 in East Sussex

East Sussex County Council

NHS East Sussex

Contents

Foreword

2020 was an extraordinary year for all of us and I certainly didn't expect to be welcoming you to my third annual report by talking about infectious diseases. However, COVID-19 has had a profound impact on everyone's life both personally and professionally. It therefore only felt appropriate that I take the opportunity whilst still in the midst of the pandemic to reflect on 2020 and the first year of COVID-19.

Public health is usually defined by a long-term view and taking preventative steps to improve the population's health in the future. We do this through a wide range of initiatives such as increasing the amount of physical activity, improving housing conditions, and reducing alcohol and drug use. 2020 has required a far more reactive and ever-changing world of public health as our understanding of COVID-19 has grown. This report provides an important opportunity to reflect on 2020 as a whole, to step back and reflect on a truly unusual year, and crucially to look to the future for what we have learned.

Life is still not back to normal in 2021, but as we reflect on 2020 and this first year of COVID-19 we are finally in the privileged position of benefit of the COVID-19 vaccines. With each passing month we will hopefully be closer to COVID-19 being a story in the past rather than a story in the present.

Executive summary

The COVID-19 pandemic declared by the World Health Organisation in March 2020 has had far-reaching effects upon people's lives, health care systems, economies, education, and wider society internationally and within East Sussex.

The virus has led to death, long term morbidity for others and the whole population has felt the impact of the control measures put in place throughout 2020 to try and reduce the spread of the infection.

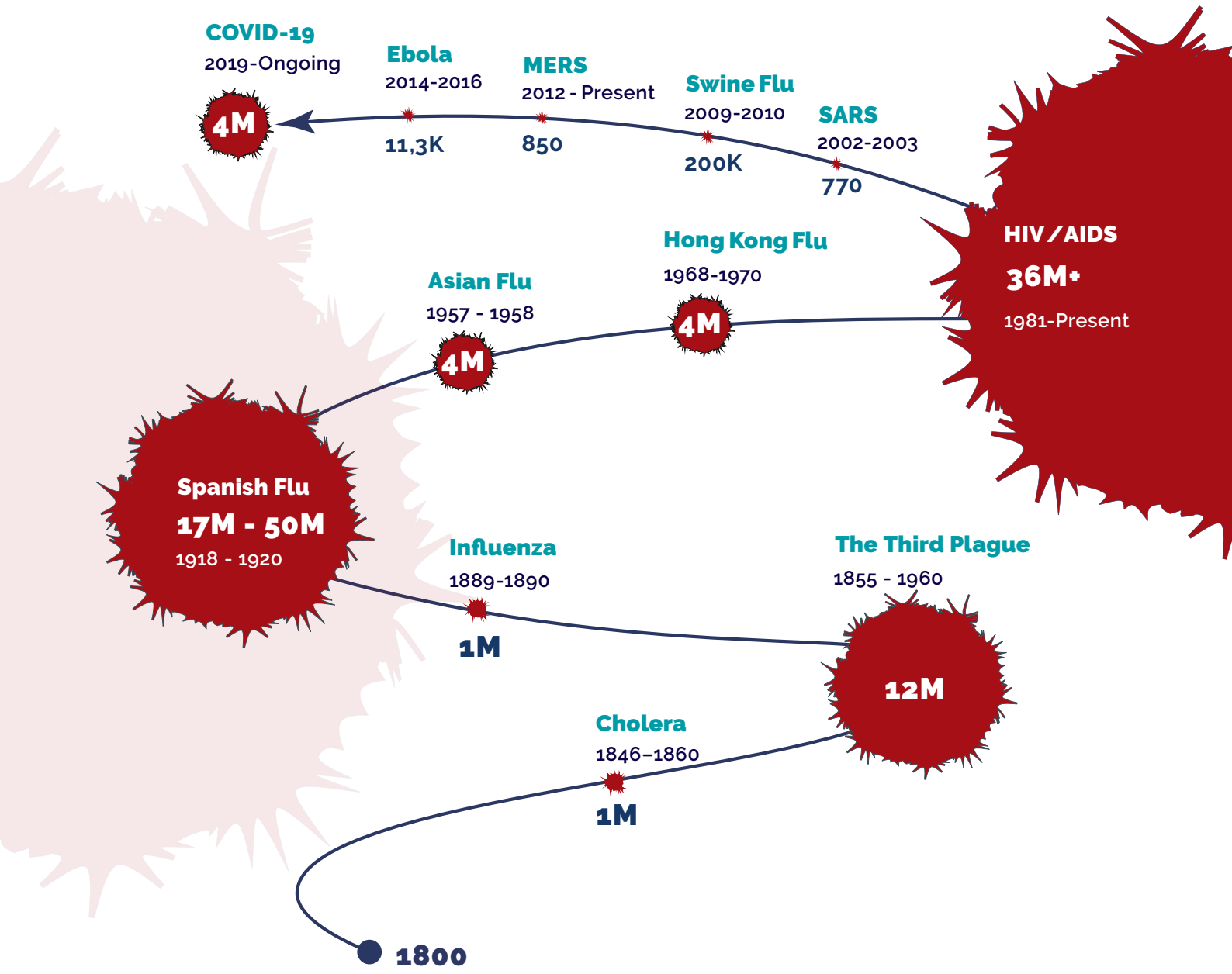
Our attention has often been on responding to the immediate threat that the new disease posed. However as the year has progressed it was clear there was large variation in how local communities experienced the direct and indirect impact of COVID-19. Many of the differences in experience of health and wellbeing that our population experienced in relation to the pandemic are familiar with existing well-known patterns in health and wellbeing inequalities.

This report has several chapters. Chapter 1 details the global context of the pandemic providing a timeline and an overview of the virus and interventions deployed by government. Chapter 2 provides an overview of the health and wellbeing of our local population, services, and workforce. It also highlights those that were identified as clinically vulnerable to COVID-19 and advised to shield. Chapter 3 details some of the direct and immediate impact of the virus in East Sussex. This includes data and trends on confirmed cases throughout the year, hospitalisation data and deaths. Chapter 4 explores the wider impact of COVID-19 and the associated social distancing interventions (such as 'lockdowns') on our population. This section includes a range of sources of insight from partner surveys such as Healthwatch East Sussex as well as qualitative data from the 'COVID-19 stories' project delivered by the University of Brighton. The economic impact of the pandemic is also explored in this penultimate chapter. Within the conclusion section variation in epidemiological trends, experiences of the year, and the reasons for them are explored. These are numerous and complex given the extremes of the two associated 'waves' of infection the county witnessed in the spring of 2020 and the beginning in December 2020.

Many of the inequalities that COVID-19 exposed, are known. These require a long-term solution focussed plan and action on reducing inequalities in health, which requires reducing inequalities in wealth, access to quality housing, education, and employment. This report makes several recommendations which identifies areas for continued action with partners. The recommendations build on programmes already underway across our county as well as being specific to COVID-19.

High burden infectious diseases

The following graphic illustates some of the better know high burden infectious disesases. The timeline depicts global death rates by infections from 1800 up to the present day.



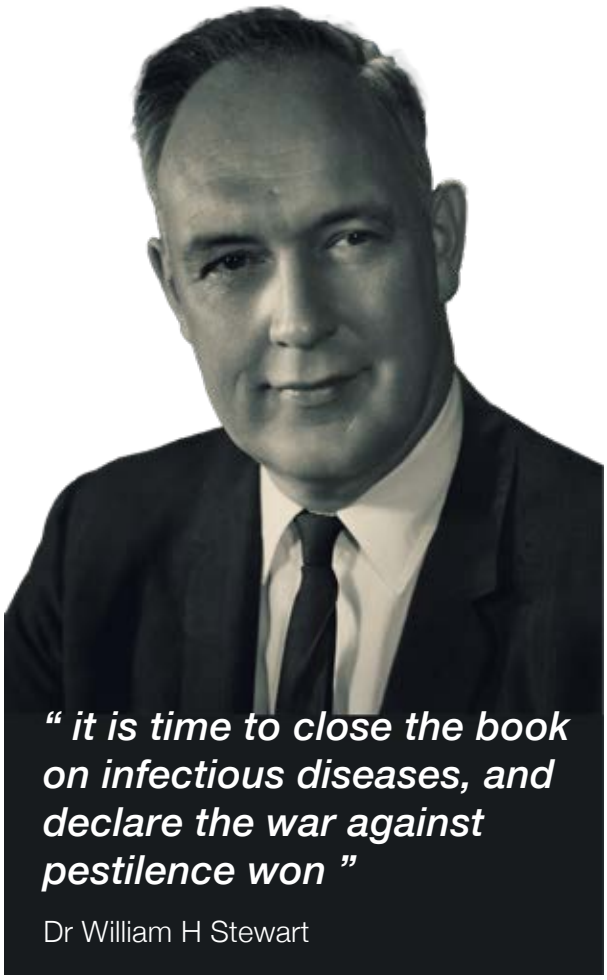
Sources: COVID-19 | covid19.who.int , Ebola | cdc.gov, MERS | emro.who.int, Swine Flu | cdc.gov, SARS | cdc. gov, HIV/AIDS | who.int, Hong Kong Flu | cdc.gov, Asian Flu | euro.who.int, Spanish Flu | cdc.gov, Russian Flu | sfamjournals.onlinelibrary.wiley.com, The third plague | Britannica.com, Cholera | Britannica.

Chapter 1:

Introduction

Global context

In the 1960s the US Surgeon General Dr William H Stewart is reported to have announced the end of infectious diseases, saying “it is time to close the book on infectious diseases, and declare the war against pestilence won”. Although there is some debate as to the accuracy of this quote, in the 1960s the view that infectious diseases would soon be conquered was widespread. However, infectious diseases have continued to pose a major threat to the health of the population. From the emergence of HIV/AIDS in the 1980s, the resurgence of tuberculosis from the late 1980s to 2005, and most recently the outbreaks of Ebola and Zika, infectious diseases continue to pose a major threat to health.



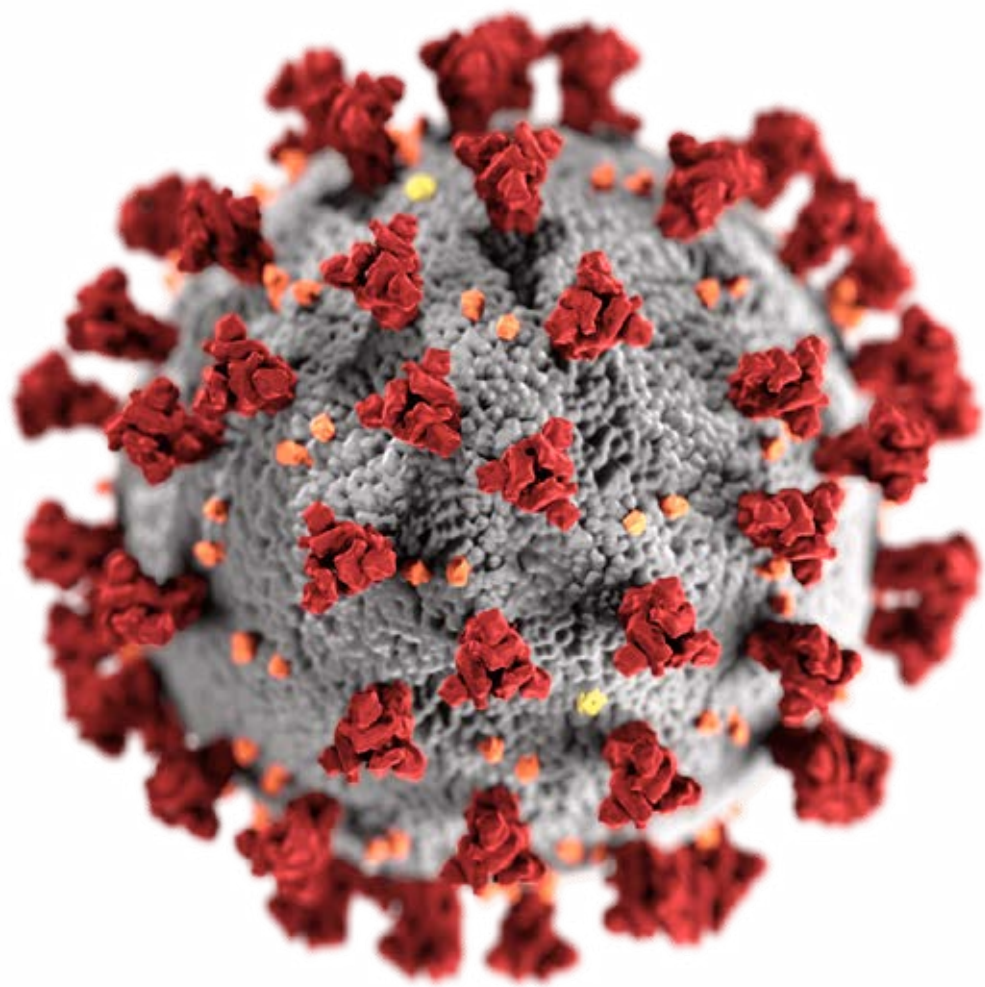
The specific risk of a new respiratory disease spreading globally (a pandemic) is something that has always posed a threat. There have been a number of pandemics since 1900. The influenza pandemic of 1918 is estimated to have infected approximately 500 million and lead to 50 million deaths. Known as Spanish flu because it was mistakenly thought to have originated in Spain (in fact it was only first reported in Spain due to restrictions on the press elsewhere at the time), this was the most severe pandemic in recent history. However, the subsequent influenza pandemics of 1957-58, 1968, and 2009 are estimated to have resulted in between 150,000 and 1 million deaths.

The emergence of a new coronavirus

On the 31st December 2019 the World Health Organisation (WHO) were notified about a cluster of pneumonia of unknown cause. It was identified as a type of coronavirus on the 12th January and later named COVID-19. The WHO subsequently declared an Emergency of International Concern on the 30th January, and on the 11th March the WHO declared that COVID-19 was a pandemic following sustained global transmission. This is the first coronavirus characterised as a pandemic.

Although you would often associate a novel infection such as COVID-19 to initially be concentrated in areas such as London or other transport hubs, East Sussex was affected by COVID-19 right at the beginning with the third UK case linked to a company based here. Chapter 3 gives more detail on how East Sussex was affected by COVID-19 over time.

The following timeline tells the story of COVID-19 in 2020 and when the different policy decisions were implemented. Over the year there were a range of different measures implemented nationally in order to interrupt transmission of COVID-19. The timeline shows how the intensity of these measures varied, which was a constant balancing act that had to be made nationally between on the one hand minimising spread whilst also seeking to avoid the direct and indirect health, and wellbeing effects alongside the social and economic costs.



Key steps in the policy time-line

There have been five key steps taken to ease or increase lockdown measures over time in England:

Step 1 - from 13 May includes:

a. workplaces should follow the new “COVID-19 Secure” guidelines, and those who cannot work from home can travel to work if it is open
b. continue to avoid public transport where possible
c. advice to wear a face-covering in enclosed spaces
d. exercising as much as people like, and can include driving to outdoor spaces and meeting whilst socially distanced with one person from outside the household

Step - from 1 June includes:

a. reopening schools for children in reception, year 1 and year 6, and other early years settings
b. spend time socially distanced outdoors, including private gardens, with up to six people from different households
c. car showrooms and outdoor markets reopen
d. socially distanced exercise outside with up to five others from different households
e. people 'shielding' are able to go outdoors with their household, or if they live alone they can meet socially distanced outside with one other person from another household

Step - from 15 June includes:

a. non-essential shops in England reopen
b. zoos and outdoor attractions where people can stay in their cars reopen
c. secondary schools can offer some face-to-face support for year 10 and 12, to supplement remote education
d. face coverings mandatory on public transport
e. hospital staff, visitors and outpatients must wear face masks and face coverings (respectively)

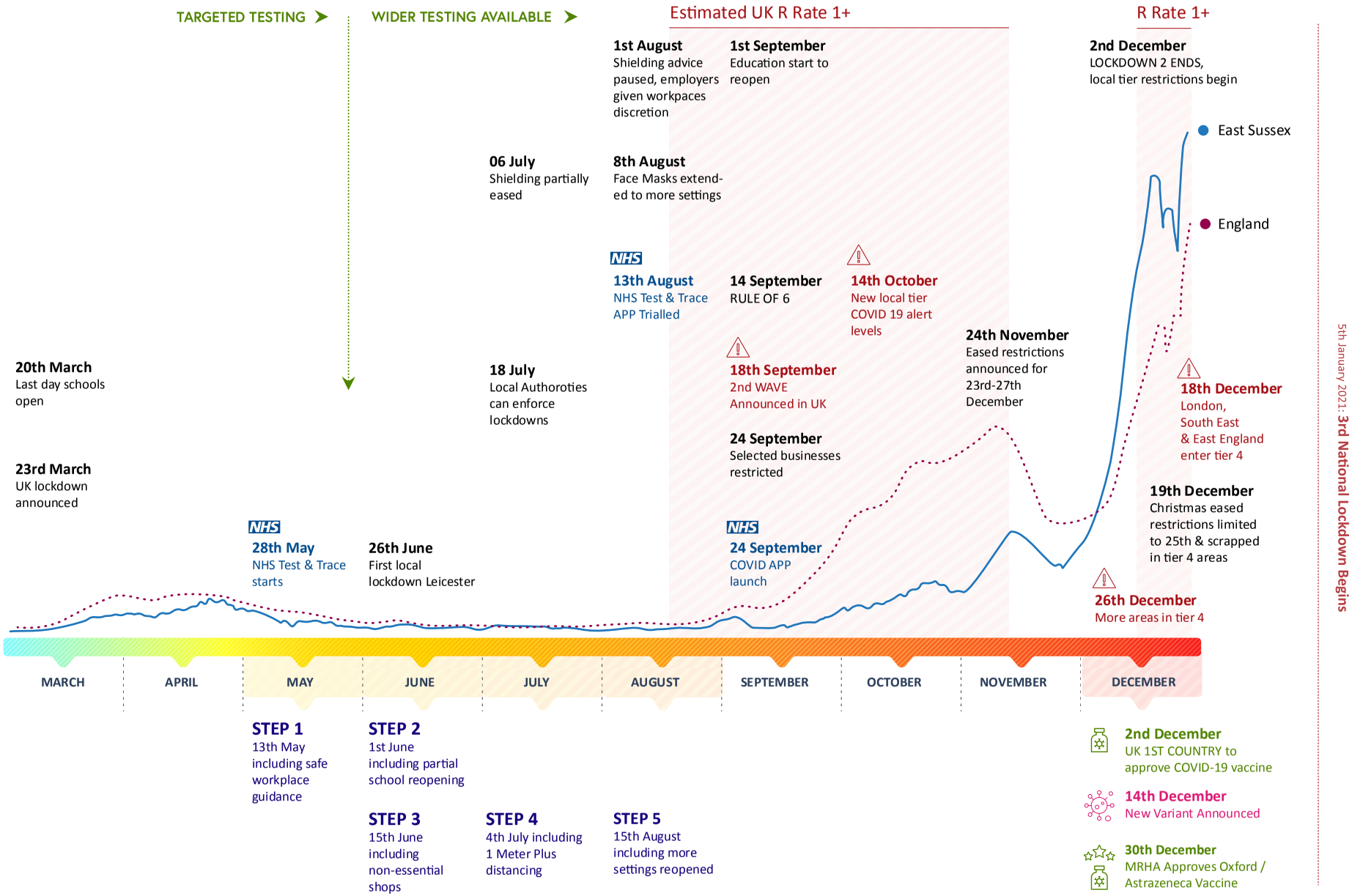
Step 4 - from 4 July includes:

a. social distancing rule to state that 2m or 1m with risk mitigation
b. if guidance is followed, restaurants, pubs and cafés in England, as well as holiday accommodation and some tourist attractions and leisure facilities can reopen
c. places of worship can open, including for weddings with up to 30 guests
d. two households of any size are able to meet indoors or outside socially distanced; outdoors,people from multiple households can meet in groups of up to six - but two households can meet regardless of size

Step 5 - from 15 August includes:

a. some culture, sport, leisure and business sectors can reopen if local restrictions allow
b. COVID secure wedding receptions can include a sit-down meal for up to 30 guests
c. indoor theatres, music and performance venues can reopen with socially distanced audiences
d. dance venues, sexual entertainment venues and hostess bars remain closed in law

COVID 19 within England and the United Kingdom (UK) timeline:



What we know about COVID-19

In order to respond to and control an infectious disease it is really important to have a clear understanding of its particular characteristics.

Some of the key features we are interested in are:

- **incubation period:** this is the time it takes for a person who is exposed to the virus to develop symptoms
- **infectious period:** this can start before, during or after the onset of symptoms. For some diseases people may be infectious without displaying symptoms
- **symptoms:** we need to know not only the range of possible symptoms, but also how common different symptoms are
- **risk factors:** infectious diseases do not affect all people equally, and certain people are more at risk than others. Some risk factors are specific to a particular infection but often risk factors are consistent across a range of infections
- **variants:** new variants may provide more infectious, more serious and may affect the efficacy of available vaccines
- **case fatality rate:** the case fatality rate (CFR) tells us about the severity of a disease and is the proportion of cases of a disease that result in death and long term complications often referred to as Long Covid

As with any new infection it takes a while to build up a comprehensive grasp of the exact features. As the evidence base grows this helps to refine our understanding but there is often a margin of uncertainty, for example new symptoms may be discovered that were not previously known about. Furthermore, infections change over time as new strains emerge and this can lead to changes in some of the features.

Over the last year the evidence base for COVID-19 has grown substantially, but whilst the brief summary below describes what we know so far, it may be over time this gets further refined.

Table 1: Key features of COVID-19, summarised from the Green Book COVID-19 Greenbook chapter 14a | publishing.service.gov.uk

Transmission	Mainly transmitted by person to person spread through respiratory aerosols, direct human contact and fomites [contact with objects]. Symptomatic and pre-symptomatic transmission (1-2 days before symptom onset), is thought to play a greater role in the spread of SARS-CoV-2 than from people with no symptoms.
Incubation period	Typically within 5-6 days
Symptoms	A significant proportion of individuals are likely to have mild symptoms and may be asymptomatic at the time of diagnosis. Symptoms are commonly reported as a new onset of cough and fever, but may include headache, loss of smell, nasal obstruction, lethargy, aching muscles, runny nose, taste dysfunction, sore throat, diarrhoea, vomiting and confusion; fever may not be reported in all symptomatic individuals. Patients may also be asymptomatic. NICE guidelines include definitions for long term symptoms after COVID-19, often described as 'long COVID'. These are: ongoing symptomatic COVID-19 (people who experience symptoms for 4-12 weeks), and post-COVID-19 syndrome (symptoms which continue for longer than 12 weeks).
Risk factors	Severe infection is associated with increasing age, being male, and having underlying conditions such as cancer and severe asthma. Lifestyle factors also increase the risk of more severe disease, including smoking and being an unhealthy weight. Other reported risk factors have been identified by Public Health England . People from Black ethnic groups were most likely to be diagnosed with COVID-19, and death rates are highest amongst people of Black and Asian ethnic groups. The COVID-19 diagnosis rate is highest in the most deprived areas. Mortality rates in the most deprived areas were more than double the rate in least deprived areas. People working in certain occupations have higher mortality rates from COVID-19, including lower skilled workers in construction and processing plants, social and health care workers, security guards, those driving the public, chefs and sales/retail assistants. There has been over twice the rate of mortality from COVID-19 for residents living in care homes, and among people who have learning disabilities. There is also increased risk associated with rough sleeping and being born outside the UK and Ireland.
Case fatality rate	Before the introduction of immunisation, the overall case fatality rate was estimated to be 0.9%, increasing to 3.1% for those aged 65-74, and 11.6% to those over 75.

COVID-19 Variants

There are many thousands of different versions [or variants] of COVID-19 circulating. It is not unexpected that new variants continue to develop. All viruses mutate as they make copies of themselves to spread. Most of these differences are inconsequential. Some new variants of COVID-19 are more contagious and cause more severe disease. They can evade our immunity even after a previous infection or immunisation. These are known as Variants of Concern [VOC].

The WHO uses Greek letters to refer to these variants first detected in countries like the UK, South Africa and India. The UK variant is now labelled as Alpha. The Indian variant of increasing dominance worldwide is known as Delta. The South African variant is Beta. These new names should help remove some stigma from the country names.

When a new COVID-19 infection caused by a variant of concern is found in a person living in the UK detailed checking of their contacts occurs by the NHS Test and Trace service. The process also picks up where they may have caught the infection. The finding of a new variant of concern may also initiate a process of active community testing on a wider scale to see if there has been any spread within a particular community.

Current vaccines were designed around earlier versions of COVID-19, but there is now good evidence from real world studies that they prevent severe illness from the variant strains, although perhaps not quite as well compared to the original strain of COVID-19. There is also evidence that vaccination prevents transmission of the virus in close household contacts. Active ongoing research is developing new vaccines which will offer additional protection against these variants.

Long Covid

Early attention has been on the acute illness generated by the virus, but it is becoming clear that, for some people, COVID-19 infection is a long-term illness. There is an urgent need to understand the journeys of individual people and the clinical features which could explain these. There are significant psychological and social impacts of COVID-19 that will have long-term consequences for individuals and for society if these are not well managed in our community.

Persistent health problems reported following acute COVID-19 disease include:

- respiratory symptoms - chronic cough, shortness of breath; symptoms of lung pathology including inflammation, fibrosis, and pulmonary vascular disease
- cardiovascular symptoms - chest tightness; symptoms of acute myocarditis and heart failure
- protracted loss or change of smell and taste
- mental health problems including depression, anxiety and cognitive difficulties [brain fog]
- inflammatory disorders such as myalgia, multisystem inflammatory syndrome, Guillain-Barre syndrome
- gastrointestinal disturbance with diarrhoea
- continuing headaches
- fatigue, weakness and sleeplessness
- liver and kidney dysfunction
- clotting disorders and thrombosis
- enlarged lymph nodes
- skin rashes

The fluctuating and multisystem nature of symptoms are acknowledged. A common theme is that symptoms arise in one physiological system then abate only for symptoms to arise in a different system. The inability to return to normal activities, as well as adverse emotional and mental health outcomes are apparent.

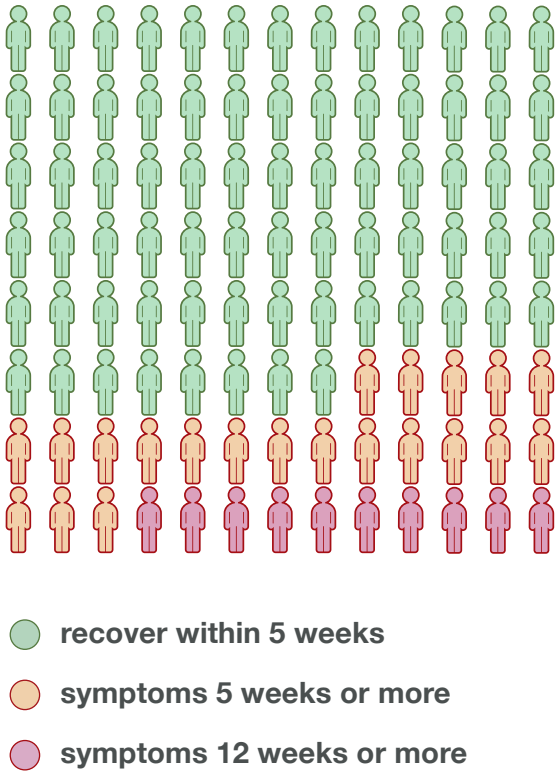
NICE has introduced the following broad case definitions in their guidance:

- **Acute COVID-19:** signs and symptoms of COVID-19 for up to 4 weeks
- **Ongoing symptomatic COVID-19:** signs and symptoms of COVID-19 from 4 to 12 weeks
- **Post-COVID-19 syndrome:** signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis

People experiencing similar symptoms may refer to 'Long Covid' or 'Long Haul Covid' but it is unclear if people are suffering from the same phenomenon. The Coronavirus (COVID-19) Infection Survey is a nationally-representative sample of the UK community population and is one way to estimate the proportions of people with ongoing symptoms.

Around 1 in 5 respondents testing positive for COVID-19 exhibited symptoms for a period of 5 weeks or longer. Around 1 in 10 respondents testing positive for COVID-19 exhibited symptoms for a period of 12 weeks or longer. There were 10,958 confirmed cases in East Sussex in December. Just from these confirmed cases alone we would expect nearly 2,200 people still to have symptoms after five weeks and nearly 1,100 to have symptoms after 12 weeks.

Long-COVID Recovery Periods



Long Covid fatigue, weakness and sleeplessness

Many researchers and healthcare professionals are cautious about attributing all the reported problems to a single diagnosis. Some of the symptoms overlap with post-intensive care syndrome. There is much yet that we still do not know.

The implementation of the NICE guidelines about long-COVID by healthcare services, employers and government agencies will facilitate access to much needed support and provide the basis for planning appropriate services locally. Primary care services will need additional capacity to deal with patients with long COVID.

Health and social care workers are likely to have a high burden of long COVID themselves and must have adequate occupational health provision. Long COVID affects even young adults, so effective public health messaging for all individuals about the risks of acquiring the infection is warranted. People, their families and health and care professionals need to be guided and informed further about what to expect in terms of outcomes and about what health and care services can realistically provide. There is a case for standardising the methods of assessment of post-COVID-19 patients, as well as developing educational programmes for patients and care givers.

Novel infection? Same old inequalities

The wider determinants of health

Whilst COVID-19 is a completely new infectious disease, the risk factors described above reveal a familiar pattern that we see mirrored throughout life. Firstly, good health is not experienced equally, but instead is determined by the structural and social conditions that we live in. If you live in the most deprived part of East Sussex your life expectancy is on average 8.4 years (for men) and 4.7 years (for women) lower than if you live in the least deprived area, and with COVID-19 we again see this link between wealth and health.

Last year's annual report on health focussed on the links between health and housing to put a spotlight on how health is shaped by the environment we live in. COVID-19 is another example of how these conditions ultimately lead to poorer health. We often see links between deprivation and infectious diseases, for example TB is well known to be a disease of poverty, with overcrowding and poorer access to health some of the factors behind this association. Whilst COVID-19 has presented an immediate health crisis, many of the inequalities it has exposed require a long-term solution focussed on reducing inequalities in health which requires reducing inequalities in wealth, access to decent housing, education and jobs etc.

COVID-19 has revealed familiar links between the conditions we live in and our health and wellbeing. Variation in the experience of wider determinants (i.e. social inequalities) is considered the fundamental cause (the 'causes of the causes') of health outcomes, and as such health inequalities are likely to persist through changes in disease patterns and behavioural risks so long as social inequalities persist.

Acknowledging this, a range of activities are being delivered and developed to address the wider determinants of health. This includes the launch of a new programme of work promoting a 'health in all policies' approach and creating healthy places through design and planning.

We are also supporting additional provision of benefits and debt advice, and employability support. This includes supporting our most marginalised residents into learning, work, and independent living through Supported Apprenticeships to develop skills in key sectors where there are currently opportunities within construction, horticulture, health, care and visitor economy.

We will continue with our work with Hastings Borough Council and partners in tackling fuel poverty and upgrading homes to become warmer and more energy efficient.

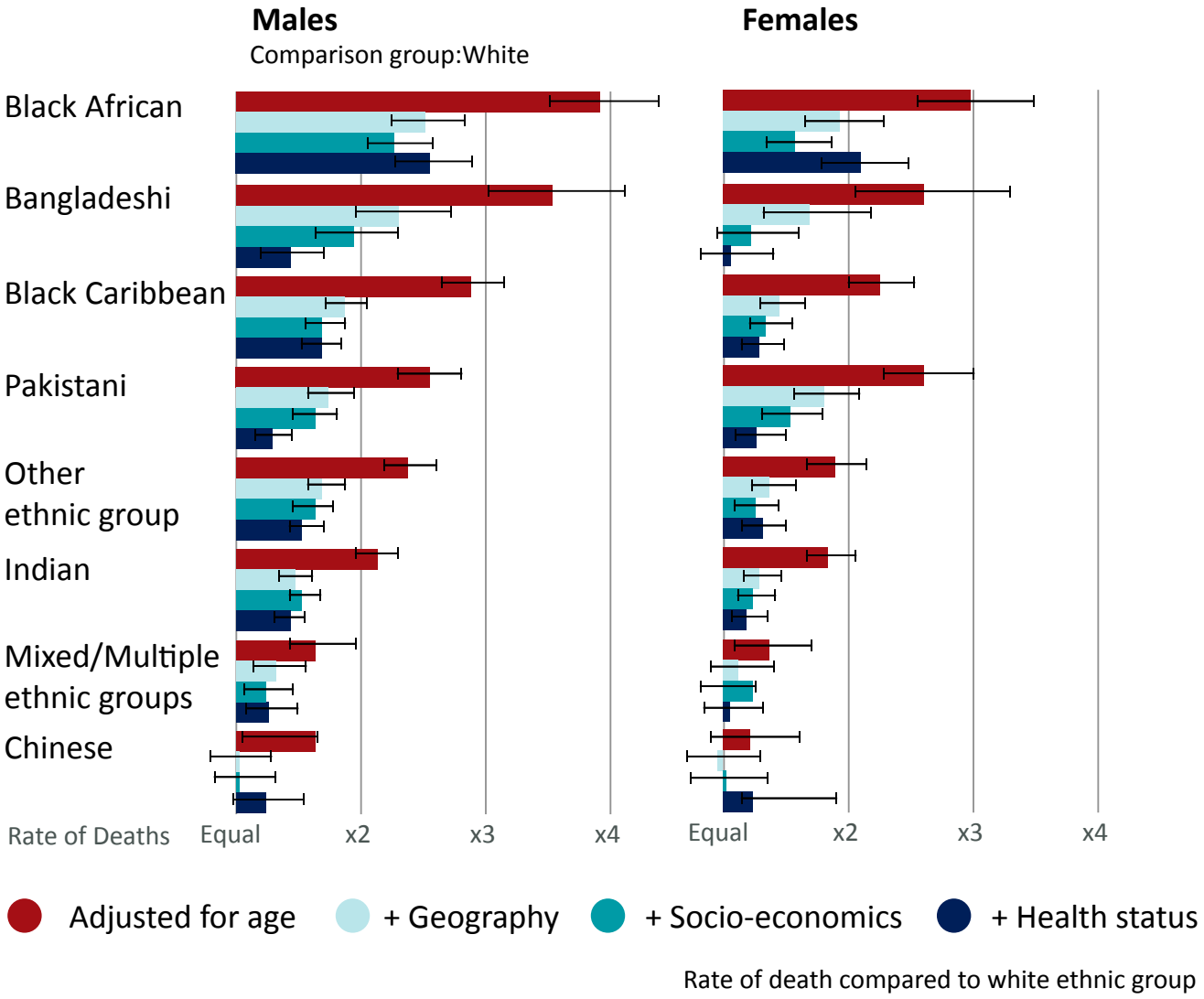
> **Recommendation:**
> COVID-19 has revealed familiar links between the conditions we live in and our health and wellbeing. We will continue to mitigate the impacts of the wider determinants of health to reduce health inequalities through a wide range of existing and new programmes.

Risk to ethnically diverse groups

In the early stages of the pandemic, national data revealed a higher mortality risk from COVID-19 among ethnically diverse groups. This stark finding alongside the death of George Floyd and the BlackLivesMatter movement have put a renewed focus on the structural inequalities faced by ethnically diverse groups.

The following chart details some national modelling on COVID-19 deaths by ethnic group. This includes a series of charts which show how much greater the risk of death is for each ethnic group when compared to the white population. Each ethnic group has four lines which show how the risk of death is increased when accounting for age, geography, socio-economic status, and health status.

Rate of COVID-19 death by ethnic group and sex relative to the white population, England and Wales



Source: ONS: data 2nd March to 28th July, reported 16th October 2020

After adjusting for age (first bar), males and females from all ethnic minority groups (except females of Chinese ethnic background) were at greater risk of death involving COVID-19 than the White ethnic group.

The second and third set of bars show adjusted estimates for geography and demographic and socio-economic characteristics. These adjustments make a sizable contribution to the reduction in estimated risk of death involving COVID-19 for ethnic minority groups relative to the White population. For males, all minority ethnic groups with the exception of Chinese remained at significant increased risk compared to the White population, and for females all minority groups with the exception of Bangladeshi, Chinese and Mixed ethnic backgrounds were at significant increased risk.

The dark blue bar shows the risk of COVID-related death when health status is included. This doesn't significantly change the risk profile for either males or females overall, but this notably increases the risk for people of Black African or Chinese ethnic background, reflecting differences in the prevalence of comorbidities that are associated with COVID-19 mortality risk between each of the ethnic minority groups and the White population.

A detailed report is being produced on the needs of ethnically diverse groups. The report will include national and local disparities of COVID-19 and recommendations.

Recommendation:

We have been working across Sussex, with our Integrated Care System (ICS) partners, to understand the range of issues that disproportionately affect people from ethnically diverse communities and why they experience poorer health and wellbeing. We will act on recommendations to disrupt the structural inequalities faced by these groups in the future.

Lifestyle and Healthy choices

Another familiar lesson learned is that there are important links between people's lifestyle and the impact of COVID-19. Maintaining a healthy weight through frequent regular exercise and eating well reduces your risk of complications from COVID-19, which is just another of the many ways in which exercise and nutrition improves and protects your health.

Even during the toughest restrictions there was a continual emphasis nationally on the importance of exercise as one of the few exceptions to the stay at home message. With many other aspects of our lives restricted, it was heartening to see people taking advantage of the daily opportunity to do exercise.

However, with the implementation of guidance/restrictions in England throughout the pandemic, particularly in lockdown periods, this limited the majority of sports and exercise activities from taking place. Nationally, activity levels had been increasing until COVID-19 restrictions were introduced in March 2020. The restrictions led to unprecedented drops in activity during the first few weeks of full lockdown between mid-March and mid-May. The proportion of the population classed as active dropped and the proportion of the population classed as inactive increased. Therefore, it is important that the promotion of the benefits of exercise is continued once life returns to normal.

Perhaps a less surprising link between lifestyle and health is the evidence showing that smokers were more at risk of complications from COVID-19 than those who do not smoke. In East Sussex we have a really effective stop smoking service that means you are much more likely to be successful in quitting smoking than if you try on your own. We know that during 2020 a lot of people took steps to quit smoking, some as a direct result of the risk posed by COVID-19, and the great news is that this will lead to a range of lasting health benefits.

We have begun to implement the new Healthy Weight Plan (2021-2026). The Plan, which has been co-produced by partners, takes a whole-system approach to address the complex issue of healthy weight and the biological, environmental, and societal cultural factors which influence it. It sets out the intention of partners to come together and work as a unified system in order to improve outcomes for our residents by addressing over 100 identified local causal factors associated with healthy weight.

Our continued work with general practice and other providers will ensure that NHS Health Checks are delivered to those most at risk of cardiovascular disease, severe complications from COVID-19 and non-communicable disease such as cancer.

A newly launched workplace health programme will support businesses and workplaces of all sizes to support the health and wellbeing of their employees.

We will maintain our use of evidence based, behaviourally informed public health messages about how our local population can maintain good physical and mental health and well-being including the national Better Health campaign.

Recommendation:

Our choices have a substantial impact on our health. We will continue to ensure that the healthy choice is the easy choice across East Sussex and that our new and existing programmes support our population to experience good health and wellbeing.

Chapter 2:

Background - our population

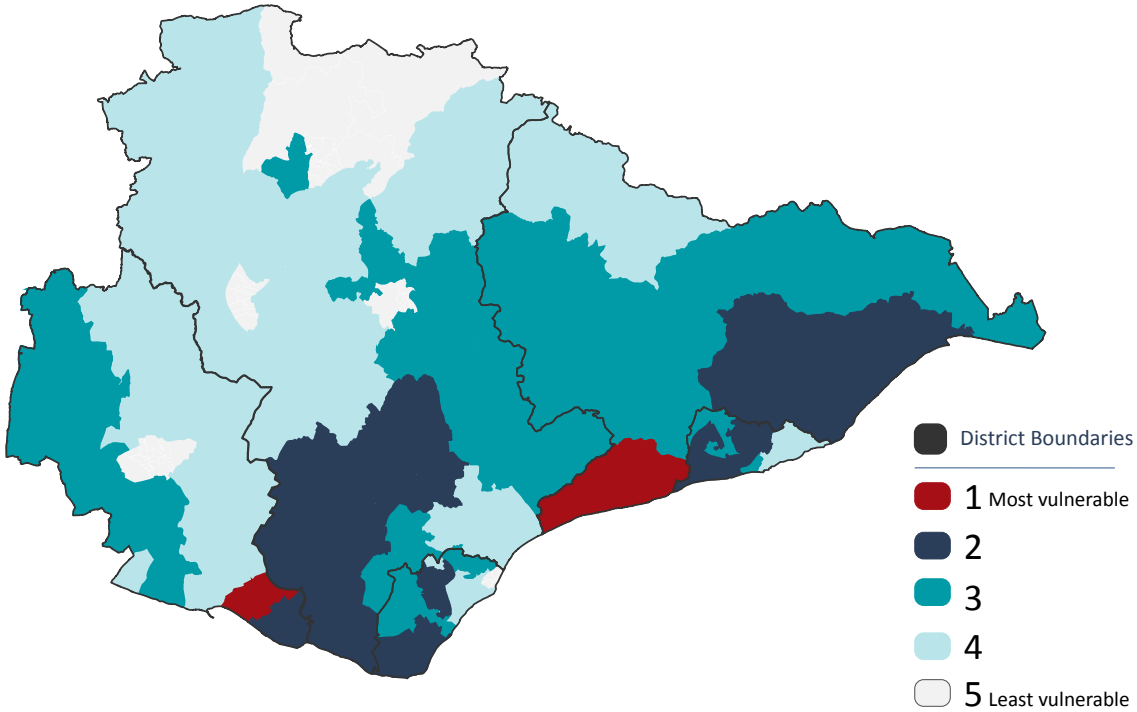
From the previous chapter we know that COVID-19 is an infection that does not affect people equally. Certain groups are much more at risk than others and therefore to fully understand how East Sussex has been impacted by COVID-19, we first need to understand the characteristics and unique features of this county.

Population of East Sussex

Over half a million people live in East Sussex. It is a mixture of urban and rural areas with a large elderly population, particularly in some of its coastal towns. There are stark inequalities within the county with some areas having significantly worse health, as well as significant differences across the determinants of health.

The COVID-19 vulnerability index combines multiple sources of data to identify vulnerable areas and groups within Local Authorities and Neighbourhoods. The Index currently maps clinical, demographic and social vulnerabilities and health inequalities. The map below shows how vulnerability varies across East Sussex. We can see how the areas with the greatest vulnerability are concentrated along the coast of East Sussex.

British Red Cross Covid-19 Vulnerability Index



ONS Middle Super Output areas (2011) Vunerablity Index

If you live in the most deprived areas of East Sussex your life expectancy is on average 8.4 years (for men) and 4.7 years (for women) lower than if you live in the least deprived areas, and with COVID-19 we again see this link between wealth and health.

LIFE EXPECTANCY AT BIRTH

	MALE	FEMALE
Least deprived decile	83.2	85.9
Most deprived decile	74.8	81.2
Difference in years	8.4	4.7

Health Inequalities Dashboard | (phe.gov.uk)

The East Sussex Community Survey identifies that nearly three quarters of people have a strong sense of secure identity and sense of belonging, and over three quarters are more than satisfied with their local area. People are also engaged and willing to support each other with half of those responding to our community survey reporting they have volunteered in the past year.

559,409
Residents in 2020
ESiF:2020

8% Non-white British / northern Irish (20% in England)
Census:2011

288,042 Females

271,367 Males
ESiF:2020

20% People have a long term limiting illness or disability

(18% in England)
Census:2011

3% Identify as lgbt+

Lesbian, gay, bisexual, transgender & other sexual / gender identities
Community Survey, 2017

74% Urban city & Town

11% Rural village & Dispersed

15% Rural town & Fringe
ONS:2018 |Census:2011

24,347 People into the county

20,220 People out of the county
ONS,2018

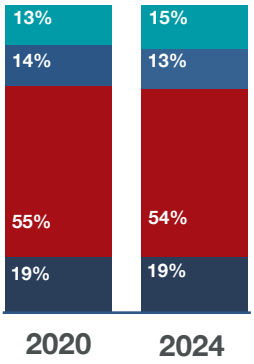
East Sussex has an older, ageing population. The over 65s represent a quarter of the county's population and are projected to make nearly a third of all people by 2030. The fastest rate of growth will be seen in the 85 and over group. Those aged 85 and over are the largest users of health and social services.

by 2024 in East Sussex

4.3%

of people will be 85+

(2.7% for England)



ESiF 2020 | ONS 2019

146,962

People aged 65 or over in 2020

ESiF 2020

55% Females

Die after the age of **85**

37% Males

ONS,2019

Females 55%

80,681

Males 45%

66,281

ESiF 2020

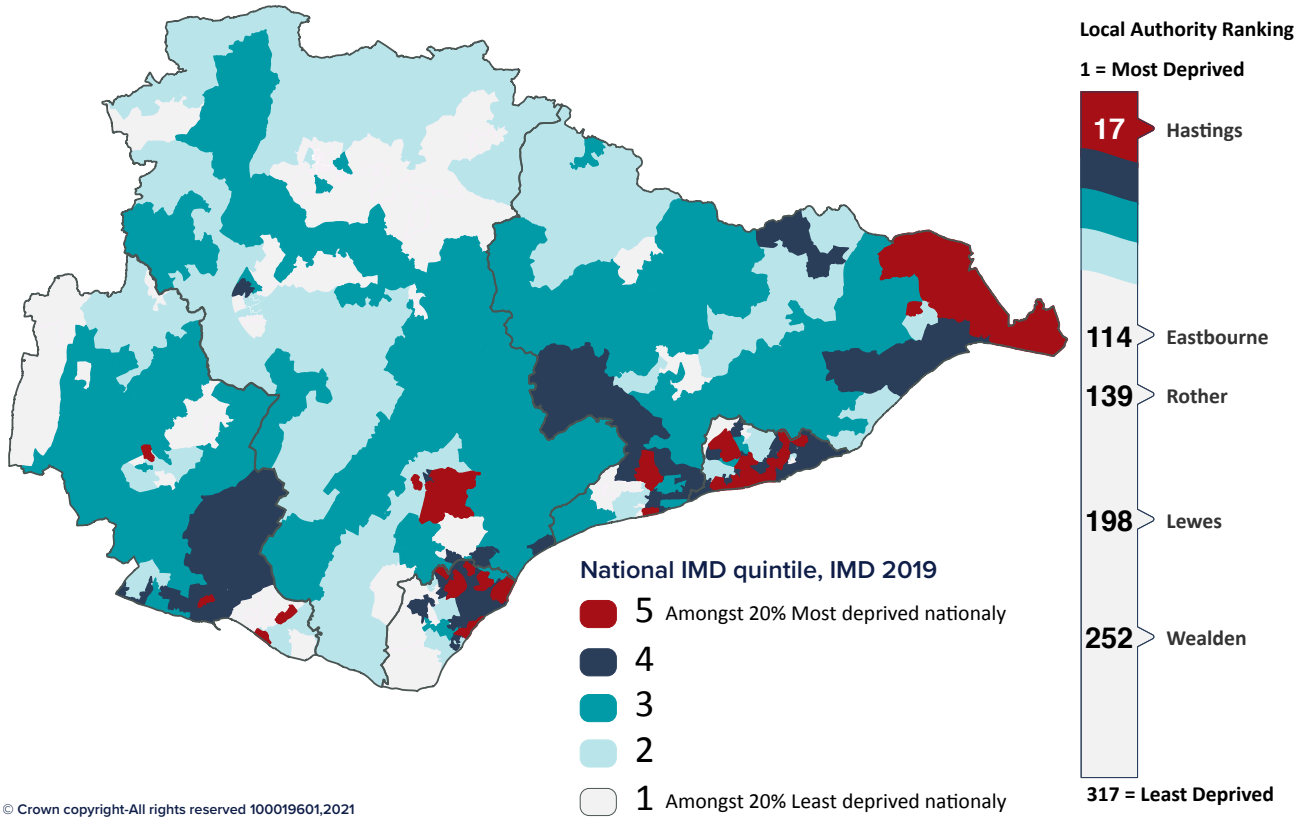
The increase in the 75+ population by 2024 is an increase of:

1,379 Males

941 Females

A girl born in East Sussex can expect to live to 84, and a boy to 80. Healthy life expectancy has increased for males from 62 to 65 between 2009/11 and 2014/16, but it has fallen for females from 65 to 63 years. Those living in our most deprived communities have the lowest life expectancy and can expect to live fewer years in good health.

East Sussex is the 5th Most Deprived of 26 County Councils



Index of multiple deprivation, 2019

Services and workforce

The following diagram gives an overview of how many of the core services are structured across East Sussex, including a summary of the health and social care system and a summary of education.

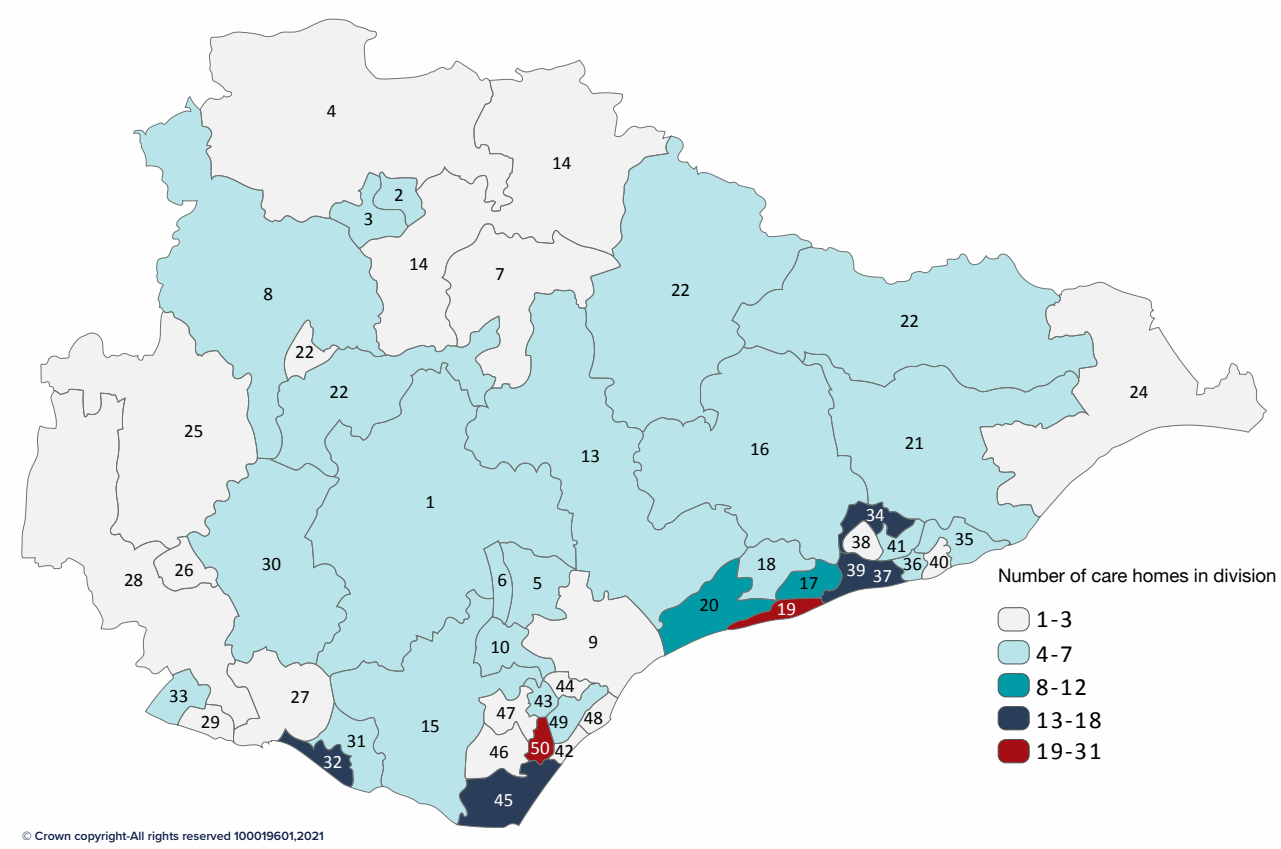
East Sussex Core Services

Care homes

East Sussex has a large number of care homes. There are a total of 312 homes with approximately 8,220 beds. The following map shows how the concentration of care homes varies across East Sussex, with the highest density being in coastal and more densely populated areas of East Sussex.

Throughout the pandemic there has been a huge amount of appreciation for all the key workers who have kept working which was typified by the weekly ‘Clap for NHS and Key Workers’ that was a feature during the first lockdown.

Care Home Distribution as at 4th January 2021



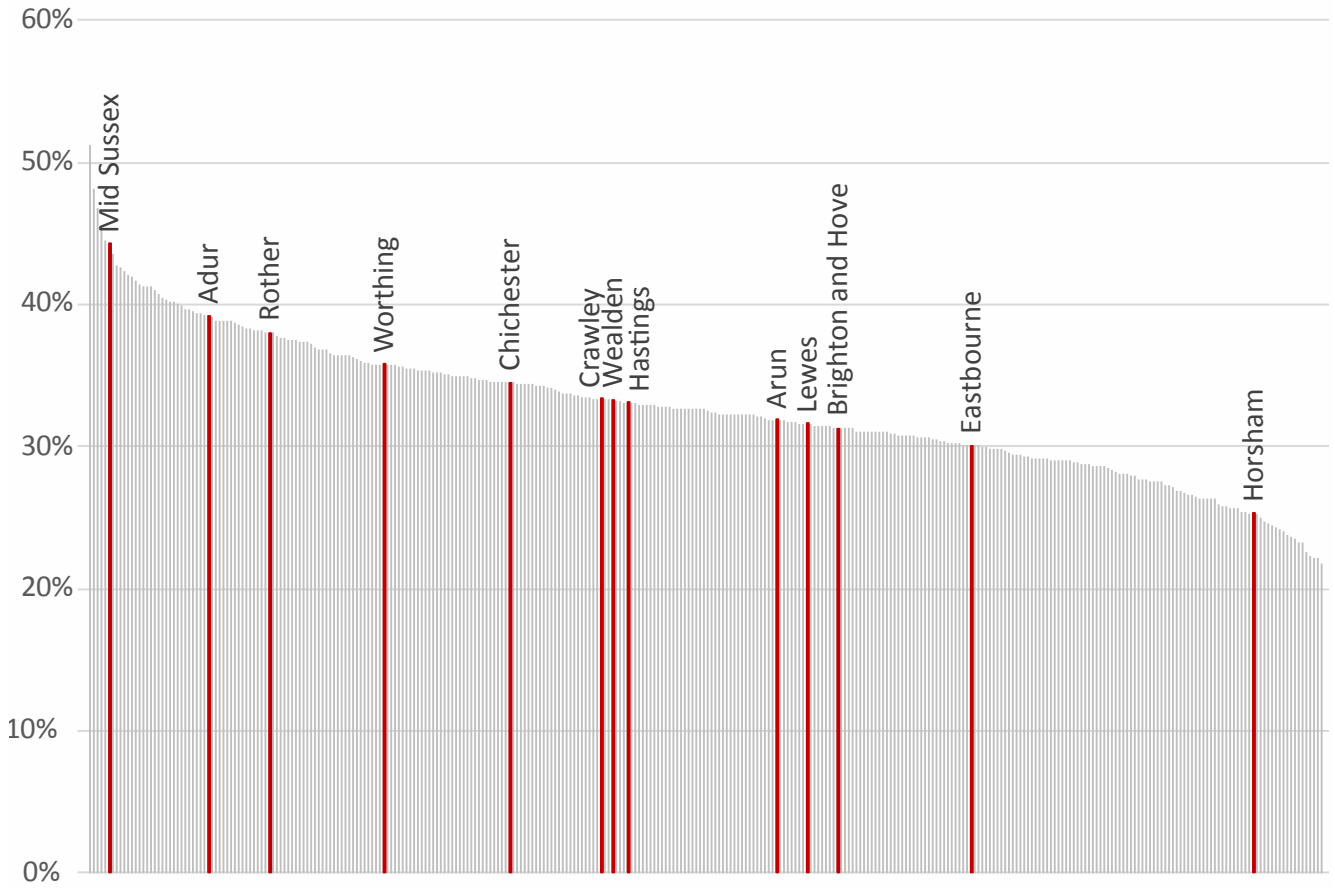
No.	Electoral Division
1	Arlington, East Hoathly & Hellingly
2	Crowborough North
3	Crowborough South & St. Johns
4	Forest Row & Groombridge
5	Hailsham Market
6	Hailsham New Town
7	Hartfield & Mayfield
8	Hailsham New Town
9	Heathfield & Mayfield
10	Pevensy & Westmill
11	Uckfield North
12	Uckfield South & Framfield
13	Wealden East
14	Wealden North East
15	Willingdon & South Downs
16	Battle & Crowhurst
17	Bexhill East
18	Bexhill North
19	Bexhill South
20	Bexhill West
21	Brede Valley & Marsham
22	Northern Rother
23	Rother North West
24	Rye & Eastern Rother
25	Chailey
26	Lewes
27	Newhaven Bishopstone
28	Ouse Valley & West Downs
29	Peacehaven
30	Ringmer & Lewes Bridge
31	Seaford North
32	Seaford South
33	Telscomb
34	Ashdown & Conquest
35	Baird & Ore
36	Brabrook & Casetle
37	Central St Leonards
38	Holington & Wishing Tree
39	Maze Hill & West St Leonards
40	Old Hastings Town
41	St Helens & Silverhill
42	Devonshire
43	Hampden Park
44	Langley
45	Meads
46	Old Town
47	Ratton
48	Sovereign
49	St Anthony's
50	Upperton

Key Workers

Key workers are a core part of the overall workforce in East Sussex. In 2019 the Office for National Statistics (ONS) used a number of surveys to assess how the workforce is structured, using the Key Worker categories defined by the government. The following chart shows how the Districts and Boroughs of Sussex compare in their proportion of workers that are key workers. In East Sussex this ranges from approximately 30% in Eastbourne to just under 40% in Rother.

The Office for National Statistics (ONS) provides an indication of the number of people who were employed in 2019 in key worker occupations and key worker industries, based on interpretation of the UK government guidance. This analysis is based on various sources (The Annual Population Survey, The Labour Force Survey and the Annual Survey of Hours and Earnings).

Percentage of workers who are key workers



The Brighton and Hove Public Health team commissioned extra breakdowns of these surveys results for Brighton & Hove, East Sussex and West Sussex.

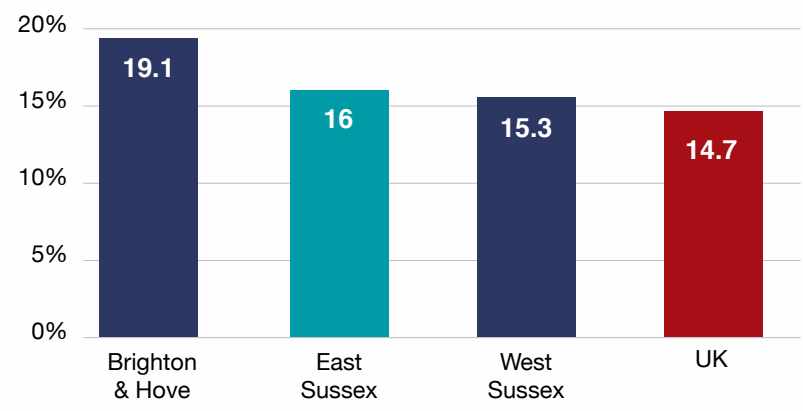
When looking at this key worker survey in more detail we can see that East Sussex has a lower proportion of key workers than the UK and the rest of Sussex who are from ethnic minority backgrounds, a slightly lower proportion than the UK that are female, and a slightly higher proportion than the UK that are at moderate risk (those with certain conditions including heart disease, severe asthma and diabetes).

Percentage of key workers who are non white

Percentage of key workers who are female

Percentage of key workers at moderate risk.

(People with certain health conditions such as asthma, heart disease & diabetes)



Source: Produced by Public Health Intelligence, Brighton and Hove City Council

Need: Clinically Vulnerable / Shielding

It is useful to compare East Sussex to the England average across different measures to determine if COVID-19 poses a greater or lesser risk to our population. This includes the direct risk of COVID-19 in terms of people at greater risk of disease, but also the indirect risk of COVID-19 such as through increased support, disrupted employment etc.

Compared to England, East Sussex has:

- an older, ageing population: over 65s represent a quarter of the county's population and is projected to increase by another 8% by 2024
- a significantly lower population who are non-White British or have English as a second language
- a lower percentage of Lower Super Output Areas (LSOAs) in the most deprived quintile, but significant variation within the county, with Hastings significantly worse than England across a range of wider factors influencing health, including deprivation
- a higher percentage of people working in skilled trades and caring/leisure occupations
- significantly lower mortality from preventable causes, but significantly higher in Hastings
- a higher % of people on primary care registers for hypertension, kidney disease, Chronic obstructive pulmonary disease (COPD) and dementia
- a significantly higher % of deaths in care homes and therefore and therefore a higher percentage of deaths in carehomes.
- a significantly lower proportion of key workers who are from ethnically diverse groups

Local needs during the pandemic:

- 21,600 people currently clinically shielding (at greatest risk of severe cases of COVID-19)
- estimated 200,000 clinically vulnerable people in East Sussex (at increased risk of severe cases of COVID-19)
- 22,000 more people claiming Universal Credit in November 2020 than in March 2020
- 15.7% working age people currently receive either Universal Credit or Job Seekers Allowance
- There has been a 115% increase in claimants since March 2020
- 40,100 jobs in East Sussex supported by government employment schemes as at 31st October 2020: 15,400 employments furloughed and 24,700 Self Employed Income Support Scheme (SEISS) claims

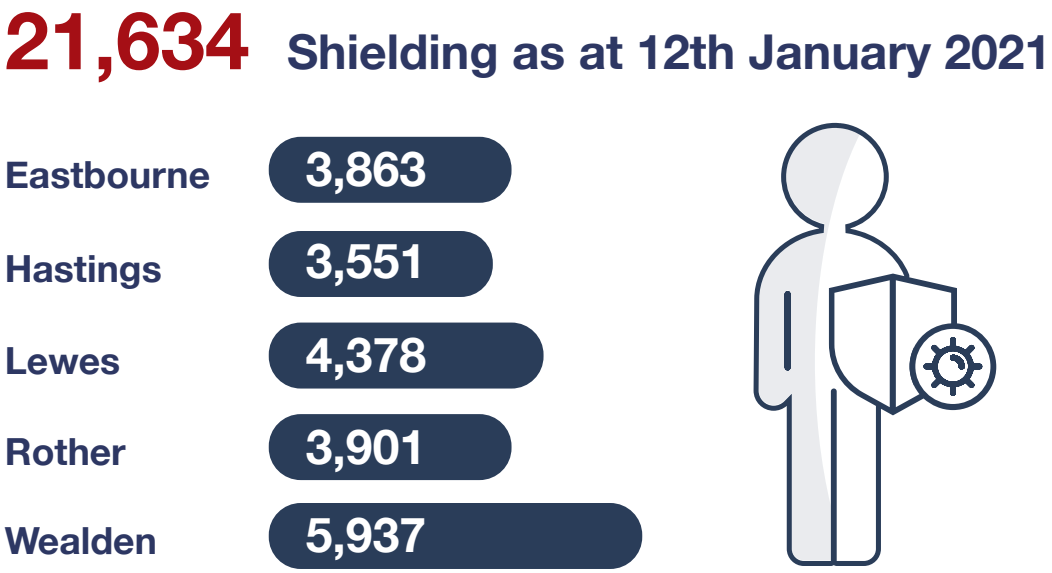
Clinically vulnerable

Classified as at increased risk of severe cases of COVID including those aged over 70 years; those under 70 with an underlying health condition; and those who are pregnant.

In East Sussex an estimated 190,000 - 210,000 people are clinically vulnerable, with over one quarter of this cohort estimated to live in Wealden.

Clinically Extremely Vulnerable (Shielding)

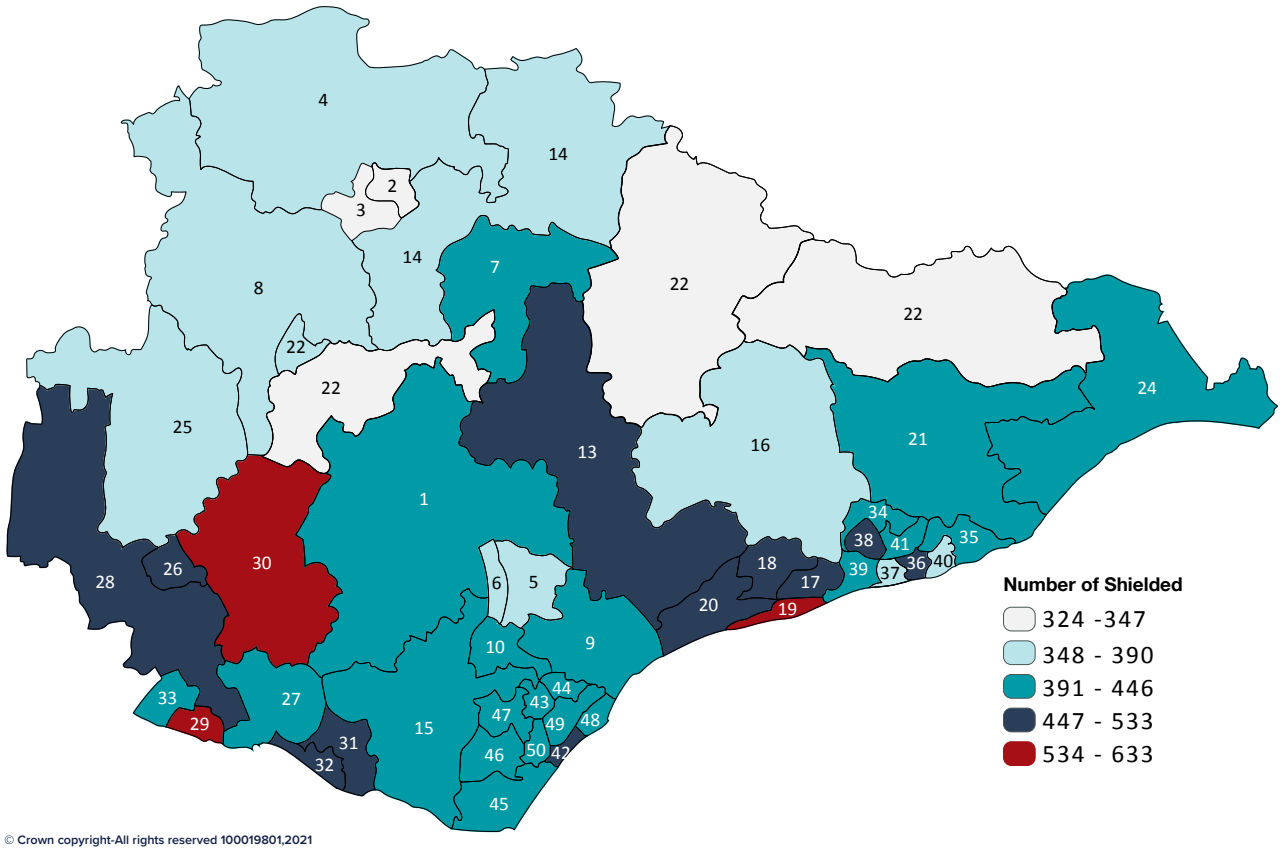
During the pandemic the government issued guidance for people to shield who were classified as at greatest risk of severe cases of COVID-19 due to significant underlying health conditions and/or weak immune systems, including: solid organ transplant recipients; specific cancers; severe respiratory conditions; people at significantly increased risk of infections; people on immunosuppression therapies; and women who are pregnant and have significant heart disease.



Source: Ministry of Housing, Communities & Local Government

The map below shows how those classified as Clinically Extremely Vulnerable (CEV) as at 12th January 2021 were distributed across East Sussex.

Shielded as at 12th January 2021



No.	Electoral Division
1	Arlington, East Hoathly & Hellingly
2	Crowborough North
3	Crowborough South & St. Johns
4	Forest Row & Groombridge
5	Hailsham Market
6	Hailsham New Town
7	Hartfield & Mayfield
8	Hailsham New Town
9	Heathfield & Mayfield
10	Pevensy & Westmill
11	Uckfield North
12	Uckfield South & Framfield
13	Wealden East
14	Wealden North East
15	Willingdon & South Downs
16	Battle & Crowhurst
17	Bexhill East
18	Bexhill North
19	Bexhill South
20	Bexhill West
21	Brede Valley & Marsham
22	Northern Rother
23	Rother North West
24	Rye & Eastern Rother
25	Chailey
26	Lewes
27	Newhaven Bishopstone
28	Ouse Valley & West Downs
29	Peacehaven
30	Ringmer & Lewes Bridge
31	Seaford North
32	Seaford South
33	Telscomb
34	Ashdown & Conquest
35	Baird & Ore
36	Brabrook & Casetle
37	Central St Leonards
38	Holington & Wishing Tree
39	Maze Hill & West St Leonards
40	Old Hastings Town
41	St Helens & Silverhill
42	Devonshire
43	Hampden Park
44	Langley
45	Meads
46	Old Town
47	Ratton
48	Sovereign
49	St Anthony's
50	Upperton

Chapter 3:

East Sussex COVID-19 in 2020

Google movement

The Community Mobility Reports show movement trends by region, across different categories of places. These reports are created by Google with aggregated, anonymised sets of data from users who have turned on the Location History setting, which is off by default.

It groups people's movement into six categories: 1. Retail and recreation, 2.Supermarket and pharmacy, 3. Parks, 4. Public transport, 5. Workplace, 6. Residential.

The East Sussex movement trends: up to 29th December 2020 chart gives us an indication of how people people's behaviour changed over time. There is a pronounced change in people's movement trends in East Sussex once the initial lockdown was announced. We can see that other than residential settings which increased, movement in all other settings decreased.

When looking at how people's movement has varied across East Sussex, we can break this down by looking at how movement has changed in each District or Borough. The East Sussex movement trends: up to 29th December 2020 chart looks at each movement category and compares the five Districts and Boroughs. We have chosen a day outside of national lockdown restrictions (we chose the first Monday outside of the second national lockdown – 7th December) and compared this to a reference point (the median value from the 5-week period Jan 3 – Feb 6, 2020).

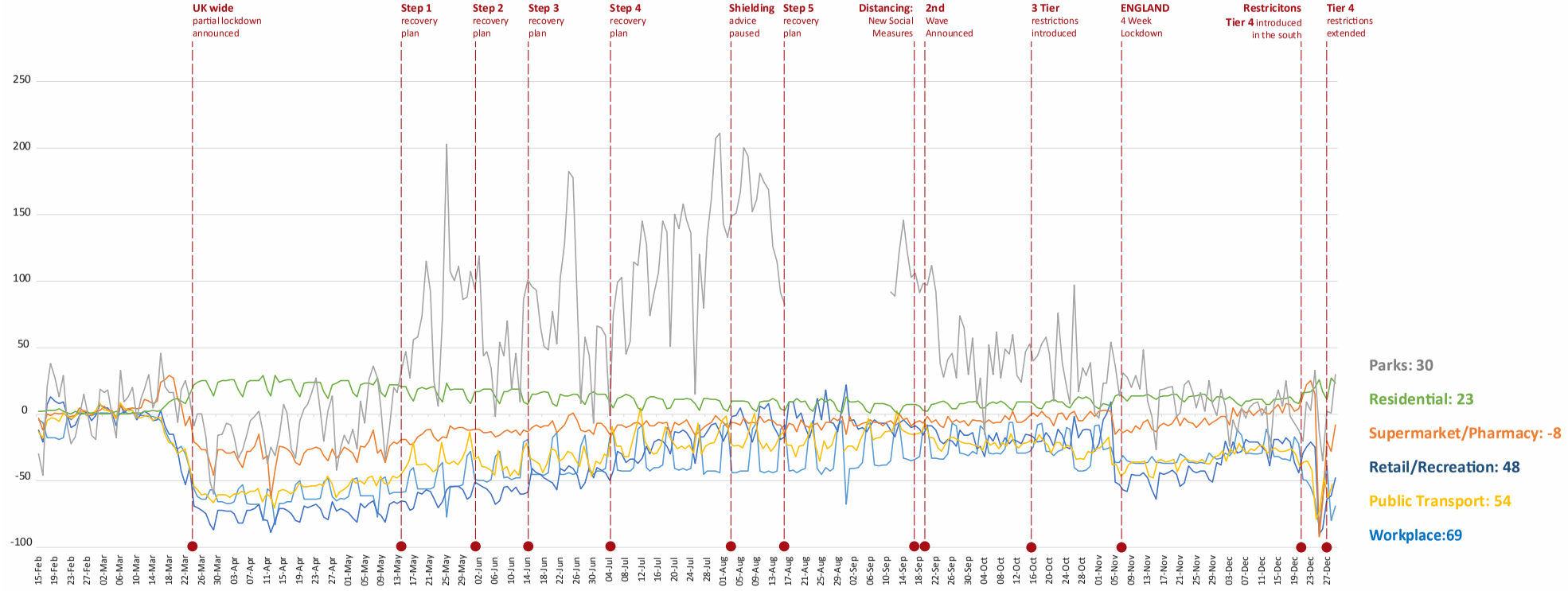
Although this is just a snapshot in time, what we can see is that there is a similar pattern of movement across East Sussex. All areas saw a reduction in retail and recreation, public transport, and the workplace. In contrast all areas had a similar increase in residential movement. There was slightly more variation in supermarket/pharmacy and parks activity. Eastbourne and Hastings saw an increase in supermarket and pharmacy activity whilst the other three areas saw reductions, and with parks Hastings saw a much larger increase than Lewes and Wealden, whilst Rother and Eastbourne saw decreases.

There have been a range of different social distancing measures announced nationally, and this has meant a protracted period of asking the public to change some of the very basic ways in which they interact. This has sometimes led to a sense of 'pandemic fatigue'. The WHO have produced a useful guide in how to use well established health promotion principles to maintain and reinvigorate the public[1].

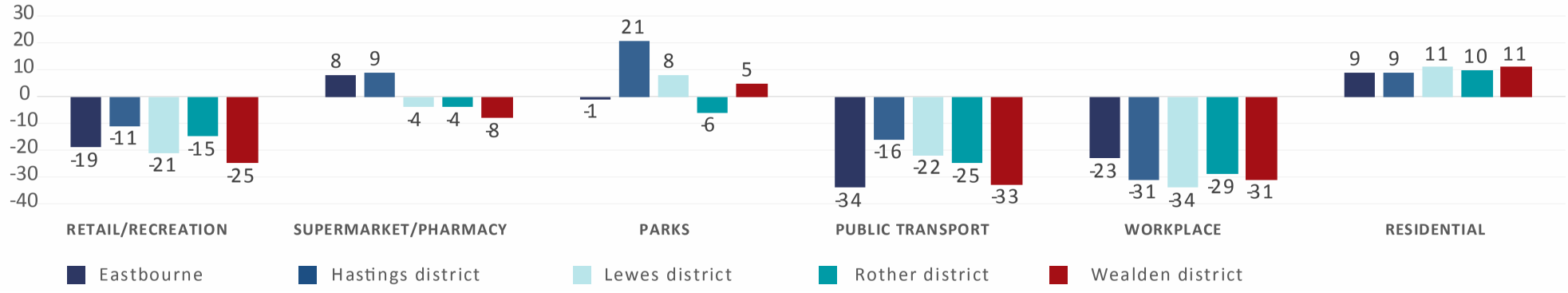
> **Recommendation:**
> We will continue to link with partners, use evidence and the available communications methods to ensure the effectiveness of our messages to our residents about the COVID-19 pandemic.

1. WHO (World Health Organisation) - Europe - Pandemic Fatigue

Movement chart one: East Sussex movement trends up to 29th December 2020



Movement chart two: East Sussex Trends by District and Borough as at 7th December 2020



Cases in East Sussex

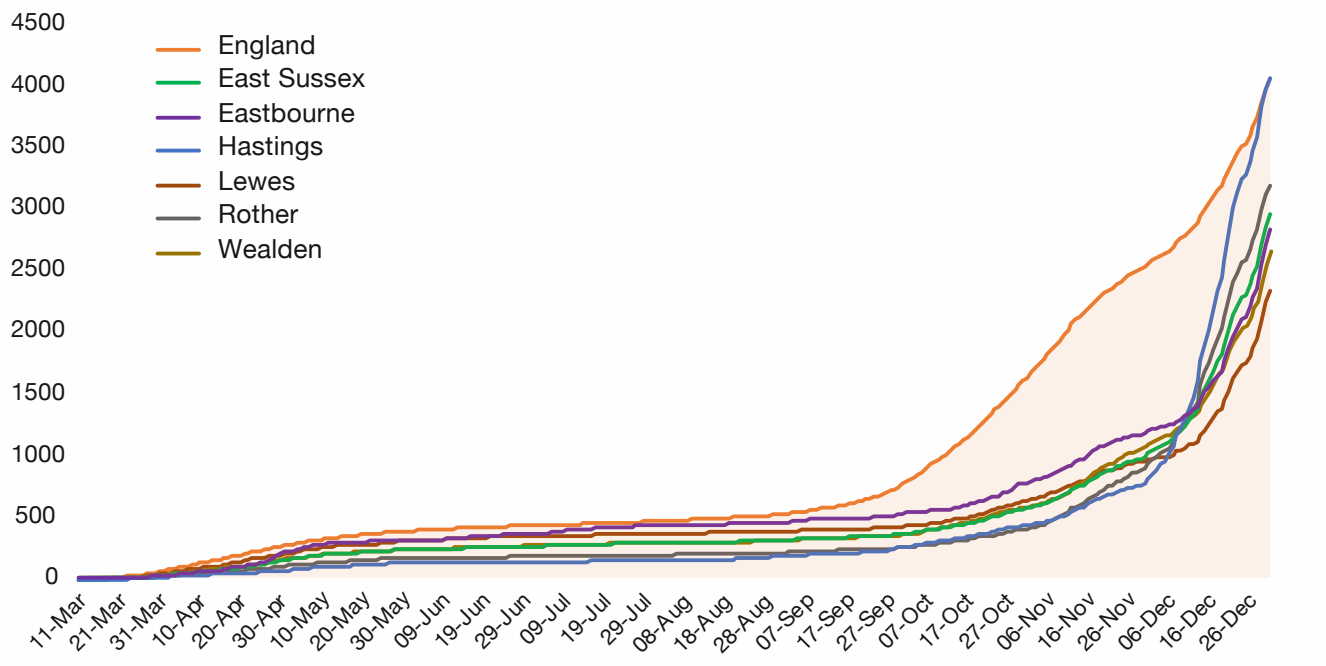
The first reported case of COVID-19 in the UK was on the 31 January 2020 in York. Perhaps surprisingly East Sussex was indicated very early in the story of COVID-19 in the UK: the third UK case was an individual who lived in Brighton and worked in East Sussex.

This section will describe what we know about COVID-19 during 2020 in East Sussex. All case data presented within this section is based on confirmed COVID-19 positive results. However, it is important to note that the national testing strategy varied over time and therefore some comparisons need to be treated with caution. Community testing run by the Department of Health only commenced on 18th May 2020, so confirmed cases before this date are based on a much smaller cohort of people (primarily those tested in hospital). Therefore, whilst the relative comparisons between East Sussex and the UK can be made at different points in time, the trends before and after this date are not directly comparable.

When looking at cases over time, if we want to understand the total number accumulated by that date, we call this the cumulative number of cases. This can also be expressed as a rate per 100,000 population, which we do to allow direct comparisons with other areas that have a different population size.

The following chart shows the rate of cumulative number of COVID-19 per 100,000. The story of COVID-19 in East Sussex in 2020 really involves two distinct periods with very different patterns: up to December 2020, and then a very different trend during December 2020.

Rate of cumulative cases per 100,000 population



Trend up to December 2020

The trend throughout this first period (up to December 2020) was characterised by a remarkably stable pattern across East Sussex. Hastings (green line) generally had the lowest cumulative rate of cases in the county, other than a brief period where it was replaced by Rother, until the beginning of December. During this same time period Eastbourne (yellow line) generally had the highest cumulative rate of cases, followed by Lewes (dark blue). Wealden (light blue) throughout most of this period had a similar pattern to the East Sussex rate as a whole, ranking in the middle for East Sussex, with the exception of November where the rate increased more sharply than elsewhere, and Wealden ended up having the second highest cumulative rate.

When comparing East Sussex to the national rate over this same time period we can see that East Sussex has consistently had a lower cumulative rate than the England average. This is a trend that is particularly notable from September where the national rate started increasing more sharply than East Sussex.

Trend from December 2020

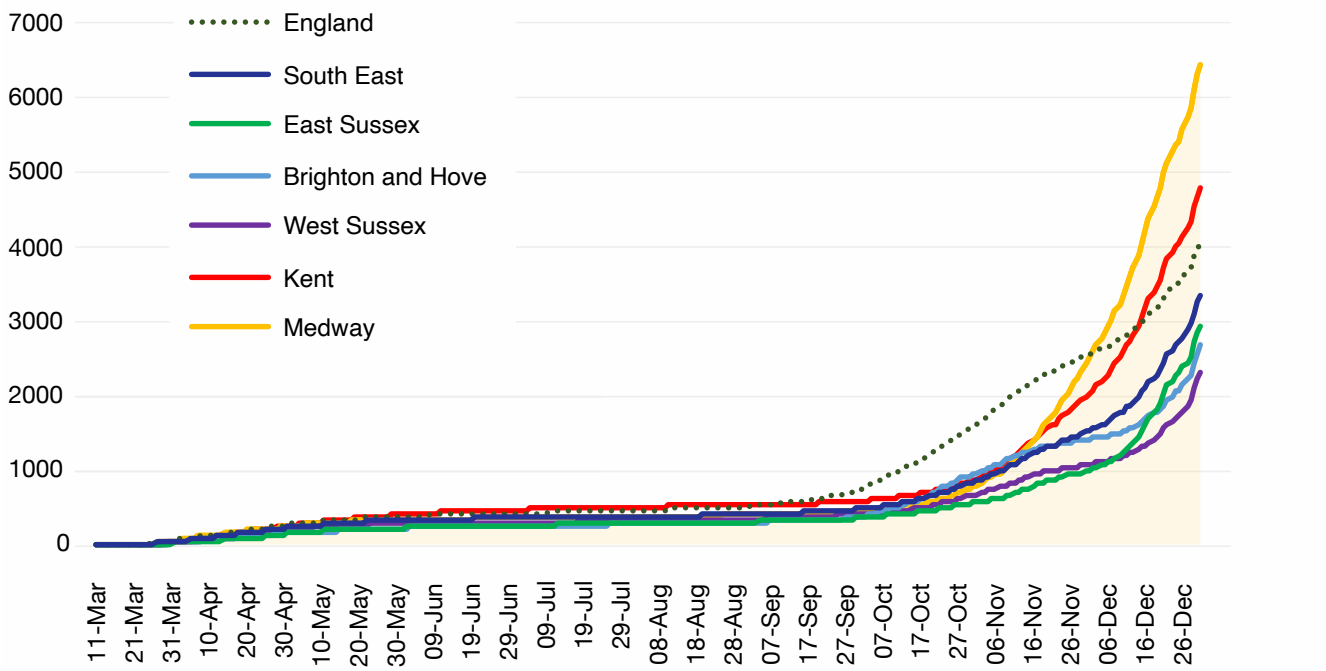
December 2020 saw a completely different pattern to the rest of 2020. During the latter part of November 2020 rates throughout Kent started increasing despite the national restrictions that were in place. Public Health England investigated this, and it is now known to be related to a new strain of COVID-19 that is much more transmissible[2].

These high rates in Kent ended up also being experienced in London, the South East and into the East of England. In East Sussex, Hastings was the first to see this new pattern of exponential growth, followed soon after by Rother. This completely reversed the ranking of the cumulative rates seen previously in East Sussex, leading to Hastings going from the lowest cumulative rate to the highest cumulative rate in East Sussex, and Rother going from the second lowest to the second highest. You can then see this pattern shift from East to West, with Wealden and Eastbourne increasing next, followed finally by Lewes.

The following graph give a regional context to the pattern described above. You can see from the graph how the cumulative rate in Medway (orange) started increasing sharply in November followed closely by Kent (red). The cumulative rate in East Sussex (green) was the lowest in October but this started increasing sharply in December followed by West Sussex (purple). The only area that followed a different pattern was Brighton. We can see how the rate in Brighton (blue) started increasing earlier than elsewhere from early October. However, we know that this was largely driven by rates in University students which appeared to stabilise in November, before this most recent rate of increase towards the latter part of December.

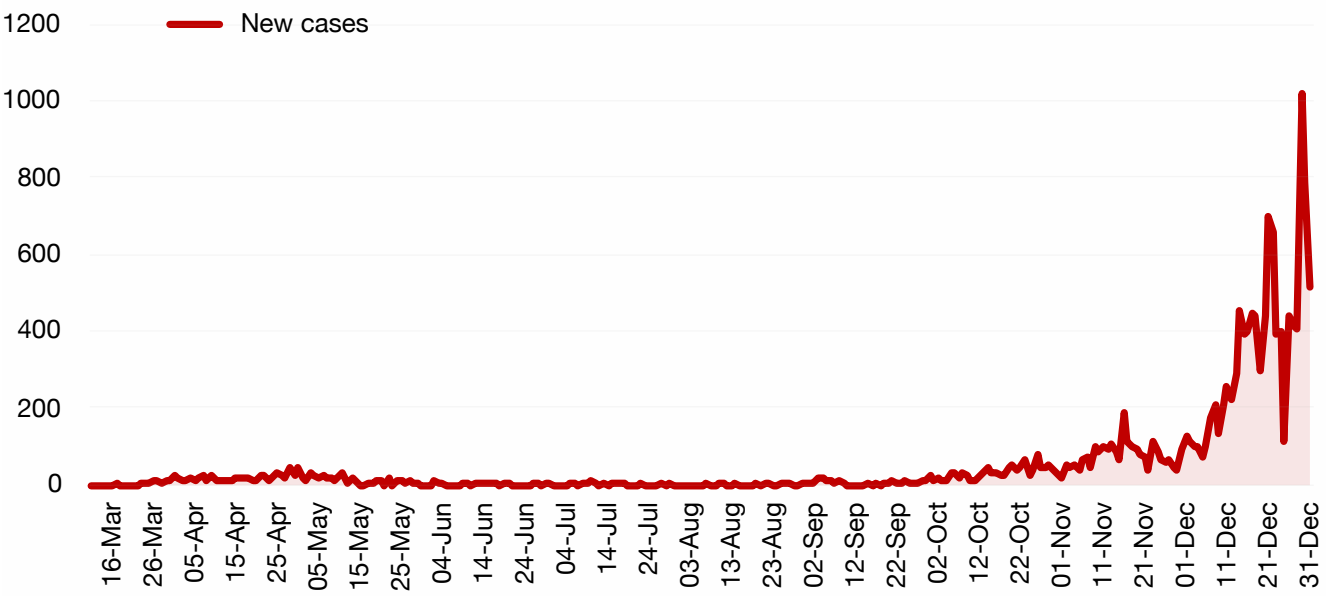
2. New SARS-CoV-2 variant | www.gov.uk

Rate of cumulative cases (per 100,000 population)



To put the previous graphs in context, another way to view cases over time is to see the daily number of new COVID cases over time. Again the pattern before and after the beginning of December 2020 is stark, with no more than approximately 200 cases in a single day before December 2020, compared to a high of approximately 1,000 cases in late December.

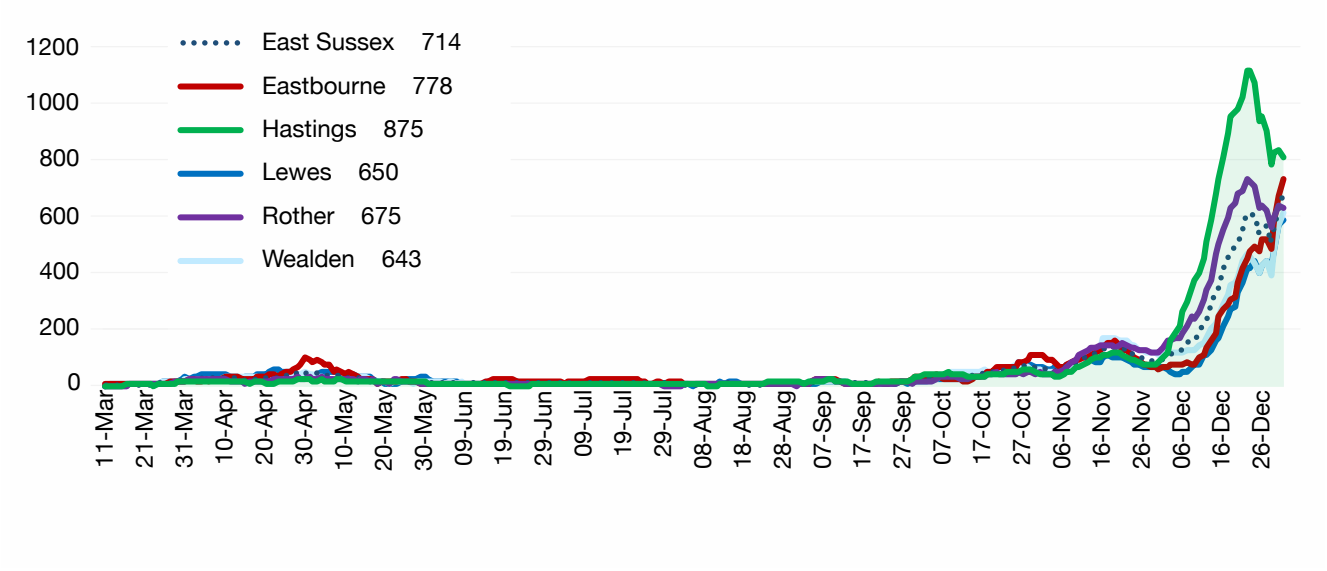
Daily cases for East Sussex Residents



The total number of cases based on people that have been tested up to 31st December 2020 is 16,494.

The daily number of cases gives a sense of scale, and the cumulative rate enables us to be compared to other areas. However, one of the measures that has been widely reported throughout the pandemic is the weekly rate of COVID-19. This statistic has been a useful measure to give a sense of any immediate trends as it is reporting on the number of cases in the previous week, expressed as a rate. The graph below shows the weekly rate over time. Again you can see in this graph the clear increase in Hastings and then Rother during December 2020.

7-Day Rolling Rates per 100,000 population all ages

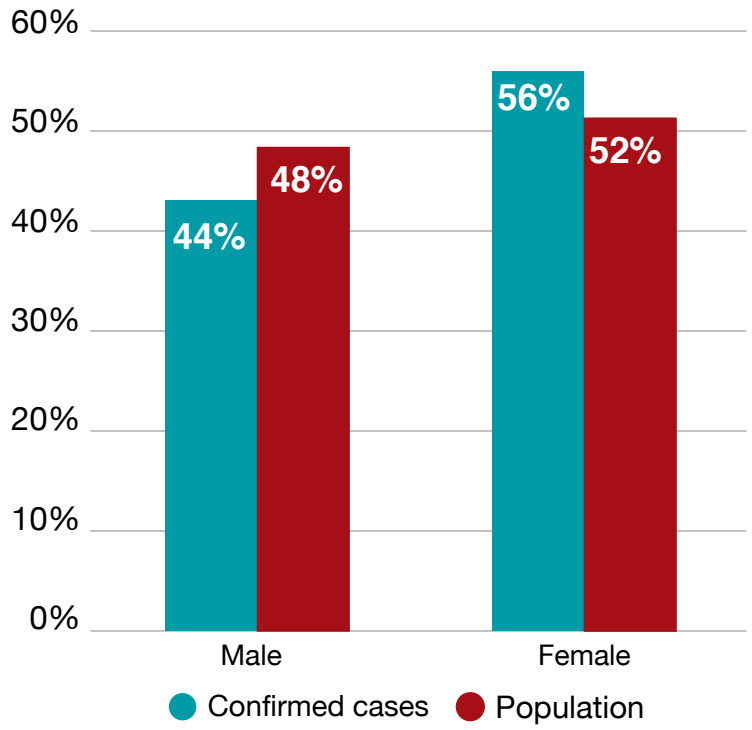


Key Demographics

When we look at the demographics of the cases in East Sussex in 2020 we see some interesting patterns. Firstly, we had a smaller proportion of our cases that were male compared to the proportion of our total population that is male (48% of our population are male, but only 44% of our confirmed cases).

Gender

Overall distributed by sex



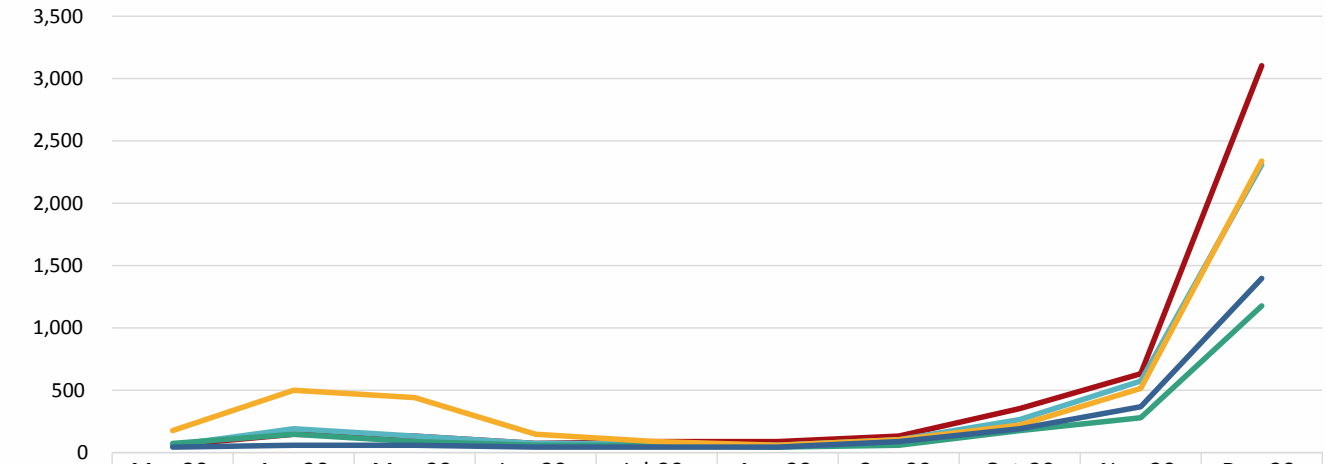
Confirmed cases per 100,000 population by sex

The following chart reveals some patterns when we look at the COVID-19 data by age group. However, it is important to note that not all age groups have been tested equally. For example, regular testing of care home staff and residents means that a higher proportion of cases in those age groups are likely to have been detected compared to other age groups.

During the early part of the pandemic the highest rate of confirmed COVID-19 cases were in those aged 80+ (yellow line), although this may be explained by the fact that the majority of testing was carried out in hospitals. Otherwise there were no particular patterns in the age profile of cases until September where we see the 20-39 age group (red line) with the highest rate. This is likely to be partly explained by the rise in cases in university age groups. This is followed by the 80+ (yellow line) and 40-59 age group (light blue line– but partly covered by the 80+ line). The lowest rates were seen in the 0-19 and then the 60-79 age groups.

Age

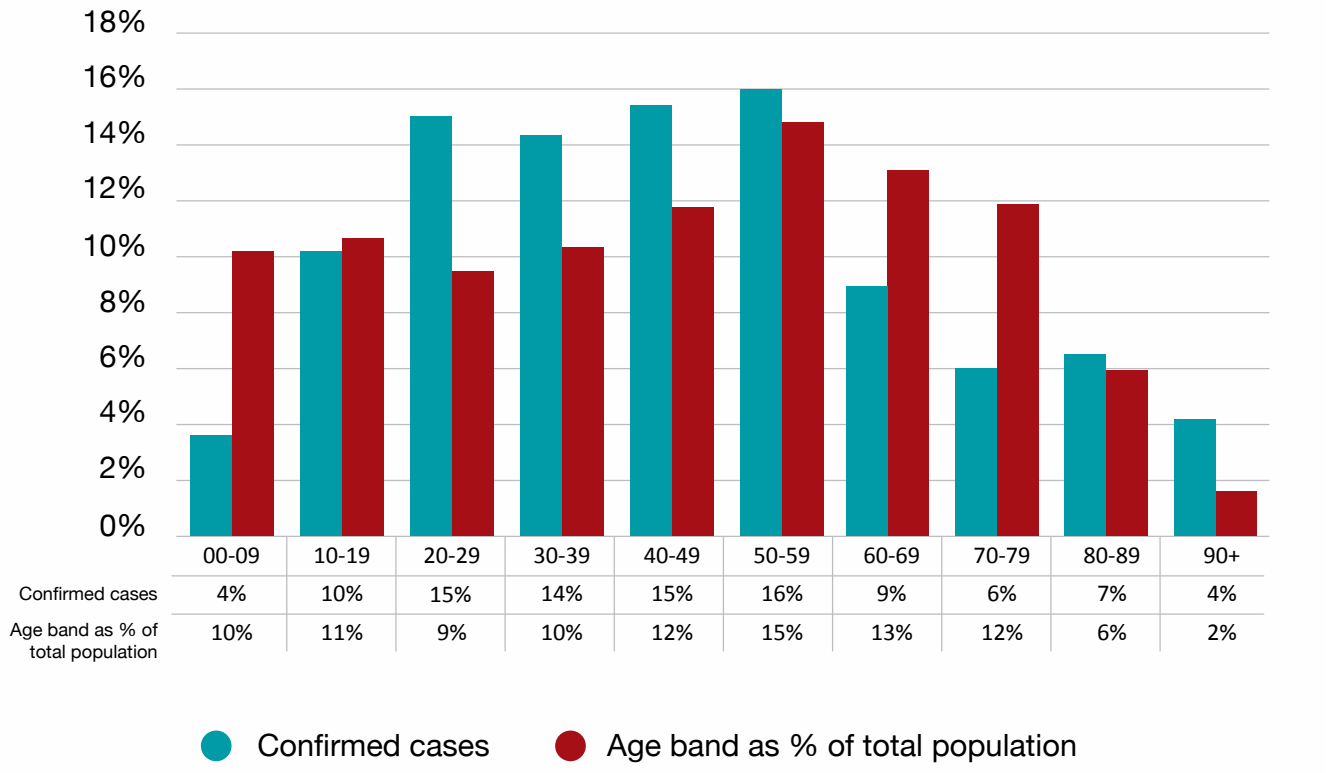
Confirmed cases per 100,000 population by age



	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
00-19	1.7	17.0	12.8	10.2	9.3	10.2	44.3	151.9	328.5	1355.3
20-39	10.8	102.4	86.1	34.4	40.8	45.3	88.8	317.3	596.6	3058.6
40-59	14.8	151.0	86.3	35.7	31.0	20.2	57.3	229.2	532.0	2272.4
60-79	38.0	102.7	45.2	19.4	17.2	6.4	23.7	139.4	239.2	1136.0
80+	134.6	460.6	399.2	99.2	49.6	21.2	63.7	181.9	477.2	2296.4

The following chart gives a more detailed breakdown of the confirmed cases in East Sussex. The chart shows the 10-year age bands and compares the proportion of positive cases to the proportion of the population in that age group.

Confirmed cases - age as % of total population

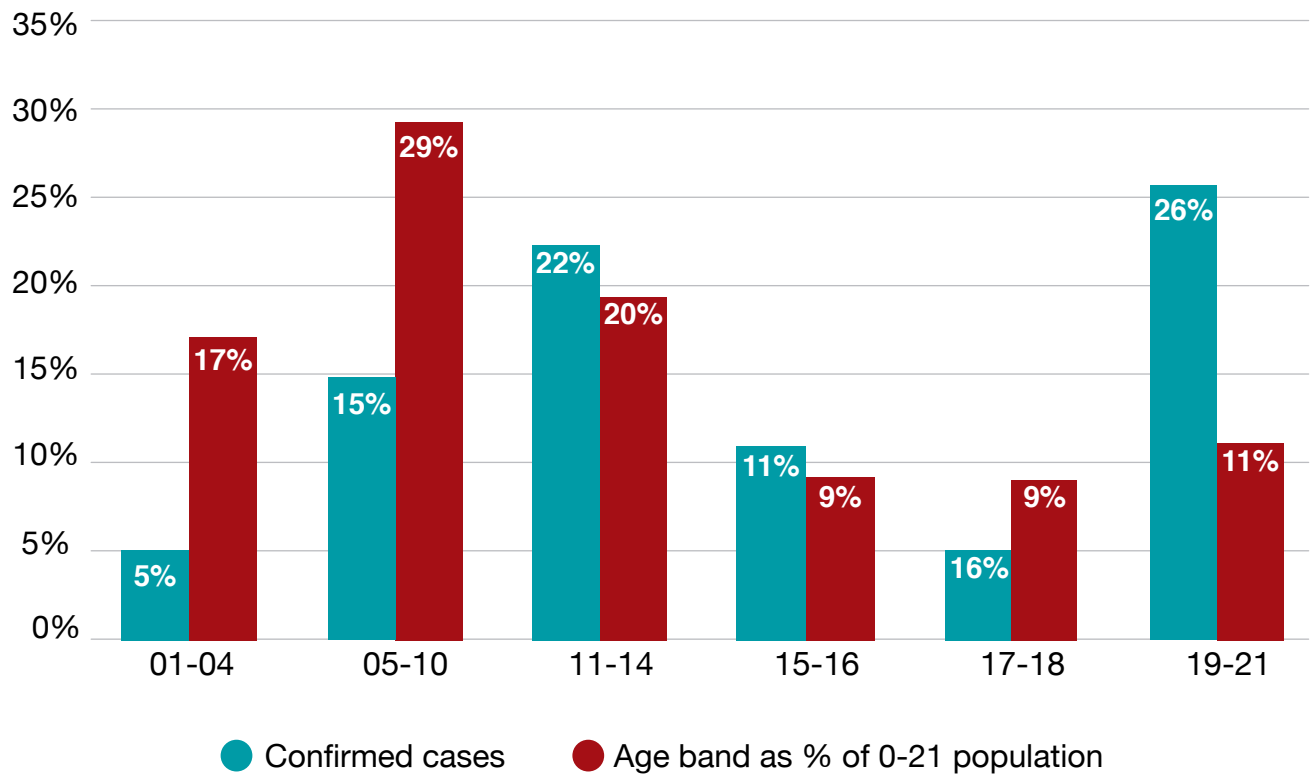


	00-09	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+
Confirmed cases	4%	10%	15%	14%	15%	16%	9%	6%	7%	4%
Age band as % of total population	10%	11%	9%	10%	12%	15%	13%	12%	6%	2%

For those aged 20 to 50, and over the age of 90, there was the biggest difference between the proportion of the population that have tested positive and the size of population, with more positive cases relative to the amount of people that age. In contrast, people aged under 10, and aged 60-79 had a much lower proportion of positive cases compared to the proportion of people in that age group. For those aged 10-19, 50-59 and 80-89 there was little difference between proportion of age band and proportion of confirmed cases.

There has been a lot of interest in how education settings have contributed to the overall number of cases of COVID-19, so we can look at these age groups in greater detail. People age 1-4 and 5-10 had a lower proportion of positive cases compared to the number of people that age, whereas the reverse is true for people age 17-21. There was a small increase in the proportion of people 11-16 testing positive compared to the overall proportion of the population that age.

Confirmed cases for people aged under 22 years per 100,000 population

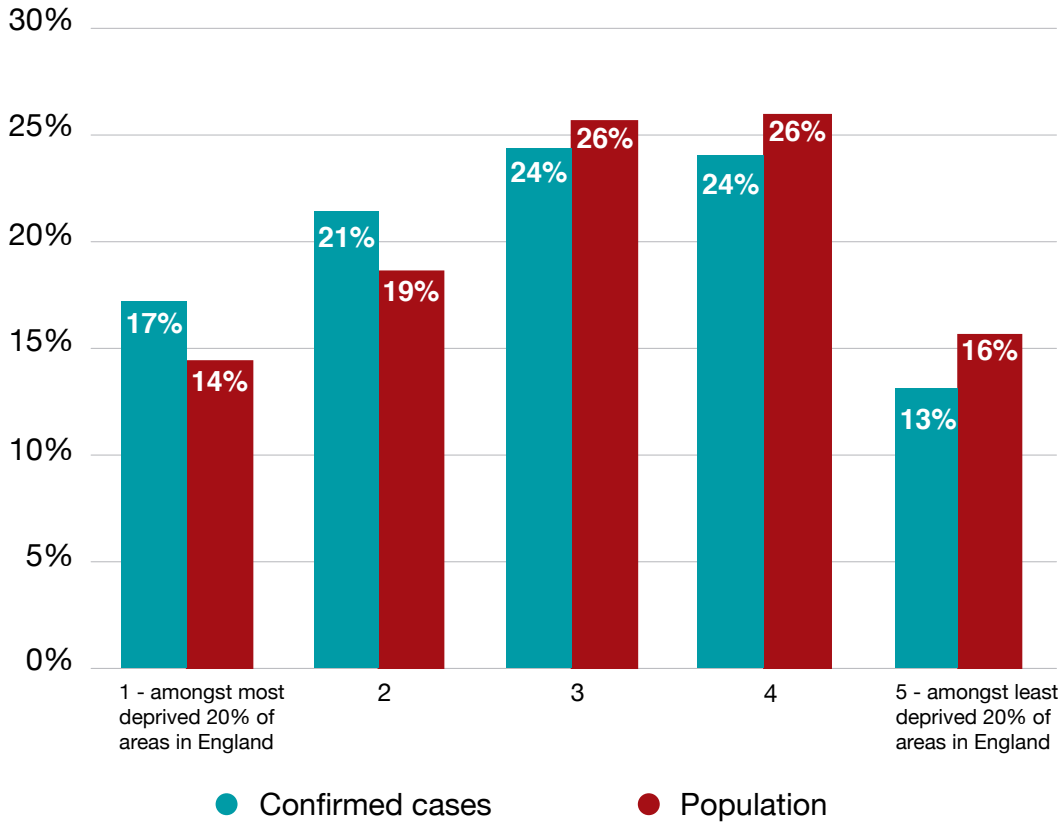


Deprivation

In the earlier chapter on risk factors there was reference made to the evidence base showing links between deprivation and infectious diseases more generally, but also specifically with COVID-19.

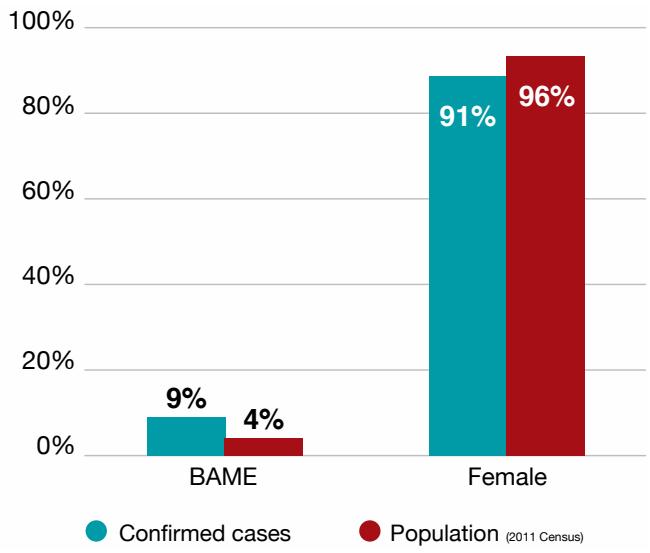
The graph below shows us that we had a higher proportion of confirmed cases in our more deprived areas compared to the size of population, and fewer cases in our less deprived areas. For example, only 14% of the population of East Sussex is in the most deprived 20% of areas in England, but 17% of our confirmed cases were in these areas. In contrast 16% of East Sussex is in the least deprived 20% of the population, but only 13% of the confirmed cases were in these areas.

Confirmed cases by deprivation quintile



The earlier chapter on risk factors for COVID-19 described how the minority ethnic population are more likely to test positive for COVID-19 and also have a higher mortality rate. The following chart compares the white and ethnic minority population size with the proportion of those groups testing positive in East Sussex. However, please note that the population data (red bar) used for comparison is from the 2011 national census and there have likely been changes to the ethnic minority population since this data. We can see that only 4% of the East Sussex population are estimated to be from an ethnic minority, but this group contributed 9% of the confirmed cases. In contrast the White population are estimated to form 96% of East Sussex but contributed only 91% of the confirmed cases.

Confirmed cases by BAME categorisation

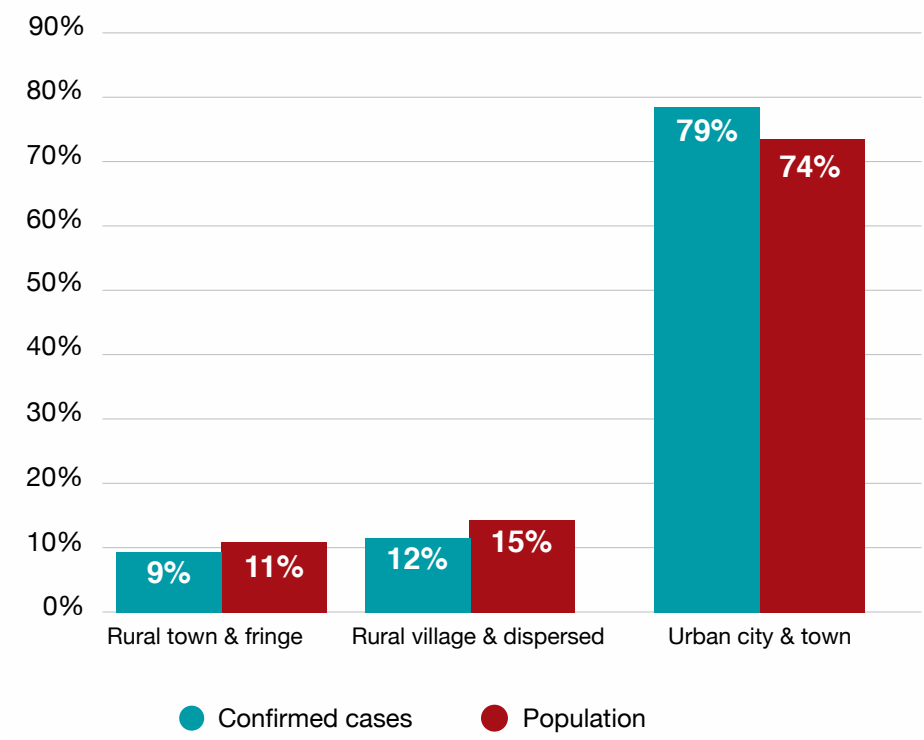


Covid-19 patient in intensive care

Rural and Urban

Another way of understanding how COVID-19 has been distributed across East Sussex is to analyse where people lived in terms of their rural urban classification. When grouping according to three categories (rural town and fringe, rural village and dispersed, and urban city and town) we see some slight differences of confirmed tests compared to the composition of the county. There was a higher percentage of confirmed tests in urban city and town (79%) compared to the percentage of the population living there (74%).

Overall distribution by Rural Urban Classification

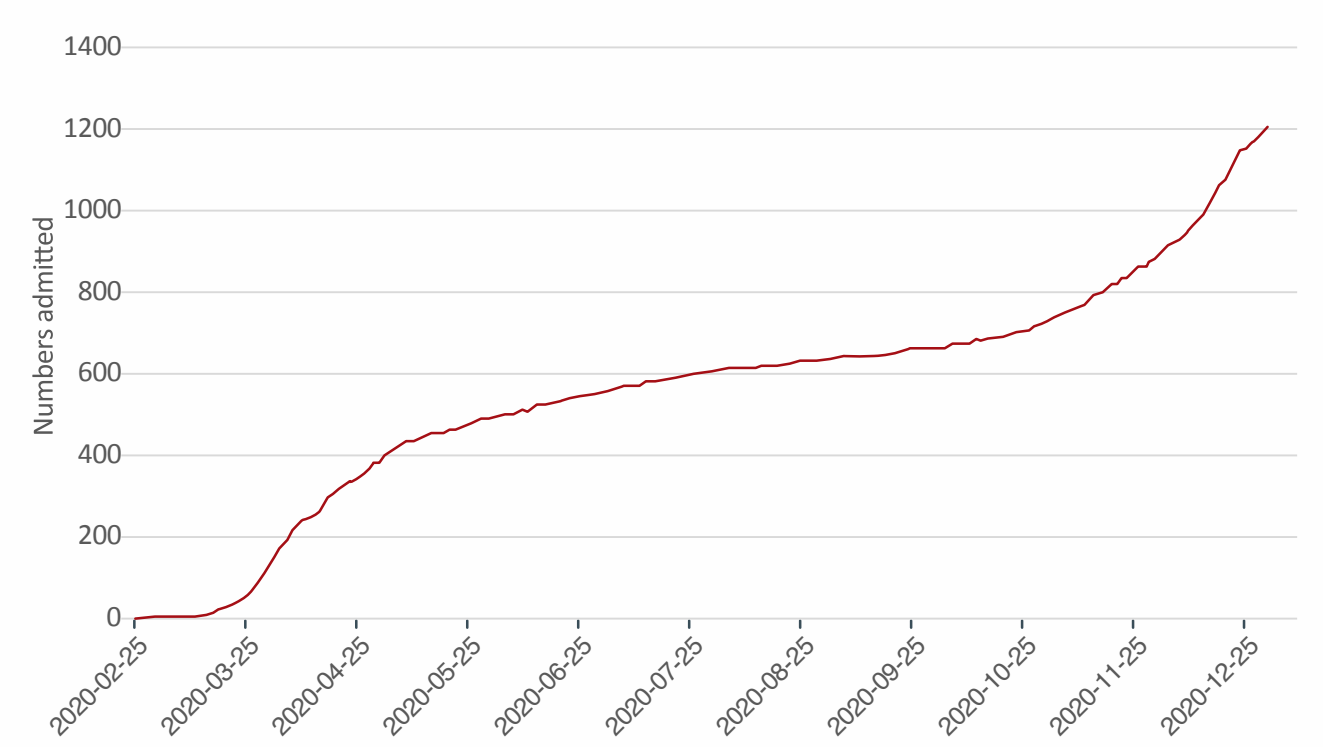


Hospitalisations

Although most of the analysis within this report is for the full calendar year of 2020, there is always a delay with the hospitalisations data we have access to, and therefore we are only able to report on data up to the end of October 2020.

The following graph shows the cumulative count of hospital admissions for East Sussex residents who had a COVID-19 diagnosis. By the end of December there had been a total of 1,208 admissions. 40% of these occurred in the three months March, April and May; and a further 40% in November and December.

East Sussex COVID-19 admissions - cumulative



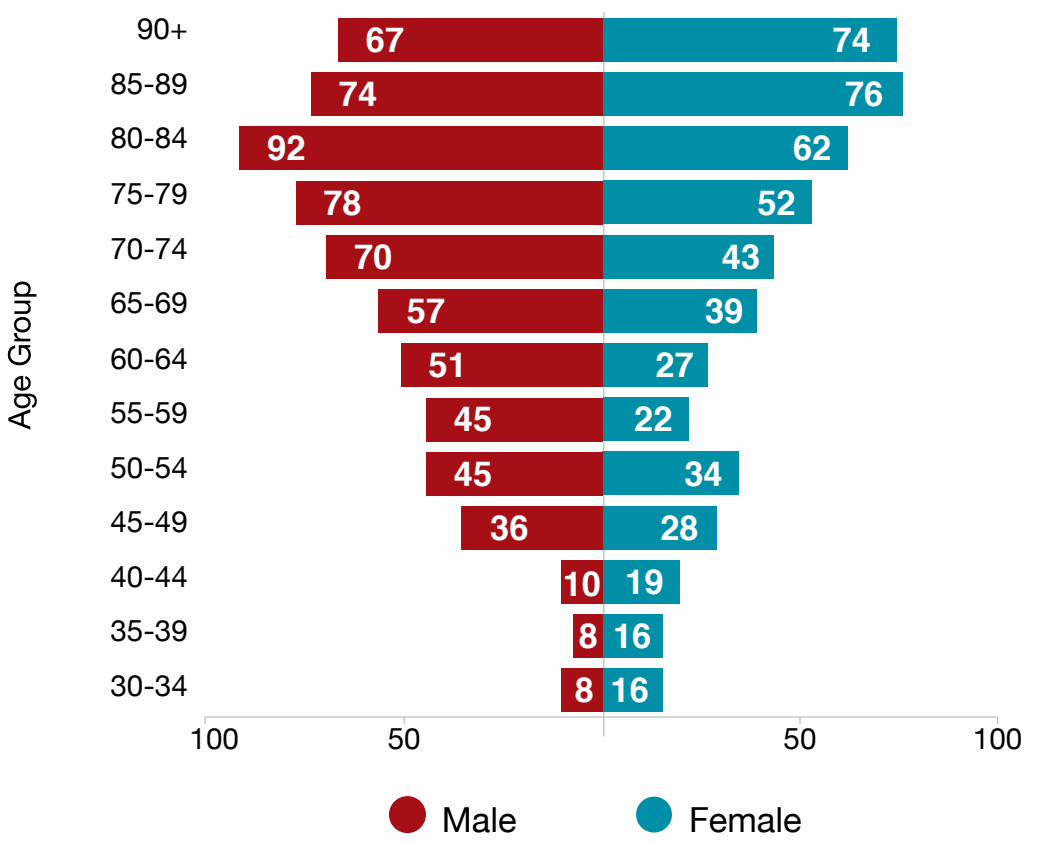
Data source: Hospital Episode Statistics (HES) data accessed via DAE, NHS Digital[3]

3. Due to the way HES data is submitted by Trusts, processed by NHS Digital and made available to local Public Health teams, the numbers are subject to change. Some details for the admissions may be incomplete and would likely be updated with future data uploads. Analysis by date is based on date of admission. For admissions with a COVID-19 diagnosis, it is not possible to know from HES data the date of the diagnosis. We can tell if COVID-19 was the reason for admission (if recorded as primary diagnosis), but we cannot tell if it co-existed at time of admission or whether the patient subsequently caught it in hospital. COVID-19 admission: any mention of COVID-19 defined as ICD-10 U07.1 (confirmed by laboratory) and U07.2 (clinical or epidemiological diagnosis where laboratory confirmation is inconclusive or not available) in any diagnosis position.

From detailed analysis of these admissions:

- 55% are for males
- 57% are for persons aged 70 years or over.
- 12% of admissions are for persons aged 90 years or over
- Wave 1 admissions (March/April/May) had a slightly older age profile (62% aged 70 years or over) compared to wave 2 (Nov/Dec, 51% aged 70 years or over)
- There were 10 admissions for children aged under 5 years and a further 14 admissions for children and young people aged 5 – 19 years

Covid admission age 30+



COVID-19 was recorded as the primary diagnosis (the condition which is chiefly responsible for causing the admission) in 72% of admissions.

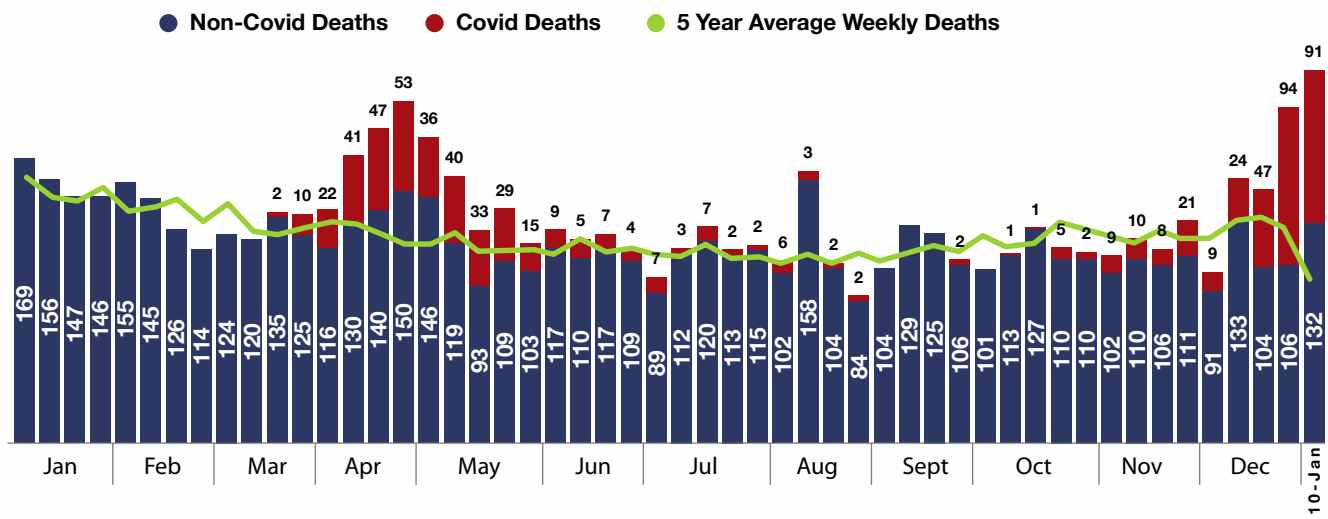
- 66% of COVID-19 admissions also have a cardiovascular disease diagnosis
- 41% have hypertensive disease diagnoses (subset of cardiovascular disease)
- 21% have diabetes

Deaths

There have been 713 deaths for East Sussex residents involving COVID-19, based on any mention of COVID-19 on the death certificate[4]. (The data covers weeks from the beginning of 2020 up to and including the week ending 01-Jan 2021, for deaths that had been registered by 09-Jan 2021).

To understand the overall picture of mortality it is important to note the change in the numbers of deaths as a result of COVID-19 and excess mortality. Excess mortality is defined as deaths beyond the expected number. The weekly average from the previous 5 years is being used as the 'expected number'. It is not possible to identify which deaths would be expected and which ones contribute to excess mortality.

It is important to note that the graph presented below on deaths is subject to change and further deaths can be added retrospectively.



More detailed analysis of COVID-19 deaths is possible using data from the death certificate. Due to the time delay of the detailed information available to local public health teams, further analysis is only available on those deaths registered by the end of December (as opposed to deaths that occurred by the end of December). Based on the 626 COVID-19 deaths that were registered by the end of December 85% had COVID-19 recorded as the underlying cause of death and 54% were for males. Also:

- 90% were aged 70 years or over and 28% were aged 90 years or over
- 47% had mention of cardiovascular disease (45% nationally)
- 27% had mention of dementia (26% nationally)
- 15% had mention of diabetes (21% nationally)
- 17% had mention of hypertensive diseases (20% nationally)
- 10% had mention of chronic obstructive pulmonary disease (COPD) (12% nationally)
- 11% had mention of chronic kidney disease (11% nationally)

4. Data source: ONS Public Health Mortality Files. Deaths registered to 31st December 2020. Numbers are provisional and subject to change with future data releases. Analysis is based on date of death. COVID-19 death: any mention of COVID-19 defined as ICD-10 U07.1 (confirmed by laboratory) and U07.2 (clinical or epidemiological diagnosis where laboratory confirmation is inconclusive or not available). For COVID-19 deaths, any comparisons to nationally use data from 'COVID-19: review of disparities in risks and outcomes', Public Health England, published 2 June 2020. Covid-19-review-of-disparities-in-risks-and-outcomes | gov.uk

Chapter 4:

Wider Impacts of COVID-19

The previous chapter talked through the range of direct impacts of COVID-19 in terms of who across East Sussex were affected with COVID-19, where they lived and what the main characteristics were. However, one of the biggest challenges nationally has been reconciling the direct threat of COVID-19 and the harm posed by the infectious disease, with the indirect risks associated to measures aimed at reducing COVID-19. The whole premise of social distancing is asking people to interact in a way that is contrary to human instinct, and we know how vital social contact is for wellbeing. A strong economy is vital for health and wellbeing – jobs help people create purpose, and the links between income and wellbeing as discussed earlier in this report are profound. And with health services being disrupted there are other wider risks to the health of the population, such as access to preventative services (e.g. screening programmes), or through delays in accessing treatment such as stroke where we know early intervention is key.

Everyone has been impacted, but each experience has been unique and every person will have their own story. Babies and toddlers will have been deprived of seeing faces and born into a world of people wearing masks. Young people have had their education disrupted. Adults have lost employment. People in care homes have had visiting restricted. And everyone has had plans and routines completely altered.

It will take time to really understand the breadth of these issues, but this provides a starting point as we look to understand some of the initial wider impacts of COVID-19.

COVID Surveys

Healthwatch surveys

Healthwatch East Sussex, the local independent health and care watchdog launched a survey in May 2020 to explore the direct and indirect impacts of the lockdown, social distancing measures and changes to services on people's health and wellbeing. The aim of the survey was to capture a snapshot of people's experiences to inform the COVID-19 response, and identify any longer-term effects from the crisis.

Analysis from the 1,209 adult respondents identified that:

67%	Identified anxiety about the future as most common issue experienced more often since the outbreak.
40%	Identified becoming serous ill with COVID-19 as the issues they were most anxious about.
25%	Felt it is difficult to get clear government guidance on actions to take during the pandemic.
55%	Were receiving treatment / care, and 46% of these had experienced changes or disruption to services. For 20% it had a significant impact.
39%	Identified physical activity as most common issue undertaken less often since the outbreak.
13%	Had concerns about emotional / physical well-being during the outbreak, 16% had sought help.
39%	Felt they were having some difficulty or not coping at all well during the COVID-19 crisis.
7%	Experienced changes or disruption to social care services. For 49% it had a significant impact.

A further 970 children and young people aged 11 to 18 years were surveyed.

Analysis from the 970 children and young people revealed:

66% Identified physical activity as most common issue undertaken less often since the outbreak.

65% Strongly agree that they feel safe at home.

45% Felt they were coping well but with some worries during the COVID-19 crisis.

23% Had experienced changes or distribution to health services or treatment, and for 8% of these it had a significant impact.

43% Identified fast food / takeaways as most common issue undertaken less often since the outbreak.

19% Felt it was difficult or very difficult to understand what was happening during the outbreak.

6% Felt they were having some difficult or not coping at all well during the COVID-19 crisis.

85% Felt confident / very confident accessing healthcare for non-covid related treatment or worries.

Healthwatch in Sussex public survey on digital consultations

The Healthwatch in Sussex public survey[5] on digital consultations final report focused on establishing people's experiences of digital or remote consultations during the COVID-19 period and their expectations and preferences for service redesign and delivery in the restore and recovery stages post COVID-19. This survey and the Sussex CCG's survey on NHS communications with patients (which contained many of the same questions) provided a combined sample of 2,185 people, and the following headline findings:

Analysis of combined sample 2,185 people revealed:

37% chose not to make an appointment during the pandemic despite having a need to access healthcare, social or emotional care.

79% did not make an appointment because they felt their condition wasn't serious enough (42%) or didn't want to burden the NHS (28%).

30% were not happy to have remote emotional and mental health support, including counselling and therapy. This rose to 44% of people with long-standing and serious mental health issues.

63% who had a remote appointment had a phone appointment.

80% who had a phone, video and online appointments during the pandemic were satisfied or very satisfied with phone appointments (76% with video and 79% with online).

Phone Appointments were preferable to video / online for triage, medication, GP, test results, emotional and mental health support.

Younger People Were generally happier to receive phone, video and online appointments compared to older people.

People with disabilities Were less happy to have any forms of remote appointment then those without disabilities.

5. Preferences towards the future of Health Social Care-services in Sussex Full Report.pdf | healthwatcheastsussex.co.uk

Care Homes: Keeping families connected in East Sussex

The Pan-Sussex Healthwatch 'Care Home Families & Friend Support project', sought to explore family and friends' experiences of care homes during the COVID-19 pandemic, engaging 64 families and 4 professionals in August and September 2020.

During the pandemic, family members / friends:

- recognise the challenges care homes face due to COVID-19, yet their experiences during the pandemic significantly varied across homes
- had greatly varied experiences of receiving up to date information on the health of their relative / friend and of COVID-19 infections within the care setting
- broadly understand and accept the reasons for carehomes restricting visiting arrangements
- reported being frustrated / distressed when they had received no communication from care homes or care home residents during the pandemic
- had significantly less contact with those living in care homes, which as substantially impacted on the health and wellbeing of family members / friends and those in care homes
- greatly valued the efforts many care homes had made to facilitate communication between family members / friend and their relatives or friends
- are concerned about how sustainable the already limited visiting arrangements will be during the winter, given the use of outdoor spaces to facilitate visits
- found a major barrier to communicate to be where there were technical issues or resident capacity / health issues preventing telephone or video calls
- have found absence of physical contact with those in care homes particularly difficult
- expressed concern about gaps in support due to health services being prevented from visiting, and from additional care they would provide during a visit
- note that arranging new care home placements, admissions and settling in has been a particular challenge
- report that the period following a friend or relative moving into a carehome, can be a time of isolation and poor mental wellbeing
- feel the government failed to provide comprehensive, timely guidance to care homes during COVID-19, which has negatively impacted on care home provision and residents' family members / friends experiences

University of Brighton - COVID-19 Stories

The University of Brighton was commissioned to explore the impacts of COVID-19 on a range of individuals within East Sussex. Understanding these impacts is important so that appropriate support can be developed.

Twenty-five people were interviewed across East Sussex including single parents with young children, young people having just left college (18+), those with disabilities, those furloughed or unemployed during the pandemic, and people living in temporary accommodation. A series of case studies and a final report will be available in May 2021. A summary of the key findings is presented below.

'Life on-hold': Several people spoke about how the pandemic had made them "shut down", describing that their "day-to-day life has pretty much curtailed". Overall, people had mixed views about the course of the pandemic. Some said it was becoming harder through time, whereas several people reported being "a bit more prepared for it because I know we've got through it before."

Impacts on family: Impacts within the immediate (household) family were considered by most to be beneficial in the early stages of the first Lockdown, describing it as "Just nice to spend time together because you couldn't do anything else." Most people were unable to see or visit their children (who had left home), parents, grandparents or other family members as much as they would normally do which was distressing: "The hardest thing for me is not meeting up with my family… , we're quite a big family." Sadly, two people also reported that someone in their family (a parent and a grandparent) had died with COVID-19.

Impacts on friends: For many people they had "really lost contact with a lot of people." Many holidays, regular social events, or weekly activities were cancelled. Some had deliberately avoided friends for fear of infection. For those who had kept in touch with friends they were described as leading to "much tighter relationships." Keeping in touch during the warmer weather was easier.

Impacts on jobs and finances: A number of people had been furloughed, had experienced reduced trade ("literally overnight"), or had lost their job. Most enjoyed the flexibility of working at home despite the blurred boundaries between home and work. Those who were furloughed generally "loved it. I was loving furlough; I was loving all the time off."

Impacts on education: The earlier than planned end of the final year was described as "anticlimactic." Plans had changed for some, "I'm working in my hometown. I'm saving up money and getting working experience but it's very different. It feels really frustrating, I really want to go and travel." People were frustrated by learning online and missed face-to-face contact.

Impacts on mental health: Most people reported some kind of mental health impact. This ranged from being "cross", "stressed" "frustrated", or "just a lack of motivation" to more serious health anxieties. The latter included fear about being infected or "very conscious of, we're all inside together [at Christmas], am I going to pass anything on?" Coping strategies included having routines, exercising, and investing in new online courses.

The research produced the following recommendations:

- The pandemic has limited people's social contact with friends and family, especially for those living alone or those shielding. There is a need for community-based services to combat social isolation
- For those with pre-existing mental health conditions, the times of entering a lockdown or significant media coverage of cases or deaths is particularly distressing. There is a need to recognise these periods of stress and to raise confidence in people's ability to prepare for ongoing restrictions including future pandemics

Read COVID-19 stories: Investigating the impact of COVID-19 on local communities within East Sussex | eastsussexjsna.org.uk

Mental Health

Data and evidence to date show that self-reported mental health and wellbeing (including in anxiety, stress and depression) worsened during the pandemic and still remains worse than pre-pandemic levels. Young adults and women have been more likely to report worse mental health and wellbeing than older adults and men[6].

Other key groups that have been impacted are those,

- with low household income or socioeconomic position
- with long term physical health problems
- living in urban areas
- living with children
- who have had corona virus related symptoms

For many COVID-19 has clearly exacerbated pre-existing mental health conditions and disrupted the care and support they have been accustomed to. For others, the worst impacts are still to be felt as restrictions are eased but the wider socio-economic factors are not.

We continue to work as part of the East Sussex Integrated Care Partnership. That has been developing a single adult mental health plan and programme which sets out initial work required to develop emotional wellbeing services, community services enhancements, and housing and supported accommodation needs and pathways.

A joint Oversight Board has also been set up to ensure the recommendations of 'Foundations for our Future', the independent review of children and young people's emotional health and wellbeing services across Sussex, are fully implemented.

A new project will also bring partners together to help develop a whole system approach to tackling loneliness and social isolation in East Sussex using a collaborative design and innovation process. The aim of the work will be to better understand the nature and impact of loneliness on residents and identify future opportunities and approaches to mitigate its worst effects.

Recommendation:

We know people's experiences changed as the pandemic progressed. Therefore, it is important that we continue to collect information to understand the experiences of people, how they have been impacted, and how we can plan for the future.

Recommendation:

We will continue to progress our programmes to address mental health including the factors around social isolation with Sussex Partnership NHS Foundation Trust and through our partnership with the voluntary sector called Partnership Plus [7].

6. Mental health and wellbeing in the time of coronavirus – tracking the impact | Public Health Matters.blog.gov.uk
7. East Sussexv County Council and the voluntary sector partnership plus | essp.org.uk

Homelessness

The government-led drive 'Everybody in' brought together councils, charities, the private hospitality sector, and community groups with the joint aim of protecting some of the most vulnerable people in society from COVID-19 and helping them turn around their lives and get them off the streets for good. In East Sussex there are approximately 200 rough sleepers now in temporary accommodation and 30 people still on the streets.

Financial insecurity

Financial insecurity and problem debt are pre-COVID-19 issues, made worse by the current pandemic. Low-income households are particularly vulnerable to changes in the cost of living and suffer the social exclusion and increased health risks of poverty.

Pre-COVID-19 it is estimated that 1 in 14 (7%) of the adult population were in problem debt[8,9,10]. According to the Money Advice Trust, before COVID-19, 33% were already behind with their bills, a quarter had been negotiating repayments/request they hold action and 17% were in the process of setting up a solution for their debt[11].

Loss of income through redundancy and furlough has pushed many into an uncertain financial future including the prospect of homelessness. For others, such as those leaving higher education it has made the prospect of achieving financial interdependency and security much harder.

Economic impact

Government employment support schemes

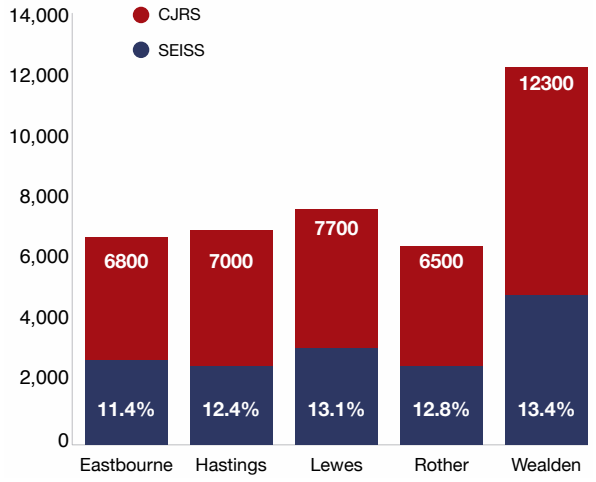
In spring 2020, the government announced two schemes to support people who work for businesses unable to trade because of the COVID-19 restrictions. The Coronavirus Job Retention Scheme, otherwise known as the Furlough scheme) enabled companies to furlough employees rather than terminate their employment, paying 80% of people's wages, up to a maximum of £2,500 per month. The scheme, which has been amended and now includes 'flexible furlough' where the employee can undertake some work for their employer, has been extended until the end of March 2021.The Self-Employment Income Support Scheme was set up by the government to provide support for those who are self-employed. The data below shows those supported by the schemes as of 31st October 2020.

8. which means they are seriously behind on payments for bills or credit agreements or have been disconnected by a utilities provider in the past year
9. Money and Mental Health.org | A-Silent-Killer-Report
10. Household debt in Great Britain - April 2016 to March 2018 | Office of National Statistics
11. The impact of Covid 19 on recent National Debtline caller | Money Advice Trust.org

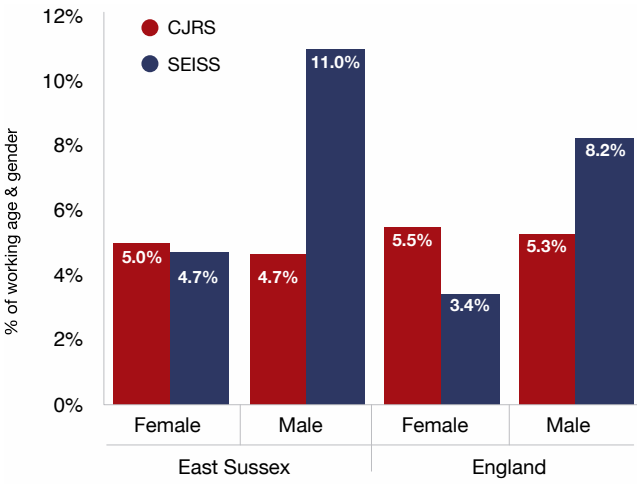
40,100 Jobs in East Sussex supported by government schemes at 31st October 2020 = **15,400** Coronavirus Job Retention Scheme: CJRS (Furlough)

24,700 Self Employment Income Support Scheme: SEISS

Number of people covered by Government employment Support Schemes



% of working age population covered by Government Employment Support Schemes by gender



East Sussex Research and Information Team, Unemployment in Brief December 2020

Job Seekers Allowance (JSA) and Universal Credit claimants

In November 2020, 15.7% of the working age population were receiving either JSA or Universal Credit (including those in work and searching for work).

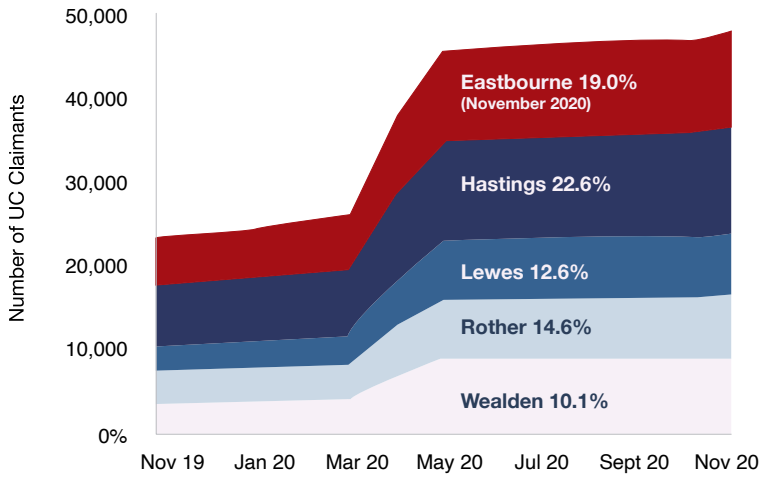
Universal Credit Claimants

48,208 People claiming Universal Credit in November 2020, 22,041 than March 2020

23% Working age people in Hastings are claiming Universal Credit

37% Universal Credit claimants are in work

Universal Credit Claimants by: District, Borough and % of working age population



Change in number of Universal Credit claimants since November 2012

Eastbourne	5,811	up 107%
Hastings	5,315	up 71%
Lewes	4,493	up 154%
Rother	3,558	up 93%
Wealden	5,683	up 159%
East Sussex	24,872	up 107%

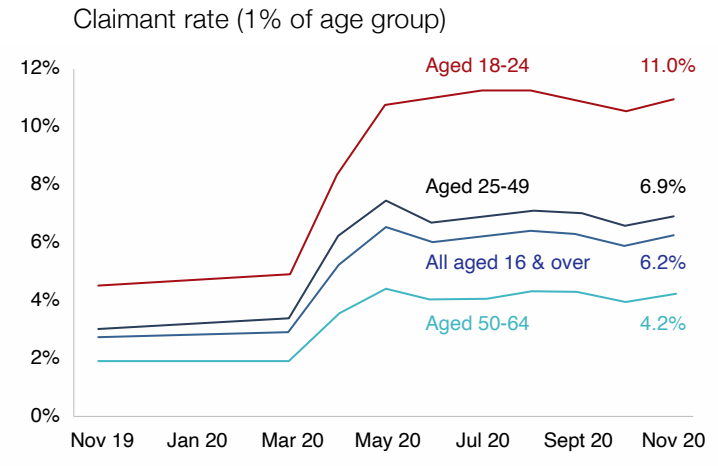
Job Seekers Allowance and Universal Credit Claimants

6.2% **(19,680) unemployed working age people were claiming Jobseekers Allowance and Universal Credit (searching for work) in November 2020**

4.4% **Increase since October 2020**

11% **18-24 year olds compared to 4.5% in November 2019**

115% **Increase in claimants since March 2020**



In April 2020, ESCC co-ordinated the development of an Economy Recovery Plan ("East Sussex Reset") with partners to provide a clear focus for the economy recovery effort. This is not a plan for the County Council, it is a plan for Team East Sussex , the county's de-facto Growth Board, and partners to take forward. The Plan is complementary and supportive of other activities being progressed at a local level, including climate change and health and wellbeing initiatives.

Consisting of six "missions": 1. Thinking Local / Acting Local, 2. Building Skills / Creating Jobs, 3. Fast-forwarding Business, 4. Better Places, Fuller Lives, 5. Cleaner Energy / Greener Transport, 6. The Future is Digital.

The Plan has resulted in a total of circa £87.85m is being invested into East Sussex. This is a combination of £53.47m newly secured monies and a further £34.38m aligned from ongoing monies committed or already secured from external sources to support the survival, reset, recovery and growth of businesses in East Sussex.

East Sussex Reset

The Growth Hub, has been the front-line support for business owners helping them to understand and access the range of support available. The impact of COVID-19 as expressed by business owners has changed and evolved as successive restrictions on trade have been implemented in response to the pandemic. The Job Retention scheme has allowed vital employees to be retained and is generally viewed as a success. Businesses are now planning for the future and, in many cases, do not believe that they will be able to support previous numbers of staff. Serious consideration is being given to reduction in staff numbers and redundancies.

As restrictions subside and we move towards a new 'recovery' period from COVID-19, the economic impacts will play out and be felt for some time. It is vital that economic recovery benefits all and helps to reduce the inequalities in our society. The basis for this should be access to training and good quality employment opportunities. Our approach needs to go beyond this and foster a sense of hope and opportunity in those whose plans and ambitions have been so disrupted by the pandemic.

Recommendation:

The COVID-19 pandemic had a significant impact on the economy. Organisations at every level will continue to focus on the local economy and employment security through Team East Sussex and wider partnership working.

The Wider Health System

The East Sussex Integrated Care Partnership, as part of the wider Sussex Health and Care Partnership (Integrated Care System) are currently working towards a new integrated model of primary and community mental health care which will support adults and older adults. The new model of care will need to reflect the changing needs of those affected by COVID-19 and build on the strengthened relationships developed over the past year between agencies supporting vulnerable people.

For children and young people, it becomes ever more important to implement the recommendations of Foundations for Our Future, the Sussex-wide review of Emotional Health and Wellbeing Support. This requires a system approach and a focus on public health approaches to prevention, to help ensure our young are able to thrive and meet the ever-increasing challenges they face.

During April 2020, A&E attendances and outpatient attendances were around half of what they usually would be. Emergency admissions were two-thirds, and elective admissions around a third of what would usually be expected. By the end of the summer activity numbers had pretty much returned to more normal levels. For electives and outpatients, admissions/attendances dropped slightly in December. For A&E, numbers peaked in August and have been on a slight downward trend since to the end of the year.

Analysis of emergency admissions (up to the end of November) since April 2020 for ischaemic heart diseases, acute myocardial infarctions, stroke, cancer, diabetes, asthma or epilepsy does not appear to show a subsequent increase due to any wider ramifications of patients not seeking treatment or issues accessing services (though it is noted that it may be too early to tell). Emergency admissions for persons with dementia or as a result of self-harm, up to the end of November, also appear to within the normal range.

During the eight month period April-November 2020 there were more emergency admissions as a result of an assault that occurred in the home (a proxy indicator for domestic abuse) (n=27) than in the full year April 2019 – March 2020 (n=18)[12].

We continue to work as part of the East Sussex Integrated Care Partnership to ensure all partners can respond to the wider impact of COVID-19 on the system.

12. Data source: Hospital Episode Statistics (HES) data accessed via DAE, NHS Digital. Hospital activity up to the end of November 2020 (likely incomplete for admissions for the last week of November, outpatients and A&E attendances should be reasonably complete for the full month) Due to the way HES data is submitted by Trusts, processed by NHS Digital and made available to local Public Health teams, the numbers are subject to change. Some details for the admissions may be incomplete and would likely be updated with future data uploads. The following ICD-10 codes have been used: Acute myocardial infarction I21-I22; Ischaemic heart diseases I20-I25; Stroke I60-I69; Diabetes E10-E14; Dementia / Alzheimer's disease F00-F03, G30, G318, G310; Cancers C00-C99; Asthma J45, J46; Epilepsy G40, G41; Self-harm X60-X84; Assaults X85-Y09 (with place of occurrence=0 for home)

Chapter:5

Conclusions

A variable epidemiology

One of the clearest stories about COVID-19 in East Sussex is that this was not defined by one pattern, one trend, or a simple narrative. If the pandemic had been over by November 2020 when East Sussex had one of the lowest cumulative rates in the country, this could have led to conclusions that there was something fundamentally protective about living in East Sussex, the geography and the links to elsewhere that predisposed it to having a lower incidence of COVID-19 compared to many other areas. However, we have seen throughout December 2020 a completely different pattern that was in stark contrast to previously. Although it could be easy to reduce this to a new, more infectious strain of COVID-19, it is likely to be a more complicated set of factors.

There are a number of protective factors about East Sussex that could have contributed to the low rates earlier on. For example, the county has large rural areas and a lower population density than many other counties which could have helped to keep rates low, but this is contrasted to being relatively close to London and a large amount of tourism which you would potentially expect to increase the risk of COVID-19. Similarly, the third reported case in the UK having links to East Sussex could have posed a risk earlier on, but on the other hand this could have raised the attention of the public to the importance of social distancing and respiratory hygiene.

We have seen across the UK that most areas with a high incidence are not concentrated in a particular town or city, but rather a feature of a wider region, and therefore for East Sussex the rates across the borders in Surrey, Kent and the rest of Sussex are also likely to have played a part. Throughout 2020 rates in Brighton and West Sussex have experienced similarly low rates to East Sussex, which is likely to have contributed to the spread of infection we have seen, but this is contrasted to late in the year where high rates first appeared in Kent, before being experienced in the east of the county and then spreading west.

Repeating inequalities

We know how health is not experienced equally by all, and COVID-19 has shown yet again how certain groups are affected disproportionately.

The fact that if you are Black, Asian, or from a minority population you are more likely to get COVID-19 and more likely to die is unacceptable. The fact that COVID-19 is more prevalent in areas that are poorer, and that those populations will suffer worse health outcomes, is unacceptable.

These experiences of COVID-19 reveal existing inequalities that will not be solved through a single initiative but rather expose structural inequalities.

Recommendations

Recommendation:
COVID-19 has revealed familiar links between the conditions we live in and our health and wellbeing. We will continue to mitigate the impacts of the wider determinants of health to reduce health inequalities through a wide range of existing and new programmes.

Recommendation:
We have been working across Sussex, with our integrated care system (ICS) partners, to understand the range of issues that disproportionately affect people from ethnically diverse communities and why they experience poorer health and wellbeing. We will act on recommendations to disrupt the structural inequalities faced by these groups in the future.

Recommendation:
Our choices have a substantial impact on our health. We will continue to ensure that the healthy choice is the easy choice across East Sussex and that our new and existing programmes support our population to experience good health and wellbeing.

Recommendation:
We will continue to link with partners, use evidence and the available communication methods to ensure the effectiveness of our messages to our residents about COVID-19.

Recommendation:
We know people's experiences changed as the pandemic progressed. Therefore, it is important that we continue to collect information to understand the experiences of people, how they have been impacted, and how we can plan for the future.

Recommendation:
We will continue to progress our programmes to address mental health including the factors around social isolation with Sussex Partnership NHS Foundation Trust and through our partnership with the voluntary sector called Partnership Plus.

Recommendation:
The COVID-19 pandemic had a significant impact on the economy. Organisations at every level will continue to focus on the local economy and employment security through Team East Sussex and wider partnership working.

References

1. WHO (World Health Organisation) - Europe - Pandemic Fatigue

2. New SARS-CoV-2 variant | www.gov.uk

3. Due to the way HES data is submitted by Trusts, processed by NHS Digital and made available to local Public Health teams, the numbers are subject to change. Some details for the admissions may be incomplete and would likely be updated with future data uploads. Analysis by date is based on date of admission. For admissions with a COVID-19 diagnosis, it is not possible to know from HES data the date of the diagnosis. We can tell if COVID-19 was the reason for admission (if recorded as primary diagnosis), but we cannot tell if it co-existed at time of admission or whether the patient subsequently caught it in hospital. COVID-19 admission: any mention of COVID-19 defined as ICD-10 U07.1 (confirmed by laboratory) and U07.2 (clinical or epidemiological diagnosis where laboratory confirmation is inconclusive or not available) in any diagnosis position.

4. Data source: ONS Public Health Mortality Files. Deaths registered to 31st December 2020. Numbers are provisional and subject to change with future data releases. Analysis is based on date of death. COVID-19 death: any mention of COVID-19 defined as ICD-10 U07.1 (confirmed by laboratory) and U07.2 (clinical or epidemiological diagnosis where laboratory confirmation is inconclusive or not available). For COVID-19 deaths, any comparisons to nationally use data from 'COVID-19: review of disparities in risks and outcomes', Public Health England, published 2 June 2020. Covid-19-review-of-disparities-in-risks-and-outcomes | gov.uk

5. Preferences-towards-the-future-of-Health-Social-Care-services-in-Sussex-Full-Report.pdf | healthwatcheastsussex.co.uk

6. Mental health and wellbeing in the time of coronavirus – tracking the impact | Public Health Matters.blog.gov.uk

7. East Sussexv County Council and the voluntary sector partnership plus | essp.org.uk

8. which means they are seriously behind on payments for bills or credit agreements or have been disconnected by a utilities provider in the past year

9. Money and Mental Health.org - A-Silent-Killer-Report

10. Office of National Statistics - Household debt in Great Britain - April 2016 to March 2018

11. Money Advice Trust.org - The impact of Covid 19 on recent National Debtline caller

12. Data source: Hospital Episode Statistics (HES) data accessed via DAE, NHS Digital. Hospital activity up to the end of November 2020 (likely incomplete for admissions for the last week of November, outpatients and A&E attendances should be reasonably complete for the full month) Due to the way HES data is submitted by Trusts, processed by NHS Digital and made available to local Public Health teams, the numbers are subject to change. Some details for the admissions may be incomplete and would likely be updated with future data uploads. The following ICD-10 codes have been used: Acute myocardial infarction I21-I22; Ischaemic heart diseases I20-I25; Stroke I60-I69; Diabetes E10-E14; Dementia/Alzheimer's disease F00-F03, G30, G318, G310; Cancers C00-C99; Asthma J45, J46; Epilepsy G40, G41; Self-harm X60-X84; Assaults X85-Y09 (with place of occurrence=0 for home)

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Report to:	**East Sussex Health and Wellbeing Board**
Date:	**30th September 2021**
By:	**Independent Chair, East Sussex Safeguarding Adults Board**
Title of report:	**East Sussex Safeguarding Adults Board (SAB) Annual Report 2020 - 2021**
Purpose of report:	**To present the SAB Annual Report as required in the Care Act**

RECOMMENDATIONS

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

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1. Background

1.1 East Sussex Safeguarding Adults Board (SAB) Annual Report 2020 - 2021 (**Appendix 1**) outlines safeguarding activity and performance in East Sussex between April 2020 and March 2021.

2. Supporting Information

2.1 The format of the report is structured against the SAB priorities as set out in the Strategic Plan 2018 – 21, and also links with the new Strategic Plan 2021 – 24. As in last year's report the data section has been enhanced to include contributions from a number of partner agencies in addition to the core data from the local authority.

2.2 Inevitably this year a key focus of the report is on the impact of Coronavirus on adult safeguarding, in outlining the unprecedented challenges and areas of concern in relation to abuse and neglect, the impact on SAB activity and how work continued to meet our statutory requirements, and the opportunities and innovations that have arisen.

2.3 Highlights in the report are as follows:

Strategic Theme 1: Accountability and Leadership

- Work has begun across the Sussex SABs to plan for this year's self-assessment process and peer challenge event which will take place in October 2021.
- Links with the Rough Sleepers Initiative (RSI) have been strengthened and oversight maintained of the work of the Sussex Strategic Homelessness Group.

Strategic Theme 2: Policies and Procedures

- The Sussex SABs have worked together to develop a number of protocols, including the information Sharing Guide and Protocol and the Sussex Safeguarding Adults Review (SAR) Protocol.
- The Sussex Adult Death Protocol, a recommendation from the Adult B SAR was launched in November 2020. This pan-Sussex protocol provides a mechanism to ensure a rapid coordinated multi-agency response to unexpected adult deaths. The protocol has received national attention and will be adopted in a number of other police forces across the country

and will also be considered by the National Police Chiefs Council later in 2021 for national implementation.

- Eight SAR referrals were made in 2020 – 21, a notable rise in comparison to the previous year when four referrals were received. The referrals involved a range of issues, including mental ill health, domestic abuse, self-neglect, substance misuse, homelessness, and working with multiple complex needs and trauma. In addition, the impact of Covid-19 in these cases was evident in relation to risks of self-harm and suicide as well as challenges in service provision. From these referrals, four cases will be examined in a thematic review and two other cases will progress to SARs. Work to progress these reviews will be taken forward over 2021.

Strategic Theme 3: Performance, Quality and Audit and Organisational Learning

- The SAB published the Adult C SAR in December 2020, a review which covers a number of safeguarding themes including domestic abuse, homelessness and housing, substance misuse, mental ill health and criminality. Work to embed the learning commenced with the development of an action plan, which was agreed by the SAB in April 2021.
- A multi-agency audit was undertaken in November 2020 also in relation to the topic of self-neglect, focusing on the effectiveness of the procedures and the extent to which these are embedded in practice. The audit reflected strengths in initial responses to identifying risk, the use of multi-agency meetings to support effective communication and information sharing, and overall a good knowledge and application of the self-neglect procedures.
- Audit activity has also focused on evaluating the impact of the pandemic to date and assurance has been sought from partner agencies regarding their responses to Covid-19 and work undertaken to ensure services continue to be responsive to safeguarding concerns.

Strategic Theme 4: Prevention, Engagement and Making Safeguarding Personal (MSP)

- MSP Guidance and a new MSP leaflet was published to assist practitioners and providers to understand how to apply MSP effectively in safeguarding situations, including when someone cannot be seen alone and there is a concern, they may be experiencing undue influence or coercion.

- The SAB has made a number of gains in terms of our communications strategy in launching a new website in August 2020, significantly increasingly our Twitter followers over the past year, and producing quarterly newsletters to share news about the work of the Board and safeguarding adults issues.

Strategic Aim 5: Integration, and Training and Workforce Development

- The Training and Workforce Development Subgroup updated the SAB's multi-agency training programme for virtual delivery remotely via MS Teams.

- Work commenced in 2020 – 21 to plan to host a safeguarding conference jointly with Brighton and Hove SAB. The event was cancelled on two occasions due to surges in coronavirus but took place in May 2021. The event was a huge success and attended by over 200 staff across both SABs. The conference covered a range of themes from multi-agency reviews including trauma-informed practice, professional curiosity, mental capacity and inherent jurisdiction.

3. Conclusion and recommendations

3.1 The annual report shows despite the challenges created by the pandemic that the Board has continued to make significant progress in adult safeguarding activity and in delivering the aims set out in both the SAB Strategic Plans 2018 – 21 and 2021 – 24, reflecting the hard work and commitment shown by partner agencies. The SAB will progress work in relation to the newly commissioned SARs in 2021 and seek assurance to ensure that the learning and recommendations from previous SARs continue to be embedded in practice. We will also continue to monitor and evaluate the ongoing impact of, and response to, COVID-19.

GRAHAM BARTLETT
Independent Chair, East Sussex Safeguarding Adults Board

Background documents:
None

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East Sussex Safeguarding Adults Board Annual Report

April 2020 to March 2021

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Foreword by Graham Bartlett, East Sussex SAB Independent Chair

I have great pleasure in presenting this, my last annual report for the East Sussex Safeguarding Adults Board. I am standing down to pursue other challenges but am delighted to hand the reins over to a hugely experienced chair, Deborah Stuart Angus. I know Deborah will take the SAB from strength to strength.

To say this has been a challenging year would be a huge understatement. All of us have been affected by the COVID-19 pandemic and many people reading this will have contracted the virus, may have lost loved ones or had their lives changed forever. To those I extend my heartfelt sympathies and hope you can return to some form of normality soon.

To allow those working on the frontline the time and space, the SAB significantly reduced its work programme for most of the year especially those areas which would have drawn those the county relied upon from their critical roles. That said, we have made significant progress in developing our protocols, understanding the Safeguarding Adults Review process, adopting new and innovative ways of working and delivering our new three-year strategy. These developments have all been made with the new challenges very much in mind and will help partners to work better together to safeguard those who rely on us.

The Safeguarding Adults Review we published this year, Adult C, cut across so many safeguarding themes: domestic abuse, housing, substance misuse, mental ill health and criminality that there was hardly a single agency untouched by its learning. Embedding this is a significant task but one the Board and its members will rise to.

Learning from SARs is probably the best legacy we can provide to those who have died. That is why we should be very proud of the new Adult Death Protocol which was developed this year following the completion of the Adult B SAR in 2019 – 20. This will vastly improve how agencies respond to deaths where abuse or neglect are suspected. It is already making a difference and is being considered for adoption nationally.

I'd like to finish by thanking everyone who has made my tenure as SAB chair such a privilege. Their support and engagement has made all the difference, not only to me but crucially to those who rely on our shared safeguarding system. This is even more critical during this pandemic and, to those who have stepped up to the plate and made such a difference in these difficult times, a very special thank you.

Graham Bartlett
Independent Chair, East Sussex Safeguarding Adults Board

Comments by Healthwatch

In what has been an extremely challenging year for everyone, it has been very reassuring from a community perspective to know the East Sussex Safeguarding Adults Board and its subgroups have continued to deliver their functions and responsibilities, albeit with many adjustments required in response to the unprecedented demands caused by the coronavirus pandemic.

As one of the subgroups of the Board, the Safeguarding Community Network paused our meetings and delayed some aspects of our work programme during the height of the pandemic. However, in my role as chair, I continued to attend virtual Board meetings when these were reinstated and helped shape their agendas as a Healthwatch representative and on behalf of the community. I was also keen to ensure essential communications and connections were maintained throughout any periods of pause in activity. This included reassurance to the local community that all aspects of safeguarding was 'open for business' as usual, and anyone with concerns about an adult could raise these appropriately and receive a response.

Now, as restrictions are being lifted, plans are underway to reinstate the Safeguarding Community Network meetings, virtually at first and, when it is safe to do so, look at how we can meet again in community locations. Our work programme will also be reviewed to ensure any commitments made pre-pandemic are still relevant and can be delivered. This will include increasing representation at our network meetings by individuals and voluntary and community sector organisations, ensuring the Board has a robust communications strategy and that mechanisms are in place to share any learning from the pandemic that will assist the strategic direction of the Board as it agrees its priorities for the future.

We look forward to reconnecting with our network members as well as welcoming new ones in the year ahead.

Elizabeth Mackie
Volunteer & Community Liaison Manager, Healthwatch East Sussex

Our role and purpose

The East Sussex Safeguarding Adults Board (SAB) is a multi-agency statutory partnership which provides leadership and strategic oversight of adult safeguarding work across East Sussex. The Board brings together partner agencies who have a responsibility for adult safeguarding, and comprises core membership of statutory partners from East Sussex County Council (ESCC), NHS East Sussex Clinical Commissioning Group (CCG) and Sussex Police. Additional members from a range of organisations, including community and voluntary agencies and lay members, are represented on the Board to reflect that safeguarding activity and interventions can only be effective where there is collaboration and shared commitment. A full list of the partners of the East Sussex SAB is given at Appendix 1.

The work of the SAB is underpinned by the Care Act 2014, which sets out that we are required to:

- Develop and publish a Strategic Plan setting out how we will meet our objectives and how our partner agencies will contribute to this.
- Publish an annual report detailing how effective our work has been.
- Arrange for Safeguarding Adults Reviews (SARs) to be undertaken when the criteria under section 44 of the Care Act are considered to have been met.

The East Sussex SAB is led by Independent Chair, Graham Bartlett, and supported by a SAB Development Manager, a shared Quality Assurance and Learning Development Officer post and a part-time Administrator. The Board meets four times a year and is supported by a range of subgroups which are crucial in ensuring that the priorities set out in the Strategic Plan are delivered. Each subgroup has a work plan which details the areas of focus for the financial year, and is regularly updated with specific actions and timescales. 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. A diagram outlining our Board structure can be found at Appendix 2.

Our vision

Our vision is for all agencies to work together and effectively build resilience and empower communities in responding to abuse, neglect and exploitation, and to widely promote the message that safeguarding is everybody's business in that:

- Abuse is not tolerated.
- People know what to do if abuse happens.
- People and organisations are proactive in working together to respond effectively to abuse.

Our purpose

It is important to note that the SAB is not involved in operational practice. Rather, our overarching purpose is to ensure that agencies work in partnership to deliver joined-up services that safeguard adults with care and support needs from abuse, neglect and exploitation. We do this by:

- Gaining assurance that local safeguarding arrangements are in place as defined by the Care Act and its statutory guidance.
- Working collaboratively to prevent abuse and neglect, where possible.
- Ensuring partner agencies are effective when abuse and neglect has occurred, and give timely and proportionate responses.
- Gaining assurance that the principles of Making Safeguarding Personal (MSP) are central to safeguarding, and practice is person-centred and outcome-focused.
- Striving for continuous improvement in safeguarding practice, and supporting partner agencies to embed learning from local and national SARs, other learning reviews and multi-agency audits.

Partnership working

The SAB has formal links with a number of other strategic partnerships in East Sussex, including the East Sussex Safeguarding Children Partnership, Safer Communities Partnership, Children and Young People's Trust, the East Sussex Domestic and Sexual Violence and Abuse Management Oversight Group and the Health and Wellbeing Board. In addition, the Board maintains links with a number of Sussex-wide and national networks and forums including:

- National Network for Chairs of SABs.
- National SAB Managers Network.
- South East Regional SAB Network.
- Sussex Anti-Slavery Network.

The Board works closely with the neighbouring Brighton & Hove and West Sussex SABs, and many of our policies and procedures are adopted on a pan-Sussex basis.

Our strategic priorities

1: Accountability and leadership

To ensure the SAB provides strategic leadership to embed the principles of safeguarding, and contribute to the prevention of abuse and neglect.

2: Policies and procedures

To have assurance that multi-agency safeguarding policies and procedures are regularly reviewed and reflect up to date legal frameworks, policy and guidance, and that these are easily accessible and used effectively by frontline staff.

3: Performance, quality and audit, and organisational learning

To ensure learning from reviews is effectively embedded into practice and to facilitate organisational change across agencies.

4: Prevention, engagement and Making Safeguarding Personal

To ensure adults, carers and the local community as well as professionals shape the work of the SAB and safeguarding responses.

5: Integration, and training and workforce development

To ensure the workforce is equipped to support adults appropriately where abuse and neglect are suspected.

SAB budget

The SAB budget is pooled and our partner agencies contribute to the running of the Board, not just financially but for example by offering to chair meetings and co-deliver training.

Income for 2020 – 2021

East Sussex County Council	£68,900
NHS East Sussex Clinical Commissioning Group	£30,000
Sussex Police	£12,000
East Sussex Healthcare NHS Trust	£10,000
East Sussex Fire and Rescue Service	£5,500
Carry forward and third-party income	£7,433
Total	**£133,833**

In comparison to the 2019 – 20 budget, partner agencies contributed the same, with the exception of ESCC who increased their contribution by £2,100 to cover staff pay increases of 2.5%.

Expenditure for 2020 – 2021

SAB Independent Chair	£13,726
SAB Development Manager	£61,108
Quality Assurance and Learning Development Officer	£29,875
SAB Administrator	£12,955
Policy and procedures	£722
SAB website and associated training costs	£6,258
Software licence for SAR chronologies	£596
Total	**£125,240**

The impact of the coronavirus pandemic on SAB activity has led to some areas of proposed expenditure being amended from earlier projections. Over 2020 – 21 there was no financial expenditure on training, learning events and SAR activity. However, there were some one-off costs for the re-design of the SAB website and staff training in respect of this. The Board will carry forward £8,593 from 2020 – 21 into the 2021 – 22 budget.

Response to coronavirus

The coronavirus pandemic led to unprecedented challenges and put adult safeguarding in a position of greater importance than ever before. Over the past year the SAB has regularly sought assurance from our partner agencies about responses to COVID-19, and undertaken work to ensure services have been, and continue to be, supported to respond to emerging safeguarding themes.

Within East Sussex, as in many other parts of the country, during the pandemic there were concerns regarding the increased difficulty in identifying safeguarding issues due to reduced face-to-face contact. This was particularly in relation to domestic violence and abuse, self-neglect and the impact on those in caring roles. Additional areas of concern have included:

- The challenges of carrying out safeguarding enquiries remotely.
- The implementation of DNARs (Do Not Attempt Resuscitation) without following the Mental Capacity Act process in full and ensuring appropriate consultation with individuals and their families.
- A significant increase in calls to domestic abuse helplines including an increase in people with suicidal ideation and mental health concerns.
- The ongoing impact of social isolation on people's mental health, and the impact of the pandemic on the wellbeing of the health and social care workforce.
- New and emerging risks for people with care and support needs, such as scams about COVID-19 testing and vaccines, and coronavirus fraud.

The SAB suspended the majority of Board and subgroup meetings during the first and second waves of the pandemic to support frontline services to focus on operational demands. The Board also restricted its work in relation to SAR activity, although the SAR subgroup continued to meet virtually on a monthly basis. During 2020 – 21, there was a rise in SAR referrals. This was due in part to the impact of COVID-19, both in creating challenges for services and in a notable increase in concerns about mental health and suicide.

Alongside the challenges outlined above, the pandemic also brought opportunities for new ways of working. The first wave of the pandemic saw successful interventions and innovations, including the housing of those sleeping on the streets in East Sussex and the growth of community hubs, who have reached out to many isolated people providing practical and emotional support.

Over the past year, all SAB meetings and multi-agency training have been held remotely and we have seen an increase in engagement given the efficiencies that virtual meetings create.

The SAB contributed to the work of the Sussex Resilience Forum's Vulnerable People Cell. This met weekly during the height of the first wave to identify gaps and issues in the support available for vulnerable people, and to co-ordinate responses locally and across Sussex. Another welcome development was the increased participation of SAB managers in national networks, such as the National Board Managers Network and the NHS Safeguarding Adults National Network (SANN). These forums have supported more effective sharing of information about emerging safeguarding themes and learning from SARs, as well as providing a platform for a panel of speakers from a range of national leadership positions.

In the coming year, the SAB will continue to evaluate the ongoing impact of COVID-19 on safeguarding activity, and monitor recovery measures to ensure that learning is shared around the challenges and opportunities that this period has created and to consider the longer-term impact of the pandemic.

Key achievements 2020 – 21

Accountability and leadership:

- Work has begun across the three Sussex SABs to plan for the 2021 self-assessment programme and peer challenge / support event. A revised self-assessment tool has been devised which is more proportionate and allows for partners to provide more qualitative responses to support rigorous peer challenge.

- Contributions from the SAB Development Day, held in February 2020, informed the objectives and priorities for the new Strategic Plan 2021 – 2024, which was launched at the beginning of April 2021.

- The SAB has continued to support the modern slavery agenda. This has included reviewing and adapting the training programme for virtual delivery, and working with the East Sussex Safer Communities Partnership to produce the first e-newsletter targeted at the Single Point of Contact (SPOC) network – staff who have enhanced knowledge and skill in this area. In October 2020, ESCC leaders marked Anti-Slavery Day by signing the Modern Slavery Pledge, which underlines the council's commitment to end modern slavery and human trafficking.

- The Safeguarding Development Team (SDT) in Adult Social Care and Health has led on work to review and evaluate the Financial Abuse Strategy. The evaluation highlighted that understanding of what constitutes high risk financial abuse differs amongst practitioners, there are gaps in ensuring all relevant agencies are involved in financial abuse cases, and there is a need for greater awareness of the interface between financial abuse and coercion and control. Further work is planned in 2021 to review and update the financial abuse guidance.

- The SAB has established links with the Rough Sleepers Initiative, and co-produced an article in the September 2020 edition of our SAB newsletter to raise awareness of the complexities of chronic homelessness and rough sleepers. The Operational Practice Subgroup receives updates from the Sussex Strategic Homelessness Group to maintain oversight of work in this area.

Policies and procedures:

- The Sussex Policy and Procedures Review Group has proposed a number of updates to the procedures, including coercion and control in domestic abuse, transitional safeguarding, Prevent, working with people in positions of trust and

causing other agencies to carry out safeguarding enquiries. The updates to the procedures will be implemented later in 2021.

- The three Sussex SABs have developed a number of pan-Sussex protocols, and the Information Sharing Guide and Protocol and the Sussex SAR Protocol were both launched in August 2020. The Board has also supported work to raise awareness of the SAR eligibility criteria through the development of a SAR Referral Learning Briefing.

- The Adult B SAR, published in East Sussex in February 2020, made a recommendation that the Board should review existing arrangements to investigate the deaths of vulnerable adults, where abuse or neglect by a third party is suspected or known. In response to this, the East Sussex SAB and Sussex Police led on developing the Sussex Adult Death Protocol, which was launched in November 2020. The protocol, adopted across all three Sussex SABs, provides a mechanism to ensure a rapid coordinated multi-agency response to unexpected adult deaths. The protocol has received national attention and will be adopted in a number of other police forces across the country and will also be considered by the National Police Chiefs Council later in 2021 for national implementation.

- Making Safeguarding Personal (MSP) guidance was published to assist practitioners and providers to understand how to apply MSP effectively in safeguarding situations. The guidance also sets out resolution mechanisms for when someone cannot be seen alone and there is a concern they may be experiencing undue influence or coercion.

Performance, quality and audit, and organisational learning:

- 2020 – 21 has been extremely busy in terms of SAR activity, with the publication of the Adult C SAR in December 2020, work to deliver on recommendations from SAR action plans and an increased number of SAR referrals. The SAR Subgroup has strengthened arrangements to share learning across review processes with its meetings receiving updates on Domestic Homicide Reviews (DHRs) and from the Learning Disabilities Mortality Review (LeDeR) Programme. During 2021 – 22, it is planned that the SAR Subgroup will also start to receive updates on the outcomes of Drug Related Death reviews. The SAB also received the findings from the first national analysis of SARs and work will start over the next year to support and embed its learning.

- The Performance, Quality and Audit Subgroup has continued to develop and monitor the SAB multi-agency safeguarding data set, and has further enhanced the contributions from partner agencies. Through the National SAB Managers Network, the Quality Assurance and Learning Development Officer contributed to a working group to consider mechanisms to strengthen SAB data sets.

- Work has continued to monitor the effectiveness and impact of the self-neglect procedures on frontline practice. Following the SAB's involvement in a research project led by the University of Sussex in 2018 – 19 on organisational learning from SARs in self-neglect, the SAB carried out an online workforce survey on self-neglect in November 2020. The results evidenced good attendance at relevant training and that overall practitioners are confident in responding to self-neglect cases. The responses indicated some gaps in knowledge regarding available legal options when working with those experiencing self-neglect, and the challenges for practitioners when working with a person who may find it difficult to engage with support. A combined action plan has been developed to bring together the findings from the research project and survey. Progress of this will continue to be monitored over 2021.

- Further to an audit undertaken in 2019 in relation to young people at risk of exploitation, a working group has been established to review transitions between children's and adults' services. The project has identified gaps in information sharing, provision and services for those young adults who may not have specific care and support needs, but who experience continuing risks and needs regarding child criminal and sexual exploitation. The group is working on a proposal to strengthen pathways across services which will be presented to the SAB and East Sussex Safeguarding Children Partnership in 2021.

- The SAB has published a number of learning briefings during 2020 – 21 regarding our SARs, multi-agency audits, and to raise awareness of specific areas of practice, such as professional curiosity. We have ensured these are disseminated more broadly across partner organisations and shared with neighbouring SABs.

Prevention, engagement and Making Safeguarding Personal:

- The SAB has continued to use social media to communicate to both professionals and the public, sharing posts, supporting partner and national campaigns and offering general guidance. We have significantly increased our Twitter followers over the past year.

- In August 2020, the East Sussex SAB launched its new website, with improved accessibility and easier navigation.

- The SAB has produced quarterly e-newsletters during 2020 – 21 to share news about the work of the Board, learning from SARs and audits, and adult safeguarding information. By promoting the newsletters through social media and targeted contact with agencies, we have reached a wider audience of professionals and members of the public.

- A new Making Safeguarding Personal leaflet was published in September 2020. This includes content on the importance of practitioners being able to have direct personal contact with adults where there are concerns about safety and risk. An easy read version of this leaflet was also produced in conjunction with East Sussex County Council's Learning Disability Partnership.

- The SAB has continued work towards increasing feedback from adults and carers on their experience of safeguarding interventions. The Safeguarding Development Team has updated questionnaire templates and is offering different options for adults to share their views to ensure the process is accessible to everyone. Further work is planned over 2021 – 22 to explore the role that Healthwatch and other partner agencies can play in supporting mechanisms to increase feedback rates and offer creative ways for people to engage in this process.

Integration, and training and workforce development:

- With the outbreak of the coronavirus pandemic in March 2020, all SAB multi-agency face-to-face training was put on hold. However, the Training and Workforce Development Subgroup has used creative ways to engage with the workforce to deliver training and reflective workshops, and over the past year set up several working groups to review the options for delivering our multi-agency training programme remotely via webinars or MS Teams. Further details are provided under 'Our training and development'.

- A recommendation from the Adult B SAR was to hold a conference to highlight key areas of learning, including professional curiosity, trauma-informed practice, and mental capacity and inherent jurisdiction. A safeguarding conference, hosted jointly with Brighton & Hove SAB, was scheduled to take place in March 2021. However, the impact of the pandemic in the first few months of the year, meant that this was postponed until May 2021. The conference brings together learning from multi-agency reviews across Sussex and nationally, including Domestic Homicide Reviews and Child Safeguarding Practice Reviews as well as SARs. The event will be supported by a range of colleagues from partner agencies with the aim of increasing knowledge and awareness of these emerging areas of adult safeguarding.

Our priorities 2021 – 22

In April 2021, the East Sussex SAB published its Strategic Plan for 2021 – 24. Over the last 12 months many areas of SAB work have needed to adapt because of the ongoing impact of, and response to, COVID-19. This is reflected in the Business Plan for 2021 – 22, which will ensure that the impact of coronavirus upon services continues to be evaluated, and learning shared.

The key priority areas for the SAB for 2021 – 22 are:

- Embedding the Mental Capacity Act in practice.
- Safeguarding transitions for young people at risk.
- Working with multiple complex needs.

Some of our specific objectives over the course of this next year include:

- Support and embed the learning from the SAR National Analysis, including developing core standards for SAR reports.
- Receive assurance on the implementation of the Domestic Violence and Abuse Strategy from April 2021, and how this informs recommissioning and developments in specialist domestic violence services.
- Develop a multi-agency risk management framework to enhance partnership working when supporting adults with multiple complex needs.
- Ensure compliance with the Liberty Protection Safeguards (LPS) ahead of implementation in April 2022.
- Develop workforce awareness of the importance of understanding trauma within the context of safeguarding, and ensure this is embedded within safeguarding training.
- Develop a communication and engagement strategy to ensure greater adult and carer representation within the SAB.
- Develop multi-agency guidance and toolkits to support safeguarding practice in a range of areas. This will include a modern slavery toolkit, the financial abuse strategy and domestic abuse toolkit.
- Establish a bi-annual subgroup chairs' meeting with the aim of strengthening links and communication across the SAB's subgroups, and opportunities for peer support and reciprocal challenge.

Our training and development

SAB multi-agency training programme

As practitioners are dealing with increasingly complex and challenging safeguarding cases, the benefits of multi-agency training are significant, and create opportunities for increased collaboration and partnership, along with improved understanding of different roles and responsibilities.

Delivery of multi-agency training has inevitably been impacted by COVID-19. However, we have worked with colleagues from the Training and Workforce Development Subgroup and the East Sussex Safeguarding Children Partnership to review the content of courses and adapt them for virtual training events.

Our training programme is linked to our priorities, and over this last year has included the following workshops:

- Modern slavery and human trafficking.
- Adopting a whole family approach to domestic abuse and promoting safety.
- Mental Capacity Act 2005: A multi-agency approach to complex cases.
- Self-neglect.
- Coercion and control.

Adult Social Care and Health (ASCH) runs additional safeguarding training, including e-learning and virtual awareness and refresher courses. All our courses can be booked via the East Sussex Learning Portal, and are available to SAB partner agencies and provider services in East Sussex.

The SAB and ASCH safeguarding training programme remains popular and, in this financial year, over 300 representatives from 15 different agencies have accessed the training. Given the limitations caused by the pandemic, this reiterates the importance of having the opportunity to share experiences and learn from others.

Our learning

Safeguarding Adults Reviews (SARs)

SABs have a statutory duty under the Care Act 2014 to undertake Safeguarding Adults Reviews (SARs). This is when:

- An adult dies as a result of abuse or neglect (including death by suicide), 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 a SAR is set out in the Sussex SAR Protocol, namely to look at the ways professionals and agencies work together to determine what might have been done differently that could have prevented harm or death. It is not an enquiry into how a person died, nor is it to apportion blame; but to learn from such situations, and to ensure that any learning is applied to future cases to reduce the likelihood of similar harm occurring again.

SAR referrals in 2020 – 21

During 2020 – 21, the East Sussex SAB received eight new referrals for SARs. Three other cases were raised for informal discussion outside of the SAR Subgroup meetings. These did not progress to formal referrals as it became clear the criteria were not met.

A range of issues was presented in these referrals:

- People with multiple complex needs and the associated impact of trauma from childhood into adulthood.

- Poor mental health, including self-harm, known suicide risks, depression and anxiety.

- Domestic and sexual violence and abuse, including coercion and control.

- Self-neglect.

- Neglect and organisational abuse.

- Substance misuse.
- Homelessness and the provision of temporary accommodation.
- The impact of having had children removed into care and / or being care leavers.
- People who had difficulty engaging with services and support.
- Deaths caused by suicide, or accidental or intentional death from drug overdoses.
- The impact of COVID-19 on service delivery and people's mental health and well-being.

Of the eight referrals received:

- Two were deemed not to meet the criteria for a SAR.
- Four other cases also did not meet the statutory criteria, but it was felt that there was multi-agency learning to be taken forward and a thematic review will be undertaken.
- One case progressed to a statutory SAR.
- Further information is being gathered in relation to the most recent referral, but discussions on the case thus far indicate that it will progress to a SAR.

These reviews are in the process of being commissioned and will be progressed over 2021 – 22, and summaries will be included in next year's annual report.

Whilst no new SARs were started this year, work progressed on the SARs commissioned in 2018 – 19. This included progressing the recommendations within the Adult B SAR action plan, and concluding the Adult C SAR, which is summarised below.

The SAR Subgroup continues to have oversight of one case given concerns about ongoing organisational abuse.

SAR – Adult C

This SAR examined the circumstances leading up to the death of a 41-year-old woman, Adult C, who died from a drug overdose in December 2017.

Adult C experienced a complex interplay of different factors. She was involved in a volatile and violent relationship from 2015, and suffered significant levels of domestic

violence and coercive control. This was particularly severe during the last 12 months of her life, the period this review focused on. She experienced periods of homelessness, struggled with mental health issues and alcohol and drug dependency which, at times, resulted in her becoming involved in criminal behaviour. Adult C's relationships were impacted by domestic abuse, and she had alternative care arrangements in place for her two children.

The review found a lack of readily accessible accommodation for women with a combination of needs related to chronic trauma, drug and alcohol abuse, homelessness and domestic violence and abuse. It also found that services were not joined-up or tailored to the needs of women like Adult C.

The review, which examined the agencies involved in Adult C's case, also identified barriers to collating third party information relating to patterns of domestic violence and abuse which meant police only responded reactively to individual incidents.

Although recognising that short term prison sentences are unavoidable in some cases, the report highlighted the disruption these cause to the progress people may be making with the support of community teams, leaving women more vulnerable on their release.

The SAB has accepted the findings, produced a formal response to the review and developed an action plan to address the learning and support improvements to services.

The full report, action plan and learning briefing for the Adult C SAR can be found on the East Sussex SAB website.

Multi-agency safeguarding audit – self-neglect

During 2020 – 21, the SAB conducted an audit of cases involving multi-agency responses to self-neglect. The purpose of this audit was to assess the effectiveness of the self-neglect procedures (which are included in the Sussex Safeguarding Adults Policy and Procedures), the extent to which these are embedded in practice and how effectively agencies work together to support adults who are experiencing self-neglect.

The audit group comprised representatives from Adult Social Care and Health (ASCH), Sussex Police, East Sussex NHS Clinical Commissioning Group (CCG), Sussex Partnership NHS Foundation Trust (SPFT), East Sussex Healthcare NHS Trust (ESHT), Children's Services, East Sussex Fire and Rescue Service (ESFRS), STEPS and Southdown Housing.

The audit identified a number of strengths and examples of good practice as well as some areas for improvement.

What is working well?

- Robust initial response to, and risk assessment of, the presenting safeguarding concerns and evidence that actions taken were effective in reducing risks.

- Use of multi-agency meetings to co-ordinate a response, and support effective communication and information sharing.

- Many cases reflected a Making Safeguarding Personal approach, including professional curiosity, a trauma-informed approach and working creatively to overcome the challenges of non-engagement in person-centred ways.

- There was appropriate consideration of use of the Mental Capacity Act, and recognition of the need to be clear about a person's mental capacity when assessing risks and decisions in relation to self-neglect.

- Good knowledge and application of the self-neglect procedures, although this was not consistent across all cases.

What can we improve?

- Greater consistency in recognising self-neglect as a category of abuse under the Care Act, and that the self-neglect procedures must be followed in all cases whether a safeguarding enquiry is triggered or not.

- Raising awareness of the SAB Resolution Protocol and avenues available to challenge decisions in relation to safeguarding responses or outcomes of mental capacity assessments.

- Ensuring all relevant agencies are involved in responses to self-neglect cases, and contribute to, and share responsibility for, decisions about managing risks.

- The importance of recognising the impact of self-neglect on a person's family and wider support network, and ensuring a 'Think Family' approach.

An action plan is in place to address the areas for development, and this will be taken forward during 2021, with progress being monitored through the PQA Subgroup.

A learning briefing summarising the outcomes from this audit has also been published.

Learning from complaints

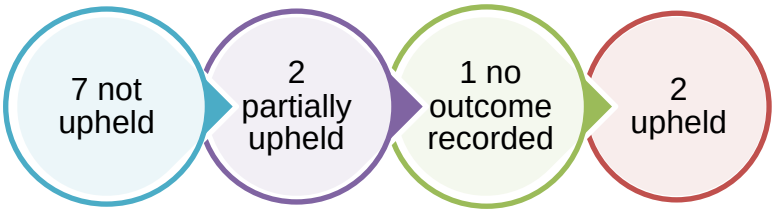
All complaints about our safeguarding processes are taken seriously, as they help us to learn and improve how we do things in the future.

The total number of complaints recorded for Adult Social Care and Health (ASCH) for 2020 – 21 was **255**. Of these, **12** related directly to safeguarding, this is **5%** of the total complaints received. This compares to **21** complaints received in relation to safeguarding in 2019 – 20.

In addition to these **12** complaints, there were **7** other complaints that had another primary classification but appeared to also have a safeguarding element.

Out of a total of **160** MP / Councillor enquiries in 2020 – 21, **6** involved safeguarding.

The outcomes of the **12** complaints received relating to safeguarding can be broken down as shown in this diagram:

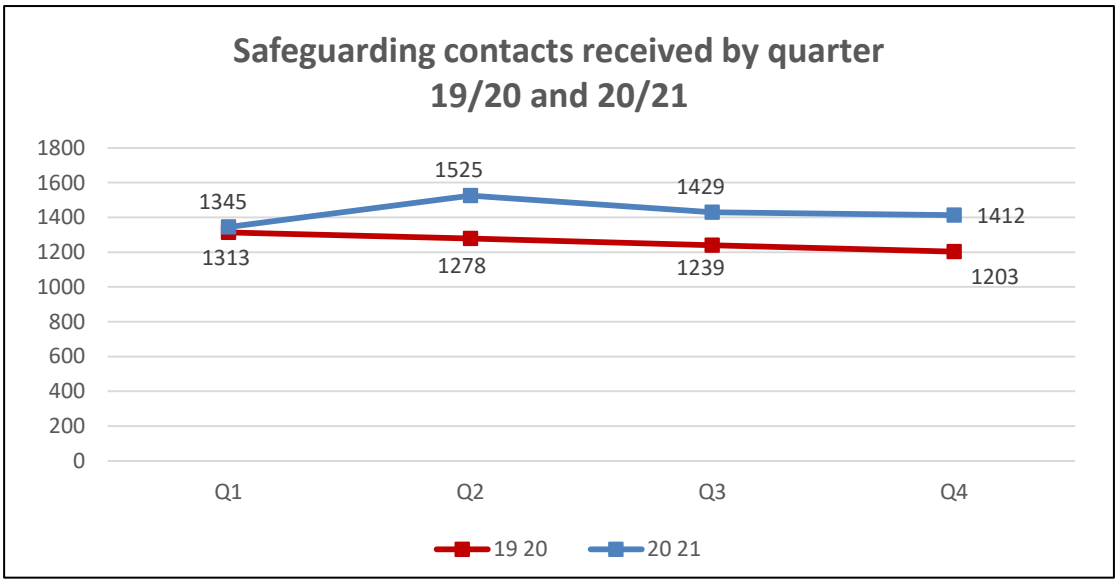


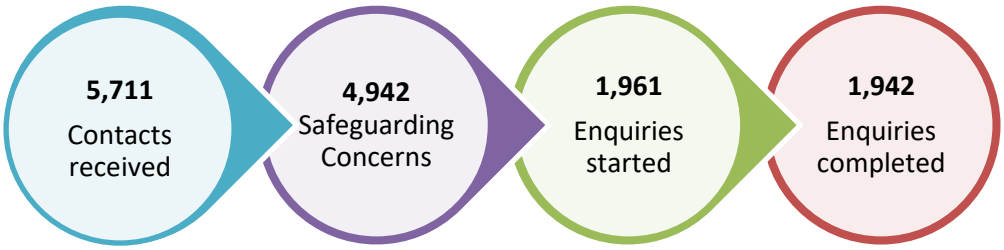
Our data

The Care Act 2014 sets out our statutory duties and responsibilities for safeguarding adults including the requirement to undertake enquiries under section 42 of the Act. Below is a summary of key safeguarding activity during 2020 – 21 for both concerns raised and enquiries undertaken by Adult Social Care and Health (ASCH) in East Sussex County Council.

Analysing safeguarding data

The number of safeguarding contacts has increased from **5,033** in 2019 – 20 to **5,711** in 2020 – 21, a change of 13.5%.



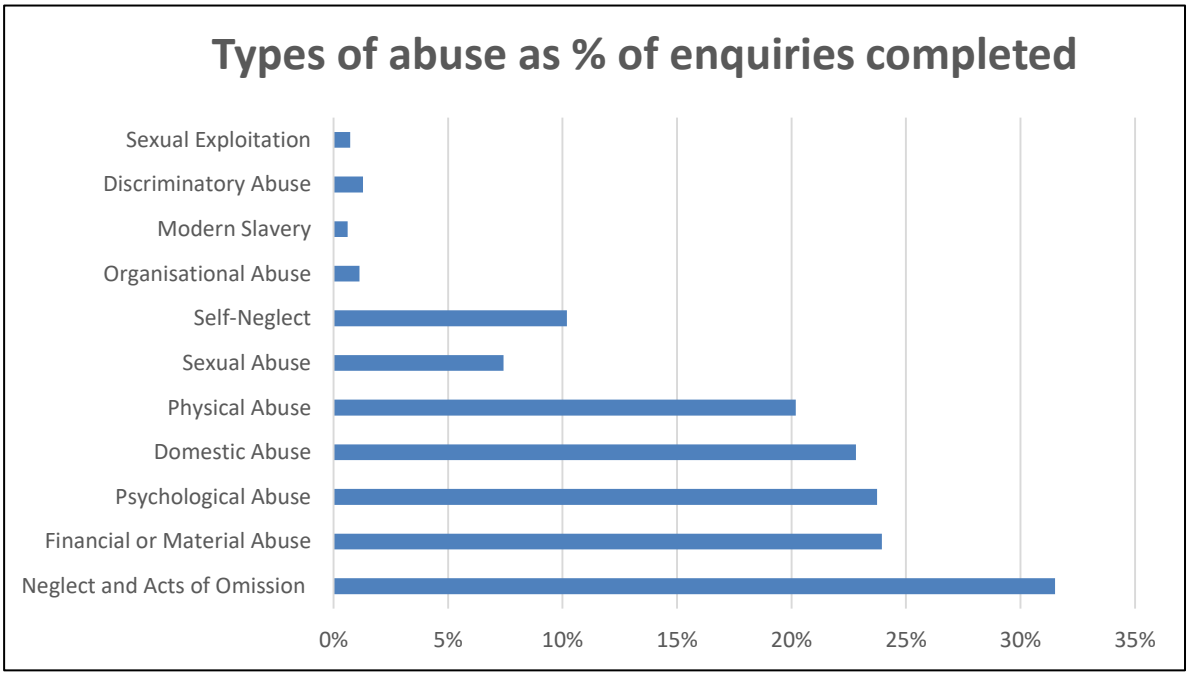


Of the total contacts received in 2020 – 21, **4,942 (86%)** were considered safeguarding concerns. The number of enquiries completed has decreased by **2.8%** when compared to 2019 – 20 (decreasing from **1,998** to **1,942**).

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 2020 – 21.

Initial analysis of the rate of conversion from safeguarding concerns to enquiries indicates that further work may be required to improve the recording of safeguarding activity to ensure all enquiries are captured. This work will be taken forward over the coming year. Additionally, and in line with the national picture, the number of safeguarding concerns raised during the initial weeks of the first COVID-19 lockdown was lower in comparison to the rest of the year, with numbers returning to and then exceeding expected levels in June 2020.

Types of abuse



In 2019 – 20, the most common form of abuse reported was neglect followed by financial and psychological abuse. In 2020 – 21, neglect is still the most common type of abuse with **31.5%** of all enquiries undertaken comprising, at least in part, neglect.

Financial abuse is still the second most common form of abuse reported, followed by psychological abuse, accounting for **23.9%** and **23.7%** respectively of the enquiries completed. The rate for concerns raised in relation to financial abuse has remained at a similar level to 2019 – 20 when this accounted for **25.4%** of the enquiries completed.

Note The total types of abuse will exceed the total completed enquiries as some enquiries involve multiple types of abuse.

It is not possible to compare this data with national figures until the NHS Digital Safeguarding Adults Collection is published at the end of 2021.

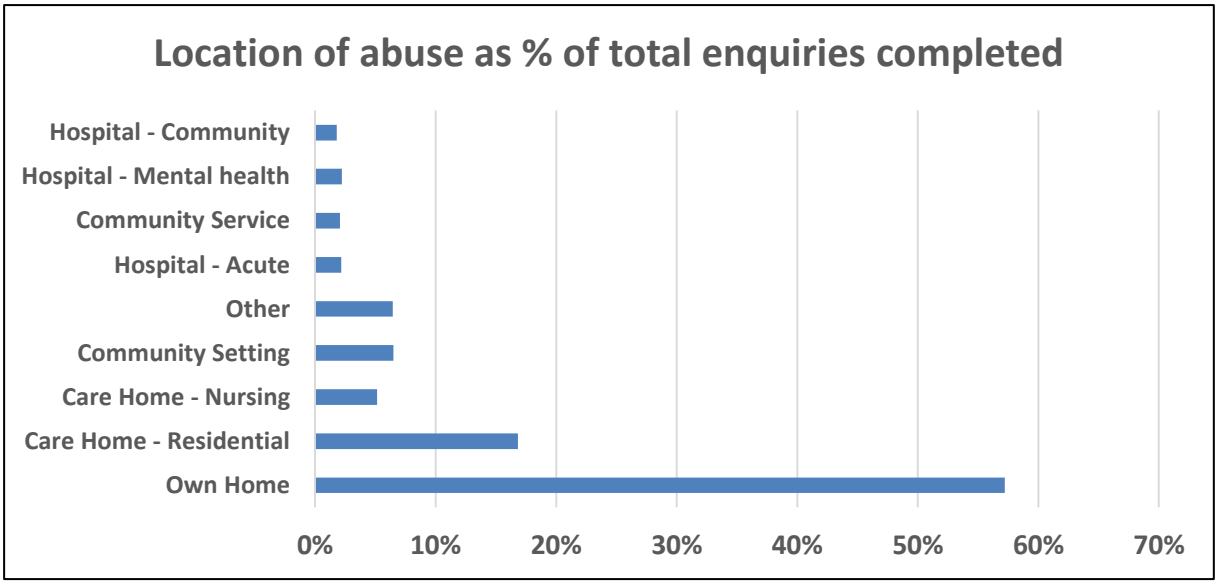
In terms of notable changes in the proportion of abuse types, the most significant differences since 2019 – 20 are:

- A 4% decrease in cases of neglect from 36% to 32%.
- A 4% increase in domestic abuse from 19% to 23%.
- A 2% increase in physical abuse from 18% to 20%.
- A 3% increase in self-neglect from 7% to 10%.

This continues to evidence that supportive measures for these areas of abuse are required to help work with people to manage the risk posed to them by others.

East Sussex has a much older population profile than the rest of the country with 26% of the population being aged 65 plus[1]. This means that there is an increased number of people who have, or will develop, care and support needs.

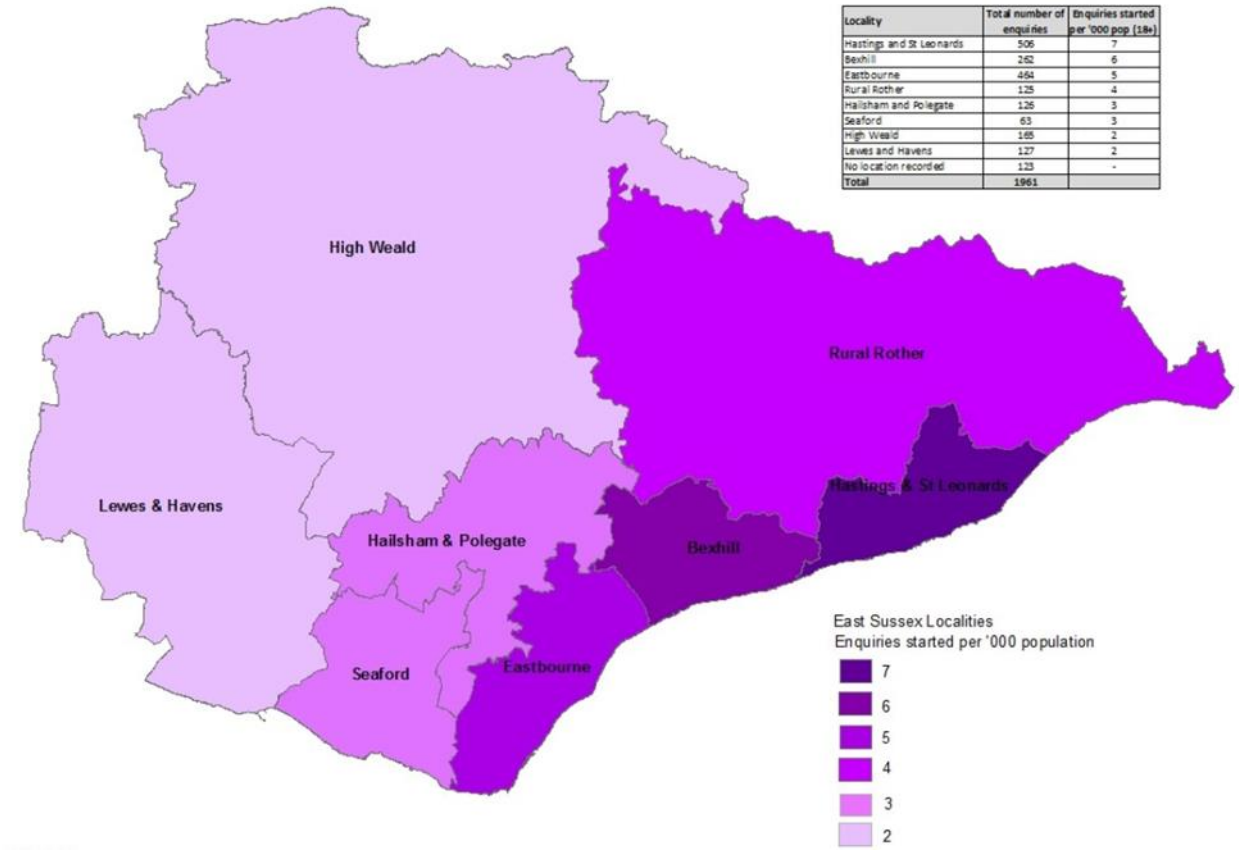
Locations of abuse



As in previous years, the most common reported location of abuse is in the adult at risk's own home **(57%)**. This is an increase from **53%** in 2019 – 20. The second most common location continues to be care homes, accounting for **22%**. This is a decrease from **26%** in 2019 – 20.

Abuse in residential homes has remained the same at **17%** of all reported abuse whilst all hospital settings have decreased by **1%** compared to 2019 – 20.

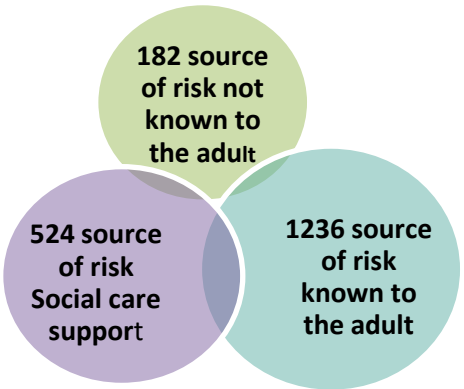
[1] Data extracted from East Sussex in Figures, June 2020



Locality	Total number of enquiries	Enquiries started per '000 pop (18+)
Hastings and St Leonards	506	7
Bexhill	262	6
Eastbourne	464	5
Rural Rother	125	4
Hailsham and Polegate	126	3
Seaford	63	3
High Weald	165	2
Lewes and Havens	127	2
No location recorded	123	-
Total	1961	

Source of risk

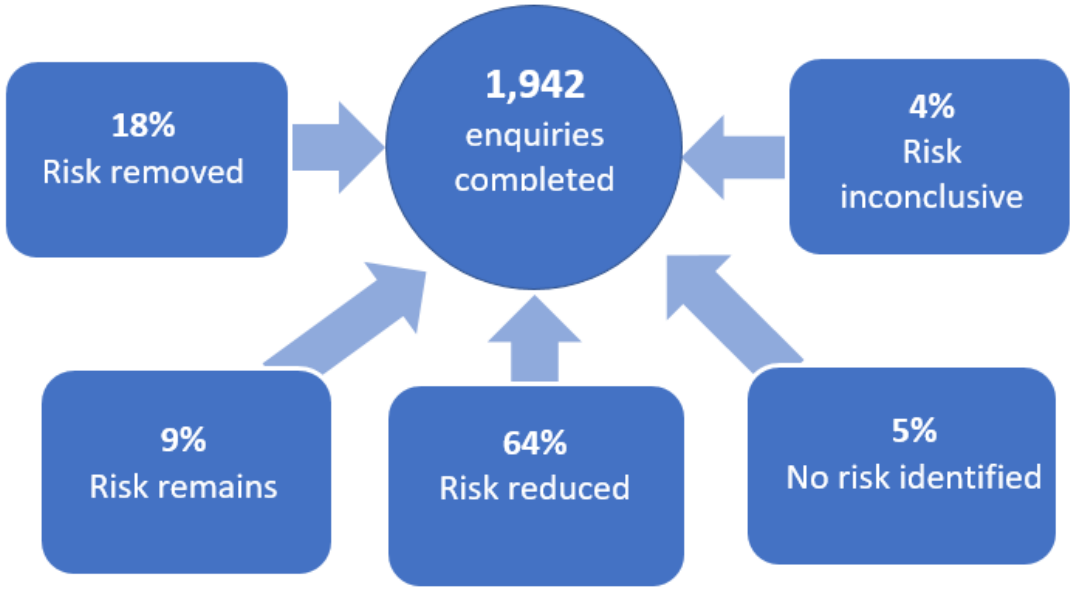
Of the 1,942 enquiries completed in this financial year, the source of risk was known to the adult in **64%** of those enquiries (this is up from **61%** in 2019 – 20). In **51%** of these, the source of the risk was either the adult's partner or another family member.



In **9%** of cases, the source of risk was not known to the adult (up from **8%** in 2019 – 20) and in the remaining **27%** of cases, the source of risk was social care staff, a decrease from **31%** in the previous year.

Impact on risk

In 2020 – 21, in **87%** of enquiries there was an identified risk to the adult and action was taken. In **91%** of these cases, the risk was either reduced or removed completely. This is an increase from **90%** in 2019 – 20.



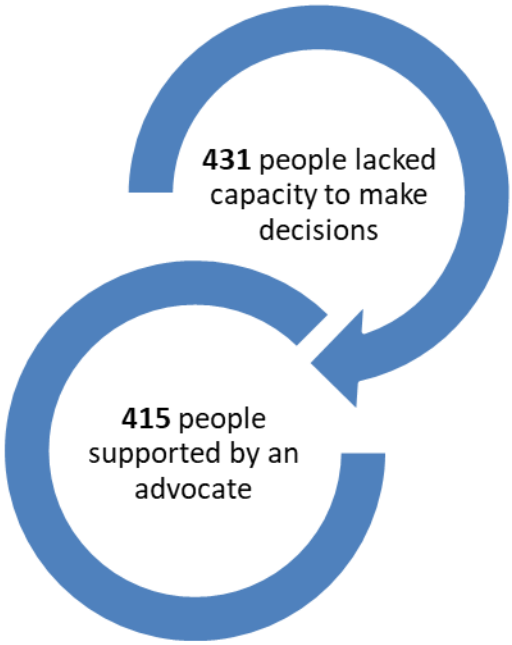
It should be acknowledged that it is unlikely that risk will be reduced or removed in 100% of cases, as people may exercise choice and control over the steps taken by authorities to mitigate the risk. A challenging aspect of safeguarding work is ensuring that the wishes of adults with capacity are respected when this results in risks remaining.

Of completed safeguarding enquiries in which a risk was identified, the proportion of cases where risk remains has decreased from **10%** to **9%**.

Support for adults at risk who lack capacity to make informed decisions

Making Safeguarding Personal is a key focus for the Board. We want people to express their wishes wherever possible and for safeguarding work to support their desired outcomes. This approach requires appropriate support for those who may lack the mental capacity to make safeguarding decisions for themselves. Support can be provided informally, for example by a family member or friend, or through advocacy services. In East Sussex, the advocacy service in 2020 – 21 was provided by POhWER.

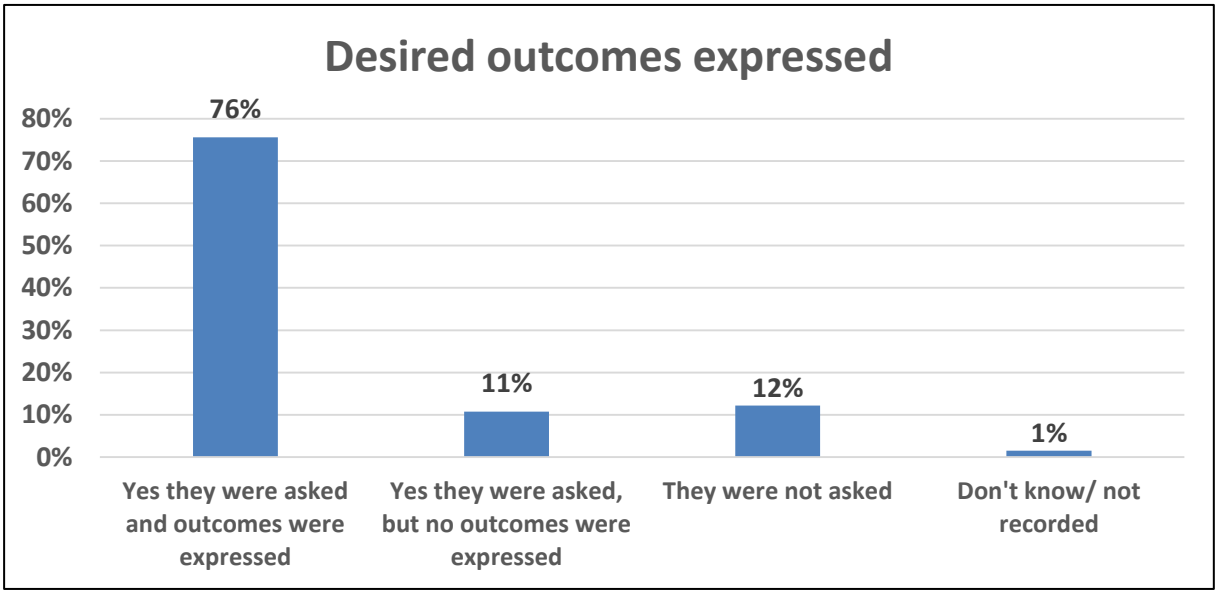
In East Sussex, **96.3%** of all adults who lacked capacity received support during safeguarding enquiries, either by family or friends or via a referral to POhWER for advocacy support. This is a slight increase from **93.9%** in 2019 – 20.



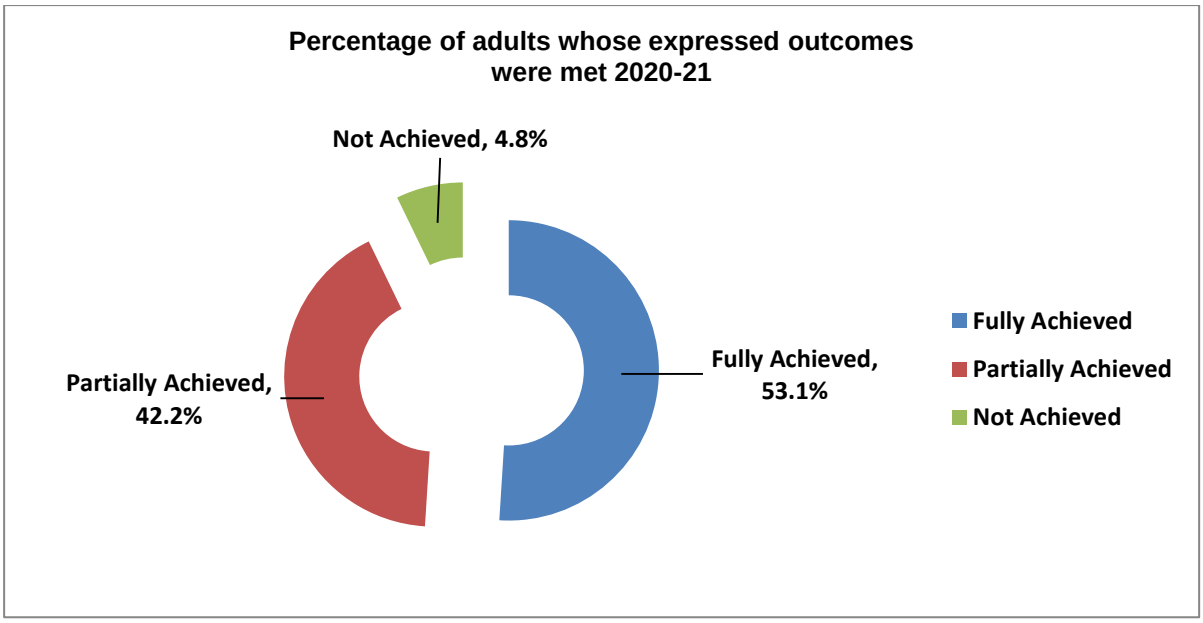
Outcomes achieved through safeguarding

In 2020 – 21, **86%** of adults were asked about their desired outcomes, a slight decrease on **87%** in 2019 – 20.

A review of completed 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.



In 2020 – 21, where the person asked for specific outcomes, those outcomes were either fully or partially met in **95%** of cases. This is an increase from **93%** in 2019 – 20.



There will always be cases where outcomes are not achieved, for example, where desired outcomes are beyond the remit and control of the enquiry, or where the situation has changed from the initial desired outcomes that were recorded.

Safeguarding updates and data from partner agencies

Updates, including relevant data, for 2020 – 21 from some of the SAB partner agencies are provided below.

NHS East Sussex Clinical Commissioning Group (CCG)

Adult safeguarding data dashboard

Over the past year, the CCG has developed an adult safeguarding data dashboard to focus resources and provide assurance. In response to the high number of statutory reviews across Sussex in 2020 – 21, the Sussex CCGs Safeguarding Team launched a new statutory review tracker to enable greater oversight of all active 'health' action plans for Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHRs). This extends far wider than CCG-specific actions and includes open actions for all health providers, and allows the Designated Nurses within the CCGs to closely track progress and support NHS Provider colleagues to implement the required practice improvements.

Specialist staffing

At the beginning of March 2021, interviews were held to recruit to eight vacant named GP for safeguarding roles. These recruitments allow for greater GP involvement in future SAB partnership working.

A new Deputy Designated Nurse for transitional safeguarding was recruited in November 2020. This role is one of the first of its kind within the CCGs, and will be key in driving forward developments in relation to transition and trauma-informed care on a regional and national level.

Domestic abuse

The domestic abuse portfolio within the CCG continues to work within a 'Think Family' approach, with a priority for the year being to embed this into practice.

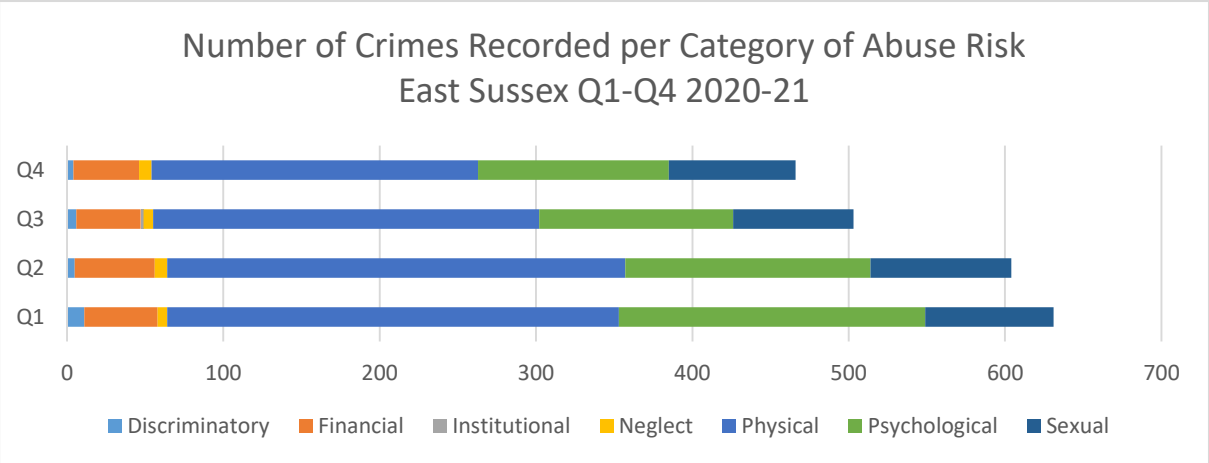
In recognition of the significant challenges that COVID-19 has presented for services supporting those experiencing domestic abuse, the CCG Safeguarding Team developed resources for providers and primary care to ensure domestic abuse was taken into consideration during virtual consultations and to ensure that the increased risks were taken into account during lockdown.

A pathway has been developed to ensure primary care is aware of adults and children registered at their practices who are referred into Multi-agency Risk Assessment Conferences (MARAC). This ensures that primary care practices can be

aware of these high-risk adults and families experiencing domestic abuse, and develop appropriate risk reduction plans and contribute information to MARAC to help inform safety planning.

Sussex Police

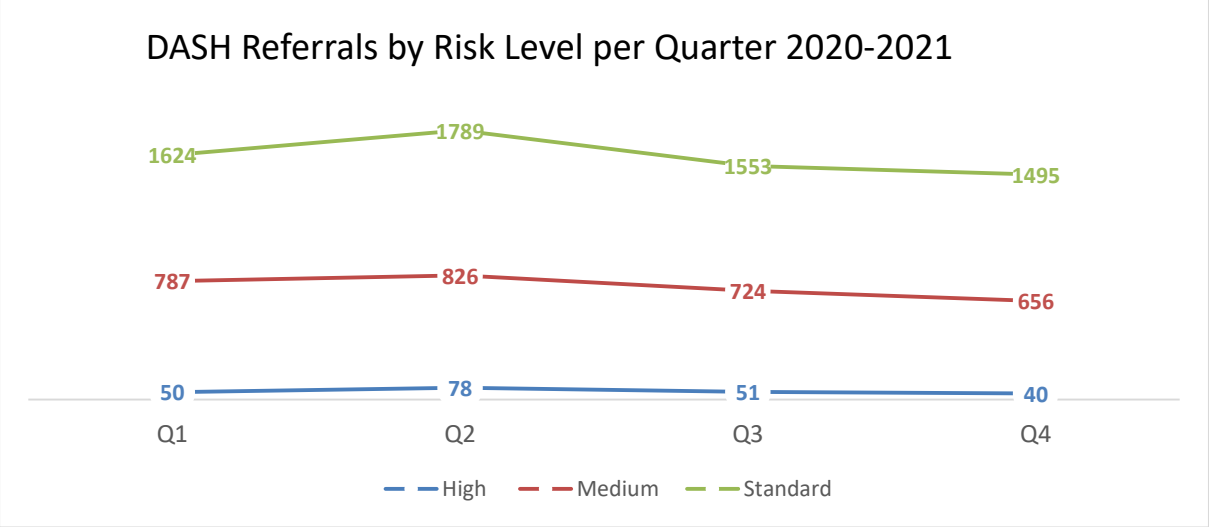
The following chart shows the number of reported crimes per category of abuse in each quarter. The overall number of crimes was lower in quarter three and quarter four, which is in line with the tendency for crime rates to be lower in the autumn and winter months. The ratio of the different abuse types for recorded crimes in each quarter has remained roughly stable through the year.



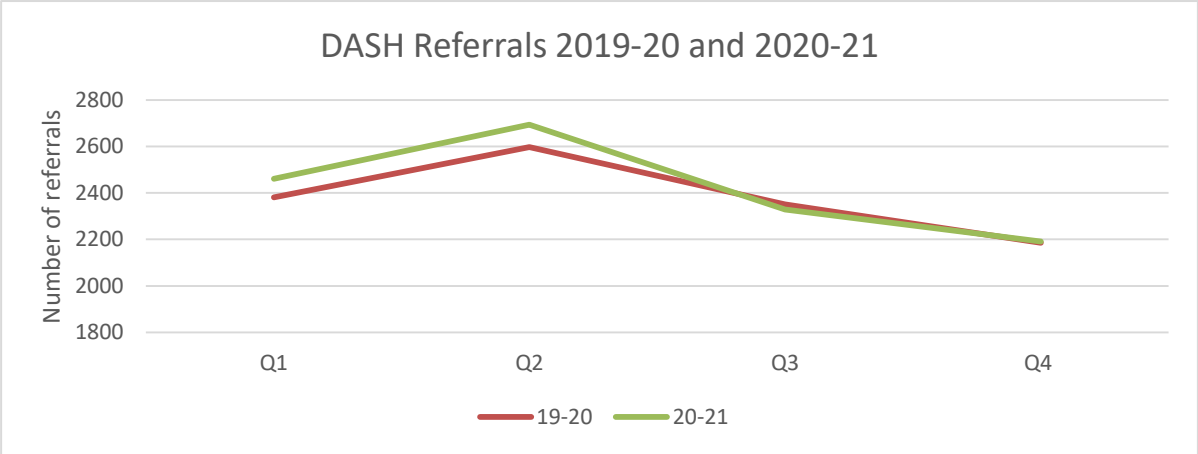
Domestic abuse, stalking and harassment (DASH) referrals

Domestic abuse incidents are subject to a risk assessment using a DASH checklist. Sussex Police Safeguarding Investigations Unit (SIU) refers all cases of domestic abuse involving an adult with care and support needs to ASCH. This checklist provides information on whether the risk to an individual is high, medium, or standard.

The chart below shows the number of DASH referrals made by Sussex Police to ASCH by risk level, for each quarter in 2020 – 21.



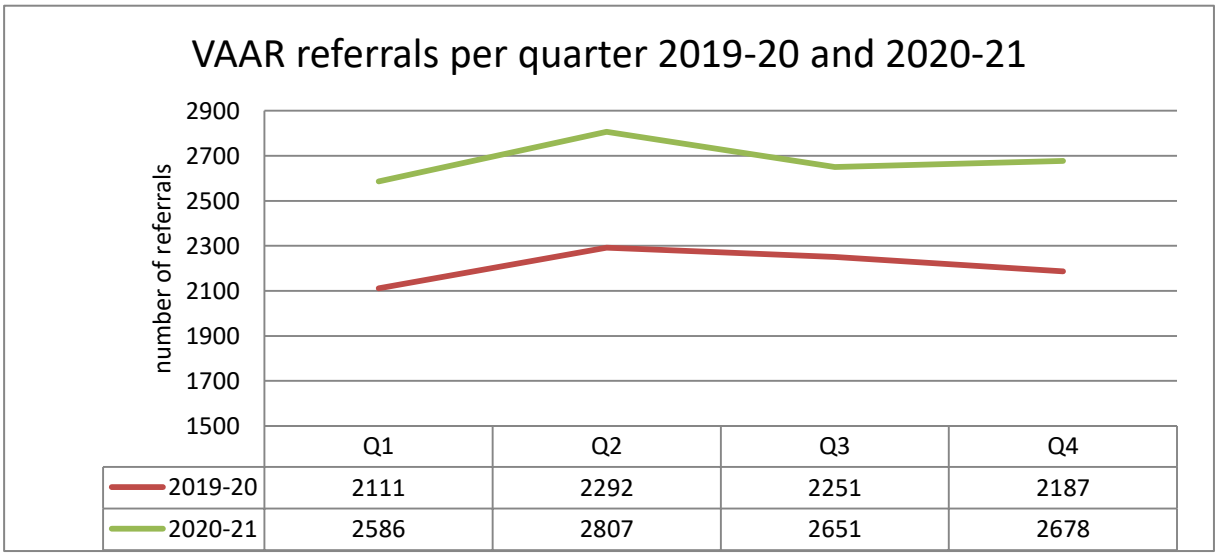
The number of standard level risk referrals increased in quarter two and then dropped back to the same level as in quarter one. Overall, for quarter one to quarter four there is a small, 1.6%, increase in the total number of DASH referrals compared to the data for the previous year. The lower levels of DASH referrals in quarter three and quarter four follow a wider pattern of reduced crime rates in the autumn and winter months.



Vulnerable adult at risk (VAAR) referrals

Sussex Police submits VAAR referrals to ASCH in relation to safeguarding adults concerns they identify. The chart below shows the number of VAAR referrals made by Sussex Police each quarter for the year 2020 – 21. The data shows there was a spike in the number of VAAR referrals in quarter two as lockdown restrictions were eased, and an overall increase in the total number of VAAR referrals of 21% in comparison to the data for the previous year.

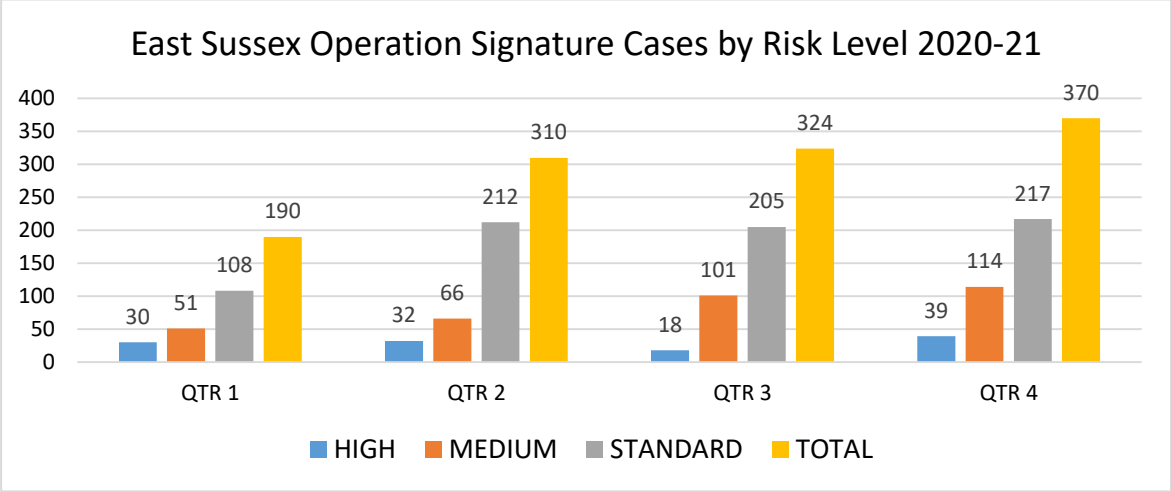
Sussex Police responded proactively during COVID-19 by working with front line officers to upskill their ability to identify abuse and neglect, and refer vulnerable adults to ASCH by means of a VAAR. This included additional training such as the 'Adult at Risk' course and bespoke training packages for the Sussex Adult Death Protocol.



	Q1	Q2	Q3	Q4
2019-20	2111	2292	2251	2187
2020-21	2586	2807	2651	2678

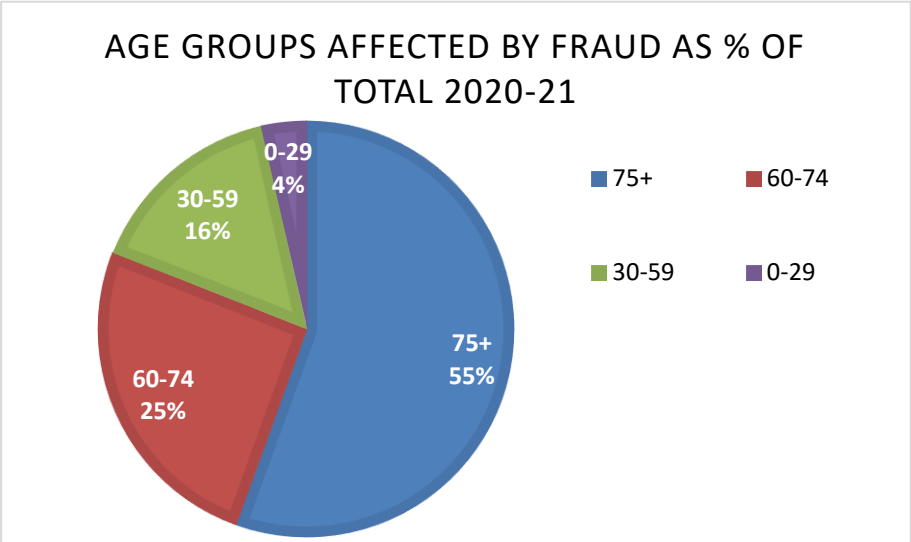
Operation Signature

There has been a 52% increase in reported cases of vulnerable victims of fraud, compared to last year. A disproportionate rise in romance fraud, false investment opportunities and doorstep criminals has been attributed to the COVID-19 pandemic. The number of cases in quarter one is low compared to the other quarters, and approximately half the number for quarter four. This is partly explained by lockdown restrictions reducing opportunities for doorstep crime, and because romance fraud cases, which rose in 2020 – 21, typically involve a period of grooming before the fraudster demands money and the case is then reported and recorded.



Two specialist Operation Signature case workers have supported 1,194 victims of fraud in East Sussex during 2020 – 21. Support has been provided by officers and case workers over the telephone when face-to-face visits were not possible because of the coronavirus pandemic. The total loss to vulnerable victims of fraud in 2020 – 2021 is £6.87 million, with the average loss, where recorded, being £15.48 thousand per victim, which is an increase on the previous year.

Courier fraud, telephone scams, doorstep crime and dating and romance are the top four most common types of fraud, with people most usually being contacted by telephone or in person on the doorstep.



In East Sussex, 80% of cases were people over the age of 60. The number of victims over 75 years old has dropped by 9% compared to the previous year, and the number of victims in the 30 to 59 year-old age range has increased by 7%.

There has been a wide range of scams exploiting the COVID-19 situation in 2020 – 21. The loneliness and isolation of victims, and financial worry and uncertainty people have felt, have been exploited with romance and investment fraud significantly higher than in the previous year. Vulnerable people have been targeted with fraudulent emails purporting to sell and / or offering face masks and COVID-19 relief funds, and vaccine and testing related frauds. There has also been a rise in frauds relating to vouchers or rebates, including vehicle tax refund and government tax rebate, and Her Majesty's Revenue and Customs (HMRC) telephone scams. The elderly and vulnerable are more likely to be victimised by the HMRC scam, and on-line shopping fraud continues to rise.

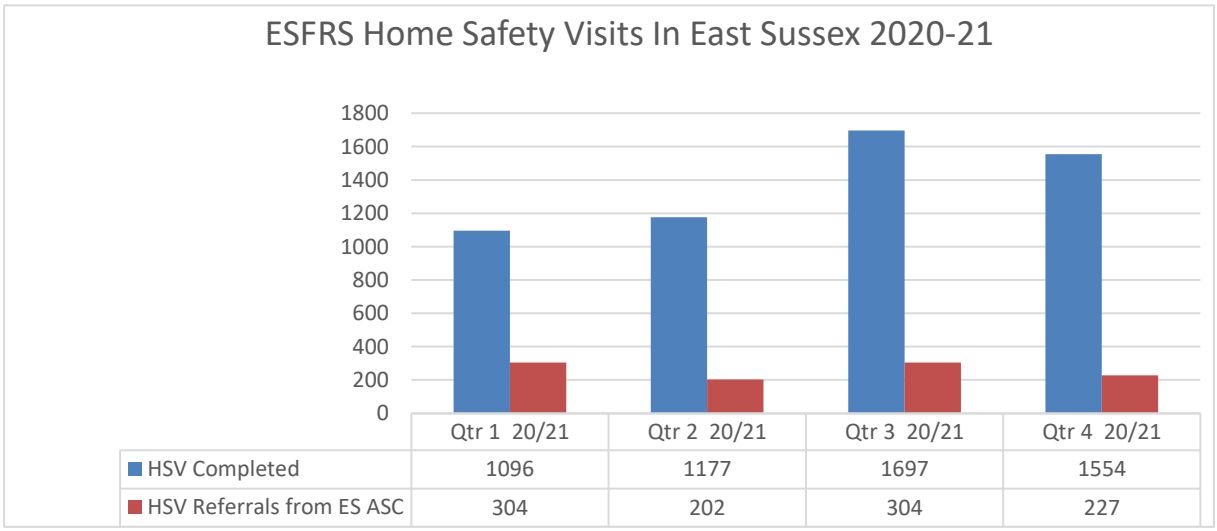
Sussex Police priorities for 2021 – 22

Sussex Police has identified the following priority areas for the coming year:

- Domestic violence and abuse.
- Coming out of lockdown and hidden harm being reported.
- Ensuring the Sussex Adult Death Protocol is embedded fully across the force.
- Transitional safeguarding, and 18 to 24 year-old care leaver support.

East Sussex Fire and Rescue Service (ESFRS)

The chart below shows the number of home safety visits (HSVs) conducted by ESFRS in the last four quarters, including the number of visits conducted following referrals from ASCH. These visits are one element of the ESFRS targeted prevention work providing support to the most vulnerable members of the community who may be more at risk of having a fire in their home.



	Qtr 1 20/21	Qtr 2 20/21	Qtr 3 20/21	Qtr 4 20/21
HSV Completed	1096	1177	1697	1554
HSV Referrals from ES ASC	304	202	304	227

The number of HSVs completed in quarters one and two of 2020 – 21 was 37% lower than for the same period in the previous year. Referrals for HSVs from a wide range of sources significantly dropped during the COVID-19 pandemic. As the restrictions eased the number of referrals and completed HSVs increased.

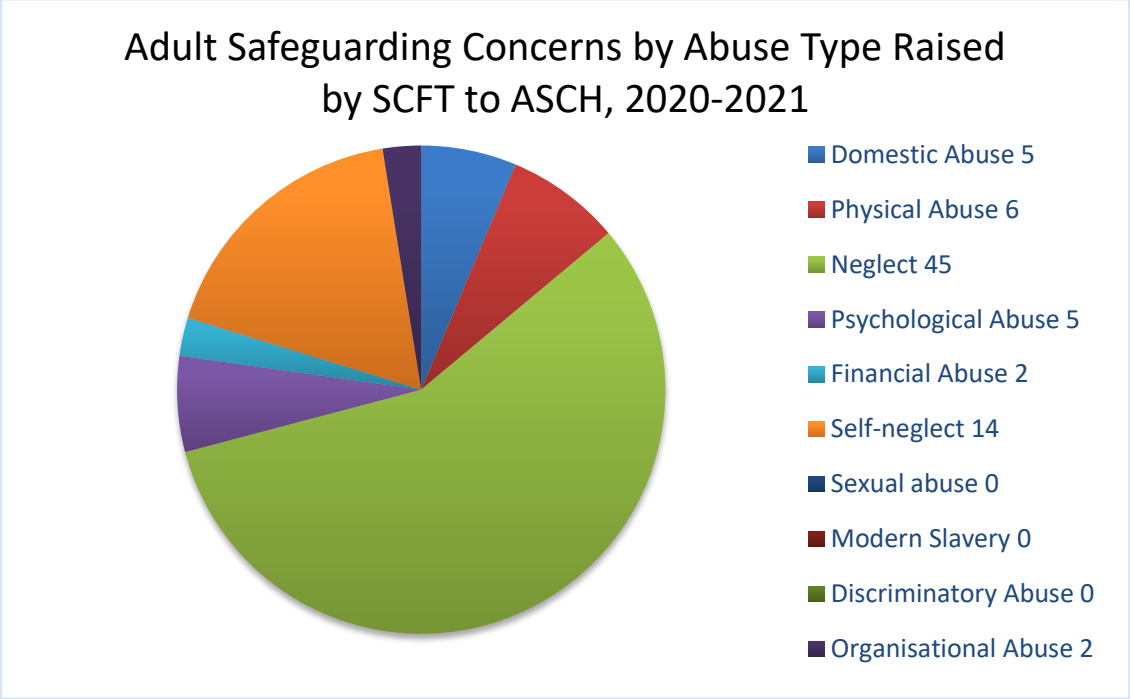
When undertaking HSVs, ESFRS often identifies safeguarding concerns, which they report to ASCH via a 'Coming to Notice' (CTN) form. During 2020 – 21 there was a total of 302 CTNs raised relating to a range of safeguarding and care and support issues, including self-neglect and hoarding, anti-social behaviour and mental health concerns.

Sussex Community NHS Foundation Trust (SCFT)

SCFT is the main provider of community NHS health and care across the High Weald, Lewes and Havens areas of East Sussex, helping people to plan, manage and adapt to changes in their health, to prevent avoidable admission to hospital and to minimise hospital stays.

In 2020 – 21, SCFT raised 79 safeguarding concerns, this is 20% less than in the previous year. The number of concerns raised for neglect, self-neglect, domestic abuse and financial abuse are all lower than for the previous year. The number of concerns raised for physical abuse and psychological abuse are small but an increase on the previous year.

The reduction in concerns raised is explained, in part, by the impact of the COVID-19 guidelines, and restrictions on visits to patients' homes, care homes, out-patient clinics, minor injury clinics and urgent treatment centre settings.

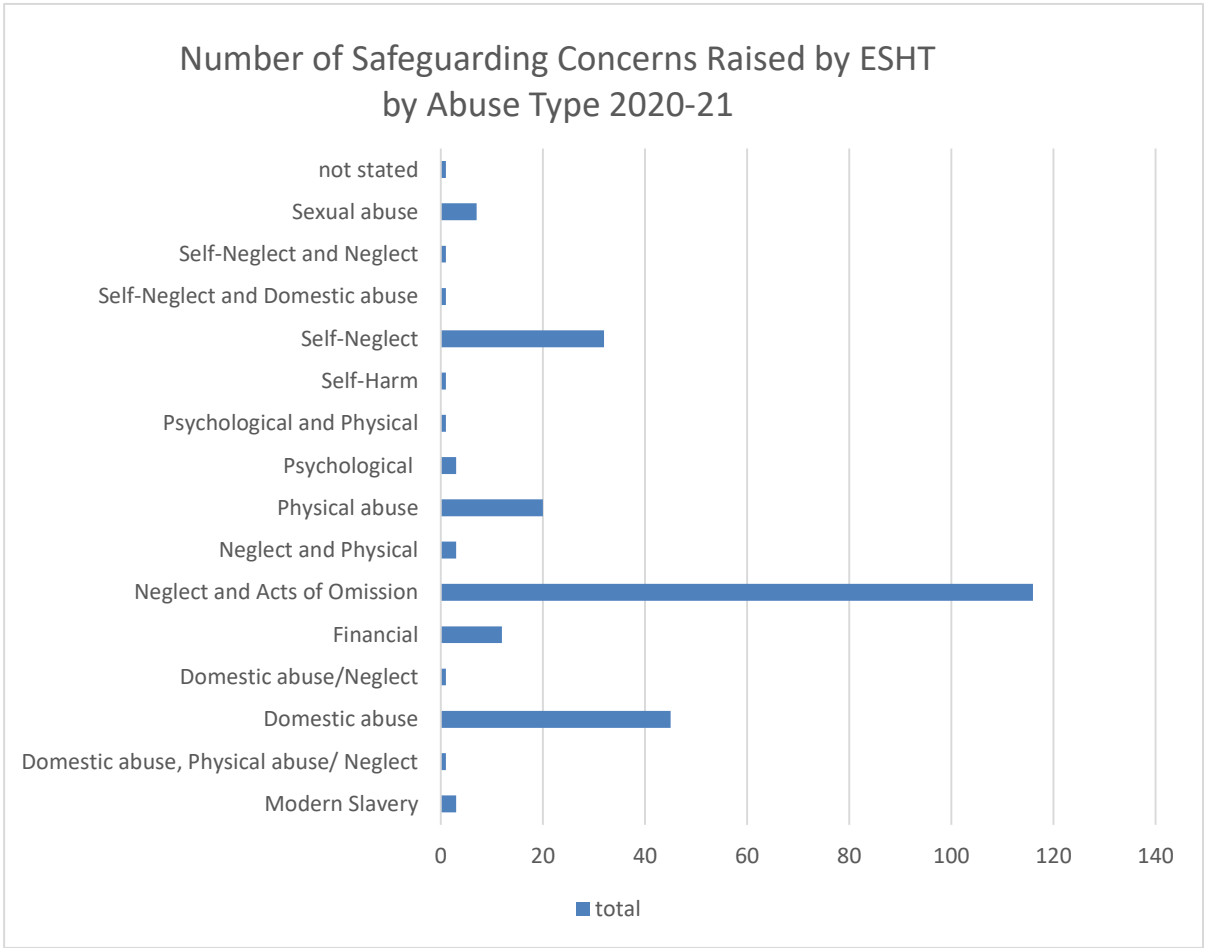


The most common type of abuse raised by SCFT as a safeguarding concern was neglect, and this is also reflected in SCFT advice line data. Self-neglect is the second most common abuse type reported by SCFT as a safeguarding concern. The SCFT Safeguarding Team has developed a specific self-neglect and hoarding intranet page, which is accessible to all staff, and contains supportive information and local and national reference links.

During 2020 – 21, the safeguarding team monitored data on concerns raised for COVID-19 themes and trends. Information sharing and partnership working with Sussex Clinical Commissioning Group Safeguarding Team ensured that both care home settings and domiciliary environments received timely and effective care delivery support.

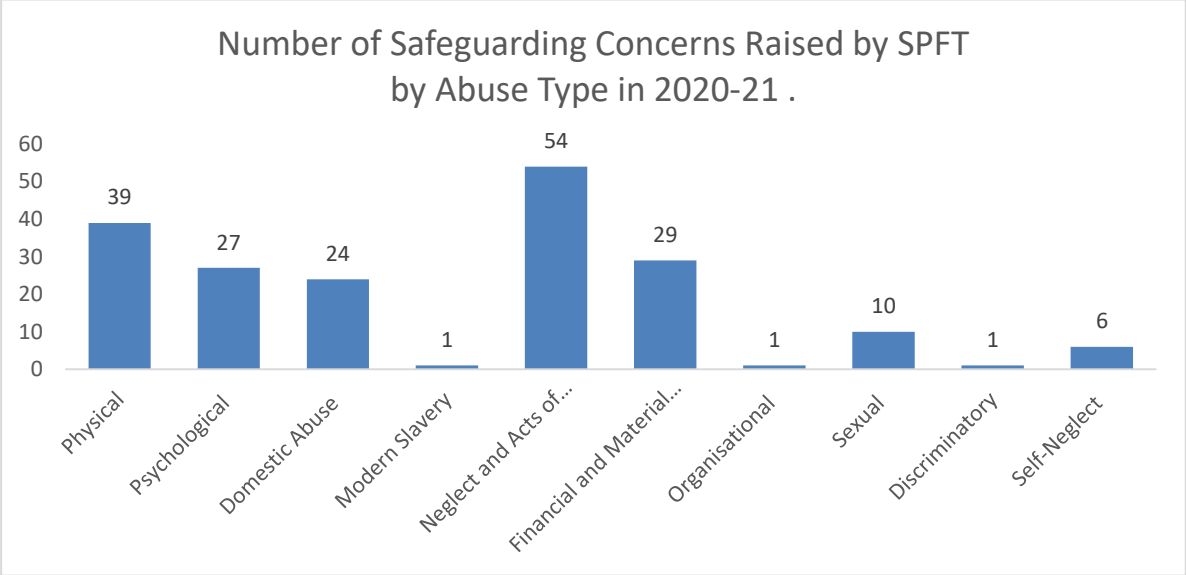
East Sussex Healthcare NHS Trust (ESHT)

ESHT raised 248 safeguarding concerns in 2020 – 21. The complexity of concerns raised has increased with people more likely to be experiencing more than one type of abuse. This is reflected in the chart below which, in some cases, shows a combination of abuse types. Neglect remains, as last year, the most commonly reported abuse type, followed by domestic abuse and self-neglect.



Sussex Partnership NHS Foundation Trust (SPFT)

The following chart shows the number of safeguarding concerns raised by SPFT, by abuse type, in 2020 – 21. Neglect and then physical abuse were the most prevalent types of abuse in safeguarding concerns raised by SPFT over the last year. There has been a 21% reduction in the overall number of safeguarding concerns raised by SPFT in 2020 – 21 compared with 2019 – 20. This can be explained in part by the fact that during the COVID-19 pandemic SPFT were seeing fewer clients face-to-face.



South East Coast NHS Ambulance Service (SECAmb)

SECAmb experienced a sizeable increase in safeguarding referrals, ie. 40 – 50%, during 2020 – 21 compared to 2019 – 20. This possibly reflects the fact that SECAmb remained one of the services still accessing people's homes during the pandemic. There was a 32% increase in the number of safeguarding concerns raised by SECAmb to ASCH in the first half of 2020 – 21. The first six months of the COVID-19 pandemic during 2020 – 21 saw a 40% rise in concerns for patient's mental health including a 100% rise in low level parental mental health. Additionally, there was a 25% rise in referrals for people at risk of, or having suffered, domestic abuse, compared to the first half of 2019 – 20.

During the pandemic, the SECAmb Safeguarding Team produced a suite of resources to support staff who may have come across people experiencing domestic abuse or heightened parental mental health.

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 report a concern in the following ways:

Phone: 0345 60 80 191 (8am to 8pm 7 days a week, including bank holidays)

Email: Health and Social Care Connect

Online: Via the form on the East Sussex County Council website

Contact the police on 101 or in an emergency 999

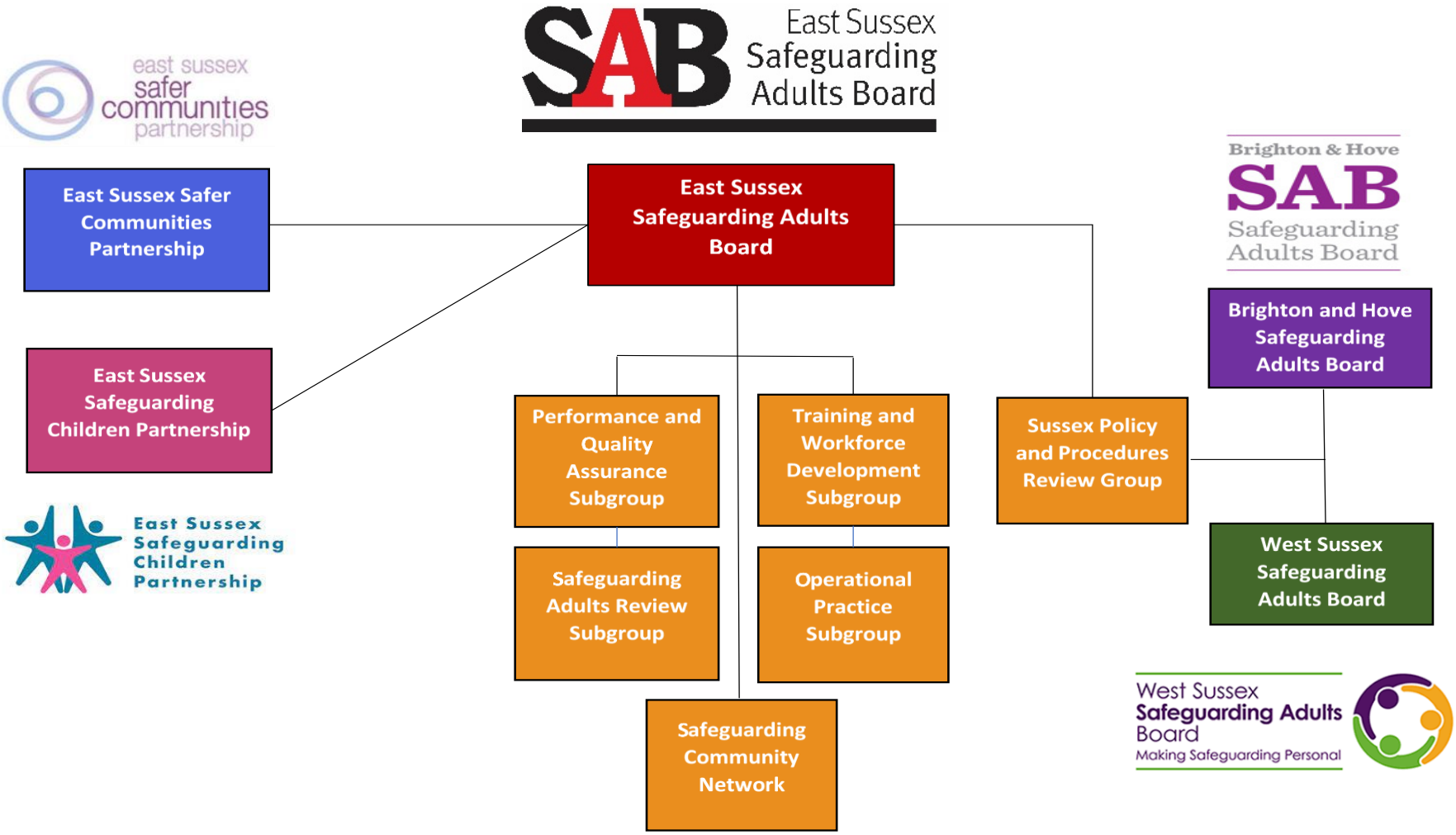
Find out more in our safeguarding leaflet and easy read version safeguarding leaflet.

Appendix 1 – Board membership

Partners of the East Sussex SAB are:

- East Sussex Adult Social Care & Health (ASCH)
- NHS East Sussex Clinical Commissioning Group (CCG)
- Sussex Police
- Care for the Carers
- Care Quality Commission (CQC)
- Change, Grow, Live (CGL)
- District and borough council representation
- East Sussex Fire and Rescue Service (ESFRS)
- East Sussex Healthcare NHS Trust (ESHT)
- East Sussex Safeguarding Children Partnership (ESSCP)
- Healthwatch
- HMP Lewes
- Homecare representatives
- Kent, Surrey, Sussex Community Rehabilitation Company (KSS CRC)
- Lay members
- National Probation Service (NPS)
- NHS England
- Registered Care Association (RCA)
- South East Coast Ambulance Service NHS Foundation Trust (SECAmb)
- Sussex Community NHS Foundation Trust (SCFT)
- Sussex Partnership NHS Foundation Trust (SPFT)
- Trading Standards
- Voluntary and community sector representation

Appendix 2 – Board structure



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Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**30 September 2021**
By:	**Director of Adult Social Care and Director of Public Health**
Title:	**Health and wellbeing inequalities of residents at Kendal Court, Newhaven and homeless people accommodated by Brighton and Hove City Council in temporary accommodation in East Sussex**
Purpose:	**To update the Health and Wellbeing Board on the ongoing welfare concerns for unsupported homeless people placed in Kendal Court and other temporary accommodation in the Lewes and Eastbourne areas by Brighton and Hove City Council**

RECOMMENDATIONS:

The Health and Wellbeing Board is recommended to:

1) Note the additional information and ongoing concerns set out in this report and the actions taken to try and address them.

2) To agree that the Chair of the Health and Wellbeing Board writes again to the Chair of the Brighton and Hove Health and Wellbeing Board (BHHWB) to request that Brighton and Hove City Council (BHCC) urgently resolve the inequalities experienced by the vulnerable adults that it has placed at Kendal Court and elsewhere in Lewes and Eastbourne by fulfilling its statutory health and welfare responsibilities.

3) To receive a further update report on the situation, at its next meeting on 14th December 2021, to include further options for escalation if the current issues have not been satisfactorily addressed.

1. Background

1.1 A report concerning homeless people accommodated by Brighton and Hove City Council (BHCC) in temporary and emergency accommodation at Kendal Court in Newhaven was presented to the East Sussex Health and Wellbeing Board (ESHWB) on 13 July 2021. The report highlighted that individuals with multiple and complex health and social care needs who are accommodated at Kendal Court without adequate support arrangements are likely to suffer a deterioration in their health and wellbeing and, in some cases, death.

1.2 A total of nine people living at Kendal Court have died since February 2016 with the most recent death occurring on 23 July 2021, followed two days later by a resident attempting to take their own life. Both of these tragic incidents continue to emphasise the urgent and ongoing nature of the concerns, and the continued failure of BHCC's assessment process.

1.3 As agreed at the previous meeting, on 4 August 2021, the Chair of the ESHWB wrote to the Chair of the BHHWB to request that BHCC urgently resolve the apparent inequalities experienced by the vulnerable adults that it has placed at Kendal Court and elsewhere in Lewes and Eastbourne by fulfilling its statutory health and welfare responsibilities. To date, no response has been received, although it should be noted that the BHHWB met on the 27 July 2021, with the next ordinary meeting scheduled for 2 November, 2021.

2. Supporting information

Action by East Sussex County Council (ESCC)

2.1 The Executive Director of Adult Social Care and Health for ESCC received a letter from BHCC on 2 August 2021, in response to its letter of 8 April 2021, that set out the full range of concerns. The response from BHCC did not adequately address the substantive points nor reflect the reality of the current situation with regard to Kendal Court and those placed by BHCC in the Eastbourne and Lewes areas. A response was sent to BHCC on 16 August 2021 restating the key issues and repeating concerns that BHCC's arrangements for assessing and supporting the needs of individuals are inadequate. To date, no response has been received to this further letter.

2.2 ESCC met, at officer level with BHCC in July and August 2021 as part of a series of regular meetings chaired by BHCC and attended by partners to discuss Kendal Court. ESCC emphasised the importance of discussing the concerns at the meeting given the impact on all partner agencies of BHCC's current arrangements for assessing need prior to accommodating homeless people, but this was not felt to be appropriate by BHCC.

2.3 ESCC has reviewed its legal position in respect of BHCC's duty to assess individuals under Section 9 of the Care Act 2014 prior to providing temporary accommodation. The review has confirmed the current position but also that the legal duty on BHCC to assess needs continues once individuals have moved into Kendal Court. Attempts have been made to arrange a meeting with BHCC officers but, at the time of writing, this has not yet been possible. This purpose of this meeting is to restate the ESCC legal position and request that BHCC undertake Care Act assessments on all individuals prior to providing accommodation at Kendal Court, develops comprehensive support plans and puts in place services to meet eligible needs.

2.4 In their previous letters, BHCC has requested an anonymised list of referrals to ESCC for needs assessments in respect of Kendal Court residents. ESCC supplied the list to BHCC on 9 September 2021, despite reservations regarding why BHCC does not already have this information.

2.5 A meeting has been arranged on 27th September, 2021, between the Leader and Chief Executive of ESCC and their BHCC counterparts to discuss the ongoing issues associated with BHCC's practice of accommodating homeless people in East Sussex, and a verbal update will be provided to the ESHWB at its meeting on 30th September, 2021.

Review by Healthwatch East Sussex.

2.6 Following a review of the support needs of homeless people accommodated by BHCC in Kendal Court undertaken in 2018, Healthwatch East Sussex (HWES) has undertaken and published a second independent review in August 2021 (**Appendix 1**).

2.7 The focus of this second review was to capture the experiences of people living at Kendal Court and to look again at how residents access health, care, and wellbeing services in East Sussex and from their placing local authority, BHCC. The review looked at the extent to which living at Kendal Court has impacted on individuals' ability to access the services that they need.

2.8 A total of 28 residents took part in interviews out of a median occupancy of 42. According to information gathered from site staff, there were 12 – 13 flats vacant or not for use during the review period of 2 to 13 August 2021 inclusive, giving a response rate of 66%.

2.9 The review acknowledged that there had been some improvements in security, facilities, the cessation of the practice of placing women and children, the provision of some travel passes, a reduction in emergency service calls, the provision of a caretaker and weekly visits from a welfare

officer. However, the review also indicated that some issues identified in 2018 at Kendal Court remained:

- Background factors for people at Kendal Court included: being in public care, being in prison, having a history of substance misuse and dependency and mental health needs.
- People felt the distance from their support systems and networks, in Brighton and Hove, was a factor that impacted on their wellbeing. Many thought that mental health support should be provided locally and could even take place at Kendal Court.
- There was a lack of information provided prior to, and on arrival at, Kendal Court.
- Generally, there was a sense that the accommodation was calm, with little disturbance. Some described it as “quiet” and enjoyed the sense of being private. Others described it as “isolating” and a few “noisy”.
- Three incidents involving safeguarding concerns were highlighted during the review and referred to ESCC and BHCC.

2.10 The review made system level recommendations for statutory authorities and service providers which are summarised below:

- Individuals should have their health and care needs assessed by mental health and/or social care professionals at the time of their housing placement assessment. Where this is not possible an assessment should be completed within a few days of being placed. Placing authorities should consider attaching a member of their Adult Social Care team or a mental health professional to its Homelessness Services for this purpose.
- Individuals with multiple and complex needs should not be placed at Kendal Court even if the other recommendations noted in the Healthwatch report are implemented.
- BHCC and mental health providers should establish an effective system of support for people’s mental health needs based in Newhaven, ideally including on-site support at Kendal Court. This could be achieved through regular drop-in sessions from the Mental Health Team or commissioned from a local voluntary organisation.
- Access should be provided to a menu of related services available at or near all emergency and temporary accommodation sites, including social prescribing, Citizens Advice Bureau, financial literacy, substance misuse and visits by GP based paramedic practitioners.
- A clear, holistic needs assessment and referral pathway is needed for homeless people. This should detail who is responsible for what at each point in that pathway, involving the relevant disciplines (housing, physical and mental health, social care, safeguarding, criminal justice system, and emergency services) and across administrative borders. This would add clarity for all staff and interested parties and provide accountability at each stage in the process.
- ‘The Emergency Accommodation Charter’ drawn up by Eastbourne Citizens Advice, Fulfilling Lives and Justlife in collaboration with the Temporary Accommodation Groups (TAAG) in Brighton and East Sussex should be fully implemented.

Impact on the Ambulance Service

2.11 Information obtained from South East Coast Ambulance Service indicates that, whilst there has been a reduction in contacts since the Healthwatch review in 2018, there were nevertheless 29 emergency 999 calls and 10 NHS 111 calls from Kendal Court residents between January and August 2021. The outcome of these emergency calls resulted in nine ambulance attendances where the patient was treated or referred onwards at the scene, and five ambulance attendances where the patient was conveyed to hospital. The top three reasons for the calls were categorised as mental health, medical, and bleeding.

BHCC Housing Policy

2.12 A review of BHCC Housing Policy and related Committee papers published on the BHCC website indicates that Kendal Court was discussed by BHCC Councillors at the now decommissioned Housing and New Homes Committee ("the Committee") on 14 November 2018. The reports and appendices recognise that Kendal Court is not supported accommodation and that some of the residents placed there by BHCC might not be receiving appropriate support pending assessment. The papers also recognise the number of individuals on BHCC's waiting list for supported accommodation and the challenges around waiting times.

2.13 BHCC Housing Department states in its report to the Committee on 14 November 2018 states "*of those accommodated at Kendal Court, 13 have been assessed as requiring supported accommodation with a further 11 requiring further assessment by the supported accommodation panel. It is likely that a majority of those who are waiting for an assessment are also likely to require supported accommodation.*"

2.14 An extract from the BHCC 'Allocation of Temporary Accommodation Policy', appended to the report to the Committee, determines how households who have been placed out of BHCC's area are prioritised for accommodation within the city when it becomes available. It expressly states that it separates households requiring temporary accommodation into three main groups, although it also states that there will be circumstances in which it will be appropriate to allocate outside of the categories.

- Group A will be accommodated within BHCC, where possible. The categories in Group A include children in public care and with Special Educational Needs, carers caring for adults with needs for care and support who live in the city and adults receiving frequent medical treatment at a specific facility within the city.

- Group B "*are prioritised for temporary accommodation in adjacent districts within the broad market rental area, or neighbouring districts in the Sussex sub-region which is approximately one hours travelling distance on public transport from the city*." Group B includes someone who is receiving NHS treatment for mental health problems other than from their GP and/or is on the Care Programme Approach. This appears to make it much less likely that homeless people with mental health needs, who are arguably some of the most vulnerable within the homeless cohort, will be able to access accommodation in BHCC.

- Group C is all other homeless households

2.15 BHCC undertook an Equalities Impact Assessment (EIA) to examine whether the BHCC's use of temporary accommodation located outside of the city impacts disproportionately on households who have any identified 'protected characteristics' as defined by the Equality Act 2010. The EIA highlights concerns expressed within BHCC and by its partners on the practice of placing homeless people with care and support needs outside of its area. The EIA states "*Concerns have been raised that being accommodated outside of the city adversely affects some households. A range of both internal and external departments and agencies, including Adult Social Care,*

Children's services, Just Life, mental health team for homeless people, St. Mungo's, the Temporary Accommodation Action Group and others who provide support for particular client groups have raised concerns about individuals and households being placed outside of the city due to the difficulties that may be experienced regarding such matters as access to schools, medical services etc. Most of the support groups that provide help for those in emergency accommodation are not able to effectively offer help for those placed outside the city. This is because their services are restricted or commissioned to work with households only within the city limits."

3. Conclusion and Reasons for Recommendations

3.1 In their letter of 2 August 2021 BHCC states that, as of 2 July 2021, there were a total of 229 households placed by BHCC in temporary accommodation in Eastbourne Borough Council and Lewes District Council areas. This compares to 235 households in April 2021 and 237 in June 2021 and indicates little or no progress in the reduction of homeless people accommodated in East Sussex, despite concerns being formally raised with BHCC since September 2020.

3.2 There remain significant and ongoing concerns that, despite being aware that Kendal Court is not commissioned to provide care and support for individuals with social care and health needs, BHCC continues to place individuals there with pre-existing long term complex needs without any care provision arranged. This view is reinforced by the latest HWES report, the further recent death at Kendal Court, and the number of residents referred inappropriately to East Sussex services for assessment, care, and support. This issue has created significant health and wellbeing inequalities for homeless people placed in East Sussex and continues to do so as the situation remains unchanged with BHCC's ongoing failure to respond to the concerns.

3.3 The previous report to the ESHWB highlighted public health concerns about the concentration of vulnerable people in Kendal Court and the multiple unexpected deaths in such a short space of time. More broadly placements in Eastbourne Borough Council and Lewes District Council areas have remained very high and the situation is unsustainable for local services and unsafe for homeless people

3.4 BHCC's decision to accommodate some of its most vulnerable residents outside of Brighton and Hove and the manner in which it implements its Allocation of Temporary Accommodation Policy appears to lead to poor health and wellbeing outcomes for individuals. Despite significant efforts by multi-agency partners, in respect of the individuals accommodated at Kendal Court and elsewhere in East Sussex, these have still not been addressed.

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BACKGROUND DOCUMENTS:
None

APPENDICES

Appendix 1

Returning to Kendal Court:

An independent review of the experiences of people living at Kendal Court in Newhaven

September 2021

Contents

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1 Executive Summary

1.1 Context

In August 2021, Healthwatch East Sussex (HWES) undertook an independent review of the support needs of homeless people placed by Brighton & Hove City Council (BHCC) into Emergency Temporary Accommodation (ETA) at Kendal Court in Newhaven, East Sussex.

The focus was to explore and establish the current experiences of people placed at Kendal Court, with an emphasis on gathering their views about the suitability of the accommodation and support provision, and to learn from residents how they access health, care and wellbeing services when placed in out-of-area Emergency Temporary Accommodation.

1.2 Our approach in 2021

During a two-week period in August 2021, Healthwatch East Sussex undertook semi-structured interviews with 28 of the 42 residents living at Kendal Court at that time.

Engagement focused on gathering views and experiences on five core themes:

1. Residents' experiences of living at Kendal Court
2. Residents' experiences of being placed and arriving at Kendal Court
3. Issues affecting residents – practical, economic, social and health related
4. How, when and where support or help was sought, provided or accessed
5. Any changes that residents felt would help improve their experience

Qualitative responses and residents' narrative was recorded during the engagement process, analysed against the themes above, and cross-cutting issues identified.

This research was a follow-up to an earlier review of residents experiences at Kendal Court, also carried out by East Sussex Community Voice [The host body of Healthwatch East Sussex] in 2018.

1.3 Links to our study in 2018

The 2018 report set out the feedback received at that time and identified several areas for improvement, which included:

- More robust appraisal of an individual's health and social care support needs should be carried out prior to considering a placement at Kendal Court
- Facilitating residents' access to advocacy support and assigning of a case worker to vulnerable residents
- Information about Kendal Court facilities and local services should be provided to all new residents
- Kendal Court out-of-hours contact details to be clearly available
- Provision of on-site laundry facilities
- Installation of spy holes on front doors

- That Kendal Court was not a suitable place for children to be housed

1.4 Findings

Our study found that a majority of current Kendal Court residents (54%) indicated overall satisfaction with the accommodation provided. In the main, people reflected that Kendal Court is better than where they have been in the past, comparing it with prison, hostel accommodation or rough sleeping.

However, there was a significant minority who found it challenging and expressed the negative impact it had on them.

It is important to recognise that there have been some welcome changes and improvements implemented since 2018, summarised as follows:

- **Security:** 24hr security provided by a contracted company, together with key code on entrance gates. Spy holes have been fitted to front doors. However, at least two assaults have been a reason for ambulance attendance at Kendal Court in 2021.
- **Facilities:** Residents can now buy electricity tokens out of office hours from the security staff. There is one domestic type washing machine available in a Portakabin type building; Wi-Fi access, windows and common areas are in better repair and there is one seating bench outside in the yard.
- **Caretaker:** In 2018 the caretaker operated out of one small caravan. There is now a Portakabin type caretaker's office which is also used by security staff.
- **Resident make-up:** Women and children are no longer placed at Kendal Court
- **Emergency response:** Fewer attendances by emergency services
- **Travel:** Some provision of travel passes for some residents
- **Welfare:** BHCC welfare officer on-site once weekly

However, our 2021 research has indicated that issues identified in 2018 are still evident. This includes:

- Lack of appropriate mental health and care needs assessments and limited connectivity to appropriate support services.
- The caretaker and other on-site staff are not trained to support and refer residents who are in need to appropriate external services.
- Mental health emergencies are the most common reason for ambulance attendances to Kendal Court, both in 2018 and in 2021.
- No information about Kendal Court or the local area is provided to residents either prior to or on arrival at Kendal Court.
- Haphazard and insufficient supply of basic items on arrival. Both the lack of information and basic items is disorientating and causes significant deprivation to new arrivals especially those arriving from institutions such as prison or care settings.
- Three safeguarding concerns were raised by HWES in 2021 (collective concerns regarding women and children were raised in 2018).

1.5 Conclusions (see section 6)

Our study has identified four main conclusions:

- Some residents appear to have a level of vulnerability, mental health and other related needs which cannot be adequately met while housed as Kendal Court.

- Many residents could cope better at Kendal Court if they were enabled to access appropriate mental health and other support services.

- All residents at Kendal Court would have an improved experience of residing there (including self-management and in seeking support) if they were suitably informed, orientated and equipped on arrival.

- Voluntary Community Social Enterprise (VCSE) organisations play an important and often essential role in supporting residents at Kendal Court, which goes some way to both improving outcomes for residents and preventing or reducing costly demands for emergency intervention. This needs to be recognised and reinforces the need for appropriate orientation and information sharing for residents on arrival.

1.6 Key Recommendations (see section 7)

We are proposing 11 recommendations in response to our findings. Key recommendations include:

1. Individuals with multiple and complex needs, or those who are extremely vulnerable, should not be placed at Kendal Court even if other recommendations are implemented. In order to prevent inappropriate placements at Kendal Court, robust assessments as stated in recommendation 2 should be undertaken.

2. Individuals should have their health and care needs assessed by mental health and/or social care professionals at the time of their housing placement assessment, and at the same be referred with consent to relevant VCSE organisations.

3. A multi-disciplinary assessment and referral pathway for people needing Emergency Temporary Accommodation should be established to identify and record the involvement, responsibilities and action status of all services involved with individual residents.

4. Comprehensive improvements to the provision of site information and essential items for residents entering Emergency Temporary Accommodation should be undertaken in East Sussex, including at Kendal Court. We recommend the adoption of minimum standards as documented in *The Emergency Accommodation Charter* produced by Eastbourne Citizens Advice, Justlife & Fulfilling Lives in collaboration with both Brighton and East Sussex Temporary Accommodation Action Groups (TAAG).

2 Introduction

This Healthwatch East Sussex (HWES) report is an independent review of the support needs of homeless people placed by Brighton & Hove City Council into temporary accommodation at Kendal Court in Newhaven, East Sussex. It is a follow-up to an earlier review carried out in 2018.

The timing (August 2021) coincides with Kendal Court being raised at the East Sussex County Council (ESCC) Health and Wellbeing Board (HWB) meeting in July 2021 which referenced the previous review. It was clear that new information was needed about the experience of residents currently placed there.

HWES has a broader priority for 2021/22 to address health inequalities, including those experienced by people living in Emergency and Temporary Accommodation (ETA). This review is the first in a series of engagement activities that we will undertake with people placed in ETA in East Sussex.

Kendal Court is leased by Brighton & Hove City Council (BHCC) for use as Emergency or Temporary Accommodation (ETA). The landlord is Colegate and Gray. There are 54 studio type flats in the building set out over three floors in five adjoining blocks. Currently the accommodation is single sexed with only male residents being placed there.

Our 2018 research and subsequent report found that approximately half of Kendal Court residents who engaged with us appeared to be coping with their placement, and an equal number were not. Residents were clearly upset and concerned by the five deaths which had occurred that year. Most did not feel safe because of the poor security arrangements which allowed aggressive behaviour and altercations to take place.

Additional findings included problems with residents' access to electricity tokens (office hours Mon-Fri only), lack of on-site laundry facilities necessitating a seven mile return trip to nearest launderette in Seaford, lack of information and basic items on arrival, and no emergency contact numbers for the site staff or landlord.

Collective safeguarding concerns were raised by the HWES reviewing team regarding residents who were vulnerable with apparent multiple and complex needs, and the placing of women and children at Kendal Court.

Since early 2019, HWES has remained involved with issues relating to Kendal Court via regular multi-agency meetings and liaison with Sussex Community Development Association (SCDA), Foodbank and Advice services. HWES has also received feedback from Citizens Advice via their central contact centre, and from SECAmb regarding emergency call outs to the site.

2.1 Focus of review

The focus for this review was to gather feedback on the current experience of people living at Kendal Court, and to compare our findings with a similar study completed in December 2018. This includes learning how residents access health, care and wellbeing services when placed in out-of-area ETA.

Aim: To engage with residents at Kendal Court to gather information about their experiences relating to health and care services, and daily living activities.

Objective: To gather qualitative data via a simple questionnaire to be completed as an outcome of a semi-structured conversation between resident and researcher.

We asked Kendal Court residents about:

- Their experience of living at Kendal Court
- What works well for them living at Kendal Court and what could be made better
- What barriers they experience in accessing services from Kendal Court

The insight gleaned is intended to:

- Inform the East Sussex Health & Wellbeing Board (HWB)
- Identify where improvements have been made, and highlight any gaps in support
- Inform future policy and service delivery decisions made by BHCC and partners
- Contribute to broader HWES objectives of tackling health inequalities

2.2 Report Structure

The methods we used in optimising engagement, gathering information and analysing results are explained fully in section 3.

Section 4 begins with a summary of findings, followed by a detailed breakdown of responses to our five main questions.

Section 5 contains feedback and information gathered by external partner organisations. This provides further insight to residents' placement experience and adds context to the conclusions set out in section 6.

Recommendations are detailed in section 7 and are grouped for the attention of specific agencies.

The appendices contain copies of the documents created specifically for this activity. These include letters of invitation and fliers sent to residents, questionnaire, and a verbatim account provided by a Citizens Advice national phone line adviser.

3 Methodology

This review is based upon semi-structured qualitative interviews with residents at Kendal Court, in line with our strategic aim, to **"Meet People Where They Are",** both geographically and contextually.

3.1 Qualitative Engagement techniques

We tailor our communication and engagement methods to our perceived needs and interests of the people we aim to reach. From our previous activities at Kendal Court, we understood the need to encourage and allow space for residents to talk about the things which are most important or immediate to them. We also knew that some residents may be wary, pre-occupied or otherwise struggle to engage in a formal, quantitative survey.

We therefore devised five main question areas, each including prompts to elicit as full a response as possible (see Appendix 1). In this way, we were able to achieve a subtly structured conversation. We firstly asked about the current surroundings (Kendal Court) and how they came to be there; then progressed to more detailed accounts of the individual's health, care or other issues. The residents therefore had the opportunity of talking freely, and most did so in some detail.

3.2 Invitations to residents

The activity was promoted to residents by hand delivered letters to each flat inviting them to meet and speak to the independent HWES team over a 14-day period in August 2021. We maintained a consistent presence throughout, in late morning, early evening and weekend shifts. We ensured that our rota of reviewers included at least one familiar face from the previous day or session.

We also offered a "Text for a call back" to take part by phone, and in the second week delivered a "self-complete" version of the questionnaire to residents who had not yet engaged.

3.3 Risk Assessments and Face to Face engagement

The activity was robustly risk assessed to protect residents, staff at Kendal Court and the review team from catching or transmitting Covid 19. Social distancing was observed and face coverings were used.

Safety measures also minimised risks to individuals which may arise from challenging or threatening behaviour. Interviews took place outdoors in a confidential space but within sight of security staff.

All residents, regardless of whether they were taking part in the activity, were observed throughout to interact in a polite and appropriate way with HWES reviewers.

The team who interviewed residents comprised of HWES staff who have expertise in research, community engagement, volunteer management and safeguarding; and experienced lay reviewers from a range of relevant professional backgrounds including

three registered nurses, a magistrate, retired Dept of Health lawyer and a CQC inspection manager. Details of HWES Authorised Representatives can be viewed here

Reviewers worked in pairs to interview individual residents. This enabled one reviewer to focus their full attention on the resident while the other noted the questionnaire responses.

HWES provided a £20 supermarket voucher or postal order as a 'reward and recognition' to residents participating in this study.

3.4 General Data Protection Regulations (GDPR)

The activity was carried out with strict observation of GDPR. This report will be circulated widely both to professionals and in the public domain, and personal information about individual residents will not be shared.

Some Kendal Court residents will have at some point experienced significant emotional and mental trauma or have conditions which could impact on their willingness to trust our reviewers.

We therefore collected the absolute minimum of personal data necessary to correctly record responses, avoid duplication and issue completion rewards. Only flat numbers were recorded unless individuals specifically consented to HWES referring elsewhere for support.

3.5 Equalities Monitoring

During the planning stage of activity, we recognised that requesting standard equalities monitoring information could be a potential barrier to successful engagement with residents. Due to the small cohort of possible respondents, detailed equalities information could also enable individuals to be identified. However, our reviewers were asked to note signs which could indicate ill health, disability or self-neglect, accents (local, regional or overseas), and broad estimation of age and ethnicity. Some residents voluntarily offered information about their ethnicity and other characteristics, which was noted.

3.6 Analysis of results

Following each engagement session, the reviewers uploaded responses to a secure online data collection and analysis tool. Given the non-sequential nature of free text qualitative answers, all responses gathered during the review were scanned firstly for broad trends and then filtered and examined more closely for specific information.

3.7 Presentation of findings

Responses are grouped according to the topic of each main question. Some interviewing prompts, such as those eliciting responses about change, appear in more than one question. For clarity, we have grouped the responses according to the main question about change (Q5). HWES recognises the value of verbatim quotes and seeks to record these in all our engagement interactions. They can make an important point using very

few words and are a prominent feature of the findings detailed in section 4 (Quotes are *italicised* in this report).

3.8 Continuous Engagement

Following specific engagement projects, HWES always seeks ways of continuing to engage with those who have taken part in activities.

Our plan for this project is to write to all residents, as we did in 2018, to thank them for participating, include a reminder that they are welcome to use our information and signposting service, and to offer a brief single page summary of our report in an easy read "You said, we did" format. (See Appendix 6 for the 2018 example).

4 Feedback from residents

28 residents took part in interviews out of a median occupancy of 42 out of 54 flats. This can be calculated as a response rate of 66%. According to information gathered from site staff, there were 12 – 13 flats vacant or otherwise not for use during the activity period of 02/08/21 – 13/08/21 inclusive.

This leaves 14 residents who were not engaged with this activity. We understood from site staff and some other residents that a few people barely leave their flat and avoid engaging with others when they do. The views of residents who, for whatever reason, are the most withdrawn, are therefore not represented in the findings of this report. We also learned that a small number of residents did not appear to live full time at Kendal Court; visiting only to collect post.

4.1 Summary of findings

- 54% of residents who took part in the engagement activity expressed an overall satisfaction with their experience of living at Kendal Court, but responses varied a great deal with 3 people rating it between 1-2 (worst). Conversely, 4 residents rated it as 10 (excellent). The comments which accompanied these scores therefore ranged between expressing significant distress, to being satisfied or very pleased with the accommodation. In the main, people reflected that Kendal Court is better than where they have been in the past, comparing it with prison, hostel accommodation or rough sleeping.
- 78% of respondents specifically mentioned having received no information prior to their arrival about the facilities at Kendal Court or local services. They obtained verbal information from either the caretaker or other residents in the days following their arrival.
- 53% of respondents spoke about lack of access to mental health support; either for themselves or expressed concern about the needs of other residents. One person said: *"These people need care. This is not a care home."* Some residents said that mental health support should be provided locally and could even take place at Kendal Court.
- Generally, there was a sense that the place was relatively calm, with little disturbance. Some described it as "quiet" and enjoyed the sense of being private. However, nearly 43% of responses expressed feeling isolated or fearful at Kendal Court.
- 42% of respondents said that the caretaker was helpful in providing them with both local information and basic items for daily living if any were in store. However, there appears to be significant variation in what tenants are provided with, which suggests the absence of an "essentials checklist" for new arrivals. Given that many new residents have arrived from either an institution such as prison, or rough sleeping, it is easy to anticipate that they will bring with them few or no household belongings.

- More than third of respondents felt that the distance from their formal or informal support systems in Brighton and Hove impacted their wellbeing. Some mentioned travel costs on a very low income as an additional barrier
- Several people said they were grateful for "a roof over my head", and more than half were positive about the general standard, privacy and security of the accommodation
- Background factors for people at Kendal Court include having been in prison, in care, having a history of substance misuse and dependency and mental health issues
- There was a mixed response regarding awareness of or satisfaction from contact with the BHCC welfare officer, who visits weekly. There seemed to be uncertainty about the kind of support they could provide. Two people said they were uncomfortable with having to discuss their problem with the welfare officer while other staff were present in the caretaker's office as it lacked privacy and confidentiality
- Residents made useful suggestions for improvements which included a common room/area for residents, weekly support sessions from the mental health team, gym equipment and better training for night security staff to support residents in difficulty
- Three incidents involving safeguarding concerns were highlighted during the review. One was jointly shared with Safeguarding Teams in East Sussex and Brighton and Hove. The remaining two individuals were referred to the East Sussex Team

The following subsections provide figures and more detail about residents' answers to our five main questions and suggested prompts as described in Methodology (section 3).

4.2 Detail of Findings

Q1. How do you find living at Kendal Court?

Prompts:
- What has worked well for you?
- What do you find most difficult?
- What changes would you like to see?
- If you could change one thing about Kendal Court, what would it be?

Most residents who took part in the engagement activity expressed an overall satisfaction with their experience of living at Kendal Court by way of a score rating (1-10, where 10 is excellent), but the responses to this question varied a great deal which is reflected as follows:

- 15 (54%) gave a score from 6 upwards including 4 scoring at 10 (excellent)
- 10 (36%) people gave a score of 5 or below, including 3 (11%) who gave scores of 2 or under
- 3 (11%) people gave no score

Comments ranged between expressing significant distress, to being generally satisfied or very pleased with the accommodation. In the main, people reflected that Kendal Court

is better than where they have been in the past, comparing it with being homeless and sleeping in hostels and on the street.

Most respondents made both positive and negative comments about Kendal Court, with only three people providing entirely neutral (*I don't know)* responses or not answering the question.

Things that work well at Kendal Court:

17 (60%) of respondents made a total of 23 positive comments about the quality and facilities of the accommodation at Kendal Court.

15 people thought it was a good standard and were pleased with it. Comments included:

It's spot on
It's nice having my own private space
Having laundry here is much easier than going to Seaford
Electricity tokens usually available 24/7

9 people specifically said that it was good to "*have a roof over my head*" and were pleased to have their own self-contained flat and space.

The caretaker was mentioned positively by 12 people, including 2 whose feedback was negative about almost everything else. They found him helpful in providing them with local information and basics including kettles, bedding etc, if any were in the store.

The caretaker is very friendly and helpful, fixes things that break.

7 (25%) people appreciated the security arrangements on site. *I feel safe now.*

Things that are difficult about living at Kendal Court:

24 (85%) respondents made a total of 58 comments about difficult aspects of living at Kendal Court. This number does not include comments about information or mental health support which are detailed later.

Comments can be grouped in the following way:

- 15 comments about quality of mattress or lack of bedding, plumbing problems & other repairs, insulation related issues (noise, temperature)
- 12 comments about feelings of isolation or fear/discomfort of neighbours
- 10 comments about distance from services or informal support
- 7 comments about the cost of electric and laundry utilities
- comments about money worries or budgeting
- comments about visiting restrictions in place at Kendal Court
- 4 comments about access to GP and/or Covid vaccine

Comments included:

Drains block easily. [Caretaker] fixed it a bit but still don't work well.

Room is good sized but poor air circulation on top floor, even if window open. Odours from other flats.

Had to take out a Universal Credit loan to buy basic necessities such as cutlery, pots and pans, sheets etc. Worrying about paying the loan back.

A significant minority of at least 10 people indicated they were very unhappy at Kendal Court. 2 people described it as "*awful*", another 2 people said it was "*stressful*".

12 (43%) people made comments relating to fear, isolation & noise:

Feels very *'isolated'* at Kendal Court, only spoken to [caretaker] since arriving [2 weeks ago].

stressful, depressing and soul destroying

Most of the time I'm frustrated and having nightmares. I'm scared for my wellbeing. I don't get any support or help from anyone.

Grim – experiences bad anxiety and panic attacks. Dumping ground. Worse than prison

Comments about neighbours included problems with noise levels, and another reporting that other residents taunted him about his religious beliefs. Another resident observed:

Sometimes [people] bully others but it's not bad at the moment

There isn't much confrontation between tenants.

What one change would you like to see? See Question 5 about suggested changes.

Q2 Could you tell us how you came to be placed at Kendal Court?

Prompts:

- How long have you lived here?
- Where did you move from?
- How does this compare? Better, same or worse?
- What information were you given before coming here and by whom?

How long have you lived here?	No of respondents
0-3 months	9
3-6 months	3
6 months – 1yr	7
1 year to 2yrs	3
More than 2yrs	3
Length of time not stated	3
All respondents	28

One person had been at Kendal Court for about six years and said that they had noticed some improvements over that time.

2 people said they had been told by Brighton and Hove City Council that they would only be at Kendal Court for about 50 days, but at the time of interview, their length of stay was well beyond this.

17 (60%) respondents said they had moved to Kendal Court from locations such as prison, hostel accommodation, rough sleeping or had been discharged from a health or care facility. Of those 17 respondents, 14 said that Kendal Court was better than where they were before, but also commented on some difficult or inconvenient aspects of living there.

6 (21%) said that Kendal Court was the same or worse than where they were before. Of those 6, 4 were from places other than from rough sleeping, hostel accommodation or prison.

5 (17%) did not answer the question.

Residents were asked about the information they received prior to arriving at Kendal Court, and what was provided on arrival regarding information and household/daily living items.

22 of 28 responses (78%) specifically mentioned having received no information, apart from the address, about Kendal Court prior to their arrival. i.e. they did not know about the accommodation facilities, cash required for utilities and key deposit, or local services such as foodbank, health or care services. Respondents indicated that this type of information was obtained verbally from either the caretaker or other residents on arrival or in the days following. This is a key finding of the activity and was also a key finding of our engagement activity in 2018.

These residents also commented on the lack of essential items on arrival at Kendal Court.

I had no information apart from the address. Arrived with nothing.

12 (43%) people made positive comments about the caretaker including 4 who mentioned that he helped them with some items whenever he could. However, there appears to be a great deal of variation in what tenants are provided with, and what they have to do without, which suggests the absence of an "essentials checklist" for new arrivals. Given that many new residents have arrived from either an institution such as prison, or rough sleeping, it is easy to anticipate that they will bring with them few or no household belongings.

Was given a food parcel when I arrived but no tin opener, knives, forks etc

It [the flat] had bed and mattress but nothing else when I arrived. The mattress is very old. [Caretaker] sorted out some bedding and the previous tenant left a kettle and toaster

No bedding or anything, not even a kettle.

One person described the caretaker as "amazing", in terms of the help he provided when they first arrived.

Q3. Is there anything troubling you in your day-to-day life?

Prompts:

- Health and wellbeing?
- Getting help and support?
- Money or benefits?
- Getting food, cooking equipment or bedding?

17 people (61%) reported that they had mental health issues and/or difficulties relating to substance misuse and addiction. 4 of these people said they were accessing support, but 15 (53%) of all respondents specifically mentioned lack of access to mental health support; either for themselves, or they expressed concern about the needs of other residents and that there was no support on site for such people. This is a key finding of our engagement activity.

Residents' comments were recorded as follows:

Not nice here - so many people with mental health issues, some so frightened they don't want to come out of [their] room

It is hell to me being here but I have no choice. I wasn't given any information by anyone but I was just dumped here by housing benefit.

[paraphrased by interviewer]: Has a psychiatric nurse and a [recovery] worker. However, neither has been to see him or support him at KC, they only contact him by phone. They are both based in Brighton and Hove, so when he needs to see them, he has to go to them. This costs about £6 on the bus.

Some residents said that mental health support should be provided locally and could even take place at Kendal Court. See Question 5 for residents' suggestions for change.

When answering other questions with our reviewers, some respondents also spoke of poor access to mental health services and mentioned specific concerns such as:

- Feeling lonely and isolated
- Needing more support from mental health (MH) services
- Hears voices and waiting for mental health services.
- Trying to get help with MH – been diagnosed with depression, PTSD and a personality disorder.
- Anxiety and/or depression.
- Panic attacks
- Self-harming
- Feelings of fear affecting his mental health.

There was a marked difference between those people who were troubled but had good support and those who did not. 3 people said they were receiving effective support from either mental health services or a voluntary organisation. Some others had friends and family, usually in Brighton, who were able to support them.

10 respondents felt that the distance from their formal or informal support systems in Brighton and Hove impacted their wellbeing. Some mentioned travel costs on a very low income as an additional barrier.

3 respondents had no phone, one saying that they had not found a public phone in Newhaven. This is clearly a significant communication barrier for both resident and support service.

Q4. Where do you get support from?

Prompts:

- Friends and family? Health and care services? Community groups? Others?
- How easy is it to get support?
- Does the support provide what you need?
- Is anything missing?

27 of 28 respondents answered this question with 56 comments relating to support. There was some repetition of answers given to previous questions. This question and accompanying prompts elicited feedback about more than one type of support and accessibility, and the extent to whether the respondent found them useful.

Sources of support included:

- SCDA Foodbank
- Friends, family or neighbours
- Probation Officer
- Mental Health Team & Health in Mind
- GP
- Frances Taylor Foundation
- Drug & Alcohol Recovery Services
- Alcoholics Anonymous
- St Mungo's
- BHCC housing or welfare officer
- Site staff at Kendal Court

The most significant access issue was to do with residents realising their need for support but either making unsuccessful attempts to contact services or not knowing how or where to start trying to engage. 10 (35%) respondents indicated difficulties about this.

I have tried many times but still I can't get any support

It's very hard for me to get support when I need it

I don't get support or help from anyone

Although 4 people said they had registered with a local GP, 2 were having trouble getting an appointment. One person who had only recently transferred had been unable to get an appointment despite being close to running out of essential medication.

8 people said they had remained registered with their Brighton GP. Reasons for this included being worried about difficulties registering with a new out-of-area practice, a preference for continuation with staff who knew them, or because they were accessing related support services also based in Brighton.

4 people said they get support from other residents at Kendal Court and the caretaker. The type of support provided by the caretaker in this context was not specified i.e to do with accommodation and facilities, or other kinds of support which may not be formally part of his role.

2 people made positive comments about the BHCC welfare officer, but another 4 people indicated that their contact with the officer had not been helpful to them.

16 (57%) people said their support systems were in Brighton and Hove. Family and friends were mentioned as being key sources of support, with several residents also accessing one or more other formal support services.

2 people said they did not need any kind of support, and a further 6 people said they didn't need any more than the support currently in place.

Q5. What changes would help you the most?

Prompt: Is there anything you need but can't get?

9 people (32%) either did not answer the question or did not suggest any specific changes, although several of these respondents mentioned problems which were difficult either for them or others.

The remaining 19 respondents made suggestions as follows:

3 people wished for mental health support on site, and linked to this, another 3 people suggested that site staff be trained to provide support for those in difficulty, especially at night.

While at least 5 residents hoped to change their location back towards Brighton, 4 others suggested a more pleasant outdoor space and/or a common room for exercise and meeting others for friendship and support. For some people, there was a real sense of supporting each other and being aware of the support needs of others.

Other suggestions for change included the following:

- Cheaper electricity & laundry
- Help to access help for money worries, debt or legal problems
- Panic buttons in flats for residents
- Better mattresses and/or household equipment such as cookware and tin opener.
- Better repairs (plumbing, heater) and insulation from noise and temperature.

One person wanted more ways to join in on things going on locally, and another only wanted Sky TV and a BBQ.

Comments include the following, grouped by topic:

Mental health and other support:

- *Need mental health support here rather than Brighton.*
- *There should be someone here once a week from the Mental Health team for us to talk to. I need supported living can't cope on my own.*
- *Need to have night support*
- *I 'get on with it' day to day but not easy for everyone*
- *Getting through to housing dept & information about getting my own place, otherwise no changes.*
- *All ok - have friends*

Site facilities:

- *Would like help getting pots and pans and better mattress as this one gives me a painful back.*
- *Better room conditions, bed is awful, uncomfortable. Using duvet on mattress [springs poking through]*
- *OK at the moment as it's summer, but heater faulty or broken. Need to take it up with maintenance service.*
- *Good having security on site - panic buttons in rooms would/could reduce deaths*
- *I would like to live in a safer place than Kendal Court. [resident did not specify in what way he felt endangered]*
- *A new bedroom with taller ceilings*

Q6. Other comments and themes: Anything else you want to tell us?

8 people (29%) had nothing they wished to add. Most others re-stated points which were important to them.

Responses recorded by our reviewers include the following quotes (italics) and paraphrases:

General positive comments:

- *2 years clean and proud of this*
- *Just happy to have a roof over my head*
- *Flat is cosy, I like the location, near the station and the gym.*
- He wanted us to know that he thought LGBTQ people would be safe at KC.

General negative/critical comments:

- *Seeing others suffer is not nice.*
- *I've started drinking again, this is not a nice place to be*
- *One problem is boredom. Would like a gym or gym equipment to keep me busy.*
- *Construction site next door is very noisy*

- Should have an information sheet giving basic information eg about the electricity, food bank, etc. He feels "frustrated" for other people in the block, who clearly have mental health issues but they get no support. Staff are very good, helpful and friendly.

- Feels 'very isolated' No support before or after arriving. Council 'unhelpful' and providing outdated information regarding services. GP has referred resident to mental health services but has not heard anything from them. Was told he would only need to wait a couple days but has been over a week.

- He is ok as he is out to work 5 days a week but feels sorry for the others who have nothing to do during the day. Other people need mental health support but don't get it.

- Felt there was no support for residents after the deaths at the accommodation.

- Winter is challenging at Kendal Court due to cold.

- Feels emergency services are unwilling to come to Kendal Court due to poor reputation.

4.2 Equalities Monitoring

As stated in the methodology, the characteristics of respondents were observed and recorded by the researchers, although some information was pro-actively offered by the participating residents.

Ethnicity

- 17 respondents either identified themselves or were estimated to be of white British ethnicity.
- 9 respondents either identified themselves or were estimated to be of African, Central/South Asian or European ethnicity.
- 2 – unknown

Age:

- 15 (53%) respondents were in 30-49 age group
- 3 were estimated as being under 30yrs old
- 5 were estimated as being 50+ years old
- 5 were unspecified

Disability & health conditions disclosed by residents included:

- Mental Health conditions: anxiety, depression, hearing voices, personality disorder, Post Traumatic Syndrome Disorder (PTSD)
- Diabetes
- Epilepsy

- Learning difficulty (ADHD, Dyslexia)

4.3 Safeguarding

- HWES raised three safeguarding concerns during the review according to relevant protocols. One was jointly shared with Safeguarding Teams in East Sussex and Brighton and Hove. The remaining two individuals were referred to the East Sussex Team.

5 Feedback from partners and service providers

In undertaking this research, Healthwatch East Sussex received feedback about Kendal Court and its residents from three organisations with whom we often work in partnership: Citizens Advice Bureau, Sussex Community Development Association (SCDA) and South East Coast Ambulance Service NHS Foundation Trust (SECAmb).

The feedback provided by each organisation is presented below.

5.1 Citizens Advice Bureau (CAB)

HWES was contacted by national advice organisation Citizens Advice Bureau (CAB) regarding a resident of Kendal Court who was in crisis over his electricity supply. This example illustrates the complex needs of some residents, and the impact on physical and mental wellbeing resulting from lack of access to basic utilities of daily living.

A full copy of the correspondence is located in Appendix 5, and a summary of the key points as understood by CAB from the client is presented below:

- Citizens Advice contacted by an individual with severe mental health issues including psychosis. Also has epilepsy.

- Unable to buy electricity meter card because no money. Therefore no electricity in his flat to maintain refrigeration of food, cook or heat food, obtain hot water or to charge his phone to seek further support. The client needs to take his medication with food.

- A local welfare scheme who provide food stated they could not help with utilities. Food vouchers were provided by the Council, but no support with electricity issue. No schemes provide 'cash support' which is required for electricity purchase at Kendal Court.

- The apparent scheme for electricity top ups is that they need cash to purchase a paper voucher for the meter and this can only be done via the caretaker when they are 'on site' at Kendal Court. Issues in communicating with caretaker.

- Information pack from the electricity provider for emergencies was sent via email, but individual unable to read or understand it.

- I will be raising concerns internally via our social policy scheme about this location and also re the DWP and local authority who both felt it was ok to turn our client away without assistance despite knowing of his vulnerability and mental health issues.

- Lack of information or details on local support networks and organisations an issue for both the resident and the ability of organisations such as CAB to offer support.

5.2 Sussex Community Development Association (SCDA)

Sussex Community Development Association (SCDA) deliver Community Food and Advice services in the Seahaven areas including emergency food parcels. Since the pandemic they have been delivering regular food parcels to residents at Kendal Court as well as supporting individuals face to face at the centre on Denton Island for essential living items. They report that residents arriving at Kendal Court often have no access to basic essential items for cooking, bedding and means to pay for electricity.

These issues are long standing, first identified in the review of 2018 and still presenting in 2021. Following the 2018 review & report, regular meetings were set up between East Sussex and Brighton and Hove City Council housing and social care teams to:

- Establish a forum for regular dialogue
- Receive updates on any recommendations made that were being implemented
- Provide assurances that the health and support needs of vulnerable residents were being addressed
- To act as an early warning system to prevent further loss of life at the accommodation

The meetings take place every 6 weeks. However, SCDA are still not assured that the health and support needs of vulnerable residents are met. Sometimes information shared by BHCC is contradictory and lacks clarity e.g. recent assurances [in 2021] by BHCC that all Kendal Court residents are provided with food parcels through an arranged provider. This service actually ceased in June 2020.

Other difficulties around communication with BHCC highlighted by SCDA include:

- Issues for residents around paying for and the costs of electricity. Requests to BHCC for unit cost to be disclosed have not been answered
- The length of time for actions to be implemented i.e. laundry services, now in place but with issues around charges and capacity (machine size & quantity)
- Welfare Officer Support and challenges regarding information sharing pathways. The welfare officer is not always aware that someone has been placed at Kendal Court and only finds out when they undertake weekly drop-in sessions on a Wednesday. There have been occasions when a resident moves in on a Thursday or Friday with no food, electric or basics and has nothing until the following Wednesday. As soon as SCDA are informed they can respond, e.g. urgent delivery of emergency food parcels, electricity voucher, basic kitchen essentials
- Liaison and communication pathways between BHCC and SCDA are not regular and consistent. Previous attempts by SCDA to communicate regularly, share information, and formalise an information sharing & referral pathway with BHCC have been unsuccessful until the most recent multi-agency meeting when BHCC confirmed that they are happy to discuss an agreed pathway. See recommendations section 7 of this report.

Moving forward, a more rigorous monitoring structure is required to ensure there is compliance with any agreed actions and recommendations made in this report.

5.3 South East Coast Ambulance Service (SECAmb)

A week before the start of our planned engagement activity at Kendal Court, HWES became aware of two incidents at the site which took place within days of each other. A resident was found dead in his flat, and another needed emergency treatment for self-inflicted injury.

To better understand the frequency and nature of ambulance attendance at this site, and to provide comparison, we requested non confidential call out data from SECAMB during like-for-like periods in 2018 and 2021.

As shown in the table below, the overall number of 999 calls is significantly lower in 2021 than in 2018, and the number of patients requiring hospital treatment in 2021 is less than a quarter of those in 2018.

It is concerning that mental health was the most common reason for call out both in 2018 and 2021. This suggests that appropriate support is not in place for some residents who have significant mental health care needs.

Two safeguarding referrals were made by SECAmb since January 2021.

	From 1st January 2018 - 31st August 2018	From 1st January 2021 - 13th August 2021
999 calls	64	29
NHS 111 calls	6	10
Ambulance attendances where the patient has been discharged/referred on scene	13	9
Ambulance attendances where the patient has been conveyed to hospital	23	5
Most common presenting complaints	• Mental Health • Breathing problems • General medical related calls	• Mental Health • Medical related calls • Bleeding

6 Conclusions

The findings from our engagement activities with residents at Kendal Court, together with feedback from other organisations have led us to develop four main conclusions from this study, two of which directly relate to mental health assessments and support.

1. **That some residents should not be at Kendal Court because their level of vulnerability and (mostly mental health) related support needs cannot be provided or monitored adequately.**

A number of residents expressed significant concerns over their own circumstances and wellbeing, identifying a self-awareness of their issues, as well as the challenges they experienced in accessing timely and appropriate support. This is also reflected in the feedback provided by other stakeholders and support organisations that have regular contact with Kendal Court residents.

It is clear that these issues have a significant impact on the individuals themselves, but also have a knock-on effect on other residents, as well as staff. Emergency and other local services are also required to respond to issues when preventative action and ongoing support may be more appropriate.

While the helpfulness of site staff is clearly valued by many residents, their role is essentially to operate the site facilities, maintain order and facilitate the comings and goings of residents. As far as we are aware, they are not trained or required to provide personal support, signposting or referral of residents to services other than emergency services.

This was evidenced during our fortnight of activity by the raising of 3 safeguarding concerns about residents by HWES representatives who are well qualified to recognise when this action is necessary, and further supported by data from SECAmb which show 2 safeguarding referrals made as a result of contact via 999 calls.

We can only report feedback from those who engaged with our activity. 14 residents who were recorded as living there, did not, for whatever reason take part. From the information gathered from other residents and site staff, it seems that some residents rarely leave their flat, while a very small number seem to be mainly absent.

It seems likely therefore that of those 14 people, there will be some who are in great need of support services. If they are withdrawn and socially isolated, they are likely to be less confident in engaging with neighbours or site staff to gather useful information which would help their situation.

It may be easier to ensure the health, safety and wellbeing of those residents by holistic assessment at the time of placement, because once they are in self-contained accommodation without any obvious route to support, the opportunities to engage them towards recovery are reduced.

2. Many residents could cope better at Kendal Court if they were accessing appropriate mental health support services.

Mental health is a cross-cutting theme which featured strongly throughout our engagement. Therefore, the provision of appropriate and accessible support for residents is key.

We do not say that all residents with mental health support needs should not be at Kendal Court; at least 3 people we spoke to were accessing mental health services which appeared to be working well for them, despite some needing to budget for and travel to Brighton to their appointments.

The key issue is that once a person is placed at Kendal Court, those who have mental health support needs do not seem able to access this for themselves. This potentially hinders early intervention and preventative action.

Again, even if the caretaker and security staff recognise that an individual needs support, we understand that their roles and remit do not require or equip them to refer.

With training and collaborative working between the housing team, mental health provision and social care colleagues, multi-disciplinary support needs could be identified at the placing assessment, enabling the client to be connected to appropriate services at an earlier stage and then monitored during their residence at Kendal Court.

3. All residents at Kendal Court would have an improved experience of residing there (including self-management and in seeking support) if they were suitably informed, orientated and equipped on arrival.

We found that many residents appear to be coping with their placement at Kendal Court. They indicate that because their needs are being met, they can organise themselves, manage distance and travel to their support arrangements and are confident at the site. However, even the residents providing the most positive feedback commented on the un-informed and haphazard manner of their arrival and orientation.

Accessing information and equipment prior to and on arrival appears to be a problem for every new resident at Kendal Court. This hinders residents' experience and their ability to undertake day-to-day tasks. It is disappointing that this was identified in the 2018 study and corresponding recommendations to address it were provided at that point.

Provision of basic information would greatly aid orientation, especially for those not familiar with the area, site or local support services (some of which have changed significantly during the pandemic). Similarly, provision of necessities would be of benefit and ensure that all residents start on a similar footing.

4. **Feedback from residents and other organisations demonstrate the important, often essential roles played by Voluntary, Community, and Social Enterprise (VCSE) organisations in supporting people in need at Kendal Court.**

Residents who were accessing services through this sector recognised and appreciated the value of their input. The words of one resident who said: *"I don't know where I would be without them"* invites us to reflect on the practical and economic

consequences for statutory services if the VCSE sector could not or did not provide support which prevents or reduces people needing emergency intervention.

This input needs to be appropriately recognised and supported and reinforces the call for appropriate orientation to be undertaken and support information to be shared with residents on arrival.

7 Recommendations

7.1 Recommendations for the East Sussex Health and Wellbeing Board (HWB)

1. The HWB will review their work programme to include ongoing monitoring of people's experiences placed in Emergency and Temporary Accommodation (ETA) as part of a wider commitment to addressing health inequalities.

7.2 System Recommendations for Statutory Authorities and service providers

2. Individuals with multiple and complex needs should not be placed at Kendal Court even if other recommendations are implemented.

3. Individuals should have their health and care needs assessed by mental health and/or social care professionals at the time of their housing placement assessment. Where this is not possible an assessment should be completed within a few days of being placed. Placing authorities should consider attaching a member of their Adult Social Care team or a mental health professional to Homelessness Services for this purpose.

4. Brighton and Hove City Council (BHCC) and mental health providers should establish an effective system of support for people's mental health needs based in Newhaven, ideally including on-site support at Kendal Court. This could be achieved through regular drop-in sessions from the Mental Health Team or by commissioning voluntary organisations to provide services.

5. A clear holistic needs **assessment & referral pathway** is needed for homeless people. This should detail who is responsible for what at each point in that pathway, involving the relevant disciplines (housing, physical and mental health, social care, safeguarding, criminal justice system, and emergency services) and across administrative borders. This would provide clarity for all staff and relevant parties and provide accountability at each stage in the process, particularly with out of area placements.

   VCSE organisations to be referenced and included in assessment and referral pathways. Given that residents can become isolated and withdrawn in self-contained accommodation, early referral to and engagement with appropriate voluntary organisations offers a great potential for implementing a preventative care agenda.

   The commissioning of voluntary organisations should therefore be fully explored for their viability to deliver preventative care and work in partnership to achieve best outcomes for residents. Options for partnership working with other organisations could include:

   - Obtaining client consent to refer and share information with key local services such as Foodbanks (SCDA in Newhaven) or other relevant voluntary services

responding to particular health conditions or disabilities.

- Providing access to a menu of related services available at or near emergency and temporary accommodation sites e.g. social prescribing, Citizens Advice Bureau, financial literacy, substance misuse services and visits by GP based paramedics.

  These initiatives could provide an early and positive start in achieving long term wellbeing outcomes for individual residents and could achieve a system cost benefit compared to frequent and repeated use of emergency and more acute services.

6. **Standardised information should be provided** to all residents in Emergency Temporary Accommodation (including those at Kendal Court), both prior to and following arrival, including:

   - Amount of cash needed for arrival (electricity meter & key deposit) and ongoing expenses
   - Public transport options, and caretaker's hours
   - A checklist of household items which will be provided and those which are not
   - Key information about local services including: GP, Foodbanks, Dentist, Pharmacy, transport, other support services and advice, shops & post office.
   - Contact details for both statutory mental health services and for voluntary sector services such as Samaritans and Mind.

7. A number of site, staffing and placement management options should be considered by Brighton and Hove City Council in relation to Kendal Court:

   - **Consistent provision of essential items** for new arrivals, with a clear sanitising procedure and serviceability checks for the transfer of pre-owned items such as mattresses, bedding and electrical items. Future procurement of Emergency Temporary Accommodation in East Sussex should specify and deliver minimum standards for facilities such as laundry, wi-fi, communal space, confidential meeting space, security, service and utility charges etc.

   - **Phone and email contact with on-site staff**. Contact details for Kendal Court site staff and linked services should be provided to residents and made available to friends/relative and external organisations. This will allow contact to be maintained, enable delivery of support and allow concerns to be identified and responded to.

   - More **clarity and consumer rights information** provided for residents about electricity and other cash charges made on site. The name of the electricity provider should be clear to residents, together with the unit charge. Receipts should be given for all cash transactions.

- **Confidential meeting space:** Another Portakabin could provide a communal area for residents, but also be used for health, care, VCSE professionals, or the welfare officer to meet with people in a confidential space. A transparent partition or door and an alarm button could be fitted as a means of keeping people safe.

- **Laundry facilities:** The laundry facility is welcome but inadequate for the number of residents. There is only one domestic type washer and dryer and no outdoor drying equipment. Rotary driers could be easily installed in the site yard. These could be removable for daytime use only while the caretaker and security staff are active, to prevent damage or injury during the caretaker's absence.

- **Exercise & wellbeing:** Other suggestions for use of outdoor space could be a bike rack, benches for seating, a greened area, or a type of simple fixed base outdoor gym equipment.

8. Healthwatch East Sussex recommends that 'The Emergency Accommodation Charter' drawn up by Eastbourne Citizens Advice, Justlife & Fulfilling Lives in collaboration with Temporary Accommodation Action Groups (TAAG) in Brighton and East Sussex is fully implemented as it closely reflects the evidence leading to our recommendations. The *Brighton Hove Draft Emergency Accommodation Charter* was presented at the BHCC Housing Committee Sept 2020 with an agreement from committee members both then and at the BHCC Housing Committee Nov 2020 to progress and implement the principles it contains.

7.3 Recommendations for Healthwatch East Sussex (HWES)

9. HWES to seek reassurances that a response will be received when raising safeguarding concerns across Local Authority boundaries and that adequate support has been put in place.

10. HWES to take the learning from this study to inform how we carry out future reviews at other Emergency Temporary Accommodation establishments in East Sussex.

11. HWES to share the learning from this review with statutory and voluntary sector partners across Sussex, other local Healthwatch and with Healthwatch England.

Acknowledgements

We would like to thank our volunteers, VCSE and statutory partners, Kendal Court residents and site-staff for enabling and supporting this activity.

8 Appendix 1: Engagement Questions

Questions for Kendal Court Residents

Background

This document is to guide HWES staff and volunteers undertaking semi-structured interviews and engagement with residents of Kendal Court, Newhaven.

It contains a list of key questions that staff/volunteers should seek to ask. This includes some prompts that may help when engaging with participants and in encouraging a response.

Please be aware that this process may involve populating this sheet with personal and confidential information. Correspondingly:

- It **MUST NOT** be left where others can access it – either in hard copy or electronically.
- It **MUST** be returned to Healthwatch East Sussex as soon as possible or be securely destroyed/shredded following uploading of results.
- **No** personal or other details should be communicated via email.

Interview/Engagement details:

Date of interview	
Time of interview	
Flat number of resident	
HWES interviewer	
HWES note-taker	

Interviewer observations

- Approximate age
- Appearance
- Any other comments

How do find living at Kendal Court?
Prompts: • What has worked well for you? • What do you find most difficult? • What changes would you like to see? • If you could change one thing about Kendal Court what would it be?

Could you share with us how you came to be placed at Kendal Court?
Prompts: • Have you lived here long? Where did you move from? • How does this compare? Is it better, the same or worse? • What information were you given before coming here & by whom?
Is anything troubling you in your day-to-day life?
Prompts: • Your health and wellbeing? • Getting help and support? • Money or benefits?
Where do you get support or help from?
Prompts: • Friends and family?; Health and care services?; Community groups?; Others? • How easy is it to get support? • Does the support provide what you need? • Is anything missing?
What changes would help you the most?
Prompts: • Is there any support you need but can't get?
Anything else you want to tell us?

Overall, how would you rate your experience of living at Kendal Court?

1	2	3	4	5	6	7	8	9	10

9 Appendix 2: Participation letter 1

healthwatch East Sussex

30th July 2021

Dear Resident

We would like to listen to what you think about being at Kendal Court.

We are independent of all councils and health or care services. Our job is to hear from you about your needs, and if there is anything you need help with or would like to change.

We will be around in the outside space in or next door to Kendal Court on different days during August. We will have ID, information which might be useful, and can offer a £20 voucher if we can complete a few questions with you.

You do not have to give your name, and we will make sure that the information you give us cannot identify you.

If you would like to take part but prefer to talk to us by phone, just **Text us for a call back: 07860 018613**

or phone us on 0333 1014007

(standard network rates apply)

Thank you and we hope to meet you soon

Kind regards

Kate Richmond

Engagement Officer
East Sussex Community Voice – *delivering Healthwatch East Sussex*
Greencoat House, 32 St Leonards Road
Eastbourne, East Sussex
BN21 3UT

Tel: **01323 403590**

East Sussex Community Voice

healthwatch East Sussex

Volunteer Serve Connect Help

Healthwatch East Sussex
Greencoat House
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Eastbourne
East Sussex
BN21 3TE

Tel: 0333 101 4007
Email: enquiries@healthwatcheastsussex.co.uk
Website: www.healthwatcheastsussex.co.uk
Registered Company Number: 8270069

10 Appendix 3: Participation letter 2 (double sided)

healthwatch East Sussex

9th August 2021

Dear Resident

We are keen to find out what you think about being at Kendal Court.

We are independent of all councils and health or care services. Our job is to hear from you about your needs, and if there is anything you need help with or would like to change.

Turn over the page for dates in August when we will be around in the outside space at Kendal Court. Please feel welcome to come and meet us.

We will have ID, information which might be useful, and can offer a £20 voucher if we can complete a few questions with you.

We will make sure that the information you give us cannot identify you. We will not talk about you with anyone else at Kendal Court or the council.

You can complete and return the questions in the Freepost envelope provided. If you would like to take part but prefer to talk to us by phone, just **Text us for a call back: 07860 018613** or phone us on 0333 1014007 (standard network rates apply)

We must receive your completed questionnaire by Friday 20th August. We will then post you a £20 Sainsburys voucher. Make sure you write your name and address on the front page!

Thank you and we hope to meet you.

Kate Richmond

Engagement Officer
East Sussex Community Voice - *delivering Healthwatch East Sussex*
Greencoat House, 32 St Leonards Road
Eastbourne, East Sussex
BN21 3UT
Tel: 01323 403590

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Registered Company Number: 8270069

healthwatch East Sussex

East Sussex Community Voice

healthwatch East Sussex

Healthwatch will be at Kendal Court in August 2021:

Tuesday 10th August 3.30-5pm

Thursday 12th August 11am-1pm & 2-4pm

Friday 13th August 11am - 1pm & 2-4pm

We hope you come over and meet us
or

Text us for a call back: 07860 018613

or

Phone 0333 1014007 (standard network rates apply)

2

11 Appendix 4: Participation flyer (double sided)

healthwatch East Sussex

Information and Signposting Service

We are

- Confidential
- Caring
- Independent

We can help connect you to:

- Health or care services
- Support groups
- Complaints advocacy

Call us (Mon - Fri 10am-2pm) **0333 101 4007**

Text only **07860 018613**

Email

Enquiries@healthwatcheastsussex.co.uk

12 Appendix 5 – Feedback from Citizens Advice Bureau

Healthwatch East Sussex was contacted by national advice organisation Citizens Advice (CAB) regarding a resident of Kendal Court who was in crisis over his electricity supply. Here is a copy of the correspondence received. Some information has been redacted to preserve individual's identities.

"I *am contacting you just to raise your awareness of an issue I faced this morning with an extremely vulnerable client who has been placed temporarily in Kendal Court, Newhaven by Brighton Council.*

I am actually based in xxxx but our advice line accepts national calls hence why the query came to me.

Our client has severe MH issues including psychosis plus suffers with epilepsy. He has previously attempted suicide and was literally at breaking point when I spoke with him.

Our client stated to me that he needed food to take his medication, but he had no electricity left with no means to purchase a top up voucher and was concerned that the only food he had left would 'go off' if he was left to wait till Monday. He also had no way of charging his phone which was on 4% battery, nor would he have any heating or hot water for personal hygiene reasons.

Our client tried to deal with this himself yesterday by approaching DWP for an advance payment through his Universal Credit (UC) but this was refused due to him already having a new claim advance that he is still repaying.

The local welfare scheme who provided food stated they would not help with utilities.

Our client also contacted our adviceline, but this was again picked up by an out of area adviser who did try to raise a request for our local office to contact the client but unfortunately this was not picked up before close of business yesterday.

The apparent scheme for electricity top ups is that they need cash to purchase a paper voucher for the meter and this can only be done via the caretaker when they are 'on site' at Kendal Court.

Our client states that he was given vouchers by the council for food but was told he would need to sort the electricity himself.

Our client states that he purchased food that needed to be kept in a fridge due to his previous time spent in prison which put him off most packet food and he also did not think about the food going off without electricity.

When our client queried how he would purchase electricity with no funds he was just told that no assistance was available that would provide him with cash.

Although I can appreciate the reasons for not doing this, it does not leave our client, or any other resident, any option when in an emergency situation.

Our client tried to speak with the Kendal Court caretaker this morning but stated that not only did they not speak great English, but he also indicated that he didn't know who could help our client anyway.

I asked our client if he had received an information pack with the electricity provider for emergencies included in it but our client stated that he had been sent this via email, but he could not read or understand it.

I asked our client to go to the meter to see if he could locate the supplier and a reference number in the hope that I could reach out to them for assistance, but our client stated that there was no information whatsoever either on the meter or in the cupboard which it is housed in.

I spoke with a lady called xxxx in social care who tried to locate any organisation who could help but she also drew a blank.

Unfortunately, due to not being based in the local area meant that I had no access to, or any information on, any local schemes that might have been able to offer emergency assistance.

Upon trying to google information for local support networks in and around Newhaven, I noticed that there is no information whatsoever available on how you can contact Kendal House, let alone in emergency situations.

I did however find a stream of complaints and/or concerns about this accommodation and the vulnerability of its residents including the report from yourselves ref: REP 7974 which also made reference to the electricity scheme.

I will be raising concerns internally via our social policy scheme about this location and also re the DWP and Local authority who both felt it was ok to turn our client away without assistance despite knowing of his vulnerability and mental health issues.

I am unsure if this accommodation is still being investigated by Healthwatch but genuinely believe that the issue with this electricity top up is one that either needs investigating, or further investigation being raised."

13 Appendix 6: 2018 Short report for residents

Dear Kendal Court resident

We did a survey at Kendal Court a few months ago and would like to thank all those who took part. Here is a short report on what you told us about health and care services while living here, and what has happened since then.

Our full 22 page report is available online or you can see a printed copy at the Newhaven Foodbank at 31a High Street, Newhaven, BN9 9PD. The survey has ended but **Healthwatch** is still interested in your experience of health and care services now! – What works well? What doesn't? What would you change?

We are interested in hearing your views each and every time you use, or try to use a health or care service, so please feel welcome to contact us. The more feedback we get from you, the stronger your voice! You can remain anonymous if you prefer. Please get in touch:

T: 0333 101 4007 (10 am to 2pm weekdays; or leave a voice message anytime)

Text: 07493 328214 https://www.healthwatcheastsussex.co.uk/

A Summary of what you told us:

- Kendal Court is better than rough sleeping or hostels. Positives include the privacy of an individual front door and not sharing a bathroom or cooking space. For some it is a dry and light living space.
- Not enough information about Kendal Court or Newhaven is provided for new arrivals, such as where to find the foodbank, GP or laundry.
- Basic items are not always provided on arrival, such as bedding, pots & pans, even when residents have no possessions of their own.
- Electricity meters can only be topped up via the caretaker Mon-Fri 9-5pm. No access for residents needing to top up outside of these hours.
- Half the residents of Kendal Court do not feel safe. Front doors have no spy holes or security chains and arguments between residents are noisy.
- Residents don't want to register with a GP in Newhaven due to worry of losing local connection to Brighton where many would like to return to.
- Most residents are very satisfied with their GP in Brighton or Newhaven.
- Most residents are not registered with a Dentist
- Some care, health and housing support needs have not been met and residents do not always know who to turn to for help.
- It's difficult to keep contact with family, friends and support networks in Brighton

- No laundry facilities at Kendal Court, the nearest laundrette is a 3 mile bus ride to Seaford. This is expensive, inconvenient and undignified.
- Difficult to afford travel costs to and from Brighton and other towns to attend appointments, especially those with physical or mental health problems. Travel passes to residents would help.
- No out of hours emergency contact (caretaker hours Mon-Friday 9-5pm)

What we noticed

- Some residents chose not to answer the door and did not engage
- Access code locks on external doors of the building were not always in use or were known by non-residents. External doors were left open.
- The survey was difficult or uncomfortable to complete for some residents who felt ill, worried or upset.

What has happened since you spoke to us:

- Weekly visits from Brighton & Hove City Council Welfare Support Officers to temporary accommodation sites including Kendal Court
- Improved response times from welfare support officers for Kendal Court residents when they are in crisis
- Mobile laundry facility now available one day a week at Kendal Court
- NHS and local authority services are trying to work more closely together across Brighton and East Sussex
- Professionals, councils and the public understand more about problems faced by people in temporary housing, especially when placed into another area outside Brighton & Hove.
- East Sussex Public Health is now planning a report on housing and homelessness later this year.

Thank you again to all those who took part, we hope this starts changing things for the better for all residents in temporary housing. Please tell us what you think of your health or care services when you have contact with them.

T: 0333 101 4007 (10-2pm weekdays; or leave a voice message)

Text: 07493 328214

https://www.healthwatcheastsussex.co.uk/

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East Sussex Health and Wellbeing Board Work Programme

Date of Meeting	Report
14 December 2021	East Sussex Health and Social Care Programme - update report
	Joint Strategic Needs and Assets Assessment (JSNAA) Annual Report
	Children's Safeguarding Annual report
	Continuing Healthcare Report
	Better Care Fund (BCF)
1 March 2022	East Sussex Health and Social Care Programme - update report
19 July 2022	East Sussex Health and Social Care Programme - update report
	Healthwatch Annual Report
	Director of Public Health Annual report
29 September 2022	East Sussex Health and Social Care Programme - update report
	Safeguarding Adults Board (SAB) Annual Report 2020-21
TBC	Pharmaceutical Needs Assessment (*Department of Health and Social Care announced that the requirement to publish renewed Pharmaceutical Need Assessments will be suspended until October 2022*)
	Workshop meeting - to look at and agree milestones and Key Performance Indicators (KPIs) for monitoring on integrated health and social care partnership

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